Appendix Book - May 15, 2025 Regular Board of Regents Meeting

UNTS Acronym List

UNTS Acronym List rv 3.3.21

AUDIT COMMITTEE

Compliance Background Reports

UNT System Compliance Background Report

UNT Compliance Background Report

UNT Dallas Compliance Background Report

UNTHSC Compliance Background Report

UNT System Acronym List

ACT	American College Testing: a standardized test used for college admissions
ASF	Assignable Square Feet
AUX	Auxiliary Reserves
BOR	Board of Regents
BSC	Business Service Center
BSS	Business Support Services
CAE	Chief Audit Executive
CAFR	Comprehensive Annual Financial Report
CIA	Chief Internal Auditor
CIP	Capital Improvement Plan
CIP	Construction in Progress
CM	Construction Manager
CMAR	Construction Manager at Risk
CO	Change Order
COL	College of Law
CP	Commercial Paper
DEI	Diversity, Equity and Inclusion
FTE	Full Time Equivalent: generally used in reference to Full Time Student Equivalent (FTSE) but can also be used in reference to Full Time Faculty Equivalent (FTFE). See FTSE or FTFE below for definitions.
FTIC	First Time in College: a student who has never enrolled in a college or university. Students who have earned college credits only through dual credit courses are still considered FTIC.

FTSE	Full Time Student Equivalent: is computed by dividing headcount enrollment by a set number of semester credit hours based on the rank of the student (Undergraduate FTSE = 15 SCH; Masters and Special Professional FTSE = 12 SCH; Doctoral FTSE = 9 SCH). FTSE is generally lower than headcount enrollment because of part time students.
FTFE	Full Time Faculty Equivalent: a measure of instructional faculty calculated from the percent of time directly related to teaching.
FY	Fiscal Year
GAI	General Academic Institution
GMAT	Graduate Management Admission Test: a standardized test for admission into graduate programs of business schools.
GME	Graduate Medical Education: clinical training following graduation from medical school leading to specialty certification. Texas, like most states, requires one year of graduate medical education to be eligible for state licensure. Also called residency training.
GSF	Gross Square Feet
HEAF	Higher Education Assistance Fund (also known as HEF)
HERRF	Higher Education Emergency Relief Fund
HR	Housing Reserve
HR	Human Resources
HRI	Health-Related Institution
HSC	Health Science Center
HUB	Historically Underutilized Business
IA	Internal Audit
LAR	Legislative Appropriations Request
MCAT	Medical College Admission Test: a standardized test for admission into medical school
MP	Master Plan

NACUBO   National Association of College and University Business Officers

OBS   Office of the Board Secretary

OGC   Office of General Counsel

OGCA   Office of Grants & Contract Administration

OFPC   Office of Facilities Planning and Construction

P3   Public-Private Partnership (also known as PPP)

PM   Project Manager

PP   Private Placement

PUF   Permanent University Fund: a sovereign wealth fund created by the State of Texas to support higher education at the University of Texas System and Texas A&M System, but not other public higher education systems or institutions in Texas

PSAT   Preliminary Scholastic Aptitude Test: used to prepare high school students who plan to take the SAT for admission to college. (See SAT below)

QEP   Quality Enhancement Plan**:** required for reaffirmation of accreditation by SACSCOC. The QEP describes a carefully designed and focused course of action that addresses a well-defined topic or issue(s) related to enhancing student learning.

RB   Revenue Bonds

RFP   Request for Proposal

RFQ   Request for Qualifications

RFS   Revenue Financing System Bonds

RPTC   Reappointment, Promotion, and Tenure Committee

RR   Regents Rules

SACS   Southern Association of Colleges and Schools: a shortened abbreviation for "SACSCOC." (See below).

SACSCOC   Southern Association of Colleges and Schools Commission on Colleges: the recognized regional accrediting body for institutions of higher education that

award associate, baccalaureate, masters or doctoral degrees in eleven U.S. Southern states.

