



# UConn

UNIVERSITY OF CONNECTICUT

# UConn HEALTH

University of Connecticut Board of Trustees  
University of Connecticut Health Center Board of Directors

Joint Audit & Compliance Committee  
Virtual Meeting

September 25, 2025

## **PUBLIC SESSION**

Public Streaming Link (with live captioning upon request): <http://techsupport.uconn.edu/bot/>

*(A recording of the meeting will be posted on the Board website <https://boardoftrustees.uconn.edu/> within seven days of the meeting.)*

**THIS PAGE INTENTIONALLY LEFT BLANK**

## AGENDA

University of Connecticut Board of Trustees  
University of Connecticut Health Center Board of Directors  
**Joint Audit & Compliance Committee**  
**Virtual Meeting**

**Thursday, September 25, 2025**

10:00 am – 10:30 am - Executive Session / 10:30 am – 12:00 pm - Public Session

Public Streaming Link (with live captioning upon request): <https://techsupport.uconn.edu/bot/>

(A recording of the meeting will be posted on the Board website <https://boardoftrustees.uconn.edu/> within seven days of the meeting.)

AGENDA		
<b>CALL TO ORDER</b>		
<b>EXECUTIVE SESSION</b>		
<b>PUBLIC PARTICIPATION</b>		
Individuals who wish to speak during the Public Participation portion of the Thursday, September 25, meeting must do so 24 hours in advance of the meeting's start time (i.e., 10:00 a.m. on Wednesday, September 24th) by emailing <a href="mailto:BoardCommittees@uconn.edu">BoardCommittees@uconn.edu</a> . Speaking requests must include a name, telephone number, topic, and affiliation with the University (i.e., student, employee, member of the public). The Committee may limit the entirety of public comments to a maximum of 30 minutes. As an alternative, individuals may submit written comments to the Committee via email ( <a href="mailto:BoardCommittees@uconn.edu">BoardCommittees@uconn.edu</a> ), and all comments will be transmitted to the Committee.		
Agenda Items	Proposed Action	Attachment
<b>MINUTES OF THE PRIOR MEETING</b>		
Minutes of June 26, 2025, Meeting	Approval	1.1
<b>EXTERNAL AUDIT ACTIVITIES</b>		
Status of External Audit Engagements	Update	2.1
Appointment of Pharmacy Consultants, Inc. (DBA 340B Compliance Partners) to Conduct Audits of UConn Health's 340B Drug Pricing Program	Approval	2.2
<b>SIGNIFICANT INTERNAL AUDIT ACTIVITIES</b>		
Status of Audit Assignments	Update	3.1
Status of Audit Observations	Update	3.2
Draft FY 2026 Audit Plan	Approval	3.3
AMAS Organizational Chart/Staffing	Update	3.4
<b>COMPLIANCE ACTIVITIES</b>		
Significant Compliance Activities	Update	4.1
FY 2026 University Compliance Workplan	Informational	4.2
HealthCare Compliance & Privacy Dashboard	Informational	4.3
Informational/Educational Items	Informational	4.4
<b>INFORMATION TECHNOLOGY</b>		
UConn Health	Update	5.1
UConn	Update	5.2
Artificial Intelligence & Quantum Risk	Presentation	5.3
<b>OTHER BUSINESS</b>		
<b>ADJOURNMENT</b>		

NOTE: If you are an individual with a disability and require accommodations, please e-mail the Board of Trustees Office at [boardoftrustees@uconn.edu](mailto:boardoftrustees@uconn.edu) prior to the meeting.

**THIS PAGE INTENTIONALLY LEFT BLANK**

# ATTACHMENT 1.1

# ATTACHMENT 1.1

## DRAFT MINUTES

### University of Connecticut & UConn Health Joint Audit & Compliance Committee

**June 26, 2025**  
**Virtual Meeting**

Committee Members	<u>Board of Trustees</u> Mark Boxer, Andrea Dennis-LaVigne, Jeanine Gouin, Daniel Toscano  <u>UConn Health Board of Directors</u> Francis Archambault, Jr., Rick Carbray, Jr., Geoffrey Matous
University Staff	Radenka Maric, Donald Babcock, Ken Blier, Renee Boggis, Lakeesha Brown, Kevin Chamberlin, Anne D'Alleva, Michael Dwyer, Kimberly Fearney, Nicole Gelston, Jeffrey Geoghegan, Jessica Grabel, Haleh Ghaemolsabahi, Kimberly Hill, Kayla Hogrefe, Philip Hunt, Andrea Keilty, Stacy Koehler, Peggy McCarthy, Rick McCarthy, Genice Nelson, Bryan Neurath, Gregory Perrotti, Angelo Quaresima, Rachel Rubin, Caryl Ryan, Janel Simpson, Scott Simpson, David Wallace, Michelle Williams, Reka Wrynn
External Invitees	John Harrison, and Brian Sullivan

Vice-Chair Boxer convened the Committee at 10:02 a.m.

#### 1. Executive Session

On a motion by Director Archambault, seconded by Trustee Carbray, the Committee voted unanimously to go into the Executive Session to discuss:

- C.G.S. 1-210(b)(1) – Preliminary drafts or notes that the public agency has determined that the public's interest in withholding such documents clearly outweighs the public interest in disclosure; and
- C.G.S. 1-200(6)(B) – Records or the information contained therein pertaining to strategy and negotiations with respect to pending claims; and
- C.G.S. 1-210(b)(10) – Records, reports and statements privileged by the attorney-client relationship; and
- C.G.S. 1-210(b)(20) – Records of standards, procedures, processes, software, and codes not otherwise available to the public, the disclosure of which would compromise the security and integrity of an information technology system.

The entire Executive Session was attended by the following:

Committee members: Boxer, Archambault, Carbray, Dennis-LaVigne, Gouin, Matous, and Toscano.

University Staff: Fearney, Gelston, and Hill.

The following University staff were in attendance for part of the Executive Session: Maric, Babcock, D'Alleva, Dwyer, Geoghegan, Ghaemolsabahi, Hunt, Keilty, Koehler, P. McCarthy, R. McCarthy, Perrotti, Quaresima, Rubin, J. Simpson, S. Simpson, Wallace, and Williams.

The Executive Session ended at 11:02 a.m., and the Committee returned to the Open Session at 11:03 a.m.

## 2. Public Participation

No members of the public signed up to address the Committee.

## 3. Minutes of March 27, 2025, Meeting

On a motion by Director Archambault, seconded by Trustee Dennis-LaVigne, the Committee voted to unanimously approve the minutes of the March 27, 2025, Meeting.

## 4. External Audit Activities

Associate Vice President and Chief Audit Executive Quaresima provided an update on the status of external audit engagements.

Brian Sullivan from CBIZ CPAs P.C. presented the Committee with the UConn 2000 Infrastructure Program Agreed Upon Procedures Report for the Fiscal Year Ending June 30, 2024.

UConn Health Associate Vice President and Chief Pharmacy Officer Chamberlin presented the Committee with the Annual 340B Drug Pricing Program Audits for the period of June 1, 2024 – November 30, 2024, for:

- John Dempsey Hospital
- Ryan White (Ryan White Parts A&B)
- Hemophilia Treatment Center (HTC)

John Harrison from the Auditors of Public Accounts presented the UConn and UConn Health State-Wide Single Audit for the Fiscal Year Ended June 30, 2024, as well as the UConn Departmental Audit for the Fiscal Years Ending June 30, 2022, and 2023.

## 5. Significant Internal Audit Activities

Mr. Quaresima provided the Committee with updates on the Status of Audit Assignments, the Status of Audit Observations as well as an updated AMAS Organizational Chart/Staffing.

Dr. Genice Nelson provided the Committee with an update on the New England Sickle Cell Institute Audit.

The Committee reviewed and accepted five audit reports.

## 6. Compliance Activities

Associate Vice President and Chief Compliance Officer Fearney provided the Committee with updates on significant compliance activities, including a presentation on University Compliance Data Summary Annual Report as well as several informational /educational items.



Director of University Compliance Hill and Assistant Director for Education & Development Hogrefe provided the committee with a presentation on a new certificate program, Leading with Integrity: A Manager's Guide to Compliance and Ethics.

7. Information Technology Updates

Interim Vice President and Chief Information Officer Ghaemolsabahi provided an update on the UConn information technology activities.

Chief Information Officer R. McCarthy provided an update on UConn Health information technology activities.

8. Other Business

There was no Other Business.

9. Adjournment

On a motion by Trustee Dennis-LaVigne, seconded by Trustee Toscano, the Committee voted unanimously to adjourn the meeting. The Committee adjourned at 11:48 a.m.

Respectfully submitted,  
*Karen Violette*

**THIS PAGE INTENTIONALLY LEFT BLANK**

# ATTACHMENT 2.1

# ATTACHMENT 2.1

University of Connecticut Board of Trustees  
University of Connecticut Health Center Board of Directors  
**Joint Audit & Compliance Committee**  
**September 25, 2025**  
Status of External Audit Engagements

Auditor	Area	Scope	Current Status of Audit	Recent Report Issued	Recent Report – Recommendations & Areas for Improvement		
					Total	No Further Action / Implemented	Open
Clifton Larson Allen LLP	UConn Health	Audits of UConn Health's John Dempsey Hospital, UConn Medical Group, & Finance Corporation Financial Statements	FY 25 Underway	FY 24 Issued 11/20/24, 11/20/24 & 12/3/24	2	0	2
James Moore & Co	UConn Athletics	Annual NCAA agreed upon procedures performed on all revenues, expenses, and capital expenditures for the Athletics Program	FY 25 Underway	FY 24 Issued 12/3/24	No Recommendations Reported		
CBIZ CPAs P.C. (formerly Mayor Hoffman McCann P.C.)	UConn & UConn Health	Annual agreed upon procedures on UConn 2000 Infrastructure Program as required by Section 10a-109z of the Connecticut General Statutes (CGS)	FY 25 Underway	FY 24 Issued 4/16/25	2	0	2
Pharmacy Consultants, Inc. (DBA 340B Compliance Partners) *	UConn Health	Mock audits of UConn Health's 340B Drug Pricing Program covered entities recommended by Health Resources and Services Administration	CY 25 No Activity	CY 24 Issued 2/13/25, 1/29/25 & 1/30/25	8	7	1
State Auditors	UConn & UConn Health	Annual audit of Federal Funds required under the Federal Single Audit Act (SWSA)	FY 25 Underway	FY 24 Issued 3/27/25	0	0	0
State Auditors	UConn	Annual audit of financial statements included in the Annual Comprehensive Financial Report (ACFR)	FY 25 Underway	FY 24 Issued 12/6/24	No Recommendations Reported		
State Auditors	UConn Health	Annual audit of financial statements included in the Annual Comprehensive Financial Report (ACFR)	FY 25 Underway	FY 24 Issued 12/12/24	No Recommendations Reported		
State Auditors	UConn	Departmental statutory required audit (CGS Sec 2-90)	FYs 24 & 25 No Activity	FYs 22 & 23 Issued 6/16/25	7	0	7
State Auditors	UConn Health	Departmental statutory required audit (CGS Sec 2-90)	FYs 23 & 24 Underway	FYs 21 & 22 Issued 11/9/23	12	2	10

\* Reappointment presented for approval by the Joint Audit & Compliance Committee at their September 25, 2025 meeting

**THIS PAGE INTENTIONALLY LEFT BLANK**

# ATTACHMENT 2.2

# ATTACHMENT 2.2



**TO:** Members of the Joint Audit and Compliance Committee

**FROM:** Angelo Quaresima  
Associate Vice President and Chief Audit Executive

**DATE:** September 25, 2025

**SUBJECT:** Appointment of Pharmacy Consultants, Inc. (DBA 340B Compliance Partners)  
to Conduct Audits of UConn Health's 340B Drug Pricing Program

### **RECOMMENDATION**

It is recommended the Joint Audit and Compliance Committee (JACC) approve the appointment of Pharmacy Consultants, Inc. (DBA 340B Compliance Partners) to conduct independent audits of UConn Health's 340B Drug Pricing Program at John Dempsey Hospital and respective child-sites, along with up to four Ryan White and one Hemophilia covered entities. The term of the contract will be for calendar years 2025, 2026 and 2027, commencing in December 2025. The total proposed fee for the three-year engagement is \$170,250, which includes project-related reimbursable expenses for administrative costs.

