

BOARD OF REGENTS MEETING

UW Medicine Board Annual Compliance Report

For information only.

Attachment

UW Medicine Board Annual Compliance Report to the UW Board of Regents

UW MEDICINE BOARD



ANNUAL COMPLIANCE REPORT TO THE UW BOARD OF REGENTS

February 11, 2016

UW Medicine

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EXECUTIVE SUMMARY

The tenth annual UW Medicine Board Compliance Report to the University of Washington (UW) Board of Regents summarizes the primary compliance activities that occurred in calendar year 2015 and identifies four major priorities for 2016. The scope, structure, core functions and activities of the UW Medicine Compliance Program are presented as the Appendix to this report.

UW Medicine consists of eight owned or managed entities that operate in a highly regulated environment with a variety of compliance requirements and potential risks. The culture of compliance at UW Medicine is reflected in a documented Compliance Program designed to promote and support compliance, and detect noncompliance.

In this reporting period, the annual compliance budget was \$8.4 million with 63 full-time equivalent positions dedicated specifically to compliance functions. These figures do not represent the full cost of compliance activities throughout the organization.

Four compliance areas (clinical billing; information security, privacy and identity theft prevention; Stark law and Anti-Kickback Statute (AKS); and conflicts of interest (COI)) were the subject of comprehensive presentations to the UW Medicine Board Compliance Committee. Presentations focused on key concepts, primary risks, mitigation strategies and emerging issues. Major activities and developments in 2015 include the following:

Clinical Billing

- A low volume of claims reviewed by the Medicare Recovery Auditors continued during all but the last month of 2015, and of the claims audited in 2015, so far less than one percent resulted in repayment (\$74,000) although more than half of the audit results are pending.
- Further delays in the enforcement of a new inpatient admission rule enabled us to provide physicians with additional feedback and guidance in preparation for implementing the new rules.
- Mandatory training and rigorous audit activities have been in place for all practice plan members since 2004, and are now in place at all UW Medicine medical centers. Other than members with approved exceptions for extended leaves, compliance with training requirements was 100 percent.
- Several internal facility billing audits in 2015 identified the need for focused training activities, repayments and process modifications for billing in Neonatal Intensive Care Units (NICUs). Follow-up audits confirmed the effectiveness of remediation activities.
- In addition to internal audits of general clinical services billing, UW Medicine reviews clinical research billing in order to identify billing errors, help researchers understand internal procedures, and provide information to operational areas about the need for system-wide process improvements. Audit results in 2015 showed a very low error rate.

Information Security, Privacy and Identity Theft Prevention

- As reported in 2014 and 2015, UW Medicine has been the subject of an investigation by the Office for Civil Rights (OCR) after a 2013 malware incident resulted in notification to 90,000 patients of a potential privacy breach. At no time was the electronic health record (EHR) compromised or actual patient harm reported. The OCR concluded its investigation in October 2015, and proposed a resolution agreement that was signed on December 4, 2015. Provisions of the agreement include a \$750,000 payment to the OCR and a two-year Corrective Action Plan (CAP) requiring annual risk analysis, remediation and risk management plans, reorganization of the information security compliance structure, notification to the OCR of any policy violations, and deadlines for reporting and documentation. An external monitor is not required and the monetary payment is lower than recent settlements of similar scope, which reflects the OCR's recognition of UW Medicine's progress and efforts. Status of the CAP will be a standing agenda topic for all leadership and compliance committees in 2016.
- Numerous activities in process during 2015 included organizational refinements, policy modifications, strategic planning proposals to coordinate and standardize information security operations across the UW Medicine enterprise, and several risk assessment and mitigation efforts. By the end of 2015, information technology (IT) operations had advanced several technical projects, and a cross-entity team was in the final stages of developing a mandatory, enterprise-wide training module that will be launched in 2016 as an ongoing annual requirement, supplemented by periodic ad hoc training and awareness messages.
- Inappropriate but accidental disclosures of protected health information (PHI) still comprise the majority of privacy incidents, although these are usually discovered and corrected in a timely way.
- A total of 27 events resulted in privacy breaches that required notification of 142 patients.
- The OCR opened one new investigation into a patient complaint (which was closed without further action after our response), and notified us of two patient complaints for which they declined to open investigations.

Stark Law and Anti-Kickback Statute

- Compliance with the Stark law, which prohibits physician self-referrals, and the AKS, which prohibits any person from accepting remuneration for referring an individual for items or services covered by federal healthcare programs, is jointly managed by the UW Physicians (UWP), UW School of Medicine (SoM) and UW Medicine Compliance offices.
- UW Medicine reported no Stark law violations in 2015 and continued to direct its efforts toward standardizing the physician contracting process, and providing appropriate review and fair market value analysis as necessary.
- Outreach and awareness efforts related to the AKS continued to focus on procurement, purchasing and SoM clinical departments. A vendor gifts work group was established to address questions surrounding corporate gifts.

Conflicts of Interest

- COI are governed by many different rules, involve compliance efforts by several UW and UW Medicine offices, and arise in various contexts (including acceptance of gifts, outside professional work, research, authorship, relationships with vendors and purchasing). A series of guidance documents addressing frequently asked questions (FAQs) about COI was published in 2015.
- The UW policy on financial COI in research was substantially revised in response to changes in federal rules, and an online financial disclosure system was implemented.
- Changes to the UW Medicine faculty COI policy were made to prohibit SoM faculty from presenting at speaker's bureaus and programs designed predominantly for promotional, sales or marketing purposes and from endorsing products to promote sales.
- In 2015, there were significant efforts to educate faculty about federal rules requiring public release of industry payments to healthcare professionals and to correct reporting inaccuracies.

Section III provides detailed information about major activities and issues occurring in 2015.

I. INTRODUCTION

Purpose of the Annual Report

Section 1.4.3 of the UW Medicine Board Bylaws requires an annual report to the UW Board of Regents regarding the effectiveness of UW Medicine compliance program, which includes but is not limited to, the following topics:

- Key compliance policies and issues
- Status of the compliance program infrastructure and reporting relationships
- Scope of authority of key positions
- Current assessment of compliance risks
- Level of resources dedicated to the compliance programs

II. UW MEDICINE COMPLIANCE PROGRAM

UW Medicine is a large organization, consisting of eight owned or managed entities that operate in a highly regulated environment with a variety of compliance requirements and potential risks. The culture of compliance at UW Medicine is characterized by four major elements:

- Documented formal program activities, including audits and educational programs, designed to promote and support compliance, and detect noncompliance;
- Formal structure, executive leadership engagement and support, and board-level involvement;
- Clearly defined responsibilities and system-wide education and outreach; and
- Formal channels of communication and system-wide reporting hotline.

The purpose of the UW Medicine Compliance Program (see Appendix) is to assist UW Medicine in achieving its financial, operational and strategic goals while maintaining compliance with all applicable laws and regulations. The scope, structure, core functions and activities of the Program are updated as necessary to reflect organizational and policy changes, programmatic refinements and best practices for addressing compliance risk.

In this reporting period, the annual compliance budget was \$8.4 million with 63 full-time equivalent positions dedicated specifically to compliance functions. These figures do not represent the full cost of time, effort and systems devoted to compliance activities throughout the organization.

