

Texas Tech University Health Sciences Center El Paso Institutional Compliance Procedure

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| Procedure: Compliance Committee Charter | Policy: HSCEP OP 52.01, PRO A |
| Effective Date: December 17, 2015 | Revision Date: May 1, 2024 |
| References: HSCEP OP 52.01 Institutional Compliance Plan | |
| TTUHSC El Paso Institutional Compliance Website: http://elpaso.ttuhscc.edu/compliance/ | |

Procedure Statement

The Institutional Compliance Committee’s purpose is to assist the Institutional Compliance Department in its oversight of Texas Tech University Health Sciences Center El Paso’s (TTUHSC El Paso’s) policies, procedures and operations relating to or affecting regulatory compliance issues.

Scope

To assist the Institutional Compliance Department.

Procedure

The committee fulfills its purpose by:

1. Reviewing and approving the TTUHSC El Paso’s compliance plan and other key supporting documents of the program (e.g., code of conduct, charters, and training plans);
2. Examining TTUHSC El Paso's system of internal controls over compliance, and ensuring they are current with changing laws, regulations and practice;
3. Encouraging staff, physicians, students and contractors towards compliance with an adherence to pertinent laws, regulations, policies, procedures and practices;
4. Maintaining awareness of the compliance, audit and training activities of the Institutional Compliance Department;
5. Providing a forum for communication among the various entities associated with TTUHSC El Paso for issues relevant to audit and or compliance;
6. Providing oversight of the creation and implementation of operational corrective action plans.
7. Approving proposed proactive compliance projects (e.g., working with clinical staff and physicians to assure processes are in place to meet the requirements of select NCDs and LCDs).

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Duties:

To fulfill its duties, the committee shall:

1. Annually review, discuss and approve the following:
 - a. Compliance Plan for TTUHSC El Paso, which includes:
 - b. Risk assessment,
 - c. Compliance training plan,
 - d. Audit program,
 - e. Compliance policies and procedures
 - f. OIG work plan.
2. Review the ongoing activities of the compliance program;
3. Review reports on concerns, risks and trends;
4. Review concerns encountered by persons conducting formal audits and investigations, regarding significant difficulties encountered, such as restrictions on the scope of work, access to required information and/or significant disagreement with management;
5. Perform any other activities consistent with this Charter, Medical Staff By-laws and governing laws, as this committee or the President's Counsel deems necessary or appropriate;
6. Report on a regular basis, but no less frequently than bi-annually to the President's Counsel;
7. Adopt a process to assign responsibility to committee members to assure reported concerns have appropriate corrective actions and appropriate oversight. Example of process shall include:
 - a. An audit report states that 12% of the time there is not sufficient documentation to support the medical necessity of procedure YXZ.
 - b. The audit finding is assigned to a committee representative of the area mentioned in the report.
 - c. The committee member is responsible to monitor the implementation of a corrective action plan and to present progress reports to the committee until the committee deems the issue resolved.
 - d. A communication will be sent to the Executive that has responsibility for the area of concern.

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Roles and Responsibilities:

Chairperson(s):

1. Coordinates the scheduling of meetings and the documentation and distribution of meeting agenda and minutes.
2. Maintains the committee's charter, membership roster and other administrative documents as required.
3. Coordinates the compilation and distribution of status reports to Executive Management as required.
4. Performs other leadership duties in support of the committee as required.

Member Duties:

1. Represent their respective departments or business units at committee meetings.
2. Identify and help to resolve related issues and problems.
3. Provide periodic status updates on projects, activities and plans to the committee.
4. Disseminate information and status reports to appropriate personnel within their departments or business units.
5. Provide training or information to their respective business units.
6. Make recommendations to other TTUHSC El Paso committees or departments.
 - Example, the committee may recommend the Quality Department initiate a Performance Improvement (PI) project of a specific process such as obtaining physician orders for outpatient testing.

Frequency of Review

This procedure will be reviewed in collaboration with HSCEP OP 52.01, Institutional Compliance Plan (July of every year) by the designated Compliance personnel.

Review Date: 5/1/2024

Revision Date: 12/17/2015, 5/1/2024