What do I do if I have a compliance related question or concern?
The Office of Healthcare Compliance & Privacy wants to help! If you have any compliance questions or concerns:

Email compliance.officer@uchc.edu or call 860.679.1014

You may also report concerns anonymously via Reportline (888.685.2637), which is available 24 hours a day and operated by an independent (non-University) company.

University policy prohibits retaliation against any individual who, in good faith, reports alleged violations.

Practitioners have a duty to report known or suspected compliance concerns. If you are uncertain whether a policy, procedure or established business practice is appropriate, seek clarification!

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Reportline
888.685.2637
https://uconncares.alertline.com/gcs/welcome
What is the Healthcare Compliance Program?
Healthcare compliance is the process of following relevant healthcare laws and regulations. The Office of Healthcare Compliance and Privacy oversees UConn Health’s Compliance Program and assists clinicians and others with understanding and interpreting the many rules governing healthcare providers.

Who is responsible for compliance?
Each member of the UConn Health community is responsible for compliance and is obligated to:
- Adhere to the University’s Code of Conduct, which reflects UConn Health’s core values of pursuing and sharing knowledge, honesty, integrity, respect and professionalism.
- Comply with applicable laws and regulations and institutional policies and procedures.
- Report known or suspected fraudulent activity or fiscal irregularities.
- Protect the confidentiality of patient information and sensitive or proprietary information.
- Avoid, if possible, or disclose and appropriately manage, conflicts of interest.
- Maintain a safe and drug and alcohol free workplace.

How is the Compliance Program carried out?
Compliance is an ongoing process that includes activities such as: training and educating on relevant laws and regulations; maintaining open lines of communication for employees to ask questions and report concerns; developing and implementing (and updating as necessary) policies and procedures; periodic monitoring of potential risk areas; responding appropriately to detected offenses; and developing corrective action.

What healthcare laws apply to UConn Health?
UConn Health is subject to many complex laws, including (but not limited to):

Federal False Claims Act:
The False Claims Act prohibits knowingly submitting false information, records or claims regarding federal health care programs (like Medicare and Medicaid). Examples of possible false claims include billing for services not rendered, billing for services that are not medically necessary, and billing for services at a higher level than services actually provided. Penalties may result if the violator submits the false claim either knowing that it is false, or with “reckless disregard” as to whether or not the claim is false.

Federal Anti-Kickback Statute (“AKS”):
The federal AKS prohibits knowingly and willfully soliciting, offering, paying or receiving any money, gifts, kickbacks, bribes, or other remuneration in exchange for the referral of patients for items or services covered by federal or state healthcare programs such as Medicare or Medicaid. Some exceptions (called “safe harbors”) apply, but require careful consideration. Penalties for violations include fines, imprisonment, and exclusion from participation in federal healthcare programs.

Stark Law (Physician Self-Referral):
Under the federal Stark Law, a physician may not refer a Medicare (or other federal healthcare program) patient for designated health services (“DHS”) to an entity with which the physician (or an immediate family member) has a financial relationship, unless a specific regulatory exception applies.

What are some examples of compliance risks that are relevant to clinicians?

Documentation:
Timely, accurate and complete documentation is vital to patient care. In addition, to bill for services, documentation must support medical necessity, completely and accurately describe the services actually provided, and include the name and credentials of those providing care.

Coding:
Along with sufficient documentation, accurate coding is essential for proper claims submission. Risk areas include “unbundling” (billing separately for services that normally are covered by a single, comprehensive code) and “up-coding” (assigning a higher level of service than that provided).

Resident Supervision:
Attending physicians must supervise the activities of residents in order to bill for services. Documentation must reflect the attending’s presence and active participation.

Relationships with Referral Sources:
For arrangements with referral sources, such as medical directorships, call coverage agreements, and contracts for clinical services, compensation must be consistent with fair market value and not based on the volume or value of referrals.