III. KEY COMPLIANCE AREAS

The key compliance focus areas identified for 2015 included the following:

- *Clinical billing (facility and professional fee billing for all clinical services including clinical research);*
- *Information security, privacy and identity theft prevention;*
- *Stark law and Anti-Kickback Statute (AKS); and*
- *Conflicts of interest (COI).*

At each meeting of the UW Medicine Board Compliance Committee in 2015, a content expert led an interactive session on a specific focus area. Presentations focused on key concepts, primary risks, mitigation strategies and emerging issues. These are contained in the official committee records.

The following sections describe major activities and developments that occurred in 2015.

A. Clinical Billing

External Reviews.

All external review activities are reported in detail each week to UW Medicine leaders. Summary reports are presented to the UW Medicine Executive Compliance Committee, and updates are provided at each UW Medicine Board Compliance Committee meeting. This information is maintained in the official committee files. Highlights in 2015 include the following:

- The Centers for Medicare and Medicaid Services (CMS) continued to experience challenges in the contracting process for Phase 3 of its Medicare Recovery Audit program, resulting in further delays and limited audit activity in most of 2015. In December 2015, due to the ongoing Phase 3 delays CMS allowed the existing contractors to return to prior audit volumes. This return to regular activity is anticipated to continue through at least the first half of 2016, at which point CMS may again reduce volumes in preparation for Phase 2 close-out. This year, 885 claims representing \$16.4 million in reimbursement were reviewed, up from 164 claims representing \$1.9 million in 2014, but still significantly lower than prior years when annual claim volumes were in the thousands. So far, only 11 claims required repayments totaling \$74,000, with another possible 13 repayments totaling \$84,000 pending review. However, because audits were initiated at the end of the year, well over half the claim results are still pending.
- Enforcement of CMS's new rules for inpatient admission was delayed another six months through September 30, 2015. As a result, Medicare performed a third round of "probe and educate" audits of medical necessity for inpatient admissions. UW Medicine used the results of this process to assess the hospitals' readiness for

the enforcement date and to identify focus areas for additional physician feedback and guidance.

- Audits of inpatient claims from multiple managed Medicare and Medicaid insurance payors continued as the largest volume of external audit programs in 2015.

Facility Billing for Medical Centers and Clinics.

A facility billing audit plan is developed annually and approved by the UW Medicine Executive Compliance Committee. In 2015, several audits of coding in the NICUs at Valley Medical Center (VMC) and UW Medical Center (UWMC) resulted in the need for focused education and training activities. Follow-up audits were then conducted to confirm the effectiveness of remediation activities.

In response to two unrelated reported concerns, investigation of the issues led to UWMC repayments totaling roughly \$30,000.

Professional Fee Billing by Healthcare Professionals.

UW Medicine Compliance completed professional fee billing compliance education for Northwest Hospital & Medical Center (NWH) and VMC healthcare professionals in the fall of 2015. The first round of audits for all NWH healthcare professionals was completed in August 2015 with overall favorable results, although a small number of audits necessitated follow-up actions including claim repayments. The second round of NWH audits is underway. The first round of audits for all VMC healthcare professionals is underway and scheduled for completion early in 2016. To date, results have been favorable.

UWP and Children's University Medical Group (CUMG) operate separate yet closely coordinated professional fee billing compliance programs covering practice plan members. Policies are tailored to address the unique risks of the respective clinical practices and complement specific medical staff processes, facility systems and controls, and research activities. Both practice plans engage in rigorous auditing, ongoing risk assessment, mandatory training and investigations of reported or observed billing issues. Efforts in 2015 included the following:

- CUMG Compliance provided specialty-specific training to all CUMG members. In addition, all CUMG healthcare professionals and administrative staff received fraud, waste and abuse training.
- CUMG completed 100 percent of its scheduled reviews (covering 481 healthcare professionals). The overall error rate of 4.88 percent is within acceptable standards, and 296 providers received a perfect score.
- All new CUMG providers (95) received one-on-one feedback and education and were provided an additional formal review during the first quarter of employment.

- Seattle Children's (Children's) implemented an inpatient EHR system. CUMG Compliance participates in Children's electronic forms committee that approves all electronic templates to ensure compliance with regulations and CUMG policies.
- UWP completed 100 percent of its scheduled audits involving 764 healthcare professionals, ranging from routine and new hire audits to second reviews and those targeted to specific billing risks.
- Ninety-nine percent of UWP members completed their mandatory UWP compliance education, including new training on fraud, waste and abuse prevention, and a new EHR integrity module. The remaining one percent had approved exceptions (such as Family and Medical Leave Act (FMLA) or other leave). They will be required to complete the training upon return to practice.
- Ninety-seven percent of hospital employees for whom UWP provides billing services completed their mandatory UWP compliance education. The remaining three percent had approved exceptions (such as FMLA or other leave). They will be required to complete the training prior to UWP resuming billing on their behalf. More than half of the reassigned hospital employees completed additional non-mandatory education specific to Advanced Practice Provider (APP) compliance issues.
- Four hundred twenty-nine residents completed specialty face-to-face compliance education sessions.
- Recognizing the need to help ensure optimal use of the EHR, UWP Compliance created an EHR Integrity team. The team assists practice plan members with EHR challenges, uses technical expertise to facilitate compliant use of clinical EHR applications and works with IT to ensure that applications and processes function in compliance with regulatory requirements.
- UWP completed 145 EHR template reviews and provided EHR tips in conjunction with compliance education sessions.

Clinical Research Billing.

Clinical research billing audits serve several important purposes:

- They provide important feedback to UW Medicine clinical researchers. Each audit report identifies any errors discovered, outlines the necessary remediation and includes educational resources to help improve compliance with billing policies.
- They provide feedback to the UW Medicine Clinical Research Billing Operational Integration Committee, a group that is charged with maintaining efficient and effective operational processes for clinical research billing at any site where UW faculty conduct clinical studies.
- They identify billing errors that may need to be repaid, charged to a different account or otherwise corrected.

In 2015, UW Medicine Compliance completed 27 clinical research billing audits. The results yielded a 3.11 percent error rate. Although this is an increase from the 2.67 percent error rate in 2014, it is too slight to assign any significance to the change.

For 2016, UW Medicine Compliance is planning a probe audit in order to assess the potential billing risk associated with oncology studies that historically did not receive Clinical Research Budget and Billing (CRBB) review.

The CRBB policies were restructured into one streamlined compliance policy. Other than clarifying documentation requirements, this action did not change any policy components. A task force consisting of representatives from Fred Hutchinson Cancer Research Center (FHCRC), Children's, Seattle Cancer Care Alliance (SCCA) and UW Medicine continued their review of the Clinical Research Effort Policy.

B. Information Security, Privacy and Identity Theft Prevention

Resolution Agreement with the OCR.

In October 2013, a UW Medicine employee in the finance department clicked on an email link containing malware, resulting in a potential privacy breach as defined by federal regulations. The problem occurred because the employee routinely downloaded files from a secure server onto the local desktop for work sessions and deleted the files from the desktop when finished. However, the files were not deleted from the electronic trash folder and were therefore accessible to the malware.

