

UTHSC-H Institutional Compliance Plan

I. The University of Texas Health Science Center at Houston Mission and Vision

Mission

As a comprehensive health science university, the mission of The University of Texas Health Science Center at Houston is to educate health science professionals, discover and translate advances in the biomedical and social sciences, and model the best practices in clinical care and public health.

We pursue this mission in order to advance the quality of human life by enhancing the diagnosis, treatment, and prevention of disease and injury, as well as promoting individual health and community well-being.

Vision

Excellence above all in the quest to be an acknowledged leader in the collaboration to treat, cure and prevent the most common diseases of our time through education, research and clinical practice.

II. Preamble

The University of Texas Health Science Center at Houston (UTHSC-H) is committed to ensuring that its affairs are conducted in accordance with applicable laws and regulations. As part of this commitment, UTHSC-H has developed this Institutional Compliance Plan (Plan), which refers to the formal, ongoing methodology by which UTHSC-H seeks to ensure that appropriate individuals within the organization understand and follow all applicable legal requirements. This Plan has been reviewed and approved by the Executive Compliance Committee on **February 9, 2009** and supersedes any previously drafted or published UTHSC-H Institutional Compliance Plans.

III. Institutional Compliance Program Goals

The UTHSC-H Institutional Compliance Program endeavors to create and maintain a culture within the UTHSC-H community that promotes the prevention, detection, and resolution of instances of conduct that do not conform to applicable laws, regulations, policies or procedures.

The goals of the UTHSC-H Institutional Compliance Program include the:

- Establishment and dissemination of formal compliance standards, policies, and procedures to all members of the UTHSC-H community;
- Implementation of specific policies and procedures to ensure that the University exercises due care not to hire, continue to employ, or contract with individuals who have a demonstrated propensity to engage in unlawful and/or unethical activity;
- Promotion of compliance awareness throughout the University through education and training;
- Prevention and/or detection of non-compliance through (i) ongoing identification of high risk activities through compliance risk assessments and the implementation of appropriate monitoring processes for high risk areas, and (ii) the maintenance of a well-publicized reporting mechanism by which compliance concerns or questions may be reported by UTHSC-H employees and others without intimidation or fear of retribution or retaliation;
- Identification and resolution of instances of non-compliance through timely investigation of reports of possible non-compliance, including implementation of appropriate corrective action to prevent recurrence of such non-compliance in the future; and,
- Assurance of consistent enforcement of compliance standards, including the fair, equitable, and consistent disciplinary action of individuals responsible for non-compliance.

The policies and procedures contained in this plan are intended to establish a framework to help ensure compliance but are not to be considered all-inclusive.

IV. General Policy

The General Standards of Conduct policy for the UTHSC-H are contained in UTHSC-H Handbook of Operating Procedures (HOOP) [2.01](#) and are incorporated in this Plan as if fully stated herein. The UTHSC-H expects that all its faculty, staff, and students will follow the highest standards of personal conduct as established by federal, state and local laws. As a condition of employment with the university, all faculty and staff are required to acknowledge receipt of a copy of the General Standards of Conduct policy, a list of contacts/responsible areas for various compliance issues, and the web site references for the [Standards of Conduct Guide](#). In addition, UTHSC-H employees acknowledge their responsibilities to review the policy and to perform their work in an ethical and legal manner as described.

The UTHSC-H Standards of Conduct Guide is an outline of the various laws, policies, rules and regulations that govern the conduct of employees of the UTHSC-H. Although the Standards of Conduct Guide addresses a number of specific laws, policies, rules and regulations, it is not intended to be a comprehensive list of legal and ethical standards. Instead, it provides employees of the UTHSC-H with information and source references regarding the laws, policies, rules, and regulations that apply to their conduct. The Standards of Conduct

Guide should be regarded as a set of guiding principles that apply to every UTHSC-H employee. The UTHSC-H Standards of Conduct Guide applies to all UTHSC-H employees, including administration, faculty, fellows, residents, and students. Moreover, the Standards of Conduct Guide is applicable to any and all agents of the UTHSC-H.