### **BACKGROUND**

As 340B covered entities, John Dempsey Hospital, Division of Infectious Diseases/Infectious Disease Clinic (Ryan White Part A), and Hemophilia Treatment Center have elected to dispense 340B drugs to patients through contract pharmacy arrangements.

Federal Register Vol. 75, No. 43 Notice Regarding 340B Drug Pricing Program - Contract Pharmacy Services issued guidelines that govern the operation and compliance of contract pharmacies for 340B covered entities. These guidelines require that "Covered entities are responsible for ensuring compliance of their contract pharmacy arrangement(s) with all 340B Program requirements. In order to fulfill the ongoing obligation of compliance, all covered entities are required to provide oversight of the contract pharmacy, maintain auditable records and are expected to conduct annual audits of their contract pharmacies, completed by an independent auditing firm".

A bid process was conducted through UConn Health's Procurement Operations and Contracts Department to select an independent firm to perform audits for calendar years 2025, 2026 and 2027. Four firms submitted proposals and a search committee of employees representing UConn Health independently evaluated the proposals based on a set of predetermined qualifications. Evaluation criteria included knowledge and experience, proposer's references, staffing plan, scope of work and competitive pricing. The Procurement Department collected

and tabulated the committee members' scoring, which voted to select Pharmacy Consultants, Inc. pending approval of the JACC.













The Office of Audit and Management Services seeks JACC approval of this engagement.


# ATTACHMENT 3.1

# ATTACHMENT 3.1

University of Connecticut Board of Trustees  
University of Connecticut Health Center Board of Directors  
**Joint Audit & Compliance Committee**  
**September 25, 2025**

Status of Audit Assignments  
As of August 31, 2025

Audit Project	Campus	Current Status	Anticipated JACC Meeting			
			Sep 2025	Dec 2025	Mar 2026	Jun 2026
Concur Purchasing Card (PCard)	UC	Report				
Time and Effort Reporting - UConn	UC	Report				
UConn Health Surgery Center	UH	Report				
Artificial Intelligence Governance	UH	Fieldwork				
Athletics IT General Controls	UC	Fieldwork				
Faculty Workloads	UC	Fieldwork				
Special Payroll - UConn Health	UH	Fieldwork				
Student Health and Wellness - Mental Health	UC	Fieldwork				
Time and Effort Reporting - UConn Health	UH	Fieldwork				
Fleet Vehicles	UC	Fieldwork				
Graduate Medical Education	UH	Planning				
University of Connecticut Foundation FY25	UC/UH	Planning				

Special Projects/Consulting	Campus	Current Status	
		In Progress	Project Final
Facilities Operations – Contract Review	UC		

**THIS PAGE INTENTIONALLY LEFT BLANK**

# ATTACHMENT 3.2

# ATTACHMENT 3.2



University of Connecticut & UConn Health  
Joint Audit & Compliance Committee Meeting  
September 25, 2025

Status of Audit Observations  
Aging of Overdue Management Actions by Functional Area Based on Original Due Date  
As of August 31, 2025

Functional Area	Not Due			0-3 Mos			3-6 Mos			6-12 Mos			1-2 Yrs			2-3 Yrs			> 3 Yrs			Total
	L	M	H	L	M	H	L	M	H	L	M	H	L	M	H	L	M	H	L	M	H	
UConn:																						
UC Athletics	1				6																	7
UC College of Liberal Arts and Sciences																	2					2
UC Controller					4			1		2	3	1									1	12
UC Facilities Operations																			6			6
UC Foundation Administration				1																		1
UC Human Resources	1	3																		3		7
UC Information Technology Services								1	1		1	15		3	2		2					25
UC Office of Global Affairs																	1					1
UC Office of the Provost	1	1		2	3			1														8
UC Procurement	1			1	1						2											5
UC Research Compliance Services																			2			2
UC Sponsored Program Services		3			2																	5
UConn Total	4	7		4	16			3	1	2	6	16		3	2		3	2	2	9	1	81
UConn Health:																						
UCH Ambulatory Care		1						1														2
UCH CEO and EVP for Health Affairs																				2		2
UCH CFO				1	2	1																4
UCH Human Resources																			2			2
UCH Information Technology Services		4	4											2	2		2	2		2	5	23
UCH JDH Administration		7	3		1	1		1		1	3		1	3		1	2			1		25
UCH JDH and UMG Revenue Cycle Management										1	2			7								10
UCH Procurement		1		1																		2
UCH School of Dental Medicine																				2		2
UCH School of Medicine																			2			2
UConn Health Total		13	7	2	3	2		2		2	5		1	12	2	1	4	2	4	7	5	74
UConn & UConn Health Total	4	20	7	6	19	2		5	1	4	11	16	1	15	4	1	7	4	6	16	6	155

**Note: The net number of management open actions increased by 8 from 147 to 155 from the prior reported quarter.**

University of Connecticut & UConn Health  
Joint Audit & Compliance Committee Meeting  
September 25, 2025

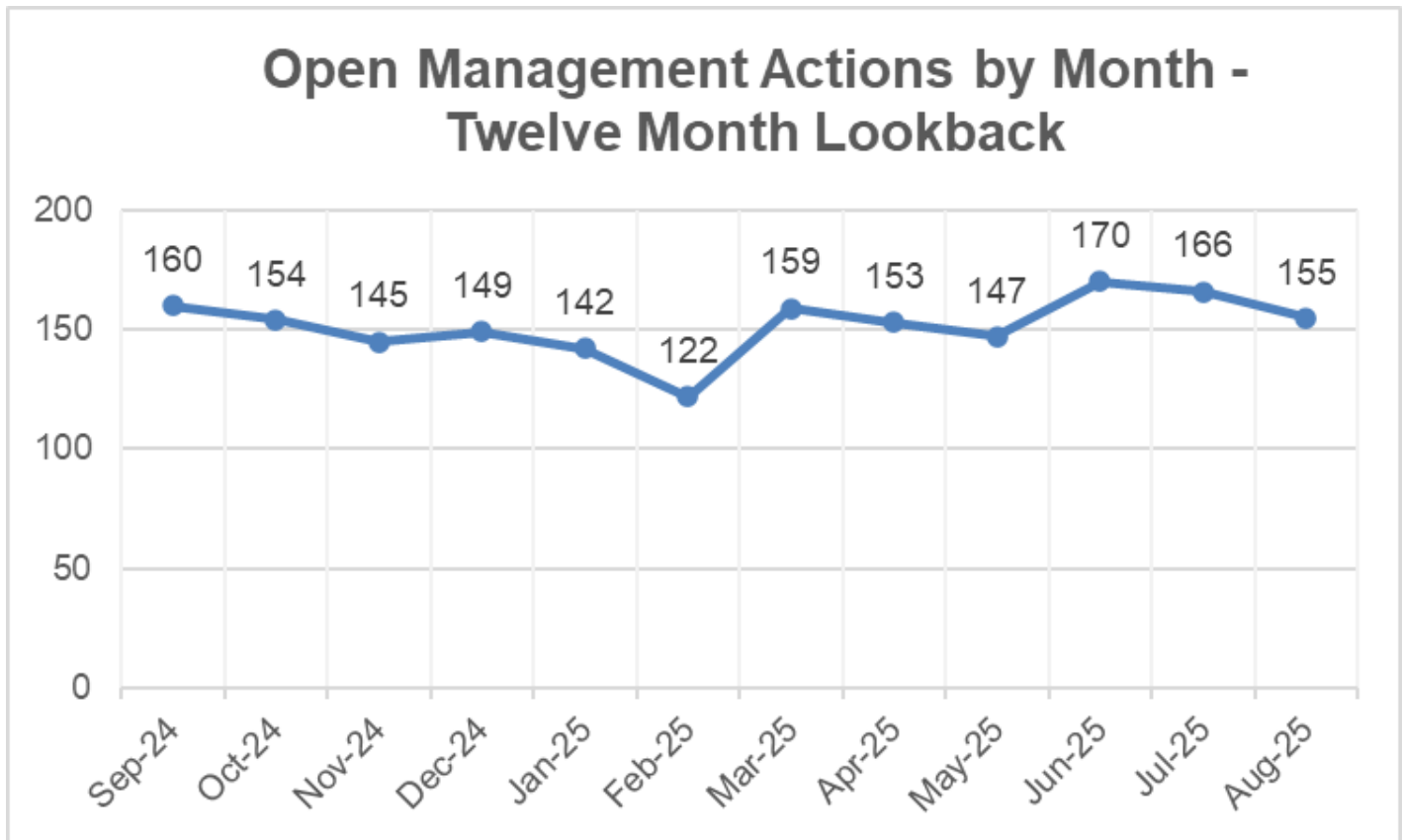
Status of Audit Observations  
Aging of Overdue Management Actions by Finding Category Based on Original Due Date  
As of August 31, 2025

Finding Category	Not Due			0-3 Mos			3-6 Mos			6-12 Mos			1-2 Yrs			2-3 Yrs			> 3 Yrs			Total
	L	M	H	L	M	H	L	M	H	L	M	H	L	M	H	L	M	H	L	M	H	
UConn:																						
Business Process Improvement	3	3		2	8					1	1	1								2		21
Documentation				1						1				1								3
Governance								1														1
Management Oversight		2			2						1											5
Monitoring					1						1											2
Policy		1			3						2						1		1	2		10
Regulatory Compliance					1														1		1	3
Security									1		1	14		1	2		1	2		5		27
Segregation of Duties					1									1								2
Technology		1		1				2														4
Training	1																1					2
Use of Resources												1										1
UConn Total	4	7		4	16			3	1	2	6	16		3	2		3	2	2	9	1	81
UConn Health:																						
Business Process Improvement		1		2	1	1				2						1			2	1		11
Documentation		1			1									2			1		1			6
Management Oversight											1			4						1		6
Monitoring														3	1		1			2		7
Physical Security of Assets						1																1
Policy											1			1					1			3
Regulatory Compliance		2						2			3			2			1					10
Security		6	6		1										1			2		1	3	20
Technology		3	1														1				2	7
Training														1								1
Use of Resources																				2		2
UConn Health Total		13	7	2	3	2		2		2	5		1	12	2	1	4	2	4	7	5	74
UConn & UConn Health Total	4	20	7	6	19	2		5	1	4	11	16	1	15	4	1	7	4	6	16	6	155

University of Connecticut & UConn Health  
Joint Audit & Compliance Committee Meeting  
September 25, 2025

Status of Audit Observations  
Trend Analysis of Monthly Balances of Open Management Actions  
As of August 31, 2025

---



**Analysis:**

The effective collaboration between UConn and UConn Health and AMAS reflects a continued commitment to resolving outstanding open actions, as depicted in the downward trend in the above line graph minus the upticks for new required management actions.