As reported in 2014 and 2015, UW Medicine notified 90,000 patients, the media, the OCR and the Federal Bureau of Investigations (FBI), and the OCR opened an investigation into the incident. A call center was established to address patient inquiries, and credit monitoring was offered to a subset of patients. Over the next two years, UW Medicine responded to numerous information requests from the OCR, and provided copies of more than 20 historical and current risk assessments of information systems. At no time was the EHR system compromised or actual patient harm reported.

In October 2015, the OCR concluded its investigation, finding that UW Medicine “failed to conduct an accurate and thorough assessment of the potential risks and vulnerabilities to the confidentiality, integrity, and availability of electronic protected health information (e-PHI)”, and proposed a resolution agreement. The agreement signed on December 4, 2015, includes the following provisions:

- \$750,000 payment to OCR
- Two-year CAP requiring:
 - Annual risk analysis, assessment of security measures, evaluation and updates as needed, and development and implementation of remediation plans, specifically:
 - A comprehensive risk analysis to include facilities and applications not covered in a 2014 external assessment, to be submitted to the OCR for approval within 90 days

- Within 90 days after approval of the risk analysis, submission of remediation/risk management plans, and prompt implementation of remediation plans
- Documentation within 180 days that the administration and programmatic elements for Security Rule compliance have been reorganized under UW Medicine Compliance
- Notification to the OCR of any UW Medicine workforce member failing to comply with Health Insurance Portability and Accountability Act (HIPAA) policies and procedures
- Annual reports and attestations

The CAP does not require an external monitor and the monetary payment is lower than recent settlements of similar scope. This reflects the OCR's recognition of UW Medicine's progress and efforts.

Status of the CAP will be a standing agenda topic in 2016 for leadership and compliance committees, including the Operations and Finance Committee, the UW Medicine Board Compliance Committee, the UW Medicine Executive Compliance Committee and the Security Program Executive Committee.

Organizational Refinements.

The chief health system officer, UW Medicine, and vice president for medical affairs, University of Washington, serves as the UW privacy official who oversees University compliance with HIPAA. Since 2009, the HIPAA privacy rule compliance program in UW Medicine has been centralized under the chief compliance officer, UW Medicine, and associate vice president for medical affairs, University of Washington. From 2009-2014, HIPAA security rule compliance program responsibility was shared by a number of IT service units within UW Medicine.

In 2014, UW Medicine began the process of integrating HIPAA security rule compliance with the existing privacy compliance program. Centralizing oversight for a comprehensive HIPAA compliance program that covers all eight UW Medicine entities began in 2015, and includes progress in the following:

- Policy modifications
- Definition of roles and responsibilities
- Operational implementation
- Expanded education and outreach, monitoring and auditing
- Development of reporting mechanisms to ensure engagement of affected leadership groups
- Investigation of all privacy, identity theft and information security complaints

At the same time, strategic planning proposals have been advanced to coordinate and standardize information security operations across all UW Medicine entities. This work

is under the direction of the chief information officer, UW Medicine Information Technology Services (ITS). A national search for a chief information security officer is underway. Early efforts have focused on working to define a common security mission, vision, strategy, architecture and approach for security operations. Progress in 2015 includes the following:

- Established the Security Standards Committee
- Established the Business Continuity (BC) and Disaster Recovery (DR) Steering Committee and continued development of an executable DR plan
- Hired a user authorization and authentication analyst to standardize and centralize access processes

Risk Analysis, Assessment and Mitigation.

In 2015, progress in IT operations was achieved with the following activities:

- Established a framework for the 2015 information security risk analysis, to be reported in February 2016
- Using 2014 external risk analyses, developed an ongoing process for tracking findings and remediation efforts
- Updated and improved the inventory tool used to identify applications, devices, integrations and other entities that house or exchange e-PHI
- Initiated projects to ensure that e-PHI is encrypted or otherwise protected at rest and in transit
- Initiated projects to update the event monitoring and intrusion protection systems, with deployments planned for 2016
- Continued multiple projects to remediate identified application and network gaps with technical enhancements

Additional Program Activities.

- A mandatory system-wide training module about practical safeguards for PHI and other types of confidential information is in the final stages of development, and will be launched in 2016 as an ongoing annual requirement, supplemented by periodic ad hoc training and awareness messages.
- An annual audit plan that includes reviews of individual electronic access to medical records to verify appropriateness and clinical area walk-throughs to evaluate each site's compliance with requirements for safeguarding patient information was approved by the UW Medicine Executive Compliance Committee. This year, access audits identified only one inappropriate access to patient information by a UW Medicine workforce member. A couple recurring themes in the clinical area audits were noted and addressed with reminders, including the need to safeguard patient information viewable on computer screens and paperwork in public-facing areas, and to log out when finished with a computer session.
- Revised the Joint Notice of Privacy Practices (NoPP) to model it on the recommended OCR template.

- Patient identification and clarification committees met regularly to manage cases involving potential identity theft, and activities were reported to the UW Board of Regents.

Issues and Investigations.

- Inappropriate but accidental disclosures of PHI still comprise the majority of privacy incidents. The most frequent error occurs when paper documents are handed to the wrong patient, though these are usually discovered and corrected in a timely way that mitigates the disclosure risk.
- A total of 27 events resulted in privacy breaches that required notification of 142 patients, a decrease from 62 events requiring notification of 150 patients in 2014. This is attributed to increased workforce awareness of the importance of and ways to safeguard patient information. Three of the 2015 events resulted from stolen devices, with one involving the employee of a UW Medicine business associate. As in the prior year, this is a marked reduction in comparison to earlier periods.
- The OCR opened one new investigation into a patient complaint in 2015, and closed the case without further action after completing a review of the information submitted in response to their data request.
- The OCR also notified UW Medicine of two patient complaints in 2015, but declined to open investigations. Instead, they asked that we review the complaints and take any necessary corrective action, and provided guidance regarding the rules impacting each situation. In both cases we provided additional training for the areas impacted.

C. Stark Law and Anti-Kickback Statute

The Stark law prohibits physicians from referring Medicare and Medicaid patients for designated health services to an entity with which the physician (or immediate family member) has a financial relationship, unless certain exceptions are met. There were no significant changes to the Stark law enacted in the past year although a number of clarifications and revisions have been proposed by CMS. Many of the proposed changes are intended to reduce technical violations based on contracting errors that do not pose a significant risk of abuse.

UW Medicine did not detect or report any Stark law violations in 2015. Compliance with the Stark law is managed jointly by the UWP, SoM and UW Medicine Compliance offices. In the past year, efforts have continued to focus on maintaining a standardized physician contracting process and appropriate review and fair market value analysis as necessary.

Planned activities for the coming year include:

- Continue work in progress to standardize documentation for faculty physicians engaged in teaching and other activities throughout the Washington, Wyoming, Alaska, Montana and Idaho (WWAMI) region to clearly identify all services provided and compensation or benefits received.
- Continue to review any remuneration the UW and UW Medicine provide to non-faculty, community physicians to ensure compliance with the Stark law.

The AKS prohibits the knowing and willful payment or acceptance of remuneration for referring an individual for items or services covered by a federal healthcare program, or for purchasing (or recommending for purchase) an item or service that is reimbursable under federal healthcare programs. Unlike the Stark law, the AKS applies not only to physicians but also to non-physicians and entities. There were no significant changes to the AKS in the past year. During 2015, educational efforts continued to focus on UW procurement, purchasing and SoM clinical departments. In addition, a vendor gifts work group is developing a written protocol and tracking system for review, acceptance and documentation of corporate gifts.