V. Institutional Compliance Organizational Structure

To evidence the UTHSC-H's commitment to compliance, the President has established the UTHSC-H's Institutional Compliance Program that is based upon an infrastructure composed of the following core elements:

- The Executive Compliance Committee
- The Chief Compliance Officer
- The Office of Institutional Compliance

The Executive Compliance Committee is responsible for providing advice and guidance to the President and the Chief Compliance Officer on the design and operation of the Institutional Compliance Program. The Executive Compliance Committee is convened by the President and is composed of the following executive leadership positions:

- The President as Chair
- Executive Vice President for Academic Affairs
- Executive Vice President for Research
- Executive Vice Dean for Clinical Affairs
- Executive Vice President, Chief Operating and Financial Officer
- Assistant Vice President and Chief Compliance Officer, *ex officio*
- Vice President and Chief Legal Officer, *ex officio*
- Assistant Vice President, Internal Audit, *ex officio*

The Executive Compliance Committee is responsible for the following:

- Reviewing and approving policies and procedures that govern the Institutional Compliance Program, including plans for communicating the policies and procedures to the UTHSC-H community;
- Ensuring that appropriate compliance education and training (both general and specific) is provided to all members of the University community on a regular basis;
- Ensuring that the Institutional Compliance Program is designed to prevent and/or detect non-compliance with applicable laws, regulations, and policies, including regular review of the confidential reporting function;
- Ensuring that an annual compliance risk assessment is conducted, compliance risks are prioritized, and the highest risks to the University are identified and designated as Institutional High Risks;

- Ensuring that appropriate processes are in place to control or manage the Institutional High Risks;
- Reviewing and approving the UTHSC-H Institutional Compliance Plan and revisions to the Plan;
- Reviewing reports from the Chief Compliance Officer, regarding the investigation and resolution of confidential reports of material/significant non-compliance and providing guidance to the Chief Compliance Officer on such investigations, unless such review and guidance would compromise the investigation and/or its findings;
- Ensuring that all findings of non-compliance are appropriately resolved through corrective action and/or disciplinary action to prevent recurrence of similar non-compliance in the future;
- Ensuring the consistent enforcement of compliance standards, including the fair, equitable, and consistent disciplinary action of individuals responsible for non-compliance;
- Evaluating the Institutional Compliance Program infrastructure on a periodic basis; and,
- Support of the Institutional Compliance Program in ways the President deems appropriate.

The Chief Compliance Officer is a senior administrator reporting to the Office of the President. The Chief Compliance Officer is responsible for developing a risk based process that builds compliance consciousness into daily business processes, monitors the effectiveness of those processes, and communicates instances of non-compliance to the appropriate administrative officers for corrective, restorative, and/or disciplinary action. The responsibilities of the Chief Compliance Officer include the following:

- Facilitate the establishment of policies and procedures to help ensure the UTHSC-H's compliance with all federal and state laws and regulations as necessary;
- Develop an institutional compliance training program that includes general compliance training for all employees and providing oversight of the development of specialized compliance training for specific employees;
- Develop guidelines and procedures for compliance monitoring in accordance with state and federal requirements;
- Receive and process all confidential reports of compliance concerns or issues that involve the activities or operations of the UTHSC-H;
- Provide advice and direction to executive and senior management, staff, and employees to facilitate compliance with statutory, regulatory, and case law requirements;
- Maintain current knowledge of laws and regulations, keeping abreast of recent changes that may affect the institution's policies, procedures and processes, through research, seminars, peer contact, and bench-marking compliance monitoring practices and implementation strategies with other institutions;
- Provide the System-wide Compliance Officer with monthly and quarterly reports on the activities of the Institutional Compliance Program; and

- Provides other such support to the Institutional Compliance Program as the President may deem appropriate.

