What are the consequences of non-compliance?
Individual practitioners may be subject to civil and criminal penalties or exclusion from the Medicare/Medicaid programs. UConn Health may also be subject to fines and exclusion from these programs. UConn Health may take disciplinary action against non-compliant individuals up to and including termination.

What do I do if I have a compliance related concern?
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. You may report a concern directly to the Compliance Office or anonymously using the Reportline which is available 24 hours a day and operated by an independent (non-University) company.

Contact Us
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860.679.4180

Reportline
888.685.2637
What is the Healthcare Compliance Program?

It is a program that the Office of Healthcare Compliance uses to assist clinicians with understanding and adhering to relevant federal and state laws and regulations as well as federal reimbursement guidelines.

How is the Compliance Program carried out?

Education is the cornerstone of the Compliance Program. UConn Health offers faculty members and practitioners an understanding of relevant compliance issues and their accountability to do the right thing in their everyday work responsibilities. Monitoring of activities is also conducted to ensure that key processes are carried out appropriately.

What types of activities may be associated with compliance risks?

**Medical Necessity:** All health insurance programs, including Medicare, are guided by “reasonableness” and “medical necessity.” Certifying medical necessity of items or services fraudulently or with reckless disregard may result in prosecution under the Federal False Claims Act.

**Coding:** Documentation of services provided to patients is required in conjunction with accurate diagnostics and treatment codes to ensure proper claims submission.

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

**Anti-Kickback Statute:** Providers cannot knowingly and willfully solicit, offer, pay, or receive remuneration in exchange for referring an individual for items or services covered by federal or state health care programs. Various exceptions (and safe harbors) may apply, but these require careful consideration.

**Physician Self-Referral and Stark Prohibition:** Physicians cannot refer patients to an entity with which those physicians (or their family members) have a financial relationship to receive designated health services (DHS) reimbursed by federal health care programs. DHS include: laboratory or radiologic testing, physical therapy, durable medical equipment or supplies, prosthetics, home health services, and inpatient/outpatient hospital services. Entities cannot bill for goods or services rendered pursuant to a prohibited referral. Various exceptions (and safe harbors) may apply, but these require careful consideration.

**Documentation Practices:** Documentation must be clear, chronologically correct, factual, and completed in a timely manner. In order to bill for services provided to inpatients or outpatients, documentation must support the medical necessity of the service, include a complete and accurate description of the services provided, and include the name and credentials of those providing care.

**Research Compliance:** UConn Health promotes innovative research conducted by practitioners. Research regulations are complex and require close attention. Key considerations to ensure compliance include responsible stewardship of federal funds, monitoring of proper grant expenditures, obtaining informed consent from human subjects, reporting adverse events, protecting human and animal subjects, disclosing all significant financial interests annually, reviewing any financial conflicts of interest with the Clinical Conflict of Interest Committee, accurately reporting time and effort, appropriately billing services associated with clinical trials, and upholding the principles of scholarly integrity.