University of Connecticut & UConn Health  
Joint Audit & Compliance Committee Meeting  
September 25, 2025

Status of Audit Observations  
Management Actions Closed by Functional Areas and Risk Level  
For the Period June 1, 2025 to August 31, 2025

Functional Area	Implemented			Recommendation Moved to / Included in Another Audit			Total
	L	M	H	L	M	H	
<b>UConn:</b>							
UC Controller		1					1
UC Information Technology Services		1	3				4
UC Procurement		1					1
<b>UConn Total</b>		3	3				6
<b>UConn Health:</b>							
UCH CFO		1					1
UCH Information Technology Services		3					3
UCH JDH Administration	1	1					2
UCH JDH and UMG Revenue Cycle Management		3					3
UCH JDH Quality and Patient Services		2					2
<b>UConn Health Total</b>	1	10					11
<b>UConn &amp; UConn Health Total</b>	1	13	3				17

University of Connecticut & UConn Health  
Joint Audit & Compliance Committee Meeting  
September 25, 2025

Status of Audit Observations  
Risk Level Descriptions

---

**The description of the risk levels identified in this report is based on the following methodology. Observations are ranked based on an analysis of the likelihood and impact of a control or process failure. Considerable professional judgment is used to determine the risk ratings. Accordingly, others could evaluate the results differently and draw different conclusions. The risk levels provide information about the condition of risks and internal controls at one point in time. Future changes in environmental factors and personnel actions may significantly impact the risk ratings.**

Low	<p>Observation has a low probability of occurring. Preventive controls do not exist but detection and mitigating controls exist. Minimal exposure that will not typically lead to a material error and corrective action may lead to improvements in efficiencies and effectiveness. The issues identified may include:</p> <ul style="list-style-type: none"><li>• Noncompliance with internal policies</li><li>• Lack of internal policy that is not mandated by federal and state requirements</li><li>• Minimal financial losses</li><li>• Minor operational issues</li></ul>
Moderate	<p>Observation is likely to occur or has occurred. Preventive and detection controls do not exist but mitigating controls exist. Exposure that requires priority attention because the observation has or may result in:</p> <ul style="list-style-type: none"><li>• More than minimal financial losses or fraud or theft of resources</li><li>• Noncompliance with laws and regulations or accreditation standards</li><li>• Ineffective internal policy or practice</li><li>• Reputation damage</li><li>• Negative impact to audit area under review, which includes continuity, security and privacy issues</li><li>• Safety and health concerns</li></ul>
High	<p>Observation has a high probability of occurring or has occurred at a high rate. Preventive, detection and mitigating controls do not exist. High impact exposure that requires immediate attention because the observation has or may result in:</p> <ul style="list-style-type: none"><li>• Substantial financial losses or fraud or theft of resources</li><li>• Noncompliance with significant laws and regulations</li><li>• Serious reputation damage</li><li>• Negative impact to systemwide operations, which includes continuity, security and privacy issues</li><li>• Significant safety and health concerns</li></ul>

**THIS PAGE INTENTIONALLY LEFT BLANK**

# ATTACHMENT 3.3

# ATTACHMENT 3.3



**University of Connecticut & UConn Health**  
**Joint Audit & Compliance Committee Meeting**  
Office of Audit and Management Advisory Services  
**DRAFT FY 2026 Audit Plan**

TITLE	AREA / SCOPE	STATUS	LOCATION
<b>CLINICAL</b>			
Student Health and Wellness - Mental Health	Assess whether services are ordered, provided, documented, and billed in compliance with governmental regulations, payer requirements and the associated charges are complete, accurate and timely.	In Process	UConn
Interventional Radiology	Assess whether interventional radiology services are ordered, provided, and documented in accordance with governmental regulations, payer requirements and internal policies and procedures, with complete, accurate and timely charges, payments and contractual adjustments processed in Epic.	Carryforward	UConn Health
Nephrology	Assess whether services provided by the Nephrology team are documented and billed in accordance with governmental regulations, payer requirements, contractual terms and conditions and internal policies and procedures, with complete, accurate and timely charges, payments and contractual adjustments posted in Epic.	Carryforward	UConn Health
Wound Care and Hyperbaric Medicine	Assess whether services performed at the Wound Care and Hyperbaric Medicine treatment center are provided, documented, and billed in accordance with governmental regulations, payer requirements, contractual terms and conditions and internal policies and procedures, with complete, accurate and timely charges, payments and adjustments posted in Epic.	Carryforward	UConn Health
Operating Room: Medication Administration	Review and assess the administration of medications in the Operating Room for compliance with UConn Health policies and procedures as well as payer regulations; evaluate the effectiveness of controls designed to administer and capture medication charges.	New	UConn Health
<b>FINANCIAL &amp; OPERATIONAL</b>			
Faculty Workloads	Evaluate the effectiveness of controls over faculty workload assignments, including the processes of assignment development, documentation, approval, and monitoring. Assess compliance with minimum workload requirements, UConn policies, guidelines, and applicable collective bargaining agreements.	In Process	UConn
Fleet Vehicles	Assess the use and maintenance of UConn fleet vehicles for compliance with UConn policies; and evaluate the effectiveness of associated internal controls. Identify potential cost savings and operational efficiencies.	In Process	UConn
Graduate Medical Education	Review and assess procedures for executing Graduate Medical Education (GME) program residency and fellow agreements, including how UConn Health ensures consistency between Capital Area Health Consortium (CAHC) agreements and agreements between the School of Medicine and partners; evaluate internal	In Process	UConn Health

**University of Connecticut & UConn Health**  
**Joint Audit & Compliance Committee Meeting**  
Office of Audit and Management Advisory Services  
**DRAFT FY 2026 Audit Plan**

TITLE	AREA / SCOPE	STATUS	LOCATION
	controls over UConn Health GME billing, payments and receipts related to the CAHC agreement.		
Special Payroll	Assess compliance with CGS Sec 10a-20 and 10a-108 and UConn Health Special Payroll policies. Determine if controls are operating effectively over the following process: identification, determination and approval of eligible positions and related terms, and monitoring for compliance with terms of the positions (e.g., project based, seasonal, durational, temporary need, non-Union, non-benefits eligible).	In Process	UConn Health
Time and Effort Reporting	Review and assess UConn Health sponsored award effort reporting processes for compliance with federal requirements under 2 CFR Part 200 and institutional policies; and evaluate the effectiveness of related controls designed within institutional reporting systems.	In Process	UConn Health
Athletics: Facility Operations and Rentals Revenue	Evaluate internal controls surrounding Athletics facility operations and associated revenue producing activities; and assess compliance with UConn policies and procedures and applicable governmental regulations.	Carryforward	UConn
Building Access	Review and assess UConn/UConn Health policies and procedures for granting, monitoring, and revoking building access; and evaluate the adequacy of associated controls.	Carryforward	UConn & UConn Health
Client Revenue Contracts	Review and assess the administration of revenue contracts for compliance with UConn Health policies and governmental regulations, assess business terms and verify contractual obligations and deliverables are satisfied; and evaluate controls surrounding billing and collection of contractual payments.	Carryforward	UConn Health
Compensatory Time	Review and evaluate internal controls over UConn compensatory time approval and documentation practices; and assess compliance with bargaining agreement contractual terms and institutional policies.	Carryforward	UConn
Dining Services: Cash Handling	Evaluate the internal controls over Dining Services cash operations; and assess compliance with UConn policies and procedures and applicable governmental regulations.	Carryforward	UConn
Human Subject Incentive Payments	Review and assess human subject incentive payments for compliance with relevant UConn Health policies and procedures and governmental regulations; and evaluate the effectiveness of internal controls designed to process incentive payments.	Carryforward	UConn Health
Indirect Cost Recovery Revenues from Grants	Analyze the basis of the revenue generated from and the uses and oversight of Indirect Cost Recovery funds posted to unrestricted accounts (4-ledger accounts), as well as compliance with UConn/UConn Health policies.	Carryforward	UConn & UConn Health

**University of Connecticut & UConn Health**  
**Joint Audit & Compliance Committee Meeting**  
Office of Audit and Management Advisory Services  
**DRAFT FY 2026 Audit Plan**

TITLE	AREA / SCOPE	STATUS	LOCATION
Intellectual Property Management - Costs and Revenue Assessment	Review and evaluate internal controls for tracking and reporting royalty revenue. Analyze intellectual property management costs to identify potential savings from internal filings versus external legal services. Evaluate cost tracking controls for outside firms to ensure expenditures remain within authorized limits.	Carryforward	UConn & UConn Health
Parking Services: Business Operations	Assess the efficiency and effectiveness of Parking Services operations; and evaluate the effectiveness of internal controls designed to prevent financial loss and ensure compliance with UConn policies and procedures and applicable governmental regulations.	Carryforward	UConn
Patient Account Credit Balances	Assess processes and controls for reviewing patient account credit balances in Epic to timely and accurately identify and process refunds in accordance with federal and state regulations and UConn Health policies and procedures.	Carryforward	UConn Health
Patient Access Operations	Assess the efficiency and accuracy of appointment scheduling, registration and prior authorization, including an evaluation of the related controls designed to comply with applicable federal and state regulations and UConn Health policies and procedures.	Carryforward	UConn Health
Physician Workloads	Evaluate the effectiveness of controls over physician workload assignments; and assess compliance with minimum workloads requirements, UConn Health internal policies, guidelines, and metrics. Verify physician incentive payments are made in accordance with UConn Health policies and applicable collective bargaining unit agreements.	Carryforward	UConn Health
School of Dental Medicine Third Party Insurance Reimbursements	Evaluate whether charges for dental services billed in axiUm are captured and reimbursed in accordance with the terms of payer contracts.	Carryforward	UConn Health
Specialty Pharmacy	Review and assess UConn Health Specialty Pharmacy business operations and billing practices, including related controls designed to comply with applicable federal and state regulations and UConn Health policies and procedures.	Carryforward	UConn Health
Contract Management - Procurement Services	Review and assess whether UConn and UConn Health contracts are executed in accordance with institutional policies and procedures and evaluate the effectiveness of contract management practices for compliance with contractual terms and obligations and confirmation of vendor deliverables.	New	UConn & UConn Health
Employee and Affiliate Separation Process	Assess employee and affiliate separation processes, including voluntary resignations, retirements, and involuntary terminations for compliance with UConn/UConn Health policies and legal requirements. Evaluate internal controls to determine whether	New	UConn & UConn Health

**University of Connecticut & UConn Health**  
**Joint Audit & Compliance Committee Meeting**  
Office of Audit and Management Advisory Services  
**DRAFT FY 2026 Audit Plan**

TITLE	AREA / SCOPE	STATUS	LOCATION
	separation procedures are properly documented, timely executed, and communicated to all applicable departments.		
Graduate Program Revenue and Billing Practices	Assess the billing practices for graduate programs that charge program-specific fees outside of standard tuition and fees to determine whether these practices are consistent, transparent, and aligned with UConn policies.	New	UConn
One Stop Student Services	Evaluate the effectiveness of internal controls over the accuracy and timeliness of student account transactions, financial aid disbursements, and registration processes within One Stop Student Services; and assess compliance with applicable UConn policies and federal regulations.	New	UConn
Space Utilization	Evaluate space utilization internal controls across owned and leased properties, including tracking, planning, managing and reallocating processes. Assess space utilization levels to determine whether spaces are properly allocated, cost-efficient and align with institutional priorities.	New	UConn & UConn Health
Student Activities: Graduate Student Senate Operations	Evaluate the effectiveness of internal controls over the Graduate Student Senate student organization financial stewardship and assess compliance with the organization's financial policies and Student Activities policies and procedures.	New	UConn
Vendor Selection - Non-Construction	Assess vendor selection and contracting processes, including competitive bidding, sole source justification, and request for proposal criteria and documentation, for compliance with UConn policies and applicable regulations; and evaluate the effectiveness of corresponding internal controls.	New	UConn
<b>INFORMATION TECHNOLOGY</b>			
Artificial Intelligence (AI) Governance	Assess AI strategy and policies regarding the governance, use and security of commercial and open-source AI tools used for various business use cases.	In Process	UConn Health
Athletics IT General Controls	Assess IT general controls, including areas such as compliance with University IT policies, regulatory requirements, and industry standards for systems and applications managed by Athletics. Evaluate key controls addressing the overall security of sensitive information, including data related to student athletes and other individuals that interact with Athletics such as donors.	In Process	UConn
Artificial Intelligence (AI) Governance	Assess AI strategy and policies regarding the governance, use and security of commercial and open-source AI tools used for various business use cases.	Carryforward	UConn
axiUm Application Controls	Assess axiUm application controls utilized to protect the confidentiality, integrity and availability of PHI and	Carryforward	UConn Health

