GCA NEWS

Purchasing Software, Services, or Equipment on your Grant or Contract? Don't Forget the HIPAA Requirements!

The Office for Civil Rights (OCR) imposed more than $25M in HIPAA penalties last year and has already imposed almost $5M in HIPAA penalties in 2017. Several of those penalties were imposed because the covered entity did not obtain a Business Associate agreement from the vendor who was providing software, services, or equipment used to access, store, create, or transmit Protected Health Information (PHI). It's a violation of HIPAA for the University to share *any* patient or research participant PHI with such a vendor unless we FIRST have a Business Associate agreement signed by the vendor.

Steps You Need to Take to Avoid a HIPAA Violation:
1. Route every purchase for technology-based goods or services that provide the vendor with access to our PHI, regardless of dollar amount, through Purchasing or ORA, as appropriate, and inform Purchasing/ORA that PHI is involved. Purchasing/ORA will take care of having the required Business Associate agreement signed by the vendor
2. Ensure IT Security is aware of your intended technology-based purchase, so IT Security can conduct a product review. (See the full policy at https://it.ouhsc.edu/forms/productreview.asp for the Product Review policy.)
3. If your contract is a multi-year contract, be prepared annually to:
   a. review the scope of services with Purchasing/ORA so they can make any necessary revisions to the service agreement or Business Associate agreement if needed
   b. cooperate with IT Security in an annual product review update

Taking these three steps will protect your patients' or research participants' PHI from being compromised and protect your department from violating HIPAA. Thank you for your help in the University's HIPAA compliance program! If you have questions about this or any other HIPAA topic, please contact any of the following:

Jill Bush Raines, Assistant General Counsel and University Privacy Official, jill-raines@ouhsc.edu
Valerie Golden, HIPAA Security Officer, valerie-golden@ouhsc.edu
Mary Milano, HIPAA Privacy Auditor, mary-milano@ouhsc.edu
Marty Walton, Assistant to the University Privacy Official, marty-walton@ouhsc.edu

eCRT Reminders

First of all, thank you to everyone who made the Quarter One rollout of eCRT a huge success. We had a 91% completion rate by the deadline for Q1. Hopefully everyone found the system easy to use and appreciated not having to track down all of the paper forms. We have posted the updated Time and Effort policy on our website. Please note that failure to comply puts the University at risk during reviews and audits. All failures to comply will be forwarded up through the Dean, Vice President for Research or the Senior Vice President and Provost.

http://www.ouhsc.edu/financialservices/GC/documents/TimeandEffortReportingrev.022717.pdf

Please make sure that you are pre reviewing the time and effort reports in a timely manner. The eCRT system may be accessed at any time to view each pay period as it is loaded. Please don't wait for the quarter to close to process cost transfers if possible. Time and effort reports that are not pre reviewed by the cutoff date are in a holding stage and the Principle Investigator cannot certify them. PI's have 30 days from the date of release to certify them. If the pre review person takes 21 days of the certification period, then the PI only has 9 days left to certify. Luckily we only had a 3% non-compliance, but we are shooting for <1%.

Also, it is very important that you let Joel Miller know if you have a PI or staff member with eCRT access leaving the University or Department. Joel needs to update this information in eCRT. If you need to assign a designee because a PI or employee leaves, please try to do this prior to the pre review period. We have had several instances where there is no one to pre review or certify because the person assigned in eCRT has left.

IRB Payments

In the past many IRB payments were received in lump sum payments (patient payment + IRB payment) from the sponsor and were never received by IRB. IRB will now be invoicing the departments directly for the IRB initial and continuing reviews that pertain to their studies. The department must pay the IRB fee and then invoice the sponsor for reimbursement. GCA has setup two new GL codes to accommodate payment of these items on the sponsored project. GL Revenue Account: 951620 DEPT REV-IRB PROTOCOL REVIEWS and GL Expense Account: 955620 DEPT EXP-IRB PROTOCOL REVIEWS. These can be used if you want to charge the IRB review to the project without penalty of F&A and overhead charges. If the IRB expense was paid from the project and GCA receives the payment from the sponsor, it will be applied to the project using the GL revenue account 440510 Grants/Cont-Nontaxable Revenue. Please note that if GCA receives the IRB payment in a lump sum payment, GCA has no way of identifying that. The department will need to let GCA know that the IRB payment is included in the payment.

Deficit Coverages

Please note that if you plan to use STATE or EDWCH funds to cover a deficit on a SPNSR fund, you will be required to cost transfer expenditures off of the SPNSR fund to the STATE or EDWCH fund. GCA cannot do a one line deficit coverage to STATE or EDWCH funds.