Planned risk mitigation activities for the coming year include continued development and refinement of the following:

- Policies and procedures on disclosure of conflicts in connection with drug and device purchases
- Guidance regarding vendor support of educational and research activities
- Guidance regarding contracts with vendors

D. Conflicts of Interest

COI are governed by at least 10 regulations and policies, which are enumerated in a primer developed for compliance committee members.

Numerous system-wide changes to policies, forms and reporting systems have taken place since 2012 to ensure compliance with the National Institutes of Health (NIH) rules regarding disclosure of financial COI in research. The UW Office of Research now has primary responsibility for reviewing these disclosures and establishing conflict management plans.

This was the sixth year of the SoM Faculty COI Policy. The purpose of the policy is to ensure that faculty avoid, or disclose and address, perceived or real COI between their responsibilities as faculty and their outside activities, while encouraging appropriate relationships between faculty and industry to the extent they further the mission of UW Medicine. The policy addresses such issues as consulting, service on boards, advisory panels and other outside work; speeches, meetings and travel funded by

outside entities; gifts; food and beverages; teaching activities; and outside support for educational events. Key provisions of the policy include:

- SoM faculty must disclose in advance the amount of compensation to be received for outside work, along with their request to engage in such work.
- SoM faculty are now prohibited from presenting at speaker's bureaus or other programs designed solely or predominantly for company promotional, sales or marketing purposes.
- SoM faculty members are prohibited from endorsing a product for the primary purpose of promoting its purchase.

The Physician Payments Sunshine Act highlights both AKS and COI risks. This law requires certain drug, device and equipment manufacturers to report annually to CMS payments or transfers of value made to physicians and teaching hospitals. The goal of the law is to provide transparency in the financial relationships between industry and healthcare professionals and teaching hospitals. 2015 was the second year that CMS made the manufacturer's information available to the public. UW Medicine prepared talking points for patients, public and media regarding the data published. Additionally, education was provided to all SoM clinical departments; training and other resource materials were made available on the SoM Compliance website; and faculty were provided with guidance and instructions on how to review and dispute the data submitted about them.

A work group led by UW Medicine Compliance completed guidance documents to address FAQs on COI in 2015. The FAQs are published on the Compliance website (<http://depts.washington.edu/comply/resources/frequently-asked-questions-faqs/>), and provide workforce members with quick answers to questions covering the following:

- Charitable Fundraising
- Gambling, Door Prizes, Raffles and Drawings
- Gifts, Food and Meals from External Sources
- Outside Work
- Political Campaigning
- Production Demonstration Site Agreements
- Sponsored Travel

IV. LOOKING FORWARD: 2016

Planning for compliance activities is an ongoing process, as described in the UW Medicine Compliance Program (see Appendix Section I). Priorities are heavily influenced by the increasingly dynamic external regulatory environment (including new and changing rules, agency audit plans and settlements), as well as our own audit findings, issues and incidents, and risk assessments.

In 2016, we expect to focus on four major areas:

1. Completing all required elements of the OCR CAP in accordance with established timelines.
2. Deploying mandatory system-wide HIPAA training.
3. Continuing the development and refinement of policies, procedures, related guidance and other Stark law and AKS risk mitigation activities detailed in Section III.C-D.
4. Completing a probe audit of clinical research studies that were not previously reviewed by CRBB.

APPENDIX

UW MEDICINE COMPLIANCE PROGRAM

Version Date: January 11, 2016

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I. INTRODUCTION

UW Medicine is a large organization, consisting of eight owned or managed entities that operate in a highly regulated environment with a variety of compliance requirements and potential risks. The culture of compliance at UW Medicine is characterized by four major elements:

- Documented formal program activities, including audits and educational programs, designed to promote and support compliance and detect noncompliance;
- Formal structure, executive leadership engagement and support, and board-level involvement;
- Clearly defined responsibilities and system-wide education and outreach; *and*
- Formal channels of communication and a system-wide reporting hotline.

I am pleased with the progress of UW Medicine over the last 15 years in developing a culture of compliance among our 25,000 employees. Guided by the advice of the UW Medicine Board Compliance Committee, the UW Medicine management team has made continuous improvements in our compliance program. We are focused on identifying areas of high risk prospectively and developing policies and plans to mitigate the risks. The active engagement of our administrative teams with the UW Medicine Board and the Board's Compliance Committee is essential for the ongoing improvements that are planned for UW Medicine Compliance. It is a privilege for me to work with a very large number of individuals who are committed to excellence in our compliance program.

Paul G. Ramsey, M.D.
CEO, UW Medicine
Executive Vice President for Medical Affairs and
Dean of the School of Medicine,
University of Washington

II. UW MEDICINE

UW Medicine includes the following owned or managed entities:

- Harborview Medical Center (HMC)
- Northwest Hospital & Medical Center (NWH)
- Valley Medical Center (VMC)
- UW Medical Center (UWMC)
- UW Neighborhood Clinics (UWNC)
- UW Physicians (UWP)
- UW School of Medicine (SoM)
- Airlift Northwest (ALNW)

UW Medicine shares in the ownership and governance of Children's University Medical Group (CUMG), a pediatric practice plan founded with Seattle Children's (Children's); and the Seattle Cancer Care Alliance (SCCA), founded with Children's and the Fred Hutchinson Cancer Research Center (FHCRC).

UW Medicine's mission is to improve the health of the public by advancing medical knowledge, providing outstanding primary and specialty care to the people of the region, and preparing tomorrow's physicians, scientists and other health professionals.

III. OVERVIEW

A. Purpose

The purpose of the UW Medicine Compliance Program (the Program) is to assist UW Medicine in achieving its financial, operational and strategic goals while maintaining compliance with all applicable laws and regulations. The scope, structure, core functions and activities of the Program are updated as necessary to reflect organizational and policy changes, programmatic refinements and best practices for addressing compliance risk.

B. Scope

The following content areas are within the scope of the Program:

- Clinical billing and documentation (facility and professional fee billing for all clinical services including clinical research);
- Compliance with the provisions of Health Insurance Portability and Accountability Act (HIPAA) governing patient privacy and information security;
- Identity theft prevention;
- Stark law and Anti-Kickback Statute (AKS);
- Conflicts of interest (COI);
- Ethics; and
- Emergency Medical Treatment & Labor Act (EMTALA).

Compliance programs for other content areas (for example, research, health and safety, pre- and post-award research grants and contracts, employment), other entity partners (for example, SCCA, FHCRC, Children's), or University of Washington (UW) healthcare components (for example, Dentistry, Public Health, Nursing) are within other jurisdictions. However, UW Medicine collaborates with its external entity partners and other parts of the UW system for any number of reasons, including but not limited to:

- Addressing compliance issues crossing institutional or jurisdictional lines;
- Enforcing compliance;
- Harmonizing policies, procedures and guidance;

- Engaging in mutually beneficial initiatives, process improvements, and risk assessments;
- Sharing best practices; and
- Monitoring regulatory developments, analyzing industry trends; *and* identifying risk mitigation strategies.