The Office of Institutional Compliance provides administrative and operational support for the Institutional Compliance Program, the Executive Compliance Committee, and the Chief Compliance Officer. Institutional Compliance is responsible for:

- Developing and ensuring the delivery of general compliance training to all members of the UTHSC-H community;
- Monitoring the delivery of specialized training for Institutional High Risk Areas;
- Maintaining the Compliance Hotline, including the appropriate processing, records maintenance, direct investigation, or coordination of investigations of reports of compliance concerns;
- Providing oversight assurance activities for Institutional High Risk areas on a regular basis, as determined by the Executive Compliance Committee;
- Assessing the effectiveness of the Institutional Compliance Program, including trend analysis and employee surveys; and,
- Overseeing other activities in support of the Institutional Compliance Program as determined by the President, the Executive Compliance Committee, or the Chief Compliance Officer.

The Chief Compliance Officer is responsible for the operation of the Office of Institutional Compliance and directs all of its activities.

VI. Compliance Awareness

Occasional letters, articles, university publications, surveys, and other information regarding the Institutional Compliance Program will be sent to UTHSC-H community members to raise awareness regarding general and specific compliance issues. The content of these publications may be related to specific or general compliance issues and other elements of the Institutional Compliance Program.

Every new employee is provided information as to how to electronically access the UTHSC-H Standards of Conduct Guide on-line. As a condition of employment with UTHSC-H, all faculty and staff are required to acknowledge receipt of a copy of the General Standards of Conduct policy and the web site references for the [*Standards of Conduct Guide*](#). Employees will be notified of revisions to the Standards of Conduct Guide and must acknowledge, either by signature or electronically, their receipt of notification of such revisions.

VII. Education and Training

The UTHSC-H is committed to communicating the University's standards for ethical conduct and the applicable policies to all employees. The Institutional Compliance Program provides education and training to develop an awareness of and a commitment to compliance. All administration, faculty, and staff must complete general compliance training. The education and training program includes annual general compliance training for all employees. Employees are required to complete required training assigned for their specific position in accordance with appropriate timeframes and frequency. The content of the training includes laws and regulations applicable to specific job duties and responsibilities. As new developments or concerns arise, the UTHSC-H Institutional Compliance Program may require additional training for some or all UTHSC-H employees. A variety of teaching methods, materials, tools, and languages will be utilized to communicate the appropriate knowledge and awareness to each employee.

Compliance training is required of all employees. Failure to meet education and training requirements will result in disciplinary action up to and including termination. All persons in supervisory positions are responsible for ensuring that each UTHSC-H employee reporting to them has completed the compliance training applicable to that person. Completion of required compliance training will be monitored and documented. The Institutional Compliance Program maintains general compliance training records for employees. Summary reports of adherence to education and training requirements will be provided to the Executive Compliance Committee by the Chief Compliance Officer.

VIII. Adherence to the Compliance Program as an Element of Evaluation for all Employees

A. Faculty

Adherence to the UTHSC-H Institutional Compliance Program is a part of each faculty member's annual evaluation and is also used as a criterion for promotion in academic rank. It is understood that the Appointment, Promotion, and Tenure Committee of each UTHSC-H school will consider participation in compliance training and any involvement in compliance infractions as a part of the promotion and evaluation process. Faculty members who hold administrative positions have additional responsibility for ensuring that their direct reports adhere to the Institutional Compliance Program and attend required general and specific compliance training. Additionally, faculty members who hold administrative positions are responsible for informing direct reports of compliance policies and procedures specifically related to their job function and actively addressing potential or actual compliance concerns in their department of accountability.

B. Administrative & Professional Employees

The promotion of and adherence to the Institutional Compliance Program by all Administrative & Professional (A&P) employees is considered an integral part of their job performance. Knowledge of and compliance with applicable laws, regulations, policies, and procedures is a part of each A&P employee's annual evaluation and is also a criterion for promotion. A&P employees are responsible for actively addressing potential or actual compliance concerns in their department of accountability. Additionally, A&P Employees must ensure that their direct reports complete general and specific compliance training as required. A&P employees are responsible for informing their direct reports of compliance policies and procedures specifically related to their job function and appropriately monitoring to ensure these policies and procedures are followed.

