AUDIT OF STUDENT HEALTH AND COUNSELING PHARMACY

THE UNIVERSITY OF NEW MEXICO

Report 2017-02
October 5, 2017

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CONTENTS

KEY RECOMMENDATIONS .................................................................................. 1
EXECUTIVE SUMMARY .................................................................................. 1
INTRODUCTION ................................................................................................. 4
   BACKGROUND ............................................................................................. 4
   PURPOSE AND OBJECTIVES ....................................................................... 5
   SCOPE AND PROCEDURES PERFORMED ................................................... 5
OBSERVATIONS, RECOMMENDATIONS, AND RESPONSES ........................... 6
   HIPAA Security Rule Concerns ................................................................. 7
   QS1 Access Concerns ................................................................................ 10
   QS1 Change Control Concerns ................................................................. 12
   Data Center Fire Suppression Concerns ................................................... 13
   Data Center Security Policy Concerns ..................................................... 15
   Employee Discount Concerns ................................................................. 16
   Cash Drawer Concerns ............................................................................. 17
   Reconciliation Concerns .......................................................................... 18
APPROVALS ....................................................................................................... 21
ABBREVIATIONS

AAAHC..............................................Accreditation Association of Ambulatory Healthcare
AWP..................................................Average Wholesale Price
ePHI..................................................Electronic Protected Health Information
HIPAA..............................................Health Insurance Portability and Accountability Act of 1996
IA....................................................University of New Mexico Internal Audit Department
Internal Audit.................................University of New Mexico Internal Audit Department
PHI...................................................Protected Health Information
SHAC..............................................Student Health and Counseling
SOP..................................................Standard Operating Procedures
UAP.................................................University Administrative Policy and Procedures Manual
University........................................University of New Mexico
UNM................................................University of New Mexico
UNM Banner....................................UNM Banner Finance Accounting System
EXECUTIVE SUMMARY

Background

Student Health and Counseling (SHAC) serves students only in their medical and counseling practice areas, but serves students, faculty and staff in their travel services, massage services, and pharmacy operations. The SHAC Pharmacy uses a system called QS1 to manage information related to the pharmacy operations.

HIPAA Security Rule

SHAC Pharmacy may not be fully compliant with the HIPAA Security Rule.

Recommendation:

The SHAC Associate Director should ensure that a reconciliation of third party insurance proceeds to QS1 is performed monthly.

The SHAC Associate Director should train the fiscal staff performing the reconciliations regarding the various reimbursement methodologies, such as negative reimbursements.
**Data Center Fire Suppression Concerns**

The SHAC data center does not have fire suppression devices.

Recommendation:
SHAC management should consider the costs, benefits, and feasibility of installing a fire suppression system in their data center.

**Employee Discount Concerns**

The SHAC Pharmacy has been offering an employee discount for SHAC employees when filling prescriptions that is unallowable under current University policies.

Recommendation:
The SHAC pharmacy should immediately discontinue the ‘Working Man’ discount for SHAC employees.

**Cash Drawer Concerns**

The SHAC Pharmacy does not have its cash drawers individually assigned. Multiple SHAC Pharmacy
employees have access to the cash drawers during a business day.

Recommendation:
The SHAC Associate Director should develop and implement a policy that designates one SHAC Pharmacy employee per shift to have sole control, custody and responsibility for the money in their cash drawer.

Reconciliation Concerns

SHAC is not performing a reconciliation of third party insurance proceeds to QS1.

Recommendation:
The SHAC Associate Director should ensure that a reconciliation of third party insurance proceeds to QS1 is performed monthly.

The SHAC Associate Director should train the fiscal staff performing the reconciliations regarding the various reimbursement methodologies, such as negative reimbursements.
INTRODUCTION

BACKGROUND

A Student Health Service at UNM was started in 1929. The service was founded because “adequate medical attention and plans for safeguarding the health of students are important factors in any educational program.”

The Board of Regents approved a health fee to fund the service. From 1937 to 1939, the Student Health Service was administered through the Division of Health, Physical Education and Recreation. In 1952, the Student Health Center was assigned to the Division of Student Affairs. In 1960, the Center moved into a renovated building; the Center still resides in Building #73, on Main Campus north of Johnson Center and across the mall from (east of) the Student Union Building.

Health services have expanded greatly to meet the needs of the students. Over the ensuing years, Student Health and Counseling (SHAC) has used student input and utilization of services, balanced with available financial support, to add desired services for students.