**University of Connecticut & UConn Health**  
**Joint Audit & Compliance Committee Meeting**  
Office of Audit and Management Advisory Services  
**DRAFT FY 2026 Audit Plan**

TITLE	AREA / SCOPE	STATUS	LOCATION
	financial data, in addition to compliance with UConn Health IT policies and regulatory requirements such as the HIPAA Security Rule.		
Legal Files Application Controls	Assess Legal Files application controls utilized to protect the confidentiality, integrity and availability of sensitive data as well as compliance with University IT policies and industry standards for application security.	Carryforward	UConn
Vulnerability & Patch Management	Evaluate the effectiveness of control processes for identifying, acquiring, installing, and verifying patches for infrastructure-related systems such as operating systems and server software.	Carryforward	UConn Health
Phishing Awareness & Response	Evaluate the design and effectiveness of the phishing awareness and response program, addressing user education, simulated phishing campaigns, incident response procedures, and alignment with institutional cybersecurity policies and best practices.	New	UConn & UConn Health
SharePoint Security	Assess the effectiveness of security and operational controls for Microsoft SharePoint Online within the Microsoft 365 environment, including access management, external sharing, data classification, and compliance with institutional and regulatory requirements.	New	UConn & UConn Health
<b>COMPLIANCE</b>			
International Disclosures in Research	Assess current policies and procedures related to defining, preventing, and detecting unallowable foreign influences on faculty and intellectual property, including examining current process for reviewing contracts prior to UConn and UConn Health commitment.	Carryforward	UConn & UConn Health
Faculty Consulting FY25	Evaluate the effectiveness of the established faculty consulting activity approval and oversight procedures and compliance with state regulations and University Faculty Consulting policies and procedures for fiscal year 2025	Mandatory	UConn & UConn Health
University of Connecticut Foundation FY25	Examine fiscal year 2025 Foundation gifts and disbursements for compliance with UConn and Foundation policies; and determine compliance with Connecticut General Statutes Section 4-37(e) et seq.	Mandatory	UConn & UConn Health
<b>OTHER</b>			
	Audit Plan Continuous Risk Assessment	Ongoing	UConn & UConn Health
	Follow-up Audit Activities	Ongoing	UConn & UConn Health
	Contingencies/Special Projects/Investigations/Consulting	Ongoing	UConn & UConn Health

Presented for approval by the Joint Audit & Compliance Committee at their September 25, 2025 Meeting

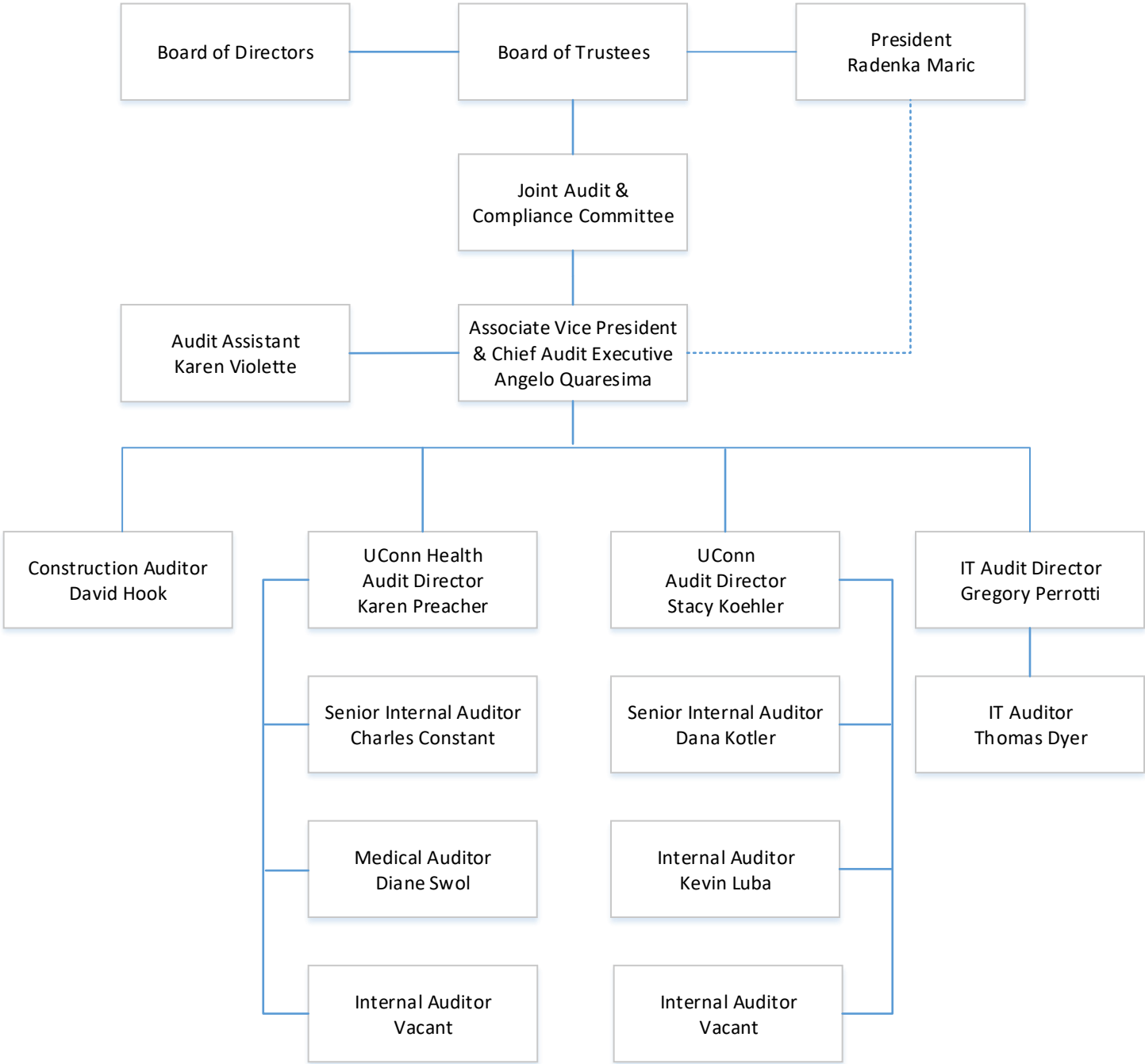
**THIS PAGE INTENTIONALLY LEFT BLANK**

# ATTACHMENT 3.4

# ATTACHMENT 3.4



Office of Audit and Management Advisory Services



**THIS PAGE INTENTIONALLY LEFT BLANK**

# ATTACHMENT 4.1

# ATTACHMENT 4.1

**Joint Audit and Compliance Committee JACC**  
**Significant Compliance Activities**  
**June 2025 – August 2025**

*7 Elements of an Effective Compliance Program*

1 – Standards of Conduct, Policies, Procedures

2 – Leadership and Authority

3 – Education and Development

4 – Monitoring and Auditing

5 – Reporting and Investigations

6 – Response and Prevention

7 – Accountability and Incentives

**Significant Compliance Activities – Office of University Compliance (OUC)**

As of August 31, 2025, OUC has received 133 reported concerns in 2025, a 22% increase in reports seen during the same timeframe in 2024.



Educational email campaigns were developed and disseminated to the UConn and UConn Health communities on topics such as Artificial Intelligence and Data Privacy, updates to Title II of the ADA, and the Animals on Campus Policy.



OUC supported a Department of Public Health site visit managing time-sensitive policy processes and document requests.



The Minor Protection Program (MPP) served 23,818 minors and 2,989 adults; 55 UConn-Sponsored Programs were registered under MPP.



OUC worked with UConn Health IT teams and the Policy Manager software vendor, MCN, to resolve a document redirect issue related to specific links used in Epic. The issue was reported on July 29, 2025, and was resolved when MCN implemented a fix on August 11, 2025.



OUC coordinated the University's privacy responsibilities in response to an information security incident which affected a large number of individuals.



OUC presented at UConn Honors Guides for Peer Success (student mentors) on the Family Educational Rights and Privacy Act (FERPA).



The President and Senior Policy Council approved one new policy, five revised policies, seven decommissions, and the reclassification of two policies to department-level policies. UConn Health approved and published 119 standards documents.



**Joint Audit and Compliance Committee JACC  
Significant Compliance Activities  
June 2025 – August 2025**

*7 Elements of an Effective Compliance Program*

**1 – Standards of Conduct, Policies, Procedures**

**2 – Leadership and Authority**

**3 – Education and Development**

**4 – Monitoring and Auditing**

**5 – Reporting and Investigations**

**6 – Response and Prevention**

**7 – Accountability and Incentives**

**Significant Compliance Activities – OUC (Cont.)**

OUC partnered with Nursing and Pharmacy leadership to align access to infusion pharmacy policies with operational need, improving search relevance for Nursing and reducing risk of misapplication.



OUC held outreach meetings with Diagnostic Imaging, Blood & Marrow Transplant & Cellular Therapy Program, Cardiology, Specimen Management, Infection Control, the Stroke Program, CT Comprehensive Pain Center, Perfusion, and Psychiatry to align standards, clarify workflows, provide hands-on training, define process improvements, and support accreditation readiness.



OUC coordinated with UConn Health IT and MCN to roll out a Policy Manager software upgrade, performed pre- and post-upgrade testing, and resolved a brief system outage of approximately two hours same-day. A post-upgrade assessment to identify gaps and opportunities was conducted.



OUC worked with IT and policy committee support staff to collect legacy (pre-2023) policies into a secure, consolidated archive to preserve record history and enable request-based access through designated stewards. Post-2023 document archives remain in Policy Manager.



**Additional Updates**

Kristin Romaine-Blochowski joined the department as a Compliance Investigator on June 27, 2025. Kristin brings a diverse background to the role, with experience as an investigator, legal practitioner, educator, and law enforcement officer. Most recently, she served as an Assistant Professor of Criminal and Social Justice at Lourdes University in Ohio. Welcome, Kristin!

# ATTACHMENT 4.2

# ATTACHMENT 4.2



In May 2025, the Office of University Compliance (OUC) engaged in a self-evaluation exercise, using effectiveness guidelines published by the U.S. Department of Justice (DOJ). The assessment was then used to develop the following internal workplan for FY26, with a focus on opportunities to enhance how OUC supports the overall compliance program. The DOJ effectiveness guidelines address **three fundamental questions** around compliance program **design, implementation, and effectiveness**; these guiding questions formed the development of the internal workplan.

## Compliance Program Design

Task	Key Action Steps	Complete By	Notes
<b>Compliance Focus: B. Policies and Procedures – Gatekeepers</b>			
Policy Submission Checklist	<ul style="list-style-type: none"> <li>Update checklist and <a href="#">Policy on Policies</a> to require education plan and other information.</li> <li>Launch targeted education.</li> </ul>	Checklist; Policy on Policies: December 31, 2025 Education on PoP/Checklist: January 2026	A Checklist is already part of Senior Policy Council submission requirements. The Policy Team will update the checklist to account for timelines; education/training that will be offered for policy implementation; identification and training of key gatekeepers; and any guidance required. Clearly define what “gatekeeper” means.
Policy Monitoring	<ul style="list-style-type: none"> <li>Build out monitoring post-policy effective date.</li> </ul>	January 2026	
<b>Compliance Focus: C. Training and Communication – Communications about Misconduct</b>			
Press Releases	<ul style="list-style-type: none"> <li>Meet with senior leadership to discuss potential changes to the press release process.</li> </ul>	September 30, 2025	
<b>Compliance Focus: E. Third Party Management</b>			
Identify and Address Gaps/Deficiencies for Third Parties	<ul style="list-style-type: none"> <li>Engage the University Compliance and Ethics Committee (UCEC) to consider third-party risks in relation to the U.S. DOJ guidelines.</li> </ul>	December 31, 2025	

## Compliance Program Design (Cont.)

Task	Key Action Steps	Complete By	Notes
<b>Compliance Focus: D. Confidential Reporting Structure – Effectiveness of the Reporting Mechanism</b>			
Reportline Survey	<ul style="list-style-type: none"> <li>Develop and issue a survey to revisit “comfortability” of using the Reportline.</li> <li>Explore post-survey for reporters to be deployed through the Reportline for feedback.</li> </ul>	March 31, 2026	Be mindful of survey fatigue; consider sending to targeted individuals or groups.