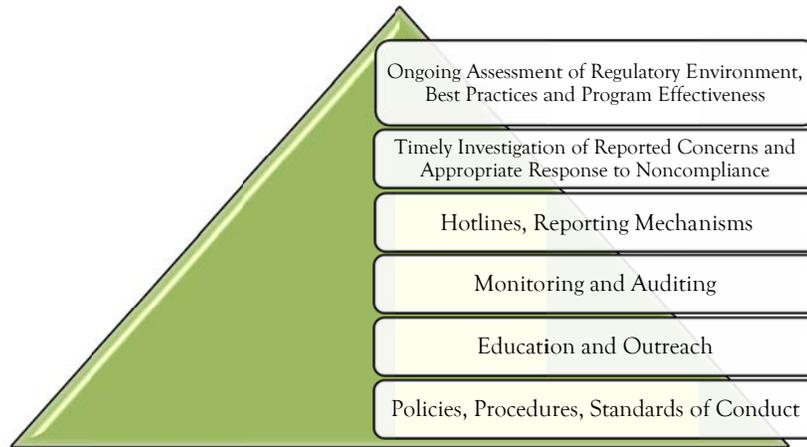
C. **Program Elements**

The Program is founded on both risk-based and proactive core components designed to promote and support compliance and detect noncompliance. Activities and program elements are documented in writing, readily available for review and regularly reported.

Specific program elements are aligned with standards established by the Office of Inspector General (OIG) for the healthcare profession and the United States Federal Sentencing Guidelines, and include:

- Senior leadership commitment and high level oversight, including the designation of a chief compliance officer to oversee enterprise-wide compliance systems, and initiatives and establishment of board-level compliance committees;
- Standards, policies and procedures to prevent and detect violations of law;
- Education and outreach activities to ensure that policies are effectively disseminated and understood by enterprise members;
- Periodic risk assessments, development of risk mitigation strategies and work plans;
- Internal monitoring and auditing;
- Reasonable due diligence to confirm that UW Medicine does not delegate substantial discretionary authority to individuals who the organization knows or should know, are likely to engage in illegal conduct;
- Maintaining lines of communication, including an anonymous reporting mechanism for employees to report possible compliance issues without fear of retribution;
- Prompt investigation and appropriate corrective action to prevent similar offenses when detected;
- Enforcement of standards and policies through well-publicized disciplinary guidelines; and
- Periodic evaluation of the effectiveness of the Program.

The Program is simplified in the following graphic:



IV. PROGRAM STRUCTURE

A. Compliance Oversight

1. Executive Leadership

The chief executive officer, UW Medicine, executive vice president for medical affairs, and dean of the School of Medicine, University of Washington (CEO/EVPMA/Dean), provides enterprise-level compliance leadership and support. The CEO/EVPMA/Dean delegates specific responsibilities to key senior leadership positions. These responsibilities are reflected in the written job descriptions for chief officers at the level of vice president and the executive directors of each UW Medicine entity, as represented in the UW Medicine compliance enterprise structure (see Attachment A).

2. Enterprise Compliance Leadership

The chief compliance officer, UW Medicine, and associate vice president for medical affairs, University of Washington (CCO/AVPMA) is accountable to the CEO/EVPMA/Dean for leadership of UW Medicine's compliance systems and initiatives, and works closely with the UW Medicine officers represented in Attachment A. The CCO/AVPMA has a direct relationship with the UW Medicine Board Compliance Committee, serving as the chief staff person for the Committee, and with the Office of the President of the University. The CCO/AVPMA is a member of UW Medicine's senior leadership team. See Attachment B for a complete job description.

B. Compliance Committees

1. Enterprise-Level Committees

a) **UW Medicine Board Compliance Committee (UWMB CC)**

UWMB CC is responsible for reviewing and evaluating the Program and preparing the Chair of the UW Medicine Board to advise the UW Board of Regents, the UW President and the CEO/EVPMA/Dean regarding the implementation and effectiveness of the Program. The charter and current roster are provided in Attachments C and D, respectively. Section 1.4.3 of the UW Medicine Board Bylaws requires an annual report to the UW Board of Regents regarding the effectiveness of the Program, which includes but is not limited to, the following topics:

- Key compliance policies and issues;
- Status of the compliance program infrastructure and reporting relationships;
- Scope of authority of key positions;
- Current assessment of compliance risks; and
- Level of resources dedicated to the compliance programs.

b) **UW Medicine Compliance Leadership Group**

Chaired by the CEO/EVPMA/Dean, this group includes UW Medicine vice presidents, the vice dean for business and legal affairs, and the associate vice president for business and legal affairs. Agendas are set by the CCO/AVPMA, and are generally focused on high-level strategic planning and problem solving.

c) **UW Medicine Executive Compliance Committee (ECC)**

ECC includes the senior executives from each UW Medicine entity, as well as representatives from key stakeholder groups. It receives detailed compliance reports, approves UW Medicine system-wide compliance policies and ensures that there are adequate resources and operational involvement directed to compliance initiatives. The charter and current roster are provided in Attachments E and F, respectively.

2. Leadership, Management and Operational Implementation Committees

In addition to board and executive level compliance committees with central advisory and oversight responsibilities, UW Medicine has established additional formal communication channels to support compliance efforts within each entity and enhance the sharing of information among entities (see Attachment G for a complete overview).

These groups provide a venue for compliance officers, leaders, managers and operational units to identify risks and mitigation strategies, respond proactively to emerging issues, monitor the status of projects and initiatives and strategize about program needs.

a) **Practice Plan Committees**

The boards of UWP and CUMG have established physician-led compliance committees. The UWP Business Excellence Committee and the CUMG Physician Education, Billing and Compliance Committee work closely with practice plan compliance staff in developing and implementing compliance policies, establishing effective training strategies, and advising their respective boards. Each committee has a formal charter and generally meets monthly. All official committee records are maintained by compliance staff.

b) **Hospital Compliance Program Integration Committees**

Compliance program integration committees provide a venue for newly affiliated entities to jointly address entity-specific program integration and implementation issues with compliance staff. These committees will sunset upon successful execution of integration milestones. The NWH and VMC integration committees are led by the UW Medicine compliance officer, and include compliance subject matter experts, the entity's executive leaders and operational stakeholders.

c) **Security Program Executive Committee (SPEC)**

SPEC provides a venue for officers at the vice president level and entity executive directors to discuss information security issues and concerns with information technology (IT), compliance, and other stakeholders. IT policies are approved by this committee. Official committee records are maintained by UW Medicine IT Services, and members are appointed by the UW Medicine chief health system officer (CHSO)/VPMA.

d) **Compliance Officer Groups (convened by the CCO/AVPMA)**

- *Core Compliance Officers Group (CCOG)*: includes the officers and directors identified in Section IV.C.1 below. This group collectively contributes to the development of the UW Medicine Compliance Program, engages in system-wide risk assessments and mitigation planning, identifies and resolves issues of joint concern, and serves as the authoritative source for compliance expertise.