C. Classified Employees

Each employee at the UTHSC-H is responsible for awareness of and compliance with the laws, rules, policies, and procedures which apply to their job function. Each employee is responsible for completing annual compliance training. Classified Employees who hold managerial or supervisory positions are responsible for ensuring that their direct reports complete general and specific compliance training as required. These classified employees are also responsible for informing their direct reports of compliance policies and procedures specifically related to their job function and appropriately monitoring their direct reports to ensure these policies and procedures are followed.

IX. Compliance Risk Assessment

The UTHSC-H Institutional Compliance Program identifies the institution's highest risks through an annual compliance risk assessment of high risk areas each fiscal year. The purpose of the compliance risk assessment is to:

- Identify high-risk compliance issues;
- Establish a priority for these issues;
- Assign a responsible party to manage the issues; and,
- Establish monitoring activities that ensure compliance.

For the highest risks identified, the responsible party must ensure that monitoring activities are developed and implemented as appropriate and that training is developed and implemented as appropriate.

X. Compliance Monitoring

Based on the annual compliance risk assessment, the Chief Compliance Officer directs periodic reviews of identified high-risk compliance areas by the Office of & Institutional Compliance. The purpose of these reviews is to ensure adherence to general compliance policies and applicable federal and state laws and regulations. Reviews may include on-site visits, interviews with personnel involved in administration, operations, billing, reporting, and other related activities; review of documentation and other written materials; and trend analysis studies.

Additionally, the Institutional Compliance Program will be reviewed periodically. A peer review group, UTHSC-H Audit & Advisory Services, or an external review agency may conduct the evaluation.

XI. Lines of Communication

Every employee is responsible for raising any compliance issues, concerns, or questions they may have. Additionally, if an employee suspects a possible violation of applicable laws and regulations, the employee is responsible for reporting this information. Individual employees are encouraged to raise their compliance concerns or questions with their supervisor. If this is not appropriate, the employee is encouraged to speak directly with the Chief Compliance Officer. The Chief Compliance Officer is designated as the UTHSC-H official responsible for receiving and processing all reports of questionable conduct or suspected non-compliance that involve the activities or operations of the UTHSC-H.

All employees who raise compliance concerns or questions or who report suspected compliance violations, must have a good faith basis for doing so. “Good faith” means that the disclosure is made with a belief in the truth of the disclosure which a reasonable person in the reporting individual’s position could hold based upon the facts. A disclosure is not in good faith if made with reckless disregard for or willful ignorance of facts that would disprove the disclosure. Employees who intentionally make false accusations will be subject to disciplinary action, up to and including termination.

Thus, the UTHSC-H has established the following mechanisms for employees to raise compliance questions or concerns:

- a. A person may make a report through the normal administrative channels (*i.e.*, reporting to the appropriate supervisor).**
- b. A person may make a report through the Compliance Hotline (1-888-472-9868).**
- c. A person may make a report to the Chief Compliance Officer, or other staff member of the Office of Institutional Compliance, either by letter, by telephone, by e-mail, or by meeting.**

- d. A person may make a report by the designated UTHSC-H Compliance E-mail address: compliance@uth.tmc.edu.
- e. A person may make a report by the designated “Web Reporting” website: www.tnwinc.com/webreport .
- f. A person may make a report in an exit interview statement given upon the conclusion of their employment at UTHSC-H.

Employees are encouraged to freely discuss and raise questions to managers or other appropriate personnel about activities they feel are in violation of applicable laws, regulations, rules, policies, and procedures. The UTHSC-H shall not intimidate, threaten, coerce, discriminate against, or take any retaliatory action against any individuals who in good faith report suspected wrongdoing to their supervisor, through the Compliance Hotline, Compliance Email, or directly to the Chief Compliance Officer.

Texas public employees who, in good faith, raise concerns about compliance issues or report official wrongdoing are protected from retaliation by their employing agencies by a Texas law known as the “Whistleblower Act.” Additionally, federal law protects employees who raise concerns about compliance issues or who report official wrongdoing.

