

## Texas Tech University Health Sciences Center El Paso Institutional Compliance Procedure

<b>Procedure:</b> Compliance Investigation Sanctions	<b>Procedure #:</b> HSCEP OP 52.04, PRO A
<b>Effective Date:</b> May 1, 2024	<b>Last Revision Date:</b>
<b>References:</b> BCP EP 3.2 - Coding and Accuracy Audits, HSCEP OP - 52.14 HIPAA Sanctions, HSCEP OP 52.04 – Report and TTUHSC EP Internal Investigation of Alleged Violations, Non-Retaliation	
<b>TTUHSC El Paso Institutional Compliance Website:</b> <a href="http://elpaso.ttuhsc.edu/compliance/">http://elpaso.ttuhsc.edu/compliance/</a>	

### **Procedure Statement**

This procedure is designed to guide compliance department staff members in the identification, application, verification and documentation of sanctions associated with compliance investigations. This procedure documents a structured approach to help assure that there is continuity in sanctions applied to individuals without regard to their job title.

### **Scope**

This procedure applies to all compliance staff members performing investigations, audits or other internal investigations that are substantiated.

### **Procedure**

The following procedure will be followed when a compliance staff member completes an investigation or an audit of a reported or suspected infraction in accordance with policies; BCP EP 3.2 - Coding and Accuracy Audits, HSCEP OP - 52.14 HIPAA Sanctions, HSCEP OP 52.04 – Report and TTUHSC EP Internal Investigation of Alleged Violations, Non-Retaliation. I

1. The compliance staff member will review the compliance database to determine if the individual(s) involved in the alleged infraction have previously been involved in activities that resulted in sanctions.
2. If the individual(s) have been involved in previous, malfeasant activities, the compliance staff member will thoroughly review the previous case documentations as well as all attachments.
3. Any similar infraction(s) as well as any previous sanctions against the individual(s) will be noted in the report of the current investigation.
4. If the investigation is associated with HIPAA breach, inappropriate access or other privacy infraction the compliance staff member will consult the disciplinary matrix found at, “52.14 HIPAA Sanctions, Attachment A”.
5. When the investigation has been completed and the database search has been completed, the compliance staff member will document the findings on the standard compliance report template.
6. The compliance office staff member will search the compliance database for a similar infraction to determine if sanction precedents have been established.

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7. If sanction precedents have been established, this information will need to be gathered and presented in the sanction determination meeting with either Human resources or Faculty affairs.
8. If the individual(s) that have caused the malfeasance are staff members the following process will prevail.
  - a. The compliance staff member will schedule a meeting with Human resources, which will typically be the Managing Director of Human resources.
  - b. The investigation report and all associated documentation will be presented to the appropriate human resources representative by the compliance staff member.
  - c. The compliance staff member will ask the human resources representative if:
    - i. Additional information is needed to make a consideration of the appropriate sanctions,
    - ii. A discussion with the individual's supervisor is appropriate and act accordingly,
    - iii. It is duly noted that the compliance staff member will bring documentation of sanctions that have previously been applied to other individuals for the same infraction(s).
9. If the individual(s) that have caused the malfeasance are faculty members the following process will prevail.
  - a. The compliance staff member will schedule a meeting with faculty affairs, which will typically be the Vice President for Faculty Affairs.
  - b. The investigation report and all associated documentation will be presented to the appropriate faculty affairs representative by the compliance staff member.
  - c. The compliance staff member will ask the faculty affairs representative if:
    - i. Additional information is needed to make a consideration of the appropriate sanctions,
    - ii. A discussion with the individual's supervisor or Dean is appropriate and act accordingly,
    - iii. It is duly noted that the compliance staff member will Adequately documents bring documentation of sanctions that have previously been applied to other individuals for the same infraction(s).
10. It is imperative that the compliance staff member adequately documents the entire sanction process in the compliance database.
  - a. This will help assure that sanctions are applied without regard to an individual's position in the organization and that any previously established sanction process will be followed.
  - b. This will assure that sanctions are applied equally and equitably across all job titles within the university system.
11. Once the level of sanction has been determined and the individual's supervisor has been notified of the sanction requirement(s) the compliance staff member will:

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- a. Inform the individual's supervisor that they will need to report to the compliance office when the sanction has been applied to the individual,
  - b. If the sanction was applied as described by the compliance staff member's collaboration with either the human resources or faculty affairs departments.
  - c. Upon receipt of the follow up information the compliance staff member will meticulously document the sanction in the compliance database.
12. When the investigation has been completed and the issue has been closed, the compliance staff member will provide the institutional compliance officer with a copy of the final report associated with the incident.

### **Frequency of Review**

This procedure will be reviewed in collaboration with HSCEP OP 52.04, Report and TTUHSC EP Internal Investigation of Alleged Violations, Non-Retaliation (December of each odd-numbered year) by the designated Compliance personnel.

**Review Date:**  
**Revision Date:**