- *Compliance Officers Group (COG)*: includes CCOG, department-level compliance directors and liaisons identified in Section IV.C.2 below, non-UW Medicine compliance staff, internal audit, risk management and operational partners. This group shares best practices and resources, discusses issues of mutual interest/concern, and enhances the likelihood of cross-functional collaboration for important compliance issues.

e) **Operations and Finance Committee**

Chaired by the CEO/EVPMA/Dean, this group consists of UW Medicine senior leaders who meet at least monthly to address key operational, finance, and strategic issues. Compliance is a standing topic on the agenda.

f) **Executive Clinical Leadership Committee (ECL)**

Chaired by the CHSO/VPMA, ECL consists of UW Medicine clinical leaders and administrators and provides an additional venue for discussing compliance and risk issues specifically affecting clinical operations.

C. **Compliance Program Management and Operations**

Compliance officers and directors are responsible for overseeing and implementing compliance program operations for specific content areas and within a defined scope and jurisdiction. Program operations include activities designed to detect and prevent noncompliance, management and direction of program staff, education and outreach, auditing, issue management and complaint investigation, risk assessment/mitigation, program reporting, committee management, and stakeholder involvement. Officers and directors develop jurisdiction-specific policies and procedures as needed, maintain program records, and participate in enterprise compliance initiatives.

1. **Core Compliance Officers and Directors**

(see Attachment H for current position descriptions)

a) **UW Medicine Compliance Officer**

Scope: Clinical facility billing, clinical research billing, EMTALA, COI (including Stark/AKS and state ethics act), and identity theft prevention

Jurisdiction: UW Medicine medical centers and clinics, UWNC, ALNW

Scope: Professional fee billing

Jurisdiction: Non-UWP/CUMG members billing for clinical services at NWH and VMC

Scope: HIPAA compliance
Jurisdiction: UW Medicine Affiliated Covered Entities, as defined by the UW HIPAA designation

b) SoM Compliance Director

Scope: SoM faculty, staff, students or residents
Jurisdiction: Any compliance issue involving or affecting the SoM

c) UWP Compliance Director

Scope: UWP practice plan members and staff
Jurisdiction: Professional fee billing

d) CUMG Compliance Officer

Scope: CUMG practice plan members and staff
Jurisdiction: Professional fee billing

2. Department-Level Compliance Officers, Directors and Liaisons

Several departments and entities have established compliance positions responsible for a specific scope of program activities. Positions generally report to the department or entity head; position descriptions are established and maintained by the individual units. In all cases, individuals holding these positions interface with the core compliance officers in Section IV.C.1 above on issues of mutual concern, are members of COG, and participate in official work groups for billing and HIPAA compliance convened by the UW Medicine Compliance Officer.

- a) Laboratory Medicine Compliance Officer
- b) Pharmacy Compliance Director
- c) UW Neighborhood Clinics Compliance Liaison/Privacy Officer
- d) Airlift Northwest Compliance Liaison

D. Compliance Roles and Responsibilities

UW Medicine expects all faculty, physicians, staff, students, trainees and volunteers to meet the professional, ethical and regulatory standards associated with their individual roles, and to adhere to the Enterprise Code of Conduct (Attachment J). Additional responsibilities are assigned to persons in supervisory, management and leadership positions. These expectations, summarized in Attachment I, are conveyed in new employee orientations, mandatory and voluntary training, and regular communications from compliance officers and senior leaders.

E. Enterprise Compliance Reporting Line

UW Medicine workforce members have safe communication and reporting channels. The enterprise compliance hotline is maintained by the CCO/AVPMA. It provides for anonymous reporting of compliance concerns, although requests for

consultation and complaints may also be conveyed directly to compliance staff. UWP and CUMG both maintain a helpline to answer compliance questions.



F. **Policies, Standards, Guidelines and Procedures**

The Program is based on a framework of policies that articulate UW Medicine’s



commitment to meet regulatory requirements, establish the culture of compliance, and inform members of the enterprise about allowable and prohibited practices and activities. UW Medicine also relies on standards, guidelines and procedures to meet its compliance requirements.

There are nine enterprise compliance policies and code of conduct, summarized in Sections III and VI and displayed in their entirety in Attachment J. These **policies** are intended to establish a definitive, centralized leadership position on specific compliance requirements that apply universally to all UW Medicine workforce members, entities and compliance departments. They are designed to ensure consistency and form the foundation of the Enterprise Compliance Program.

Additional **compliance policies may be developed by compliance officials** who have the authorized scope and jurisdiction to address regulatory or organizational requirements affecting specific entities, constituents, or issues. These policies have more limited application, but still are intended to establish a definitive leadership position on certain compliance requirements. The baseline requirements for compliance policy development (see Section V.A below) apply regardless of the policy level.

Standards are specific mandatory controls that govern an operation, a configuration or a process. Standards are developed and maintained by the operational area delegated with responsibility for establishing internal controls. They are not included in the Enterprise Compliance Plan.

Guidelines are frequently developed to recommend best practices that do not have the force of policy. Guidelines are generally created by compliance officials in collaboration with key stakeholders and operational areas. These are not included in the Enterprise Compliance Plan.

Procedures are step-by-step instructions that, if followed, should achieve compliance with a given policy. Procedures are typically maintained by the operational departments charged with specific implementation responsibilities for a given policy or set of policies. Procedures are developed in consultation with compliance officials, but are established through separate and less formal approval and implementation processes. These are not documented in the Enterprise Compliance Plan.

G. **Code of Conduct**

The UW Medicine Code of Conduct includes 10 core principles, which require all workforce members and entities to:

1. Abide by all laws, regulations, policies, procedures and standards;
2. Prevent fraud and abuse;
3. Promote ethical academic, clinical, research and business conduct;
4. Protect patient privacy;
5. Practice responsible data stewardship;
6. Conserve UW Medicine resources and assets;
7. Demonstrate professionalism;
8. Avoid potential and actual conflicts of interest;
9. Maintain accurate and timely records; and
10. Provide the highest quality of care.

These principles are fully explained in the complete Code of Conduct provided in Attachment J. Every UW Medicine workforce member of UW Medicine attests to their acceptance of the Code of Conduct upon hire, and annually thereafter.

It is the responsibility of every UW Medicine workforce member to be knowledgeable about and to act in a manner consistent with these standards, as well as other standards and codes of conduct that may apply to specific entities or constituent groups.

Where circumstances arise that are not covered by these standards or UW Medicine policies, an overall philosophy of honesty and integrity applies.

V. ENTERPRISE COMPLIANCE POLICIES: SUMMARY

A. Policy Development

Compliance policies are designed by subject matter experts in order to reflect the legal, regulatory and organizational requirements that must be followed by UW Medicine workforce members. Because policies may be enterprise-wide, entity-specific, or have otherwise limited scope, this policy defines the purpose of a compliance policy, and establishes the minimum requirements for the development, approval and maintenance of policies throughout the enterprise.

Enterprise compliance policies are developed and managed through the office of the CCO/AVPMA. Compliance policies with less than enterprise-wide application are developed and managed by the compliance official with related scope and jurisdiction, and undergo separate approval and implementation processes. All compliance policy planning is coordinated through the CCOG to avoid duplication and/or conflicts.

B. Compliance Education, Training and Outreach

UW Medicine develops annual plans for the delivery of healthcare compliance education and training, as required by law, regulatory changes, industry needs and trends observed through risk assessments, auditing and investigations. This includes, but is not limited to onboarding, orientation, annual and ad hoc healthcare compliance training. In addition, stakeholder departments provide additional training to operationalize compliance policies. UW Medicine documents, monitors and reports regularly on the completion of mandatory training requirements.

