

Texas Tech University Health Sciences Center El Paso Institutional Compliance Policy

Policy: Compliance Risk Assessment	Policy #: Compliance Risk Assessment 2.0
Effective Date: January 1, 2017	Last Revision Date: August 22, 2024
References: HSCEP OP 52.01, Institutional Compliance Plan, 164.308(a)(1)(ii)(A) - Administrative Safeguards	
TTUHSC El Paso Institutional Compliance Website: http://elpaso.ttuhscc.edu/compliance/	

Policy Statement

This policy will guide the Compliance staff in performing a systematic review/assessment of significant University functions to identify potential risks and vulnerabilities that can negatively impact the university’s mission and reputation.

Scope

This policy applies to risk assessment activities associated with the Texas Tech University Health Sciences Center El Paso’s (TTUHSC EP) Office of Institutional Compliance.

Procedure

Risk Area Selection

1. Compliance risk areas are identified by various means, including areas of concern brought forward by the Compliance team, senior leadership, areas that have received heightened government oversight, or areas submitted by various committees throughout the organization.
2. Compliance staff will thoroughly research the requirements associated with the identified risk area(s). The research will include a review of federal regulations, state regulations, Regents’ Rules and Regulations, and existing TTUHSC EP policies and procedures.

Risk Assessment Tool

1. The Compliance Department will utilize a risk assessment matrix/tool with the following methodology:
 - a. The identified risks will be compiled into a table that will allow staff members to determine if the existing procedures coincide with the requirements of the statutes, rules, and policies.
 - b. Compliance staff will designate one or more of the 7 Elements of an Effective Compliance Program for each risk area(s) identified.
 - c. Each risk area(s) is rated an Inherent Risk Score based on the following criteria:
 - i. Probability/Likelihood – how often the event occurs in the system or the probability of the event occurring.
 - ii. Impact – potential consequences if the event occurs.

Texas Tech University Health Sciences Center El Paso Institutional Compliance Policy

- d. The following mitigating factors/controls will also be considered when determining the Total Risk Score: adequate policies and procedures, education, and adequate auditing and monitoring of the particular risk.
2. Compliance staff will assess the severity of each risk and focus on the Total Risk Score. The range of risks is classified into three categories: low risk (2-15), moderate risk (16-24), and high risk (25-30). Risk areas that are categorized as high-risk will be prioritized and incorporated into the Compliance staff's respective annual work plans.
3. Compliance staff will develop a scope that outlines the specific objectives of each risk assessment. A tool will be developed that corresponds to the assessment's scope for data collection. Once the scope has been completed, Compliance will begin risk assessment fieldwork. Members from the functional department may be called upon to provide information, systems access, or assistance when necessary to complete the risk assessment.

Findings and Reporting

1. Once the risk assessment has been completed for each risk area(s), reports will be provided to the appropriate risk owner(s), supervisors, and senior management. When necessary, the university president will be notified.
2. The findings will be discussed with the departmental/operational owners during an audit exit conference. The conference will allow operational owners to accept or refute the findings and will assist in confirming the individuals responsible for developing the corrective action plan.
3. The final report will be presented to the departmental/operational owners, and appropriate committees including the Institutional Compliance Committee, senior management, and other individuals identified as process owners. All reports will be included in the biannual report provided to the university president.
4. Corrective action plans must include:
 - a. key milestones and goals, and
 - b. a mechanism to monitor the progress of the corrective action plan.

Frequency of Review

The Institutional Compliance Officer will review this procedure on June 1st of each even-numbered year, and the recommendations for revisions will be forwarded to the Institutional Compliance Committee.

Review Date: 8/22/2024
Revision Date: 08/22/2024