SAT   Scholastic Aptitude Test: A standardized test for college admissions.

SCH   Semester Credit Hour: the unit of measuring educational credit, usually based on the number of classroom/instructional hours per week throughout a term.

SF   Student Fees

SF   Square Feet

SFP   Statement of Financial Position

SRECNP   Statement of Revenues, Expenses and Changes in Net Position

STEM   Science, Technology, Engineering and Math

TAMS   Texas Academy of Mathematics and Science: the nation's first early college entrance residential program for gifted high school aged students

THC   Texas Historical Commission

THECB   Texas Higher Education Coordinating Board: a nine member board appointed by the Governor that provides coordination of higher education in Texas and was created by the Texas Legislature in 1965.

TRB   Tuition Revenue Bond

T/TT   Tenured/Tenure Track Faculty: faculty who hold the ranks of assistant professor, associate professor, and professor prior to or after the awarding of tenure.

VC   Vice Chancellor
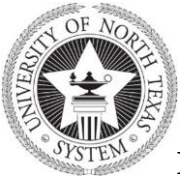
Executive Report

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

From: Renaldo Stowers, Deputy General Counsel & Chief Compliance Officer
Steve Hill, Director of Compliance

Dept.: UNT System Administration Compliance & Ethics Program

SUMMARY: This serves as the FY25 Third Quarter compliance report on the on-going maturation and effectiveness of the System Administration Compliance & Ethics Program (Program).

PURPOSE: Inform the Board of progress made in achieving a desired level of maturity for the System Administration compliance program, including implementing recommendations from the 2022 external compliance program assessment and findings from the FY 2024 internal assessment.

The table below summarizes compliance framework categories where a defined initiative is ongoing and those where notable progress toward maturity was made this quarter:

Framework Category: Compliance Program Elements/Assessment Categories.   **Ongoing Process:** Framework Categories where Program initiatives are ongoing.   **Maturity Progress:** Framework Categories where maturity initiatives are described in detail in this report.

	Framework Category	Ongoing Process	Maturity Progress
1	Risk Assessment	X	X
2	Policies & Procedures	X	X
3	Training & Communications	-	-
4	Reporting & Accountability	X	X
5	Third-Party Management	-	-
6	Management Commitment	-	-
7	Autonomy & Resources	-	-
8	Incentives & Discipline	-	-
9	Continuous Improvement, Periodic Testing & Review	X	X
10	Investigation of Misconduct	-	-
11	Analysis & Remediation of Underlying Misconduct	-	-

The Program continues devoting notable time to ensuring compliance with SB 17 and Governor Abbott's Executive Order 48 (Protecting Critical Infrastructure), and assessing President Donald Trump's executive orders – which as of April 18, 2024 stands at 212 orders this term – to determine whether they present compliance risks.

Concerning Program maturity, the following quarterly actions contribute to maturing the Program to the desired level:

Reporting & Accountability. The Program has increased internal assessments as it remains engaged with the System Enterprise's external consultant to refine key performance indicators and gathers comparison data to measure and drive accountability and effectiveness. Examples of this assessment, accountability and effectiveness include:

- Average time to **close** Trust Line has steadily declined as the Program implemented its protocols. In Q1 reports were closed in 38.3 business days; Q2 – 64.25 business days; and Q3 – 24 business days. Three reports remain open.

- Average time to receive notice from Human Resources/Equal Opportunity when a compliance investigation is initiated decreased from 36.5 business days in 2024 to 27.5 business days in 2025. Timely notice is critical in activating the Program's anti-retaliation program. The Program is working with Human Resources/Equal Opportunity to decrease notification to three business days.

- Average time to complete compliance reviews of System Regulations and System Administration policies is 9.25 business days. The internal goal is three to five business days.

