Institutional Compliance Program
Texas Tech University Health Sciences Center School of Medicine

Policy on Compliance Issue Resolution 5.6

Date: March 14, 2001 Revised: September 2002

Purpose:

Texas Tech University Health Sciences Center maintains a compliance program in the School of Medicine in an effort to establish a culture that promotes prevention, detection and resolution of misconduct relating to the Federal Healthcare Programs. This is accomplished, in part, by established communication channels for employees to report compliance issues and concerns. Employees are encouraged to report issues via the traditional chain of command, compliance HELPl ine, or directly to the Institutional Compliance Officer. Therefore, the Institutional Compliance Officer is responsible for responding directly to compliance issues that are raised through the various communication channels. This policy is designed to establish a framework for managing and responding to compliance issues that are raised to the Institutional Compliance Officer and his/her staff.

Policy:

1. Employees are allowed to use any communication channel they deem appropriate to report compliance issues. Retaliation or retribution for reporting issues in good faith is prohibited as outlined under TTUHSC OP 10.07 Reporting a Violation of Law.

2. The Institutional Compliance Officer is only responsible for resolving compliance-related issues; however, employees should not be discouraged from using any specific communication channel. Rather, employees should be politely redirected or the Institutional Compliance Officer should redirect non-compliance related issues to the appropriate department or individual.

3. The Institutional Compliance Officer is responsible for the compliance program; therefore, issues related to the operation of the program should be referred straight to him/her or his/her office.

4. To the extent practical or allowed by law, the Institutional Compliance Officer must maintain the confidentiality or anonymity of an employee when requested.

Procedures:

1. Calls to the Compliance HELPl ine will be handled in accordance with established policies and procedures.

2. Issues received by the Institutional Compliance Officer will be either referred to the appropriate department or individual or responded to within 14 business days.
3. Issues with the potential for legal liability or containing issues of a legal nature will be referred to Office of General Counsel at the discretion of the Institutional Compliance Officer.

4. The Institutional Compliance Officer should involve other departments and administrative units when appropriate to resolve issues.

5. For compliance related issues, the Institutional Compliance Officer will conduct an Initial Inquiry that may include document review, interviews, audit, or other investigative technique. The Institutional Compliance Officer should: (a) direct a fair impartial review of all relevant facts; (b) restrict the inquiry to those necessary to resolve the issues; and (c) conduct the inquiry with as little visibility as possible while gathering pertinent facts relating to the issue.

6. The Institutional Compliance Officer should ascertain that the following objectives are accomplished:
   - Fully debrief the complainant;
   - Notify appropriate internal parties;
   - Identify cause of problem, desired outcome, affected parties, applicable guidelines, possible regulatory or financial impact;
   - Provide a complete list of findings and recommendations;
   - Determine the necessary corrective action measures, (e.g., policy changes, operational changes, system changes, personnel changes, training/education);
   - Document the inquiry.

7. All inquiry records should be maintained in accordance with the Compliance Office records management policy.