XII. Investigating Compliance Issues

The UTHSC-H Chief Compliance Officer is the UTHSC-H official responsible for receiving and processing all confidential reports of suspected non-compliance that involve the activities or operations of the UTHSC-H. Other UTHSC-H officials who receive reports of suspected non-compliance are responsible for notifying the Chief Compliance Officer of the report at the earliest possible time and transferring all information regarding the report to the Chief Compliance Officer immediately.

The Chief Compliance Officer, in coordination with the Triage Team designated in the Compliance Hotline and Compliance Reports Policy and Procedure, will investigate or coordinate the investigation of all reports of suspected non-compliance. A summary report of all investigations will be provided to the Executive Compliance Committee at their regular meetings. The Executive Compliance Committee shall provide guidance regarding investigations and corrective actions as appropriate.

Reports or allegations that may constitute intentional violation or reckless disregard of criminal, civil, or administrative law shall be turned over to the UTHSC-H legal authorities or the University of Texas Police Department for investigation and disposition. If the investigation of a compliance concern produces credible evidence

that provides a reasonable basis to conclude that a violation of law may have occurred, the UTHSC-H shall promptly provide all information to the appropriate legal authorities.

Reports or allegations which involve alleged fraud, as defined in the UT System UTS 119, will be transferred immediately to the Office of Audit & Advisory Services for investigation and resolution.

Reports involving significant allegations regarding accounting, internal accounting controls, or auditing matters, may be reported to the Audit, Compliance, and Management Review Committee of the University of Texas System Board of Regents through the UT System Audit Office as appropriate.

Reports or allegations involving alleged privacy violations will be transferred immediately to the UTHSC-H Privacy Officer for investigation and resolution.

XIII. Corrective Action

When an instance of non-compliance has been determined and confirmed through an investigation, the Chief Compliance Officer and the Triage Team will facilitate the implementation of a corrective action plan with the affected departments, faculty, or staff. The corrective action plan may include one or all of the following elements: specific areas requiring compliance attention, requirements for additional training, change in policies and procedures, further investigation, or disciplinary action. Disciplinary action may be imposed as part of a corrective action plan for all UTHSC-H administration, faculty, and employees.

The UTHSC-H will refund overpayments to payers identified through compliance monitoring activities, through investigations, or other reviews.

For more information on the procedures followed to address allegations of questionable conduct or non-compliant activity, please reference the Institutional Compliance Program Policy entitled “Compliance Hotline and Reporting Policy and Procedure”.

XIII. Disciplinary Guidelines

The UTHSC-H will impose disciplinary action on employees who fail to comply with applicable laws, regulations, and policies. The seriousness of the violation will determine the level of the disciplinary action.

A. Faculty

Disciplinary action administered to faculty will be in accordance with the UTHSC-H policies regarding discipline of faculty (HOOP Policy 4.08). The UTHSC-H Executive Compliance Committee may make recommendations related to disciplinary action of faculty regarding compliance violations up to and including termination. The Executive Compliance Committee will communicate these recommendations to the dean of the affected faculty member.

Reports or allegations that may constitute an intentional violation or reckless disregard of criminal, civil, or administrative law shall be given to the UTHSC-H legal authorities for investigation and disposition. Following the determination that reckless disregard or intentional violation of law has occurred, the Dean of the appropriate school of the faculty member may recommend disciplinary action up to and including termination, depending upon the nature of the conduct. Procedures for termination shall be according to HOOP Policy 4.08.

Faculty members may appeal disciplinary action taken as outlined in HOOP Policy 4.08.

B. Administrative & Professional Employees

Administrative & Professional employees serve at the discretion and pleasure of the President. The Executive Compliance Committee may make recommendations related to disciplinary action of Administrative & Professional employees regarding compliance violations up to and including termination. Disciplinary action, as appropriate, will be administered by the President or the administrative superior of the affected employee.