The services SHAC currently offers include Same-Day Appointments, Primary Care/Scheduled Appointments, Women’s Health, Men’s Health, Allergy and Immunization Clinic, Physical Therapy, Massage Therapy, Acupuncture, Pharmacy Services, Laboratory, Radiology and Medical Records Services. Travel Health Services, Massage Therapy, and Pharmacy Services are available to staff, faculty, and retirees, as well as students.

Acting on advice from the Student Health Leadership Council, the Center’s name was changed in May 2008 from “Student Health Center” to “Student Health and Counseling (SHAC).”

On November 10, 2015, SHAC received a full 3-year accreditation from the Accreditation Association of Ambulatory Health Care (AAAHC). AAAHC accreditation means that SHAC has met nationally recognized standards for provision of quality health care set by AAAHC. This includes participation in on-going self-evaluation, peer review, and education to continuously improve its care and services. Accreditation shows SHAC’s commitment to providing the highest levels of quality care to its patients. SHAC also commits to a thorough, on-site survey by AAAHC surveyors, who are themselves healthcare professionals, at least every three years.

The former SHAC Pharmacy Manager resigned on May 2, 2017. An interim Pharmacy Manager was appointed to assume these responsibilities until the position was posted and filled. The interim Pharmacy Manager has 23 years of experience as a SHAC pharmacist. The SHAC management has completed the hiring process for a new Pharmacy Manager who is expected to begin working in October 2017.
INTRODUCTION

During the time period when this audit was being conducted, SHAC began consulting with the UNM College of Pharmacy to learn and implement best practices to continue to improve the delivery of pharmaceuticals and health outcomes of the SHAC Pharmacy.

PURPOSE AND OBJECTIVES

The audit was initiated due to a request received from the Executive Director and Associate Director of SHAC, and by the Vice President of Student Affairs, asking UNM Internal Audit Department to provide assistance regarding various concerns related to the SHAC Pharmacy.

SCOPE AND PROCEDURES PERFORMED

Our audit focused on obtaining audit evidence to evaluate the various concerns and to determine if there were other areas of concern regarding the operations of the SHAC Pharmacy. Procedures performed are included as follows:

- Discussions and interviews with the former Pharmacy Manager, the IT Services Specialist, the IT Support Tech, and the Associate Director of SHAC.
- Review of SHAC policies and procedures.
- Review of SHAC Pharmacy operations.
- Review of SHAC IT operations as they relate to the SHAC Pharmacy.

Our work focused on specific concerns expressed in the initial meetings with SHAC management, as well as the overarching processes that govern broader areas of operation at the SHAC Pharmacy. UNM Internal Audit (IA) found areas for improvement as discussed below in the observations section of the report.

The audit of SHAC Pharmacy was conducted in conformance with the International Standards for the Professional Practice of Internal Auditing established by the Institute of Internal Auditors.
OBSERVATIONS, RECOMMENDATIONS, AND RESPONSES

The SHAC Executive Director contacted Internal Audit in the fall of 2016, stating that he had concerns regarding the internal controls of pharmacy operations, and had observed irregularities that might suggest the possibility of fraud in SHAC Pharmacy. Internal Audit attended an initial meeting where the Associate Director expressed the following concerns:

- The SHAC Pharmacy is losing money.
- The former Pharmacy Manager has created ‘Dummy Accounts’ for an unknown purpose.
- The former Pharmacy Manager has written prescriptions in the QS1 system to himself.
- The former Pharmacy Manager is giving employee discounts on prescriptions to employees.
- The SHAC Pharmacy is getting negative reimbursements from insurance companies.
- The SHAC Pharmacy does not have a basis for the cash pricing rate for prescriptions.

Internal Audit reviewed documents, interviewed SHAC staff, and performed a pharmacy walk-through. The audit evidence obtained provided evaluation of the concerns mentioned above.

- The SHAC Pharmacy is losing money.
  - The finances for the SHAC Pharmacy were not separated from the finances from the other areas of SHAC until FY 2017, making it difficult to perform a detailed financial analysis of pharmacy expenses and revenues.

- The former Pharmacy Manager has created ‘Dummy Accounts’ for an unknown purpose.
  - ‘Dummy Accounts’ are required by the pharmacy system to transfer voided prescriptions.