## Compliance Program Implementation

Task	Key Action Steps	Complete By	Notes
<b>Compliance Focus: A. Commitment by Senior and Middle Management – Oversight</b>			
Education for Board of Directors (BOD) and Board of Trustees (BOT)	<ul style="list-style-type: none"> <li>Leverage BOD packets for BOT.</li> <li>Add BOD and BOT members to annual compliance training.</li> <li>Present on the compliance program during quarterly Joint Audit and Compliance Committee (JACC) meetings.</li> </ul>	June 30, 2026	
<b>Compliance Focus: A. Commitment by Senior and Middle Management – Shared Commitment</b>			
Compliance Network Events (CNE) – Ongoing Engagement and Resourcing	<ul style="list-style-type: none"> <li>Develop annual program to hold CNE Meetings/Workshops quarterly with topics designed to train and resource compliance partners (i.e., training, data and analytics, writing policies and procedures, evaluating effectiveness, compliance monitoring).</li> </ul>	December 31, 2025	Plan of meetings and topics solidified and rolled out to members of Compliance Network.

## Compliance Program Implementation (Cont.)

Task	Key Action Steps	Complete By	Notes
<b>Compliance Focus: B. Autonomy and Resources – Data Resources and Access</b>			
Data Inventory	<ul style="list-style-type: none"> <li>Inquire with stakeholders regarding processes to conduct risk assessments and investigations, along with the nature of any data they collect.</li> </ul>	March 31, 2026	The goal is to eventually accumulate cohesive, consistent data across key areas.
<b>Compliance Focus: B. Autonomy and Resources – Experience and Qualifications</b>			
Education for OUC Team Members	<ul style="list-style-type: none"> <li>Summarize highest number of “Don’t Know” responses from team self-assessment.</li> <li>Develop internal education for the broader OUC team.</li> </ul>	December 31, 2025; ongoing thereafter	Invite subject matter experts to team meetings.
<b>Compliance Focus: C. Incentives and Disciplinary Measures – Incentive System</b>			
UCPEA, UHP and AAUP Evaluations	<ul style="list-style-type: none"> <li>Meet with Human Resources and AAUP/UCPEA/UHP to discuss adding compliance to performance measures.</li> </ul>	December 31, 2025	<p>Cross-reference to language included in Managerial/Confidential performance evaluations.</p> <p>Can add to regular meeting agenda with unions to socialize and get thoughts/feedback.</p>

## Compliance Program Effectiveness

Task	Key Action Steps	Complete By	Notes
<b>Compliance Focus: A. Continuous Improvement – Data Transparency</b>			
Develop and Optimize Data Strategy	<ul style="list-style-type: none"> <li>Hold data summits (internal) throughout FY26 to understand the data collected by each unit of OUC and how the data intersects across units.</li> </ul>	June 30, 2026; ongoing thereafter	Look for ways where we can be more proactive vs. reactive and add value to the compliance program.

University Compliance Workplan – FY 26

	<ul style="list-style-type: none"> <li>Refine key metrics, as needed.</li> <li>Create and publish dashboards for Privacy and the Minor Protection Program (MPP).</li> <li>Use data from Google Analytics to “link” all units of OUC.</li> </ul>		
<b>Compliance Focus: A. Continuous Improvement – Measurement and Culture of Compliance</b>			
20 <sup>th</sup> Anniversary Annual Report	<ul style="list-style-type: none"> <li>Draft by November 14, 2025.</li> <li>Present to leadership during December 2025 JACC meeting.</li> <li>Design webpage and video clip.</li> <li>Develop and launch education.</li> </ul>	<p>December 11, 2025</p> <p>March 31, 2026</p>	The Policy, Education, and Investigation Units are developing data and content of the Annual Report; will require input from Privacy and MPP. The content will showcase the value of the compliance program and how far we’ve come over the last 20 years.
<b>Compliance Focus: C. Analysis and Remediation of any Underlying Misconduct – Root Cause Analysis and Remediation</b>			
Structured Root Cause Analysis	<ul style="list-style-type: none"> <li>Develop a template or other tool(s) to facilitate root cause analysis.</li> <li>Incorporate root cause analysis into the investigation process.</li> </ul>	December 31, 2025; ongoing thereafter	For investigations, reviews, and referrals, assess whether root cause is due to missing or outdated policy language; misunderstanding or lack of education; policy scope and applicability; or other issue.

# ATTACHMENT 4.3

# ATTACHMENT 4.3

## Healthcare Compliance, Privacy & Integrity Program – Summary Dashboard

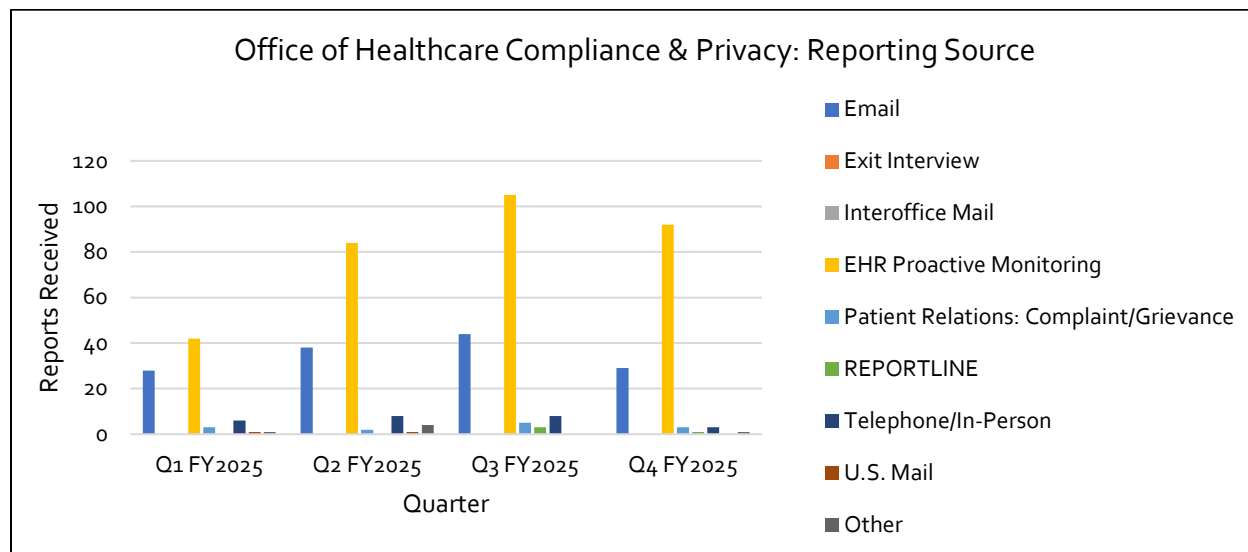
JACC, Thursday, September 25, 2025

1. Policies, Procedures, and Standards of Conduct	
Program Policies	Of the twenty-four (24) current OHCP policies, six (6) are overdue for approval. Three (3) of these overdue policies are part of collaborative revision projects and one (1) is expected to be retired this calendar year.
2. Oversight	
Healthcare Compliance & Privacy Committee	Committee convened on June 23, 2025, with a quorum present. Members reviewed and approved updates to the Charter, which included updates to titles of Committee membership. The Committee reviewed healthcare compliance activities for the reporting period, as presented on the Healthcare Compliance & Privacy Dashboard, received an update on the process for risk assessment and workplan updates, and a presentation was given related to MyChart privacy/security incidents that recently occurred, and actions taken to mitigate risk of future such incidents. The next quarterly committee meeting has been scheduled and will be held September 10, 2025.
Office of Healthcare Compliance & Privacy	<p>Melissa Walsh, who previously served as a Compliance Specialist, was selected and hired into the role of Manager, Healthcare Compliance effective August 8, 2025. Melissa has served as a Compliance Specialist and member of the OHCP team for over three years and has been with UConn Health for four years. Melissa's extensive compliance operations, consulting, revenue cycle, medical coding, compliance monitoring, project management, and prior management experience make her well suited to serve in her new role. In her new position, Melissa will continue to report to the AVP, Chief Healthcare Compliance &amp; Privacy Officer, and will be responsible for supporting the leadership of the compliance team and compliance program operations and oversight.</p> <p>OHCP is continuing recruitment efforts for the Administrative Program Coordinator (to replace Administrative Officer position) and is in the process of posting the vacant Compliance Specialist position.</p>
3. Education & Training	
Annual Mandatory Education	The next launch of mandatory healthcare compliance education will occur in Q1 2026. The education will include Healthcare Compliance & Privacy and Information Security content.
UConn Health Covered Component Training	OHCP piloted a training with the Speech, Language, and Hearing Clinic, designed for those identified as working in a UConn department that engages in HIPAA-covered work and functions as a HIPAA-covered component or serves as a business associate of a HIPAA-covered entity. The deadline for completion of this pilot was June 14, 2025. A broader roll-out is planned for the 2026 fiscal year
Monthly Matters	<p>The topics for Healthcare Compliance &amp; Privacy and IT Security Matters emails, which are sent monthly to all UConn Health team members, were as follows:</p> <p><i>June 2025:</i> Acceptable Use of State Systems;</p> <p><i>July 2025:</i> Vendor-Sponsored Educational Events FAQ's, and Open Payments Report 2025;</p>

## Healthcare Compliance, Privacy & Integrity Program – Summary Dashboard

JACC, Thursday, September 25, 2025

	August 2025: Telehealth Waiver Expiring, and Texting PHI.
4. Reporting & Communication	



5. Auditing & Monitoring	
Office of Healthcare Compliance & Privacy (OHCP) Work Plan	The Interim Compliance Auditing and Monitoring Plan for fiscal year 2025 had six (6) ongoing projects, of which all six (6) have been completed. The 2026 Work Plan is in the process of being developed in conjunction with the updated Risk Assessment process. Additionally, OHCP team members have been providing support in assessing the compliance needs for potential projects and service offerings that are being reviewed as part of Project Thrive.

Government Post-Payment Audits Jul. 1, 2024 – Jun. 30, 2025	Records Requested	\$ at Risk	Records Pending	Records Denied	\$ Recouped to Date	\$ Lost to Date
RAC – JDH	59	\$357,402	1	18	\$376	\$4,342
RAC - UMG	104	\$138,629	50	18	\$0	\$24,476
MAC – PERM	5	\$54,471	3	0	\$0	\$0
TPE – JDH (IVIG)	6	\$19,782	0	2	\$0	\$6,594
TPE – JDH (Prolia)	17	\$29,818	4	5	\$0	\$8,770
TPE – UMG	40	\$686	0	1	\$0	\$11



## Healthcare Compliance, Privacy & Integrity Program – Summary Dashboard

JACC, Thursday, September 25, 2025

QIO – High Weighted DRG	2	\$43,078	1	0	\$0	\$0
CERT	1	\$14,805	1	0	\$0	\$0

**EXPLANATION:** The government contracts various post-payment audit programs to detect and correct improper payments due to billing, coding, documentation, and other types of errors. For each reviewed encounter/payment (“Record”), the total number of records requested comprises the “Records Requested;” Records identified as having an error comprise the “Records Denied.” For each reviewed Record, the originally paid dollars comprise the “\$ at Risk” amounts; dollars taken back from that pool due to an identified error comprise the “\$ Recouped to Date” amounts.

**Recovery Audit Contractor (RAC)** – Represents ongoing audits performed by a regionally assigned Medicare program contractor tasked with identifying over- and underpayments made by Medicare Part A and Part B.

