TULANE UNIVERSITY

DEPARTMENT: Tulane University Medical Group (TUMG)

POLICY DESCRIPTION: TUMG Universal Delinquent Compliance Training Penalties

PAGE: 1 of 4

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TUMG Universal Delinquent Compliance Training Penalties

SCOPE OF POLICY

This policy applies to the Tulane University Medical Group (“TUMG”) providers (“TUMG Providers”), all providers billing via TUMG (“Non TUMG Providers” and together with TUMG Providers, the “Providers”), and all Tulane University staff members to include employees, volunteers, trainees, students, and other persons (collectively, “Staff”) who may come in contact with Medicare and Medicaid beneficiary Protected Health Information, whether or not they are paid by Tulane University.

STATEMENT OF POLICY

All Providers and Staff are required to complete certain training (the “Training”) mandated by the Clinical Compliance Operations Committee (“CCOC”) to ensure compliance with federal regulations and the Centers for Medicare and Medicaid Services (“CMS”) guidelines. The Training must be completed by the Applicable Deadline (as defined below) or certain remedial actions will be taken to ensure compliance.

IMPLEMENTATION

I. Compliance Training.

1. The Office of the Inspector General (OIG) provides guidance on an effective compliance program. One element of the guidance is that practices “conduct appropriate education and training.” In addition, CMS and the Louisiana Department of Health and Hospitals (DHH), require specific training. This includes training to ensure: (1) all Staff and Providers, as defined in the Scope of Policy above, have at least a basic knowledge and understanding of compliance program requirements (2) are knowledgeable about compliance and Fraud, Waste & Abuse issues and how to appropriately address them; and, (3) an understanding of cultural diversity through Cultural Competency training.

2. Provider and Staff Training is required as part of ongoing compliance education.


II. Determination of Applicable Departments.
1. An annual review will be conducted of all Tulane University departments to determine which department’s Providers and Staff members are required to be included in the Scope of Policy. These findings will be reviewed and approved by the CCOC.

2. Providers and Staff assigned to departments who provide legal, actuarial, accounting, consulting, data aggregation, management, administrative, accreditation, operational support or financial services, to or on behalf of TUMG, or departments who may have access to or come in contact with Medicare beneficiary Protected Health Information (the “Departments”), will also be included in the Scope of Policy.

3. All Providers and Staff, to include all Providers and Staff within these Departments, will be required to complete the Training by the Applicable Deadline.

4. The Training is mandatory for such Providers and Staff and will only be waived if the Department requests from the CCOC a waiver from the Training requirements for the entire Department or for an individual or group within such Department.

   A. Such a waiver must be approved by the CCOC and can only be approved upon a showing that the Department, individual or group does not or will not come in contact with a beneficiary or beneficiary PHI.

   B. Requests for Waivers may not be sought after the Training has been assigned.

III. Implementation of Training Requirement.

1. The CCOC is responsible for the development, implementation of, and compliance with compliance training requirements.

2. All Providers and Staff are required to complete the Training by the “Applicable Deadline”.

   A. The Applicable Deadline for new Providers and Staff is seven (7) days from the date of hire, appointment or assignment.

   B. The Applicable Deadline for existing Providers and Staff who have previously completed the Training is ninety (90) days from the day the Training is assigned.

   C. The Applicable Deadline for Providers and Staff who have been determined to need additional or remedial training, based on either a specific concern or material change in the applicable law, shall be a date specific as determined and communicated by the CCOC or the Compliance Officer.

3. Only the training modules approved by the CCOC shall be deemed to have satisfied the training requirements. No credit shall be given, and the training requirement will not be
waived, for the completion of external, academic or ancillary training or for the partial completion of the Training.

4. Documentation must be kept for at least ten (10) years on all Providers and Staff who have completed the Training.

IV. Penalties and Procedures for Failing to Complete the Training.

1. In order to obtain timely compliance with the Training, the following fines for non-compliance will be levied:

   A. With respect to each new Provider or Staff, the hiring Department will be fined $300 for each item of the Training that is not completed within the Applicable Deadline and will be fined an additional $300 for each successive thirty (30)-day period that the item remains delinquent.

   B. With respect to each existing Provider or Staff, the applicable Department will be fined $300 for each item of the Training that is not completed within the Applicable Deadline and will be fined an additional $300 for each successive thirty (30)-day period that the item remains delinquent. Fines will be assessed for the untimely completion of the Training once the CCOC determines whether Substantial Compliance with this policy and any obligations imposed by law have been met. Factors to be considered in determining Substantial Compliance include:

      a. Any other training the Workforce member(s) completed by virtue of their affiliation with other Covered Entities;
      b. The low probability that the Workforce member(s) will have any contact with Protected Health Information;
      c. The total ratio of Workforce members who have completed the Training in relation to the total number of Workforce members in Tulane’s Health Care Component; and
      d. Any other extenuating circumstance that make it unduly burdensome for a particular Workforce member to complete the Training.

   C. All Departmental leadership and/or management are responsible and will be held accountable for the timely completion of the Training by its Providers and Staff.
2. In order to ensure a fair and equitable assessment of such fines, the following procedures will be followed:

A. A Notice of Proposed Fine, pre-approved by the CCOC, will be sent by electronic mail to the Department’s compliance liaison with copies to the department administrator, chairman and affected Providers and/or Staff for each individual who has failed to complete the Training by the Applicable Deadline.

B. The Department may submit a written appeal of the Notice of Proposed Fine to the CCOC within fifteen (15) calendar days of receipt of the Notice of Proposed Fine. Such an appeal will be reviewed and considered by the CCOC for extenuating circumstances at its next convened monthly meeting and a written response will be issued. The time period governing the assessment of additional fines shall be suspended during this appeal period and will resume when the CCOC issues its written response.

C. Fines will be collected by means of an internal transfer from the Department’s account to the CCOC’s Training Fund.