Continuous Improvement, Periodic Testing & Review. This quarter, the Program began conducting Compliance Assurance Reviews. These reviews take place following the System or System Administration rolling out a new program or activity, or as the result of a substantiated or unsubstantiated compliance failure. One assurance review will include a look at the System Enterprise's new financial interest disclosure process, which facilitates compliance with State of Texas procurement conflict of interest laws. A second review involves surveying the employee disability accommodation recordkeeping process following receipt of Trust Line reports regarding the office's processes.

Risk Assessment. The FY25 annual risk assessment process incorporates collaboration with each System operational division via the System Administration Compliance Workgroup. The survey begins this quarter, with a focus on current and emerging risks that expose the organization and its employees to criminal, civil, and regulatory sanctions.

Policies & Procedures. The Program is substantively engaged in the System regulation and System Administration policy review process. This review, among other things: (1) enables the Program to identify policies that expose the organization and employees to criminal and civil sanctions and monitor changes in laws that impact these policies; and (2) assesses whether the policies contain controls that adequately manage compliance risks and that encourage detection and prevention of these risks. The information captured by this review facilitates Program continuous improvement.

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:

This serves as the UNT FY25 Second Quarter compliance report on the effectiveness of its compliance and ethics program. University Integrity and Compliance (UIC) continues to build out the compliance and ethics function at UNT and conduct ongoing training, monitoring, and reviews across the university.

PURPOSE:

The purpose of this report is to demonstrate activity and development of the effective compliance and ethics program at UNT.

ASSESSMENT:

Risk Assessment

UIC continues to address issues in the FY2025 Workplan, and the risks identified in the risk assessment process. UIC is actively planning for the FY2026 Risk Assessment which will begin in May 2025. UIC will also engage Internal Audit and Enterprise Risk Management with an opportunity to join risk assessment meetings based on their needs.

As always, the risk assessment process is continual and can be changed at any time. Recent executive orders issued by the Governor have raised the risk profile of international travel and IT security, which UIC continues to monitor. Some of these issues are being addressed as part of the International Compliance Program, but we are doing some additional work to ensure we are in compliance with the new executive orders GA-48 and GA-49.

Policies and Procedures

UNT polices are currently 94% up to date for purposes of our 6-year review goal, leaving 12 policies out of date. All of those policies are currently in the review process in addition to 16 other policies currently under review for various purposes. As a reminder, UNT policies may be revised at any time to address changes in law, university practice, or for other reasons.

UIC has received approval from President Keller to segregate HR-owned policies from university-owned policies. HR has decided not to make updates to current HR policy and instead transfer those policies to the system Regulations as they are revised. To clarify that the university does not control these policies, they will be segregated into a separate section in the UNT Policy Manual and clearly marked as System controlled policies. As the policies are transitioned to Regulations, we will retain links to the regulations on our policy manual page to assist UNT personnel in finding the documents.

Training and Communications

Completion percentages for Title IX, FERPA, and Cybersecurity required training modules generally fall in the expected mid and upper 90s for faculty and staff employees. Student employees are lagging in all required modules, but have shown improvement in completion of the Ethics module from 76 to 83%. UIC will continue to engage leadership to improve completion of training requirements. UIC expects to see completion percentages of at least 90%, which is our risk threshold, however, 94-97% is an achievable range and one we try to meet.

The UNT System contract for the Learning Management System (LMS) is up for renewal in August 2025. UIC controls this contract in conjunction with HSC and we have begun the RFP process to solicit requests for our next contract. As a reminder, currently UNT provides LMS services for UNT, UNT System, and UNT Dallas. UNT HSC uses the same LMS, but under a separate instance to address their particular training requirements as a health institution.

As I mentioned in my last quarterly report, UNT System Human Resources has announced that HR will be assuming control of the LMS before the end of the fiscal year. UIC has not received additional information about the transition since the last report.