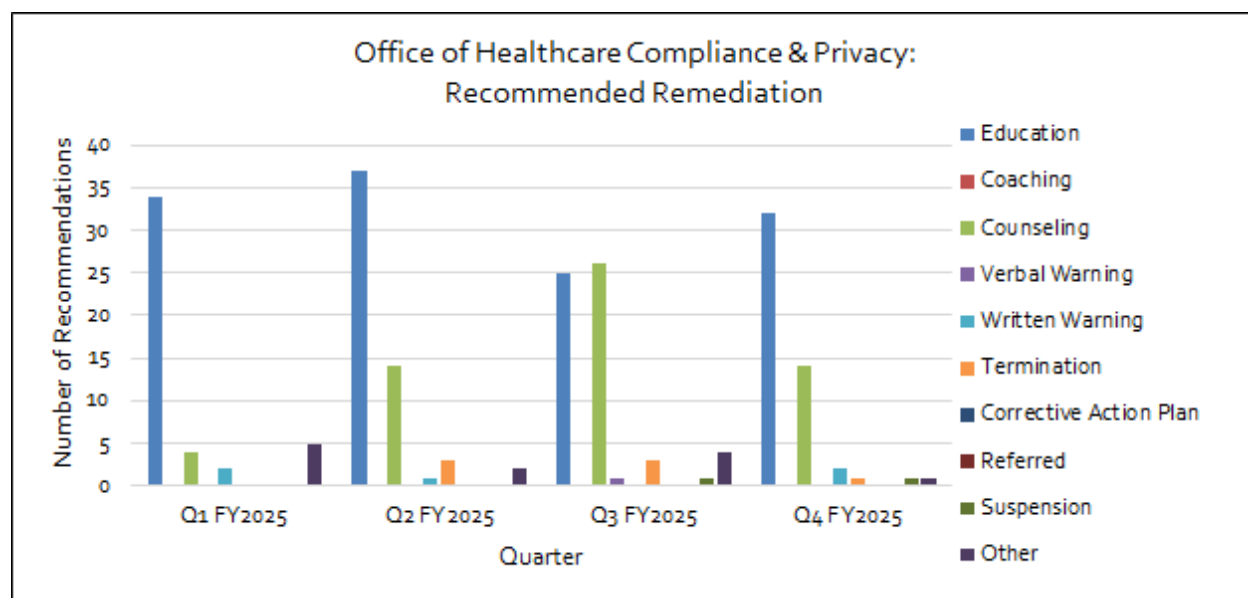
**Medicare Administrative Contractor (MAC)** – Represents ongoing audits performed by a private healthcare insurer awarded a geographic jurisdiction to process Medicare Part A and Part B (A/B) medical claims or Durable Medical Equipment (DME) claims for Medicare Fee-For-Service (FFS) beneficiaries.

**Targeted Probe and Educate (TPE)** – Represents a defined audit performed by a Medicare Administrative Contractor for a specific topic based on patterns of claims denials and appeals.

**Quality Improvement Organization (QIO)** – Represents a defined audit performed by a CMS-designated group of health quality experts, clinicians and consumers tasked with improving the effectiveness, efficiency, economy, and quality of services delivered to Medicare beneficiaries.

**Comprehensive Error Rate Testing (CERT)** – Represents ongoing audits performed by a CMS contractor to measure the error rate of improper Fee-for-Service payments for failure to meet Medicare requirements for coverage, coding, and billing rules (or failing to provide medical records for an initiated audit).

### 6. Enforcement & Discipline



# Healthcare Compliance, Privacy & Integrity Program – Summary Dashboard

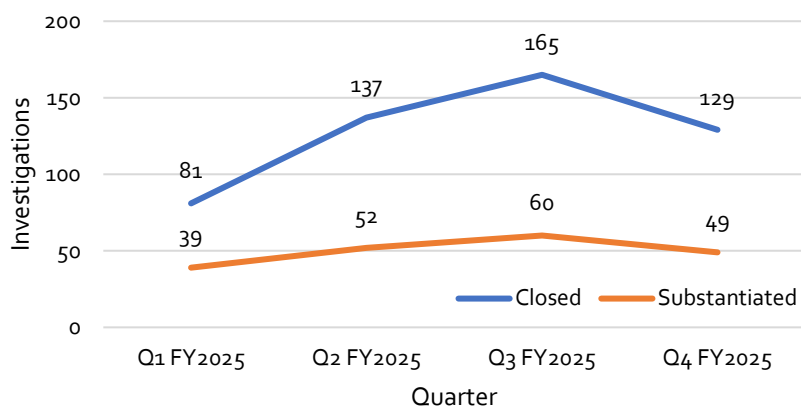
JACC, Thursday, September 25, 2025

## 7. Response & Prevention

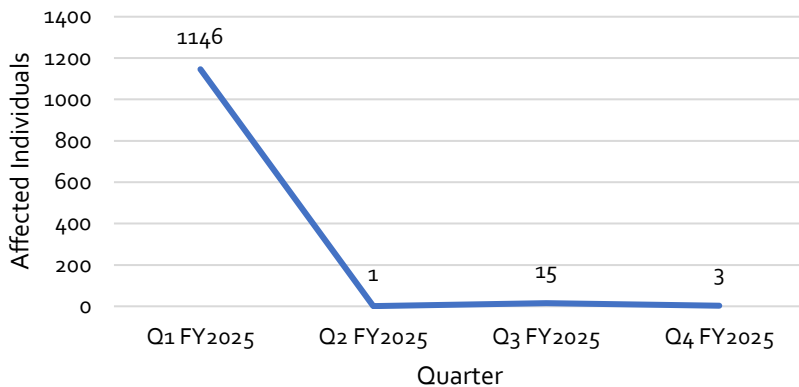
Compliance & Privacy Risk Assessment and OHCP Work Plan Development

The risk assessment for fiscal year 2026 is being finalized. Interviews were completed in collaboration with UConn Audit & Management Advisory Services and a survey process is being completed in coordination with University Compliance. The OHCP Work Plan is in the process of development and is being updated based on the risk assessment and feedback received.

Office of Healthcare Compliance & Privacy:  
Closed Investigations



Office of Healthcare Compliance & Privacy:  
Individuals Affected by Notifiable Breach



# ATTACHMENT 4.4

# ATTACHMENT 4.4

# HEALTHCARE COMPLIANCE & PRIVACY AND IT SECURITY MATTERS



## Acceptable Use of State Systems

Did you know that using your work computer for personal reasons is not allowed? Both the State of Connecticut and UConn Health have established policies that prohibit this type of use.

[Read More](#)



## Secure Your UConn Inbox

Maintaining strong email hygiene is vital for protecting sensitive data and ensuring efficient communication.

Here are key tips to follow:

- Limit Sharing Confidential Data - Contact the Service Desk for alternative sharing options.
- Verify Recipients and Watch for Phishing - Always double-check who you're emailing.
- Organize Your Inbox - Keep it clean for better efficiency.
- Secure Attachments - Avoid opening files from unknown sources.
- Use Professional Signatures and Disclaimers - Maintain professionalism.
- Log Out on Shared Devices - Always sign out to protect your account.
- Report Lost Devices - Notify IT immediately to revoke access.
- Stay Alert to Phishing - Report any suspicious emails.

By following these practices, you will enhance data protection and maintain a secure email environment!

[Office of Healthcare Compliance & Privacy](#)  
263 Farmington Avenue, Farmington, CT 06030

Phone: 860.679.6060 Fax: 860.679.1016

**UConn**  
**HEALTH**

# HEALTHCARE COMPLIANCE & PRIVACY AND IT SECURITY MATTERS



## Attending Vendor-Sponsored Educational Events FAQ's

Accepting gifts or meals from vendors, even with good intentions, can create conflicts of interest or the appearance of impropriety. That's why it's essential to understand what is and isn't permitted when it comes to vendor interactions. Staying informed helps protect both you and the institution.

[Read More](#)



## Open Payments Report 2025

CMS has published the 2025 Open Payments data, which details financial relationships between health care providers and industry. If you are a covered provider, we encourage you to review the data reported under your name to ensure accuracy and alignment with your university disclosure.

[Read More](#)



## Lock Your Device Before You Step Away

Even a moment away from your computer, tablet, or phone can put sensitive patient data at risk. Always lock your device to prevent unauthorized access and stay HIPAA compliant

**Try This Shortcut:** Windows Key + L  
This simple keyboard combo instantly locks your Windows computer.

**Why it matters:** It protects open applications, patient records, and sensitive files.

**How it works:** Press the Windows key and the L key together. Your screen will lock immediately.

**Bonus:** Your session stays active—you just need your password or PIN to log back in.

**Make it a habit:** Lock your screen every time you leave your desk—even for a minute!

[Office of Healthcare Compliance & Privacy](#)  
263 Farmington Avenue, Farmington, CT 06030

Phone: 860.679.6060 Fax: 860.679.1016

**UConn**  
**HEALTH**



# HEALTHCARE COMPLIANCE & PRIVACY AND IT SECURITY MATTERS



## Telehealth Waiver Expiration effective September 30, 2025

Centers for Medicare & Medicaid Services (CMS) telehealth flexibilities initiated during the COVID-19 public health emergency will expire on September 30, 2025, as part of upcoming regulatory changes.

[Read More](#)



## Is Texting PHI HIPAA-Compliant?

Texting patient information may seem convenient, but it can pose serious privacy risks if not done securely. Learn what makes texting PHI HIPAA-Compliant.

[Read More](#)



## IT SECURITY TIP

### Collaborating with Third Parties?

When working with vendors, medical device providers, or software solution partners, protecting our network and data is critical. To ensure security, always follow the procurement process, which includes IT Security review and approval.

#### How to stay secure and compliant:

- **Start Early:** Begin the procurement process as soon as you consider working with a third party.
- **Don't Skip Steps:** Never share data, grant network access, or integrate third-party devices or software without formal approval. This ensures IT Security can assess risks, compliance (e.g., HIPAA), and compatibility.
- **Submit Complete Info:** Include full details about the third party's services, access needs, and any technology involved.
- **Report Concerns:** If a third party requests access or data outside the approved process, escalate it to IT Security immediately.

Adhering to the procurement process is essential to safeguarding our systems and protecting both patient and institutional data.

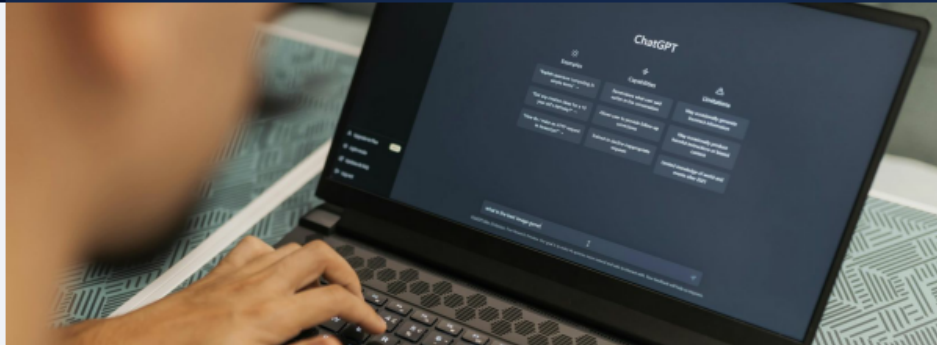
[Office of Healthcare Compliance & Privacy](#)  
263 Farmington Avenue, Farmington, CT 06030

Phone: 860.679.6060 Fax: 860.679.1016

**UCONN**  
**HEALTH**

## Compliance Chatter

UPDATED: Artificial Intelligence (AI) and Data Privacy



### ChatGPT

ChatGPT licenses are now available to UConn faculty and staff through Information Technology Services (ITS). Through an official agreement with OpenAI, the organization that developed ChatGPT, the license ensures secure and compliant use of university data within the ChatGPT environment.