- The former Pharmacy Manager has written prescriptions in the QS1 system to himself.
  - The Associate Director provided documentation of a prescription that was prescribed and voided on the same day.

- The former Pharmacy Manager is giving employee discounts on prescriptions to employees.
  - The Working Man employee discount program was in place before the former Pharmacy Manager was hired.
• The SHAC Pharmacy is getting negative reimbursements from insurance companies.
  ▪ Negative insurance reimbursements are items on the revenue report that indicate that the insurance pays on the lowest available generic drug price. The former Pharmacy Manager stated that cost of the drug is entered as the Average Wholesale Price (AWP). When the AWP is lower than the lowest available generic drug price, a negative insurance reimbursement occurs.

• The SHAC Pharmacy does not have a basis for the cash pricing rate for prescriptions.
  ▪ SHAC has been consulting with the UNM College of Pharmacy to learn and implement best practices to continue to improve the delivery of pharmaceuticals and health outcomes of the SHAC Pharmacy. This consultation has produced a rational formula for pricing prescriptions for self-pay customers.
Recommendation 1:

Response from SHAC Executive Director:
DATA CENTER FIRE SUPPRESSION CONCERNS

Internal Audit conducted a walkthrough of the SHAC data center and found that the data center does not have fire suppression devices. There is access to a fire extinguisher just across from the server room. SHAC also has a Sensaphone device that alerts if the temperature is not within 50F-80F range. The device is a Sensaphone 400 that is programmed to call a preset list of phone numbers for power failure and temperature issues (not within 50F-80F range).
National Fire Protection Association Standards for Fire Suppression in Data Centers, 9.4 Gaseous Total Flooding Extinguishing Systems states, “Where there is a critical need to protect data in process, reduce equipment damage, and facilitate return to service, consideration shall be given to the use of a gaseous agent inside units or total flooding systems in sprinklered or nonsprinklered information technology equipment areas.”

Because of the age of the building, SHAC management may not be able to install a fire sprinkler system.

In the event of a fire, the SHAC data center may lose data in process and sustain equipment damage in the time before a SHAC staff person could respond to the Sensaphone alert and/or access the fire extinguisher.

**Recommendation 4:**

SHAC management should consider the costs, benefits, and feasibility of installing a fire suppression system in their data center.

**Response from the SHAC Executive Director:**

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<thead>
<tr>
<th>Action Items</th>
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<tbody>
<tr>
<td><strong>Targeted Completion Date:</strong> April 1, 2018. UNM Physical Plant Department is working on an assessment on the costs, benefits and feasibility of installing a fire suppression system. A review of this will also be included in the CLA risk assessment being planned.</td>
</tr>
<tr>
<td><strong>Assigned to:</strong> SHAC Executive Director and IT System Administrator in collaboration with UNM Facilities, IT and Compliance Offices</td>
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</table>

**Corrective Action Planned:**

SHAC’s facility has had few structural upgrades since the 1960’s, and does not include a fire suppression system. Regarding catastrophic loss, our strategy has been to rely on the building fire detection system, temperature sensitive alarms that notify staff 24/7 if the room housing the server goes out of range, and most importantly, meticulously maintaining backups of all data (both clinical and business systems), including the storage of backup tapes offsite (through a University approved vendor – Iron Mountain, Inc.). The cost and feasibility of installing a fire suppression system must be weighed against the consequences of loss given SHAC’s scope of work and services. Risk of loss must be gauged by scale of services, scope of the practice and numbers of patients served. We think that an analysis of the best solution should be a part of the risk assessment prior to any corrective action.

SHAC’s current backup procedure is handled as follows:
- **SHAC runs nightly backup jobs to protect its data against data loss, data corruption, hardware failures and natural disasters. Backup jobs run against EHR database, network drive file system and other critical systems and is stored on a tape device.**

- **Full weekly backup job runs every week (Friday night) and takes a snapshot of SHAC data. Daily Incremental backup job runs Sunday through Thursday nights and each instance backs up data changed since the last backup operation. Backup data from the full weekly and the daily incremental jobs are available for at least past eight weeks.**

- **In addition, a monthly archive job takes snapshot of SHAC data each month. It runs on the first Friday of each month. A copy of the monthly archive tape is stored on-site on a fire-resistance safe. Another copy of the monthly tape archive is sent to an off-site location (IronMountain).**
EMPLOYEE DISCOUNT CONCERNS

The SHAC Pharmacy has been offering an employee discount for prescriptions filled for SHAC employees. ‘Working Man’ is a SHAC Pharmacy-created insurance group that is used to fill self-pay prescriptions for SHAC employees. SHAC employees purchase prescriptions at a discount. Internal Audit found that the ‘Working Man’ discount is only offered to SHAC employees, and not to all UNM employees.