UIC coordinates an annual "tone at the top" email that is signed by the President and promotes ethical behavior by university employees and provides information on the UNT Trust Line that is usually published in the second quarter. Due to numerous official notifications, this email has been delayed until the third quarter this year.

Reporting and Accountability

UIC received 22 reports for this quarter, which exactly matches our three-year average of reports for the 2nd quarter. Of the reports submitted this quarter, 17 are closed and 5 are still under review. Of the closed cases, 11 either did not contain enough information for investigation or were management issues. Of the 5 investigated and closed, three were unsubstantiated, one substantiated, and one was undetermined.

Our statistical analysis of the last three years shows an increase of 41% in the number of reports from 2022 to 2024. I believe this increase is indicative of UIC efforts to promote the awareness and visibility of the Trust Line within the institution.

Periodic Testing and Review

UIC work on compliance with Texas Education Code 51.3525 (SB17) is still ongoing. UIC continues to assist units to determine the allowability of proposed activities and to identify and resolve existing activities across the institution. UIC has also transitioned to targeted work on certain SB17 topics that were identified during previous reviews across the institution.

UIC has leveraged personnel in Risk Management to supplement UIC resources by having Risk Management conduct some testing of lab safety reviews. The review has been completed and UIC is working with management in Risk Management and Environmental Health Services to create an actionable recommendation plan. This should be completed in March.

UIC is also beginning a project to identify and track all accreditation reviews across campus. Many academic departments have accreditation based on various state and national associations, especially in Engineering

and Business. We will be gathering documentation of accreditation provided to various departments and colleges and then tracking those accreditations to ensure that any negative accreditation reviews are appropriately addressed and remedied. This function may be handed off to another university office once the program is developed and the initial information is gathered.

Investigations of Misconduct

In this quarter, UIC opened one investigation which is ongoing. An ongoing investigation from last year was closed, finding the allegations substantiated. Corrective action was initiated. UIC has received and reviewed investigation reports from other compliance functions across the university and incorporated them into our assessment in order to track trends at UNT.

Analysis and Remediation

Work on international compliance continues. Research Integrity & Compliance (RIC) is spearheading this effort with UIC support and oversight. UNT's Export Compliance Manual has been published to campus. A policy on visiting scholars is in the review process and changes have been proposed for international travel. These policies incorporate new compliance requirements from recent executive orders issued by Governor Abbott in this work going forward. We anticipate further developments in the area of research security as federal attention to risk from countries designated as foreign adversaries continues to increase.

Executive Report

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

From: Keith Maddox, Chief Compliance Officer

Dept.: University of North Texas at Dallas
            Office of Compliance and Integrity

SUMMARY:

This serves as the University of North Texas at Dallas FY25 Second Quarter compliance report on the effectiveness of the compliance program to the UNT Board of Regents Audit Committee. This report is provided in accordance with the UNT System Audit Committee charter.

PURPOSE:

The purpose of this report is to demonstrate the progress of identified areas noted in the Compliance Program Effectiveness Assessment provided by Protiviti. The Chief Compliance Officer (CCO) has been assessing the system and developing processes, policies, and procedures to ensure an effective compliance program per the Department of Justice guidance and the previous Protiviti review.

Risk Assessment

The foundation of an effective compliance program is an annual Compliance Risk Assessment. The UNT Dallas program will complete a Compliance Risk Assessment (CRA), aligning with the Enterprise Risk Management (ERM) methodology and other Institution Compliance programs before the end of FY25. Once finalized, The CRA will be presented to appropriate stakeholders for input, suggestion, and feasibility. The results of the CRA will assist in developing a Compliance Work Plan (CWP) for the program.