With your ChatGPT license, you can enter or upload information into the model securely. If you plan to use ChatGPT in your work at UConn, it is important that you are doing so through a UConn license and not through the free version, which does not have the required privacy and security controls to protect University data.

**LEARN MORE ABOUT  
CHATGPT**

### Microsoft 365 Copilot and Microsoft 365 Copilot Chat



Microsoft 365 Copilot and Microsoft 365 Copilot Chat are also both fully secure under UConn's agreement with Microsoft, which means they are safe to use with UConn's data. As long as you are signed in with your UConn credentials, your prompts, the information retrieved, and the responses generated are not used to train the underlying AI models. [Learn more about Microsoft 365 Copilot and Microsoft 365 Copilot Chat.](#)

### What is AI?

AI technologies can mimic higher-level thinking and perform tasks that typically require human input. Online AI tools, like Microsoft 365 Copilot, Microsoft 365 Copilot Chat, and ChatGPT, use natural language processing and machine learning, which allow them to interact with users and create content. They are "trained" on the information they analyze



and use this knowledge for future interactions.

The AI tools provided by the University through licensed agreements with ChatGPT, Microsoft 365 Copilot, and Microsoft 365 Copilot Chat, are safe to use in your work at UConn. Any other use of AI presents a risk that the University's protected or confidential information may be inadvertently shared and become publicly available as a result of training the underlying AI models.

### Which UConn Policies Apply to AI Use?

#### Data Classification Policy

If housed in the cloud, protected and confidential data is required to be stored only on information systems managed or contracted by the University. Sharing information with other online systems (e.g., opensource cloud solutions, free software-as-a-service offerings, etc.) is not permitted.

[VIEW THE DATA CLASSIFICATION POLICY](#)

#### FERPA Policy

University officials may not disclose FERPA-protected student information through any means including AI tools. We may only share student information with a contracted vendor when the vendor is performing a service or function on behalf of the University.

[VIEW THE FERPA POLICY](#)

Have an idea for a future Compliance Chatter topic?

[SHARE YOUR IDEA WITH US](#)

[REPORT A CONCERN](#)

[CONTACT US](#)

[CONNECT ON LINKEDIN](#)

**UConn**  
UNIVERSITY COMPLIANCE

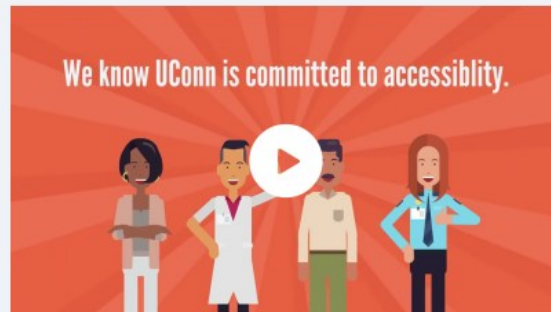
## Compliance Chatter

### New Accessibility Rules for All Digital Content

A recent update to [Title II of the Americans with Disabilities Act](#) now requires all public universities, including UConn, ensure digital content we create is accessible to people with disabilities. That means webpages, PDFs, social media posts, apps, and more must meet updated accessibility standards.

Watch this short video to learn what this means for you, how to meet required deadlines, and where to get help.

#### Updates to Title II Requirements



If you have questions or would like additional information, please contact:

[ITAccessibility@uconn.edu](mailto:ITAccessibility@uconn.edu)

Training and Resources

[Equity@uconn.edu](mailto:Equity@uconn.edu)

ADA Compliance

Have an idea for a future Compliance Chatter topic?

SHARE YOUR IDEA WITH  
US

[REPORT A CONCERN](#)

[CONTACT US](#)

[CONNECT ON LINKEDIN](#)

*Education on the Animals on Campus Policy in the form of a microlearning module was linked in the Daily Digest (Storrs and Regional) and in the UConn Health Lifeline several times during August 2025. Click the image below to view the microlearning module.*



**THIS PAGE INTENTIONALLY LEFT BLANK**

# ATTACHMENT 5.1

# ATTACHMENT 5.1

## Joint Audit & Compliance Committee: September 25, 2025

### UConn Health Information Technology Services

#### Public Session Key Takeaways

- **Financials FY2025 4<sup>th</sup> Qtr: \$934,304 over budget (primarily due to vacancy factor variance)**
- **Staffing:**
  - **6 open positions**
  - **0 new positions**
- **Completed 26 projects between June – August 2025 or roughly 9 per month which is slightly above our rolling monthly average of 8/month.**
  - **One of the two active projects listed in the IT Infrastructure – Security Program remains in Yellow due to delays in network deployment to remote sites.**
- **To ensure alignment of efforts and activities with mitigation plans and our other Strategic efforts, meetings of IT Governance were cancelled, project approvals done virtually, and prioritization deferred to the Mitigation committee.**

- **IT Applications focus:**

<b><u>Epic Dept. builds (DEPs)</u></b>	<b><u>Priority project work:</u></b>	<b><u>In Progress:</u></b>
<ul style="list-style-type: none"><li>▪ STGN Nephrology</li><li>▪ CNTN Endocrinology</li><li>▪ OPP</li><li>▪ OPPV OBGYN Behavioral Health</li><li>▪ STGN Infectious Disease</li><li>▪ BGDF Infectious Disease</li><li>▪ OPPV OBGYN Behavioral Health</li><li>▪ OPPV Cancer Pt Navigation</li><li>▪ CNTN Endocrinology</li><li>▪ AVON Internal Medicine</li><li>▪ Palliative Care in CT Neurology, CT Pulmonology, and CT Cardiology</li><li>▪ OPPV Draw Station - Move</li><li>▪ OPPV MTM - Move</li></ul>	<ul style="list-style-type: none"><li>• Epic vFeb25.upgrade</li><li>• Onboarded new Resident Class and Nurse Interns</li><li>• eConsult Geri Psych</li><li>• Problem List Clean Up</li><li>• Cloverleaf Upgrade</li><li>• Cardiology/Vascular Images in Connie HIE</li><li>• FLU and other Vaccine</li><li>• APCM pre work research</li><li>• Infusion chair scheduling</li><li>• PaceArt Auto charge drop</li><li>• CarePath Rx end contract</li><li>• eConsult Geri Psych</li><li>• Finance Year End</li><li>• Surgical Resident Database creation</li></ul>	<ul style="list-style-type: none"><li>• Honor Roll v8</li><li>• EpicCare Link Security Mgmt move to UAR</li><li>• MyChart History Questionnaire, research &amp; Optimization</li><li>• MyChart Historic Results push</li><li>• Care Companion for Dr. Cusano</li><li>• Telehealth Changes</li><li>• IMA Faxing Solution Pilot</li><li>• Car-T therapy prework for Cancer center</li><li>• Payer Contract End/Renewals</li></ul>

<ul style="list-style-type: none"> <li>▪ OPPV Women's Health – Move</li> <li>▪ South Windsor – Build – not opening</li> </ul>	<ul style="list-style-type: none"> <li>• Adding Pharmacy CNR changes</li> <li>• Body tracking</li> <li>• EPP (Payer Platform) ID Card Exchange functionality for 2 Payers</li> <li>• Converge Research project</li> </ul>	<ul style="list-style-type: none"> <li>• POCUS deps and Lab/pathology</li> <li>• Fast Pass for 7 additional DEPs to meet Honor Roll</li> <li>• Zero Copay patient estimate with a new Service Type</li> <li>• AI Fathom</li> <li>• Telehealth expiring 10/1 (with a couple of exceptions such as BH)</li> <li>• Professional component DOS</li> </ul>
---	---	---



**University of Connecticut**  
**Joint Audit & Compliance Committee Meeting**  
**Public Session**  
**September 25, 2025**

UConn Health – Information Technology Services

Financials FY25 4<sup>th</sup> Qtr Operating

State Appropriation and Tuition Budget and Forecasted Expenditures:

Budget	\$14,409,519
Personal Services and Fringe Benefits	\$9,687,296
Purchased Services	\$5,648,056
FY25 Q4 Actual/Projected	<u>\$15,343,824/\$14,409,519</u>
FY25 Q4 Variance	\$(934,304) over budget

Information Technology Staffing (as of 8/30/2025)

Open Positions, New Positions, Positions on Hold, Terminations, and the areas they represent.

1. Open Positions:
  - a. 6 Open Technology Positions
2. New Positions:
  - a. 0 new positions
3. Hold: none
4. Terminations: none

Outages (6/01/25- 8/30/25)

Outage	# of Issues	Duration	Systems Affected	Remediation
6/17/25 - Internet Outage	1	1 hour 18 min	All access to the internet	Research IT shut down their ports that connect through UCH. Configurations were updated on the circuit redundancy that Research uses to come through our data center as a backup circuit
6/18/25 – Interface Downtime	1	14 hours	All interface messages going through our Cloverleaf Interface server we delayed during this time	Epic update job that was kicked off to update the State of CT county codes flooded the log files o the integration server causing it to halt. Single time job but careful consideration will be used for other large mass-update jobs.

8/4/25 – West Hartford Office phones	1	5 hours 45 min	Inbound and outbound phone calls were interrupted	Power outage in West Hartford caused the Frontier phone equipment to go offline and not come back up. Frontier needed to dispatch technicians. Frontier has updated the UPS on this equipment.
--	---	-------------------	--	---

# ATTACHMENT 5.2

# ATTACHMENT 5.2

**University of Connecticut**  
**Joint Audit & Compliance Committee Meeting**  
**Public Session**  
**September 25, 2025**

UConn – Information Technology Services

Financials FY2026 Operating

State Appropriation and Tuition Budget and Forecasted Expenditures:

**FY26 Forecasted Budget**

Budget	\$ 38.4M
Personal Services & Fringe	23.3M
Operating Expenses	14.1M
Carryforward	<b>\$ 1.0M</b>

The ITS Operating Budget has decreased by \$7.7M from FY25 to FY26, primarily due to lower fringe rates and the reallocation of equipment and long-term software expenses to capital funding sources provided to ITS. We anticipate ending FY26 with a \$1M fund balance, supported by the continued shift of eligible expenses to capital funding and increased revenue from the student technology fee. This additional fee revenue has helped ease operating budget pressures, particularly for learning management system costs. The projected carryforward will be essential to address the FY27 budget rescission and, if no new capital funding becomes available, to support the replacement of aging equipment and the renewal of long-term software agreements.

**Information Technology Staffing (as of 9/4/25)**

- ITS has three new open positions.
- There have been seven new hires since June 6, 2025.
- There have been four new Special Payroll hires since June 6, 2025.
- Since June 6, 2025, there have been four separations.

**Major Outages (as of 9/4/2025)**

<u>Outage Taxonomy</u>	<u># of Issues</u>	<u>Systems Affected</u>
Network Issue - Software	0	
Network Issue – Request Flood	0	
System Issue - Hardware	0	
System Issue - Software	1	Our CAS single sign-on service experienced multiple failures caused by disk corruption on one of the

		<p>servers. The failure presented in a way that our load balancer couldn't detect, so login requests continued to be routed to the faulty server, resulting in intermittent sign-on issues for users. Although the disks were repaired, the corruption reoccurred until the server was completely wiped and rebuilt, which resolved the problem. Going forward, we are improving monitoring and failover detection to better handle this type of failure and reduce the risk of recurrence.</p>
Third Party	1	<p>The loss of IT systems in the overnight of 7/8-9 through most of the day on 7/9 was a total loss of utility power to the campus in which the backup generators also experienced failures that led to a complete loss of power to the campus, including the Gant and Babbidge data centers, as well as all IT and network equipment distributed throughout campus.</p>

Total # of Major Outages: 2

# ATTACHMENT 5.3

# ATTACHMENT 5.3



An abstract graphic consisting of several thin, black, straight lines of varying lengths and orientations. These lines intersect to form a series of overlapping, irregular polygons and shapes, primarily located in the upper-left and central portions of the slide. The lines are thin and black, set against a plain white background.