The Executive Director and the Associate Director of SHAC were not aware that the ‘Working Man’ discount existed prior to the audit. They may have not known that this discount was unallowable under UAP 4000 Allowable and Unallowable Expenditures.

UAP 4000 Allowable and Unallowable Expenditures, Section 14, Discounts, states, “Discounts that are not offered equally to all University employees are prohibited.”

The SHAC Pharmacy may be losing revenues by offering the ‘Working Man’ discount.
Recommendation 6:

The SHAC pharmacy should immediately discontinue the 'Working Man' discount for SHAC employees.

Response from SHAC Executive Director:

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<th>Action Items</th>
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<tbody>
<tr>
<td><strong>Targeted Completion Date:</strong> Completed</td>
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<tr>
<td><strong>Assigned to:</strong> Associate Director</td>
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**Corrective Action Planned:**

All employees in the pharmacy have been informed to discontinue the practice. The Associate Director has written a policy prohibiting employee discounts and the use of “Working Man” in QSI. The policy is in “Policy Manager” for employees to attest on a yearly basis. Annual attestation and ongoing compliance with this change will be monitored by the Pharmacy Manager and the Associate Director. The pharmacy manager will be tasked with monitoring this on an ongoing basis.

Additionally, the COP Consultant Group is developing a self-pay prescription-pricing program based off a clinically sound and cost effective formulary, which will save patient, cost and at the same time improve the pharmacy’s profitability.

**CASH DRAWER CONCERNS**

During the SHAC Pharmacy walkthrough, Internal Audit observed more than one SHAC Pharmacy staff person processing transactions completed in the pharmacy through the cash register.

The SHAC Pharmacy does not have its cash drawers individually assigned. Multiple SHAC Pharmacy employees have access to the cash drawers during a business day.

The SHAC Pharmacy employees may not be aware of the University’s Cash Management policy.

UAP 7200 Cash Management, Section 3.1, Limiting Access to Monies states, “Access to monies must be restricted to the employee responsible for the monies. Separate cash drawers should be used to accommodate employee breaks.”

If a cash shortage or other irregularity occurs, management will be unable to determine who is responsible for the shortage or irregularity.
Recommendation 7:

The SHAC Associate Director should develop and implement a policy that designates one SHAC Pharmacy employee per shift to have sole control, custody and responsibility for the money in their cash drawer.

Response from the SHAC Associate Director:

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<th>Action Items</th>
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<tr>
<td><strong>Targeted Completion Date:</strong> April 1, 2018</td>
</tr>
<tr>
<td><strong>Assigned to:</strong> Associate Director &amp; Pharmacy Manager</td>
</tr>
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**Corrective Action Planned:**

The following actions are being taken to address this issue:

1. The associate director has purchased a new cash register for the pharmacy that connects cash transactions with QSI, streamlining accounting and reconciliation processes.
2. The system has 2 stackable cash drawers – providing the capability for two employees to each run the register during periods of peak activity, an option important for workflow in the pharmacy.
3. Employees working the register will be assigned one of the two drawers – tracked in the system via a card-swipe access process for ease and accuracy. This meets the recommendation for a sole employee having control, custody and responsibility for each drawer.
4. The associate director has assigned all pharmacy employees mandatory “Cash Handling” training in Learning Central.
5. The pharmacy manager and associate director will monitor compliance with training on an annual basis.
6. The Cash Handling Policy will be updated once the pharmacy implements the use of the second register and double drawer system.

RECONCILIATION CONCERNS

Internal Audit interviewed the former Pharmacy Manager, Associate Director, and the Accountant 3, and found that SHAC is not performing a reconciliation of third party insurance proceeds to QSI.

The former Pharmacy Manager said QSI provides reconciliation services through a QSI reconciliation module. The third party insurance companies provide 835 files that can be loaded
directly into QS1’s systems and used to provide electronic payment information. An 835 file is a file that is generated by the insurance company and is in a unified format. The 835 files may be used for data comparison purposes and to create a list of comparison errors. The department discussed using the 835 files, but this process was not implemented.