Reports or allegations that may constitute an intentional violation or reckless disregard of criminal, civil, or administrative law shall be given to the UTHSC-H legal authorities for investigation and disposition. Following the determination that reckless disregard or intentional violation of law has occurred, the administrative superior of the affected staff member may recommend disciplinary action up to and including termination, depending upon the nature of the conduct. Procedures for termination shall be according to HOOP Policy 3.06.

C. Classified Employees

The Executive Compliance Committee may make recommendations related to the disciplinary action of classified employees regarding compliance violations up to and including termination to the supervisor of the affected employee. Disciplinary action administered to classified employees will be in accordance with HOOP 5.13.

Reports or allegations that may constitute an intentional violation or reckless disregard of criminal, civil, or administrative law shall be given to UTHSC-H legal

authorities for investigation and disposition. Following the determination that reckless disregard or intentional violation of law has occurred, the administrative superior of the affected staff member may recommend disciplinary action up to and including termination. The procedures for termination shall be according to HOOP 5.13.

Classified staff members may appeal the disciplinary action taken according to HOOP 5.13.

XIV. Excluded and/or Debarred Employees, Residents Independent Contractors, Vendors, and Contractors

The UTHSC-H is committed to exercising due diligence to prevent and detect unethical behavior and/or violations of applicable laws, regulations, and policies by its employees, residents, independent contractors, contractors, and vendors. The UTHSC-H is further committed to exercising due care to ensure that no delegation of substantial discretionary authority is made by or on behalf of the UTHSC-H to an individual or other entity known to have a propensity to engage in unlawful or unethical activities.

Federal and state agencies have the authority to exclude individuals or entities who have engaged in fraud or abuse from participation in programs they sponsor. Entities who employ or contract with excluded individuals or entities may incur civil monetary penalties or be excluded from future participation in federal and state programs.

The UTHSC-H makes a reasonable inquiry into the status of post-offer applicants for employment, applicants for UTHSC-H residency programs, employees, residents currently enrolled in UTHSC-H residency programs, independent contractors, contractors, and vendors of the UTHSC-H as described in the Exclusion Check Guidelines to ensure that the UTHSC-H does not knowingly employ or contract with an individual or entity that is excluded, suspended, or otherwise ineligible for participation in federal or state programs. The Exclusion Check Guidelines are discussed in HOOP Policy 2.13A. These checks will be conducted prior to the start of employment for post-offer applicants, prior to the acceptance of applicants for residency programs, prior to the issuance of a vendor code for an independent contractor, within seven days prior to the execution of a contract with a contractor or vendor, prior to the set-up of a new vendor, prior to the approval of any purchase order of \$25,000 or above, and on a quarterly basis for employees, residents, independent contractors, contractors and vendors by the responsible parties. The responsible parties include Human Resources, Procurement Services, the Dental Branch's Office of Student Affairs, the Office of Graduate Medical Education, and the Financial Administration Support Team. The Office of Institutional Compliance

will have responsibility for confirming any potential matches and coordinating with the affected departments to ensure adherence to the guidelines.

More information can be found in the Exclusion Check Policy, HOOP 2.13A.

XV. Records Creation & Retention

Records created by the Institutional Compliance Program will be retained in accordance with the UTHSC-H Records Retention Schedule.

XVI. Revisions to the Institutional Compliance Plan

This compliance plan is intended to be flexible and readily adaptable to changes in regulatory requirements. The Executive Compliance Committee shall review the plan at least annually to assure that it remains current and effective. Changes to the plan may be proposed by members of the Executive Compliance Committee, departments, or individual employees. Any recommendations for changes to the plan must be approved by the Executive Compliance Committee. All changes to the Institutional Compliance Plan must be consistent with the UTHSC-H Handbook of Operating Procedures and the Rules and Regulations of the Board of Regents of the University of Texas System.

Revised as approved by the Institutional Compliance Committee on March 28, 2005.

Revised as approved by the Executive Compliance Committee on October 10, 2006.

Revised as approved by the Executive Compliance Committee on December 10, 2007.

Revised as approved by the Executive Compliance Committee on February 9, 2009.