C. Auditing and Monitoring

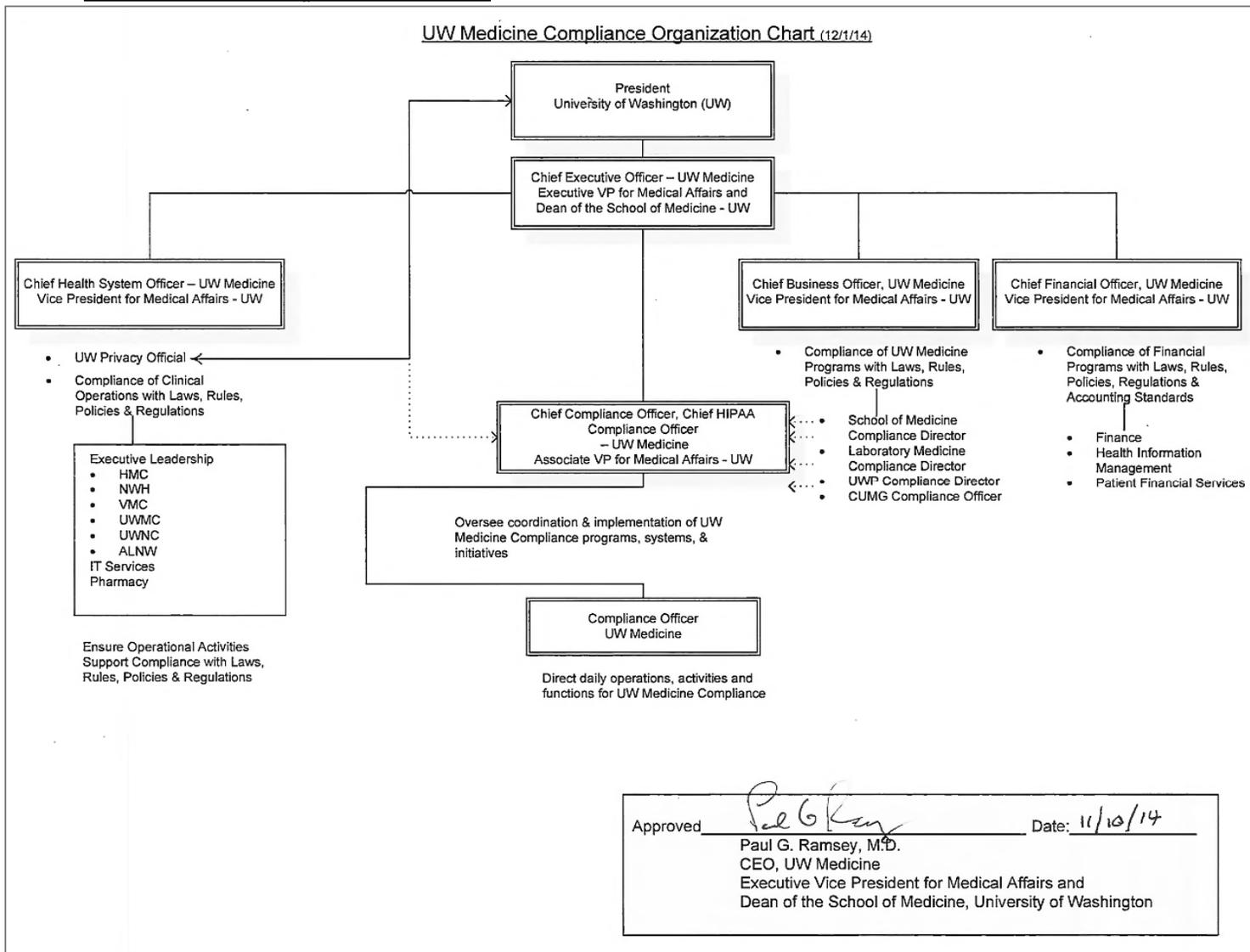
Compliance departments develop and maintain annual auditing and monitoring plans based on a risk assessment of the compliance requirements within their specific scope and jurisdiction. Factors that contribute to the likelihood and impact of noncompliance are considered in determining audit priorities, and audit plans are approved by the appropriate governance body. UW Medicine compliance audits are performed by subject matter experts in the following areas:

- Clinical billing;
- EMTALA;
- HIPAA;
- Research billing; and
- Other compliance audits as deemed necessary by regulatory need and risk assessments.

- D. **Reporting and Non-Retaliation**
All workforce members must promptly report potential or suspected violations of UW Medicine compliance policies and are protected against retaliation for good faith reporting.
- E. **Compliance Investigations**
Each compliance department investigates compliance concerns and potential or suspected violations within its scope and jurisdiction. Investigations are completed in a timely manner, consistent with best practices, and are fully documented. Findings are determined by a compliance official who has scope and jurisdiction over the issue, and reported to appropriate institutional authorities who have responsibility for enforcement, discipline, and corrective actions.
- F. **Corrective Actions**
All findings of noncompliance established by an authorized compliance official are addressed with appropriate corrective actions, based on the following factors:
- The nature, severity and extent of the violation;
 - Whether the violation is a result of conduct that is intentional, willful or with reckless disregard for the law; and
 - Terms and conditions of the workforce member’s relationship with UW Medicine, as determined by constituent-specific policies, state regulations, conduct codes and applicable guidelines.
- G. **Exclusion Screening**
UW Medicine does not hire, grant privileges to, contract with or bill for services rendered by the employees, healthcare professionals, vendors, or First Tier, Downstream and Related entities (FDRs) who:
- Are excluded, debarred, suspended or otherwise declared ineligible to participate in federal or state healthcare programs or contracts;
 - Have been convicted of a criminal offense as defined by 42 U.S.C. § 1320a-7(a) but have not been excluded, debarred, suspended or otherwise declared ineligible to participate in federal healthcare programs.
- H. **Government Investigations**
UW Medicine cooperates fully with legally authorized government investigations.
- I. **Risk Assessment**
UW Medicine is committed to maintaining an effective compliance program through ongoing assessments to identify and mitigate risks in order to prevent and/or correct noncompliance.

VI. ATTACHMENTS

A. UW Medicine Compliance Structure



B. Chief Compliance Officer/Associate Vice President for Medical Affairs

**UW MEDICINE
POSITION SPECIFICATION
CHIEF COMPLIANCE OFFICER, UW MEDICINE AND ASSOCIATE VICE PRESIDENT
FOR MEDICAL AFFAIRS, UNIVERSITY OF WASHINGTON**

SUMMARY POSITION DESCRIPTION

The Chief Compliance Officer, UW Medicine/Associate Vice President for Medical Affairs, University of Washington (CCO/AVPMA) is accountable to the CEO, UW Medicine, Executive Vice President for Medical Affairs and Dean of the School of Medicine (CEO/EVPMA/Dean), for compliance activities in areas including but not limited to clinical billing, clinical research billing, faculty effort reporting, Health Insurance Portability and Accountability Act (HIPAA) privacy and security, Emergency Medical Treatment and Active Labor Act (EMTALA), and identity theft prevention. The CCO/AVPMA is accountable to the CEO/EVPMA/Dean for leadership of UW Medicine's compliance systems and initiatives and also works closely with the Chief Health System Officer, UW Medicine, Vice President for Medical Affairs (CHSO/VPMA) and the Chief Business Officer, UW Medicine, Vice President for Medical Affairs (CBO/VPMA). The CCO/AVPMA has a direct relationship with the UW Medicine Board Compliance Committee, serving as the chief staff person for the Committee, and with the Office of the President of the University. The CCO/AVPMA is a member of UW Medicine's senior leadership team.