# ARTIFICIAL INTELLIGENCE & QUANTUM RISK



DONALD BABCOCK

CHIEF INFORMATION SECURITY OFFICER  
UNIVERSITY OF CONNECTICUT

DONALD.BABCOCK@UCONN.EDU  
860-486-9515 (O)

# AGENDA

## Artificial Intelligence

- Types of AI

- AI Uses and Threats

- AI Strategy

- Leveraging AI in SecOps

## Quantum Computing

- Quantum Basics

- Quantum Networks

- Quantum Threats

- Post Quantum Cryptography (PQC)

## Questions



# ARTIFICIAL INTELLIGENCE

## TYPES OF AI

<b>Reactive AI</b>	Rule-based, no memory (e.g. spam filter)
<b>Limited Memory AI</b>	Learns from data (e.g. machine learning, self-driving, forecasting)
<b>Generative AI</b>	Creates content (text, images, code)
<b>Conversational AI</b>	Engages naturally, contextual (e.g., LLM, chatbots, assistants)
<b>Agentic AI</b>	Autonomous or semi-autonomous agents acting toward goals
<b>Artificial General Intelligence</b>	Human-level or beyond cognition (theoretical)

Table & Summary: Generated with ChatGPT5



# AI USES AND THREATS

## Generative AI

### Content Generation, Editing, Revision and Summarization

**Use cases** - Productivity accelerator, drafting emails, presentations, content, and summarizing data or research.

**Threats** – Phishing and social engineering templates, highly convincing, customized, and on-demand.

### Image and Video Generation

**Use cases** – Generate and refine images and video based on natural language description. Presentation and content accelerator.

**Threats** – Deepfakes, social engineering, calls into question long held belief that “seeing is truth”.



# AI USES AND THREATS

## Generative AI (continued)

### Code Development

**Use cases** – Accelerate code development, enable creation of code based on natural language descriptions, write unit tests, discover code weaknesses.

**Threats** – Rapid development of malicious code, viruses, malware and customized malicious websites. Accelerated discovery and exploitation of new vulnerabilities.

## Agentic AI

### Autonomous Action

**Use cases** – Autonomous action, reaction, and reasoning. Agents that can perceive, analyze, and act. Applications limitless.

**Threats** – Armies of malicious agents given non-ethical, illegal, or malicious instructions. Always on, significantly lowers the barrier to dynamic hacking at scale.



# AI USES AND THREATS

## GPT and Large Language Models (LLM)

### Natural Language Interaction

**Use cases** – Interact with data and content in natural language. AI maintains context through interaction and instructions.

**Threats** – Malicious agents able to respond in real-time, in the victim's language, with individual interaction context.

### Chat Agents and GPTs

**Use cases** – Always on agents able to respond to customers (and other agents) with real-time data & context.

**Threats** – New vulnerability vectors, prompt injection resulting in data leaks, malicious fakes, new man-in-the-middle vectors.



# AI STRATEGY

## **AI Enablement**

Leverage advances in AI, GPT and LLM to enhance productivity, responsibly and securely.

Assess and deploy features in existing solutions to enhance workflows as they become available.

Match enablement with awareness and training to establish the organization AI ethics and behavioral norms.

## **AI Governance**

Establish multi-discipline committees to provide structure, oversight and governance to the organization's use of existing and developing AI, GPT, LLM and generative technologies.

Enable the organization to prioritize opportunities and identify risk within a structured framework.

## **Data Governance**

Strengthen data oversight and data use frameworks to match the capability and risks represented by AI use cases.



## LEVERAGING AI IN SECOPS

### **AI in Existing Security Tools**

Integration of AI by vendors into product lines brings AI power to existing investments. Already in use in threat intelligence, endpoint protection, threat detection, and vendor risk review.

### **New AI Detect and Protect Capabilities**

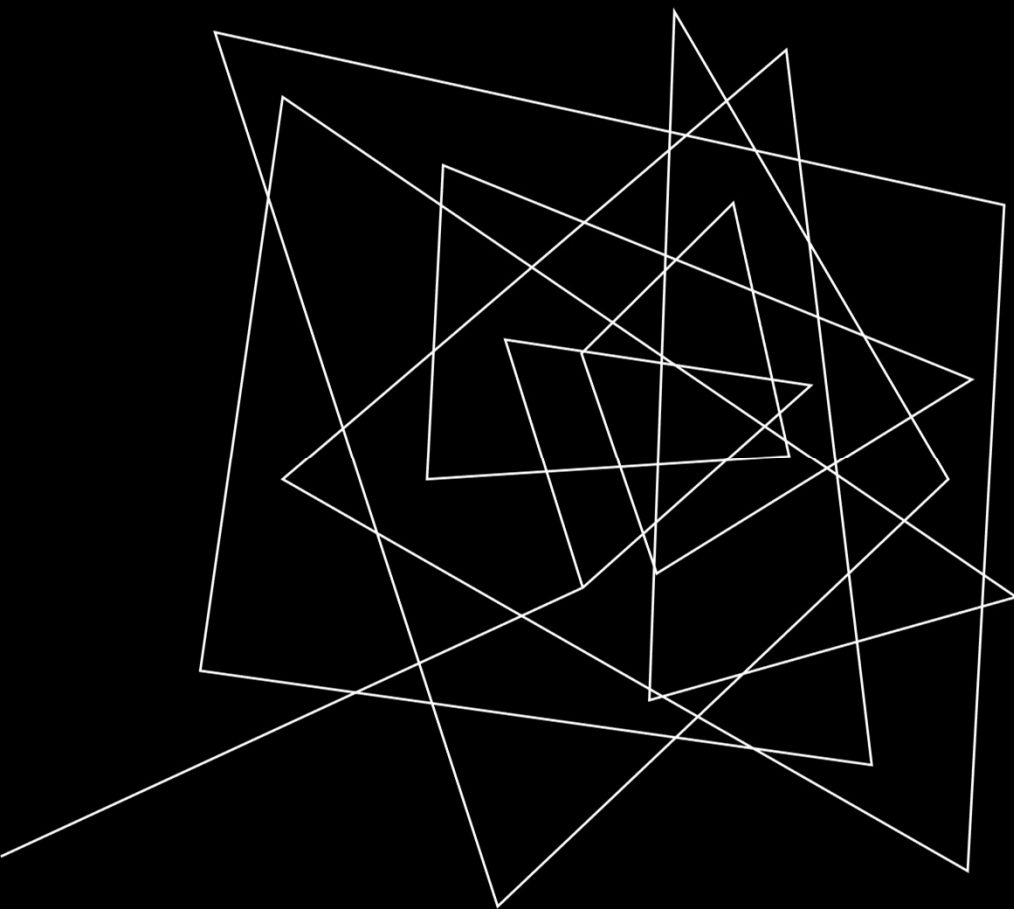
Deploy new capabilities that use AI to detect phishing, threats, and attacks. Integrate with SOAR to project high confidence autonomous containment actions.

### **AI as a Partner to the Human Security Analyst**

Enhancing the productivity and effectiveness of human security analyst by providing them access to GPT and LLM tools that can assist information analysis and provide threat intelligence enrichment with context.

Image: Generated with ChatGPT5

10



# QUANTUM COMPUTING

# QUANTUM BASICS

**Qubit** – The basic unit of quantum information; can exist in 0, 1, or both.

**Parallelism** – The capability of qubits in superposition to represent and evaluate multiple possibilities simultaneously within a single computation, enabling certain problems to be solved far faster than with classical step-by-step processing.

**Entanglement** – Linking qubits so their states are correlated, even across distance.

**Quantum Gate** – Operations that change qubit states, analogous to logic gates in classical computing.

**Quantum Circuit** – A sequence of quantum gates applied to qubits to perform a computation.

**Quantum Algorithm** – Step-by-step quantum instructions (e.g., Shor's, Grover's) which outperform classical algorithms for specific tasks.

# QUANTUM NETWORKS

## Transmission of qubits enables new capabilities

- Quantum Key Distribution
  - Secure communication using quantum mechanics, instant eavesdropping detection.
- Distributed Quantum Computing
  - Enabling quantum computing at scale.
- Quantum networks are currently under development and testing in the United States, China and the EU.
- Efforts to layer quantum transmission onto existing fiber optic networks are being studied.

## The Future Quantum Internet

Envisioned world-wide global quantum communications and computing network. Enabling security-first communications and quantum collaboration.

A new kind of internet, enabling to-be-developed class of applications and capabilities.



## QUANTUM THREATS

Quantum computing advantages put the “trust” inherent in the limitations of classical computing at risk.

As quantum capabilities accelerate, without change, risk to existing systems increases.

### **Cryptography Disruption**

- Breaks RSA, ECC, Diffie-Hellman; undermines digital trust.
- Enables “harvest now, decrypt later” attacks.

### **Cybersecurity & Infrastructure**

- Threatens critical infrastructure (energy, telecom, transport).
- Identity, certificates, and blockchain become insecure.

### **Geopolitical & Economic Risks**

- Fuels cyber arms race; first movers dominate sectors.
- Market instability and disruption of existing systems.

### **Data Privacy & Compliance**

- Potential compromises of data security & compliance.
- Loss of consumer trust, reputational damage.

### **Operational & Transition Risks**

- Migration to post-quantum cryptography (PQC).
- Vendor dependency and interoperability challenges.



## POST QUANTUM CRYPTOGRAPHY

Quantum computing threatens the mathematical limitations of classical computing which underpin public-key cryptography in ubiquitous use today.

A cryptographically relevant quantum computer (CRQC), capable of breaking current asymmetrical encryption keys, is predicted by experts to be on a 10-to-30-year horizon.

Recent (2025) work from Shanghai University claims a 90-bit RSA integer was factorable using an existing 5,760 qubit D-Wave machine. Separate work from Google Quantum AI suggests a CRQC of 1 million qubits (theoretical) could break a 2048-bit RSA key in a week.

New cryptographic standards which are resistant to quantum computing are needed and have been under-development since 2016.

<https://www.thehackacademy.com/feature/chinas-90-bit-quantum-code-breakthrough-how-close-are-we-to-the-q-day-data-meltdown/>  
<https://arxiv.org/pdf/2505.15917>

Image: Generated with ChatGPT5

15

# POST QUANTUM CRYPTOGRAPHY TIMELINE

## 2016

NIST Call for Proposals for Quantum Resistant Algorithms

## 2022

National Security Memorandum 10 (NSM 10) signed by President Biden establishing national strategy for PQC.

## 2024

NIST published standards for three PQC algorithms, selected a 4<sup>th</sup> algorithm.

## 2025

NIST selected a 5<sup>th</sup> algorithm to increase PQC resiliency.

## 2026-2029

Cryptographic inventories, PQC implementation in vendor products and systems.  
*Microsoft targets EOY 2029 for full product line PQC enablement.*

## 2030

Planned deprecation of quantum vulnerable algorithms and methods.

## 2035

Planned disallowance of use of quantum vulnerable algorithms and methods.

<https://bidenwhitehouse.archives.gov/briefing-room/statements-releases/2022/05/04/national-security-memorandum-on-promoting-united-states-leadership-in-quantum-computing-while-mitigating-risks-to-vulnerable-cryptographic-systems/>  
<https://www.nist.gov/news-events/news/2024/08/nist-releases-first-3-finalized-post-quantum-encryption-standards>  
<https://www.nist.gov/news-events/news/2025/03/nist-selects-hqc-fifth-algorithm-post-quantum-encryption>  
<https://www.microsoft.com/en-us/security/blog/2025/08/20/quantum-safe-security-progress-towards-next-generation-cryptography/>  
<https://nvlpubs.nist.gov/nistpubs/ir/2024/NIST.IR.8547.ipd.pdf>





QUESTIONS ?



# THANK YOU

Donald Babcock

860-486-9515

[donald.babcock@uconn.edu](mailto:donald.babcock@uconn.edu)

<https://security.uconn.edu>