The Associate Director said that the SHAC fiscal team received reconciliation training in September 2016 and started performing reconciliations in October 2016, but stopped when they realized that they found entries for negative reimbursements. Negative insurance reimbursements are items on the revenue report that indicate that the insurance pays on the lowest available generic drug price. The former Pharmacy Manager stated that the cost of the drug is entered as the Average Wholesale Price (AWP). When the AWP is lower than the lowest available generic drug price, a negative insurance reimbursement occurs.

The SHAC fiscal staff does not have the training of reimbursement methodologies or ability to use the QS1 reconciliation module to perform reconciliations of insurance proceeds to QS1.

UAP 2000 Responsibility and Accountability for University Information and Transactions, Section 4, University Information, states, “Departments heads or designees are responsible for a monthly review of transactions affecting their business and administrative processes to ensure appropriateness of transactions and conformity with approved processes including budget.”

The UNM Standard Accounting Resource Manual, Section 1-B, The Reasons for Financial Management states, “Basic financial management includes activities such as managing the day-to-day operations, such as approving invoices to pay suppliers, reconciling indexes and budgeting.”

The Main Campus Unrestricted Accounting website provides guidelines for account reconciliation. The General Ledger Account Reconciliation Guidelines - Unrestricted state, “Departments that process transactions to General Ledger (also known as Balance Sheet) account codes are responsible for reconciling the balances in those account codes on a monthly basis.”

Reconciliations performed monthly could identify expense or revenue transactions that could contain a significant or material misstatement and provide the opportunity to correct these errors in a timely manner.

**Recommendation 8:**

The SHAC Associate Director should ensure that a reconciliation of third party insurance proceeds to QS1 is performed monthly.

The SHAC Associate Director should train the fiscal staff performing the reconciliations regarding the various reimbursement methodologies, such as negative reimbursements.
**Response from SHAC Associate Director:**

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<th>Action Items</th>
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<tbody>
<tr>
<td><strong>Targeted Completion Date:</strong> April 1, 2019</td>
</tr>
<tr>
<td><strong>Assigned to:</strong> Associate Director and incoming Pharmacy Manager in collaboration with the College of Pharmacy</td>
</tr>
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</table>

**Corrective Action Planned:**

There can be a variety of reasons for negative reimbursements. Examples include: unfavorable contract terms; incorrect reimbursement rates in QSI; incorrect reimbursement by insurance company; and buying pharmaceuticals outside of the contract formulary, none of which were explored by the audit.

SHAC is working with the College of Pharmacy (COP) to look into all of these possibilities as follows:

1. COP consultants are reviewing and reconciling all payments using the remittance advice (835 hard copy) from October 2016 to June 2017, which will allow SHAC fiscal services to verify current reimbursement rates and identify other issues around reimbursement as noted above.

2. Conducting a review of all contracts and renegotiate and update terms as needed. COP has recently been through contract reviews with other UNM pharmacies and has the expertise to guide this process. UNM legal counsel and procurement will be engaged as well. Implementing new contracts may require 12 to 18 months.

3. Updating QSI with revised drug billing formulas based on negotiated reimbursement rates from the Pharmacy Benefit Managers (PBM) and the projected revenue to sustain operations.

4. Regarding electronic payments and reconciliation, documentation has been provided to the Pharmacy Benefit Management (PBM) programs to have them provide the electronic 835 file and receive electronic payments. There is a built in feature in QSI that allows reconciliation of payments against reimbursement using the electronic 835 files. COP will assist SHAC fiscal services with training once the 835 file is being provided to SHAC by all contracted PBMs.

5. An 835 Report Reconciliation Procedure will be developed and compliance will be monitored on an ongoing basis thereafter.
APPROVALS

Manu Patel, CPA
Director, Internal Audit Department

Approved for Publication

Chair, Audit and Compliance Committee
MEMORANDUM OF UNDERSTANDING
BETWEEN THE
UNM COLLEGE OF PHARMACY
AND
UNM STUDENT HEALTH AND COUNSELING

This Memorandum of Understanding (this “MOU”) is entered into by the College of Pharmacy (“UNM COP”), and the University of New Mexico Student Health & Counseling (“SHAC”), both of which are components of the University of New Mexico.

