

Texas Tech University Health Sciences Center El Paso Institutional Compliance Procedure

Compliance Department PRO	Policy: Procedure for Reporting Mandatory Compliance Education
Click here to enter text.	Effective Date: October 31, 2017
References: HSCEP OP 10.05, BCP 2.0, 2.1, 2.2, HIPAA Privacy Manual	
TTUHSC El Paso Institutional Compliance Website: http://elpaso.ttuhscc.edu/compliance/	

Policy Statement

This procedure applies to the Institutional Compliance Office staff and will govern how the Institutional Compliance office reports delinquent learners to the institutional compliance officer, department directors, administrative directors and academic chairs.

Scope

This policy is limited to trainings assigned by the Institutional Compliance Office. The individuals responsible for compiling this information are the institutional privacy officer, the director of billing compliance and the senior office associate.

Procedure

1. At the end of each quarter, the individuals responsible for assigning training will compile a list of statistical numbers associated with the trainings that have been assigned to faculty, staff, temp agency staff and volunteers.
2. Trainings will include:
 - a. New provider billing orientation
 - b. New employee Health Insurance Portability and Accountability Act (HIPAA) training
 - c. New employee Standards of Conduct training
 - d. New employee General Compliance training
 - e. Annual HIPAA training
 - f. Annual General Compliance training
 - g. Annual Billing Compliance training
 - h. Annual Standards of Conduct training
 - i. Completion of the Conflict of Interest form
3. The statistical numbers will be separated by training module and will include the following:
 - a. The number of individuals to whom the training has been assigned
 - b. The number of individuals and percentage who have completed the training
 - c. The number of individuals and percentage who are delinquent in the completion of the training
 - d. The number of individuals and percentage who are still in the open training window

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4. The individuals who are delinquent on any of the above listed trainings will be added to a spreadsheet that identifies:
 - a. The individual
 - b. The individual's R number
 - c. The individual's job title
 - d. The individual's department
5. The spreadsheet will be completed by the end of the second week after each quarter. This completed spreadsheet will be given to the institutional compliance officer no later than the second week (Friday) following the end of the quarter. Submission extensions will not be granted for paid time off (PTO), conferences or other reasons.
6. The institutional compliance officer will utilize data to inform the individual's director or academic chair and the vice president of human resources of failure to complete the mandatory training.
7. The following is an example of the email that will be sent to the individual's supervisor:

Dear Administrative Director,

Attached, you will find a list of your staff members who have failed to complete their mandatory compliance training(s). Failure to complete the mandatory compliance training may potentially have significant repercussions, as there are a number of managed care payers that require 100 percent of faculty and staff to complete annual compliance training. In addition, we cannot demonstrate that we have an effective compliance program if individuals do not complete their mandatory training or their required Conflict of Interest form.

Individuals who do not complete their Conflict of Interest form are believed to have a conflict with all companies. This means that these individuals cannot participate in the evaluation of companies for contracts with Texas Tech University Health Sciences Center El Paso, or propose or have administrative control over any entity that contracts with TTUHSC El Paso until the Conflict of Interest form has been completed. Conflicts are shared with the Contracts Department and the Purchasing Department.

Please urge the individuals on your list to immediately complete their training and/or their Conflict of Interest Form.

Frequency of Review

This procedure will be reviewed and revised as deemed appropriate by the institutional compliance officer.

Review Date: October 31, 2017

Revision Date: