

Executive Report

To: University of North Texas System Board of Regents, Audit Committee

From: Clay Simmons, Vice President and Chief Integrity Officer

Dept.: University of North Texas, University Integrity and Compliance

SUMMARY:

University Integrity and Compliance (UIC) continues to build out the compliance and ethics function at UNT and conduct ongoing training, monitoring, and reviews across UNT. UIC made good progress in this quarter and is on track to meet all stated goals.

PURPOSE:

Administrative Changes

In September 2022, the Chief Compliance Officer requested, and received permission to change the name of the unit from University Compliance and Ethics to University Integrity and Compliance. Similarly, the CCO's title was updated t

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Executive Report

To: University of North Texas System Board of Regents, Audit Committee

From: Desiree K. Ramirez, CCEP, CHC, Senior Vice President and Chief Integrity Officer

Dept.: University of North Texas Health Science Center at Fort Worth
Office of Institutional Integrity and Awareness

SUMMARY:

This serves as the HSC FY22 Fourth Quarter compliance report on the effectiveness of compliance program to UNT Board of Regents Audit Committee. This is provided in accordance with the UNT System Audit Committee charter

PURPOSE:

The purpose of this report is to demonstrate progress of identified areas noted in the Compliance Program Effectiveness

ASSESSMENT:

Risk Assessment

The HSC Risk Assessment has been completed and will be reviewed by the Compliance Advisory Committee and the HSC Cabinet (Executive Compliance Committee) to finalize priorities and for approval. The FY23 Compliance Work plan risks are monitored throughout the fiscal year. The approach this year will be to review medium and low risk areas to evaluate creep as well as high risk categories.

Policies and Procedures

In spring, 2022 our policy repository vendor created a Content Access report to assist in the effort. In the fourth quarter PolicyTech was accessed 5,422 times (our policies are accessible to our employees, students and the public) The top five policies accessed during the 4th quarter were:

. Many of our policy owners and subject matter experts have begun the process of their policy review which must be completed by December 31, 2022 therefore we will begin to see an increase in policy access over the next few quarters.

The HSC Code of Culture set forth not only our commitment to our policies and federal and state laws, it also emphasizes our commitment to Our Values and organizational culture. The Code of Culture is being updated to reflect our continued commitment to community engagement, diversity and inclusion, the environment, health disparities, and third-party vendor management. We will replicate the cadence of mindfulness and extraordinary teamwork throughout the document. The updated Code will be launched during Integrity and Awareness week in early November, 2022.

Training and Communications

New Employees must complete their mandatory training within 30 days of hire. The new employee training completion rate was 91% completion for the fourth quarter.

In early November, HSC along with many other organizations across the United States and internationally, will celebrate Integrity and Awareness Week. We will utilize this time to reflect on the ongoing commitment to our ethical culture, our values and high trust behaviors that support HSC's mission and vision.

In support of Integrity and Awareness Week, the Office of Institutional Integrity and Awareness will be hosting a variety of activities that continue to build and strengthen our ethical culture.

In the fall, HSC will launch the first of its adaptive learning modules for integrity training and education. Adaptive learning systems use a data-driven approach to adjust the pathway and pace of learning, content formats learning needs and changes in role. This innovative learning method also enables the delivery of personalized learning based on comprehension and retention.

Third Party Management

HSC requests that potential vendors provide their Code of Conduct, mission, vision and values as part of the Request for Proposal (RFP) and contracting process. A final draft of the HSC Partner Vendor Code of Conduct has been submitted for review. The attachment is a one page summary. This vendor code will be used in collaboration with additional efforts by UNT System Procurement for Third Party vendor management.

Commitment of Senior Management

The Chief Integrity Officer reports directly to the HSC President, Dr. Sylvia-Trent Adams. As a direct report, the Chief Integrity Officer attends the Cabinet and/or Executive Council meeting weekly. Additionally, the Chief Integrity Officer meets with the President bi-weekly and has direct access at all times.

Autonomy and Resources-HIPAA/Privacy

HIPAA audits help organizations (particularly healthcare) and business associates identify any risks to the integrity of PHI/ePHI and reduce the risk of fines and possible civil legal action should a breach occur.

In October, HSC will launch a HIPAA Privacy Audit, conducted by an external partner. The audit scope will consist of Privacy, Security and Breach Notification analyzing the following elements:

- Administrative Requirements
- Permitted Uses and Disclosures of PHI
- Authorizations
- Minimum Necessary
- Notice of Privacy Practices
- Organizational Requirements
- Other Individual Rights
- Other Requirements and Provisions
- Group Health Plans

This audit will assist HSC in acting to strengthen compliance with the Privacy Rule and assist with recommendations identified in the Compliance Program Effectiveness Assessment.

Periodic Testing and Review- Clinical Compliance

In early spring the clinical documentation audit System was updated, the approach was changed to audit proactively (prior to claims being sent for adjudication). The first of the claims audit through the new system and the proactive approach reviewed 14 providers in Geriatric and Internal Medicine. This yielded 338 cases; 1543 lines of billable services. The accuracy was 90%. Concerns found include errors in history, exam and medical-decision making. These are common error found in most clinical documentation.

A proactive audit of Correctional Medicine clinical documentation is currently in progress.

Investigations of Misconduct

The compliance and integrity program must have an efficient and trusted mechanism by which employees and students can anonymously or confidentially report allegations of a breach of the company's code of conduct, policies, or suspected or actual misconduct. HSC encourages employees and students to report any suspected compliance concerns. FY22 fourth quarter yielded 4 Trustline calls. Employee Misconduct, a student issue as well as general inquiries were the issue types reported. Total Cases for FY22 was 27; a 10% decrease from FY21.

Analysis and Remediation

HSC Institutional Integrity and Awareness continues to utilize the services of the After Action Review Administrator to assess the effectiveness and efficiency of integrity program activities. The valuable service in addition to planned root caused analysis training will assist with being proactive in determine areas for change to prevent misconduct

Appendix

Category	Definition
Risk Assessment	



: Laura Wright, Chair, UNT System Board of Regents
Melisa Denis, Chair, Audit Committee

: Renaldo Stowers, Senior Associate General Counsel & Chief Compliance Officer
UNT System Administration Compliance & Integrity Program

The goal of the redesigned UNT System Administration Compliance and Integrity Program is to ensure System Administration processes that directly and indirectly affect the strategic objectives of the UNT System component institutions are administered ethically and in compliance with applicable federal and state regulatory standards and rules adopted by the Board of Regents. In order to achieve this goal, the program is redesigning

The following is a summary of the five categories in which progress has been made:

. The System Administration policy office has implemented recommendations made by the Compliance and Integrity Program in May of this year. These recommendations improved access to System Administration policies. The program has begun evaluating System Administration compliance-related policies: (1) ethics and standards of conduct; (2) conflict of interest disclosure; (3) criminal history background checks; (4) dual employment and other outside activities; (5) prohibition against sexual assault/sexual harassment; (6) reporting suspected misconduct; (7) rights and responsibilities of employees under the Compliance and Integrity program; and (8) fraud. System Administration policy requires that policies be reviewed a minimum of every six years. The program is developing a process for facilitating compliance with this requirement.

. The program is working with Human Resources to inventory training that the System Administration requires employees across the UNT System Enterprise to take. The objective of this initiative is to coordinate the System Administration-required training with the campuses to assist the latter manage their training programs. The program also continues to work on establishing a defined training program for the Board of Regents as recommended by Internal Audit.

. The program has developed a draft compliance charter, that includes provisions for a formally established executive compliance committee comprised of the Chancellor and his direct reports. The draft charter also includes a compliance working group