RECITALS

A. SHAC is in need of consultant pharmacy services for its medical, dental and school based health clinics.

B. UNMHSC is willing to provide such services under the terms and conditions set forth in this MOU.

The parties agree as follows:

I. RESPONSIBILITIES OF SHAC.

A. SHAC will provide appropriate space, all supplies, on-site access to equipment and administrative support personnel usual and customary in the delivery of services under this Agreement.

B. SHAC will arrange access by UNMHSC Consultant to SHAC’s medical and pharmacy records and any other information that may be necessary to perform services.

II. RESPONSIBILITIES OF UNM COP. UNM COP will provide the services of a pharmacist to serve as consultant pharmacist (the "UNMHSC Consultant"), and will perform the services as set forth in Exhibit A attached to and incorporated by reference in this MOU.

III. COMPENSATION

A. SHAC will pay UNM COP for the services provided under this MOU in the amounts set forth in Exhibit A, attached to and incorporated by reference in this MOU. The rates set forth in Exhibit A will be in effect for the initial 12-month period under this MOU. For each year thereafter, the parties will meet at least ninety (90) days prior to the anniversary date of this MOU to discuss the rates.
B. UNM COP will submit monthly invoices via email to SHAC for services provided during the previous month. SHAC will process payment through an UNM Voucher via the internal Banner System.

C. UNM COP will keep an accurate record of all work performed under this MOU, and will make such records available to SHAC upon request.

IV. **TERM AND TERMINATION.** This MOU will become effective as of the date first set forth below, and will continue in effect until February 1, 2018, unless earlier terminated as by any party at any time with or without cause by delivering written notice to the other party at least ninety (90) days in advance of the proposed date of termination. This MOU may be renewed on an annual basis by written agreement of the parties.

V. **MODIFICATIONS.** This MOU may be amended upon written consent of the parties. Each party will consider in good faith modifications presented to the other party and will not unreasonably withhold consent to the proposed modifications.

VI. **DISPUTE RESOLUTION.** Any disputes with respect to this MOU which are not resolved by the Dean of the College of Pharmacy and the CEO of UNMH, or their designees, will be presented to the Chancellor for Health Sciences or his/her designee for resolution. The decision of the Chancellor for Health Sciences will be final.

*Effective Date: February 1, 2017*

**UNM STUDENT HEALTH AND COUNSELING**

By: [Signature] Mayra Vazquez  
Associate Director, Business Operations  
Date: 4/6/2017

**REGENTS OF THE UNIVERSITY OF NEW MEXICO FOR THE HEALTH SCIENCES CENTER**

By: [Signature] Acting Dean  
Lynda Welage, PharmD.  
Dean, College of Pharmacy  
Date: 

Approved as to form:

[Signature] Diana L. Heider  
Assistant University Counsel  
Health Law Section  
Office of University Counsel
<table>
<thead>
<tr>
<th>Type of Expense</th>
<th>Description of Service</th>
<th>Pricing</th>
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| General advisement to SHAC Management Team | General advisement to SHAC Leadership Team members regarding current pharmacy program operations, financial performance and pharmacy related contracts | $320 per Administrative Session  
$320 x 12 months = $3,840                                                                 |
| Special Projects                      | Special Projects of a Business Development Nature (RFP's, implementation of new Pharmacy service model). | $80 per hour with the estimated hours mutually agreed to and approved in advance.  
(with approval) $0.00                                                                 |
Termination Checklist

Name ______________________

Last Day ____________________

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<tr>
<th>Task</th>
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<tbody>
<tr>
<td>Receipt of Resignation Letter-Start Separation Process</td>
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<tr>
<td>Provide UNM Separation checklist to employee</td>
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<tr>
<td>Create EPAF attaching resignation letter</td>
</tr>
<tr>
<td>Email Theresa, Andrea, Edwina, Lisa, Pranav:</td>
</tr>
<tr>
<td>Remove access to SHAC clinical systems, Email, Proxy card, Phone list, TB list HR, Listserve</td>
</tr>
<tr>
<td>Formal announcement to SHAC staff</td>
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<tr>
<td>Notify Revenue Cycle Team to remove provider from 3rd party rosters</td>
</tr>
<tr>
<td>Notify UNMMG of separation and remove from Malpractice Roster</td>
</tr>
<tr>
<td>Notify Hospital Services Company to remove from Provider Roster</td>
</tr>
<tr>
<td>Email UNM Separation Checklist to UNM Payroll to remove UNM access</td>
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