Department of Justice (DOJ) Element Status

Compliance Process	Status
DOJ Guidance Question 1: Is the Compliance Program Well Designed?	
Risk Assessment	In developmental stage to determine applicable components and methodology. Each department is reviewing and completing an internal risk assessment for campus wide consolidation.
Policies and Procedures	The Employee Code of Conduct Policy was issued in April 2025. Policies and procedures are under continuous review for updates, consolidations, and alignment.
Training and Communications	Employees have received communication on the importance of completing the four core training classes. Employees' completion rates are being provided to the supervisor to encourage participation.
Reporting and Accountability	The Compliance and Integrity Office works closely with the EEOC to investigate and resolve TrustLine calls. The Compliance Office works with applicable departments to address any internal and external audit requests, reports, and recommendation.

DOJ Guidance Question 2: Is the Compliance Program implemented effectively?	
Commitment by Senior and Middle Management	The CCO meets regularly with the interim President and Cabinet members. Cabinet members are providing feedback on their applicable department risk assessment.
Autonomy and Resources	The CCO requested additional staff and discussed with the Interim President, CFO, and HR. The CCO is in the process of reorganizing the department and hiring student and permanent staff within the allowed budget.
Incentives and Disciplinary Measures	The President's Cabinet agreed to link employees' performance to required training with bonus incentive pay. Employees are aware of TrustLine and the process of reporting violations.
DOJ Guidance Question 3: Does the Compliance Program Work in Practice?	
Continuous Improvement, Periodic Testing, and Review	CCO is developing processes and procedures for establishing consistency in investigative process.
Investigation of Misconduct	The CCO is reviewing allegations of employees' misconduct.
Analysis and Remediation of Any Underlying Misconduct	None currently.

Executive Report

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

From: Desiree K. Ramirez, CCEP, CHC, Chief Integrity and Privacy Officer

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

SUMMARY:
This serves as the HSC FY2025 Second 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

Determining and Defining Integrity
Establishing clear principles and standards that guide ethical behavior and decision-making.

Policies and Policy Management

Policies and procedures are fundamental to a compliance program as they provide clear guidance and direction for employees, helping to manage risks and ensure consistency in operations. The policy access report offers insights into the effectiveness of the compliance program by showing how frequently policies are accessed, indicating employee awareness and engagement. This assists the compliance program in highlighting trends to determine areas that may require additional training or updates to improve compliance, which is crucial for maintaining regulatory standards and preventing legal issues.

During the second quarter, the policy management system was accessed 10,887 times, with Privacy, Absence and Attendance, and Ethics and Standards of Conduct being the top three reviewed policies. This is directly correlated with the recent HIPAA training and new employee training. In comparison, Absence and Attendance, Ethics and Standard of Conduct, and Outside Employment were the top three policies in the previous period. The high access rate for Ethics and Standards of Conduct is mostly due to the Code of Culture Certificate of Commitment.

The review of existing policies is currently underway, as it occurs every two years. Policy owners have been notified of the upcoming revision deadlines and are required to submit a policy review intake form. The Chief Integrity Officer is in the process of determining whether each policy needs to be reviewed by the Policy Review Committee. Once all necessary approvals are obtained, the policies will be uploaded into the policy management system and communicated to the relevant campus departments.

Guiding Toward Integrity

Promoting ethical behavior and decision-making through effective communication, education, active engagement, and comprehensive support.

[Communication and Engagement](#)

Cybersecurity Week

The campus recognized Cybersecurity Week with pivotal events designed to raise awareness about cybersecurity and educate stakeholders on protecting systems from cyberattacks. The week featured two significant campus-wide events:

1. **Ransomware & Phishing: Partners in Crime**: Led by Mike Hollis, HSC Information Security Officer, this session attracted 31 attendees and focused on the dangers of ransomware and phishing attacks, providing practical strategies to mitigate these threats.

2. **AI Panel Discussion**: Moderated by Dr. Emanuel George III, PharmD, Associate Professor of Pharmacotherapy, this panel included experts from various fields such as Dr. Tonychris Nnaka, PhD, MPH, RN, Associate Dean for Research & Professor, College of Nursing; Andrew Arvay, MS, Executive Director for Student Experience, Division of Student Affairs; Dr. Usha Sambamoorthi, Professor, Pharmacotherapy Department, College of Pharmacy; and John McKenzie, MA, MS, Executive Director, Division of Academic Innovation. With 51 attendees, the discussion delved into the ethical use of AI, addressing issues like bias, transparency, and accountability.

These initiatives have significantly contributed to raising awareness about cybersecurity and ethical AI use on the HSC campus. By empowering stakeholders to protect digital environments and navigate AI's complexities responsibly, these efforts have fostered a sense of community and shared responsibility. Campus-wide events and newsletters have encouraged collaboration across departments and disciplines, promoting a culture of integrity that is essential for maintaining trust and accountability within the campus community. Additionally, providing practical strategies and expert insights has equipped participants with the skills needed to address cybersecurity threats and ethical challenges in AI.

Integrity in Focus Newsletter

The second quarter newsletter emphasized ethical behavior and transparency, spotlighting HIPAA/Privacy and Artificial Intelligence (AI) Ethical Use. Notable articles included:

- **Integrity Leaders: Protecting Privacy**: Emphasizing the importance of HIPAA compliance and the commitment to protecting patient information beyond regulatory requirements. It highlights the Integrity Framework, which includes clear guidelines for ethical behavior, ongoing training, and accountability measures to ensure continuous discussions about handling patient information in alignment with HIPAA and privacy laws.

- **The Ethical Use of AI: A Responsible Approach**: Discussing AI's transformative impact on education and healthcare, and the responsibility to utilize it ethically with transparency and accountability. It emphasizes the importance of human oversight, safeguarding sensitive data, and committing to continuous learning to ensure ethical and equitable use of AI.

The newsletter achieved a unique device open rate of 69%, with 40% of readers engaging deeply, a slight decrease from the previous quarter's 71% open rate.

Training and Education

HIPAA training was launched during the late part of the second quarter to all faculty and staff, with a completion deadline set for March 21, 2025. The training aimed to ensure that all members of the HSC campus were well-versed in the Health Insurance Portability and Accountability Act (HIPAA) regulations, emphasizing the importance of protecting patient privacy and securing sensitive health information. By providing comprehensive training, the initiative sought to enhance the campus community's understanding of HIPAA requirements and foster a culture of compliance and ethical behavior.

The training was sent to 1,481 employees. By the end of the second quarter, the completion rate stood at 28%. However, as of the publication of this report, the completion rate had significantly increased to 87%. This improvement reflects the commitment of the HSC campus to maintaining the integrity and security of health data, thereby reinforcing the importance of safeguarding patient information and upholding the highest standards of privacy and confidentiality.

The updated training received positive feedback, praising its integration and relatability to the campus environment. Employees appreciated the efforts of the team in making the training more applicable and engaging for the HSC community.

Strategic Plan

Integrity and Wellness Initiative: A Trailblazing Effort

The Integrity and Wellness Initiative is a pioneering effort designed to foster a supportive and ethical environment on campus. This initiative aims to integrate ethical foundations into campus processes, focusing on enhancing the understanding and application of ethical principles among employees and students. By prioritizing ethical behavior and whole health, the initiative seeks to create a vibrant community grounded in trust and accountability.

A key aspect of this initiative is its innovative integration of compliance and research. By merging these elements, the initiative ensures that ethical standards are not only upheld but also continuously improved through evidence-based practices. This comprehensive approach addresses all aspects of well-being—physical, mental, social, and spiritual—ensuring that individuals receive the support they need to engage in ethical behavior in their daily interactions. The involvement of an Institutional Review Board (IRB) adds a layer of accountability and transparency, enhancing the credibility of the initiative and building trust within the campus community.

Furthermore, the initiative leverages research to develop and implement strategies that promote ethical behavior and wellness. This evidence-based approach ensures that the strategies are effective and can be adapted based on ongoing research and feedback. The collaborative nature of the initiative, involving various stakeholders including faculty, staff, and students, ensures inclusivity and reflects the diverse perspectives of the campus community. Engaging the community in this way fosters a sense of ownership and commitment to the initiative's goals.

A notable upcoming collaboration within this initiative is with Dr. Jae Webb, a Clinical Assistant Professor in the Management department. Dr. Webb's expertise and involvement will be instrumental in developing and

implementing the strategies for promoting ethical behavior and wellness. Their contributions will ensure that the initiative is grounded in sound ethical principles and effective management practices, further enhancing its impact and success.

This initiative aligns closely with the strategic goals outlined in the OIIA Strategic Plan. Specifically, it supports the goal of integrating the whole health model into the compliance and integrity program to drive ethical behavior. By promoting ethical wellness as part of whole health, the initiative expands the impact of OIIA's core services and enhances its leadership in integrity and risk management. Additionally, the initiative contributes to the strategic priority of increasing global visibility and influence in ethical decision-making, positioning the campus as a leader in integrity practices.

In summary, the Integrity and Wellness Initiative sets a new standard for promoting integrity and well-being in educational institutions. By integrating ethical standards with whole health and leveraging evidence-based practices, the initiative aims to create a supportive and ethical campus environment, fostering a culture of integrity and ethical wellness.

Monitoring Integrity
Assessing and collecting valid and reliable data to ensure adherence to ethical standards and compliance policies, using passive and active methods to detect and prevent integrity violations.

Clinical Compliance

Forty cases were reviewed for the clinical documentation audit of the dermatology department. The top errors identified included billing for non-billable services, E&M unbundling, and incorrect E&M category billing for consultations. These findings highlight the need for improved billing practices and adherence to documentation guidelines to ensure compliance and accuracy in medical billing.

The Correctional Medicine Preliminary Audit report, provided valuable insights into the operations of the Correctional Medicine Department. A total of 89 claims were audited. The audit found notable discrepancies in the accuracy of principal diagnosis codes, secondary diagnosis codes, and Diagnosis Related Groups (DRGs). The report emphasizes the importance of correct coding to ensure appropriate treatment and reimbursement, highlighting the need for targeted training, process improvements, and closer review of claims before submission. Moving forward, the focus will be on correcting diagnosis code errors to reduce DRG changes and achieve higher accuracy in claims processing.

Enforcing Integrity
Implementing policies and controls, addressing violations through corrective actions, and using holistic approaches like root cause analysis to prevent reoccurrence.

HSC TrustLine

In the second quarter, various reports were made to the HSC Trust Line, including issues such as employee concerns, discrimination, compliance/regulations violations, and retaliation. Out of the 13 cases reported, eight have been closed. Reports to the TrustLine highlight the ongoing efforts of the OIIA to address and resolve various concerns within the campus community, ensuring a safe and compliant environment for all stakeholders.

The second quarter reveals a slight decrease in the total number of cases reported, from 15 to 13. Both periods saw a variety of issues, including employee concerns, discrimination, HIPAA compliance, and retaliation. The earlier report had more diverse issues such as harassment, conflict of interest, communication problems, academic concerns, biohazard, unsafe work conditions, accounting audit-related complaints, and sexual misconduct. In contrast, the later report included safety concerns, ethics and compliance concerns, financial misconduct, and other miscellaneous issues. Despite the variations in the types of issues addressed, the ongoing efforts of the OIIA to review and resolve these concerns demonstrate a consistent commitment to maintaining a safe and compliant environment for the campus community.

SB17 and SB48 Compliance

To ensure ongoing compliance with SB17, education programs targeting research and campus leaders will be launched to ensure they are well-informed and compliant. Other campus members will receive their education sessions in late summer or early fall. Additionally, the office continues to monitor any travel to prohibited countries. The office maintains measures and protocols to ensure adherence to all Federal and State laws and statutes.