The CCO/AVPMA has an important role in the development of strategies and initiatives to advance the UW Medicine mission of improving the health of the public. Important work required to advance the UW Medicine mission includes, in part, the delivery of advanced medical diagnosis and treatment services, clinical support for the education of medical students and graduate and post-graduate trainees, and maintenance of one of the largest and most advanced university-based basic and clinical research programs in the United States. In support of these activities, the CCO/AVPMA must maintain strong working relations with the US Department of Health and Human Services, US Department of Justice, Washington Department of Social & Health Services, the Medicare intermediary for Washington state, and other similar agencies. The CCO/AVPMA also represents UW Medicine for compliance issues in national professional associations, including but not limited to the Association of Academic Medical Centers (AAMC) and Association of Academic Health Centers (AAHC).

A brief summary of the significant characteristics of the distinct responsibilities and duties of this position are outlined below.

JOB CHARACTERISTICS

DIRECT MANAGEMENT RESPONSIBILITIES

- Establishing and maintaining a comprehensive UW Medicine Compliance plan
- Developing and maintaining a compliance risk assessment for UW Medicine
- Establishing and maintaining UW Medicine compliance policies and related communications and guidelines
- Advising the CEO/EVPMA/Dean, CHSO/VPMA, CBO/VPMA, and the UW President on the status of material compliance issues at UW Medicine
- Periodically conducting evaluations of the UW Medicine compliance programs
- Overseeing the response to allegations of noncompliance for issues that involve more than one UW Medicine entity
- Serving as the chief staff support to the UW Medicine Board Compliance Committee, working with the Committee chair to develop annual schedule, manage meeting agendas and establish standard formats for reports to the Committee
- Preparing the annual compliance report to the UW Board of Regents
- Providing technical advice and guidance regarding UW Medicine's regulatory compliance programs, and state and federal compliance rules and regulations
- Providing executive leadership for the CEO/EVPMA/Dean in matters related to the philosophy and organizational structure of the UW Medicine compliance program
- Determining staffing needs (in collaboration with the entity compliance officers and senior leaders) of the UW Medicine compliance program
- Overseeing the recruitment, hiring, mentoring and supervision of UW Medicine compliance staff
- Serving as Chief Privacy Officer for UW Medicine, overseeing the development and implementation of the UW Medicine Privacy/Identity Theft Prevention Programs

SHARED MANAGEMENT RESPONSIBILITIES

- Overseeing the UW Medicine compliance programs for UW Medicine-hospitals (Harborview Medical Center, UW Medical Center and Northwest Hospital & Medical Center), including coordination and oversight of the activities of the compliance officers from the University of Washington Physicians, UW Medicine Neighborhood Clinics, Airlift Northwest, the UW School of Medicine, Children's University Medical Group and the Seattle Cancer Care Alliance.
- Participating in the recruitment and selection process for entity compliance officers.
- Collaborating with the UW Privacy Official, the UW Medicine Information Security Officer, and the UW Chief Information Security Officer to address HIPAA-related information security issues.
- Directing regular UW Medicine-wide compliance risk assessments that will guide the design and support of the compliance programs, and ensure an integrated, long-range view of emerging risks.

- Participating in the on-going review and analysis of UW Medicine's programs to manage regulatory risks.
- Ensuring that education, communication, and outreach mechanisms effectively support compliance efforts.

COORDINATION & LIAISON RESPONSIBILITIES

- Serving as the CEO/EVPMA/Dean's chief liaison with offices of the UW administration and the UW Division of the Office of the Attorney General on matters of compliance.
- Serving on the UW Medicine Operations and Finance Committee, UW Medicine Hospitals Executive Clinical Compliance Committee and other executive-level committees of UW Medicine.
- Participating in strategic planning processes for the Office of the CEO/EVPMA/Dean and assisting the CEO/EVPMA/Dean, CHSO/VPMA and CBO/VPMA in developing a vision and direction for UW Medicine that establishes a long-term compliance agenda for UW Medicine.
- Coordinating administrative and other matters that involve compliance policy issues with the UW Medicine CHSO/VPMA, CBO/VPMA, Vice Deans, and Executive Directors.
- Representing UW Medicine Compliance in national, state and regional associations.

EDUCATION REQUIREMENTS

A Bachelor's degree in business, public administration, policy administration, health administration or closely related field is required; an advanced degree is desirable.

WORK EXPERIENCE REQUIREMENTS

- Seven years of progressively responsible experience in developing, implementing and administering comprehensive compliance programs is required, at least 3 years of which must be at the director level or above in a public university setting.
- At least five years of increasingly responsible compliance experience in an academic medical center is desired.
- Extensive knowledge of compliance principles and regulatory requirements that impact academic medical centers is required.

Approved:

Paul G. Ramsey, M.D.
CEO, UW Medicine
Executive Vice President for Medical Affairs and
Dean of the School of Medicine,
University of Washington

Susette Clausen
Chief Compliance Officer, UW Medicine and
Associate Vice President for Medical Affairs,
University of Washington

C. UW Medicine Board Compliance Committee Charter

Committee Name

UW Medicine Board Compliance Committee

Committee Establishment and Authority

Section 4.4 of the UW Medicine Board Bylaws establishes and defines the authority of the UW Medicine Board Compliance Committee.

Committee General Duties

In conformance with Section 4.4.1 of the UW Medicine Board (UWMB) Bylaws, the Committee is responsible for reviewing and evaluating the compliance programs of UW Medicine component entities¹ and preparing the Chairperson of the UWMB to advise the Board of Regents, the President, and the Chief Executive Officer, UW Medicine, Executive Vice President for Medical Affairs, University of Washington, and Dean, University of Washington School of Medicine (CEO/EVPMA/Dean) regarding the implementation and effectiveness of UW Medicine Compliance Programs. The Committee will participate in the development of the annual UWMB compliance report to the UW Board of Regents in conformance with Section 1.4.3 of the UWMB Bylaws.

Although not specifically provided for in the UWMB Bylaws, the Committee shall keep the UWMB informed of its activities and findings concerning the implementation and effectiveness of UW Medicine Compliance Programs. Such duty anticipates a report from the Chair of the Compliance Committee (or other member of the Committee if the Chair is not available) to the UWMB at the next meeting of the UWMB following a meeting of the Compliance Committee.

Committee Specific Duties and Responsibilities

Duties of the Committee include but are not limited to advising on the following (UWMB Bylaws, Section 4.4.1):

- *key compliance policies;*
- *compliance program infrastructure and reporting relationships;*
- *scope of authority of key positions;*
- *ongoing assessment of compliance risks and the effectiveness of mitigation activities; and*
- *level of resources dedicated to the compliance programs.*

¹*Component entities include Harborview Medical Center (HMC), Northwest Hospital & Medical Center (NWH), Valley Medical Center (VMC) UW Medical Center (UWMC), UW Neighborhood Clinics (UWNC), UW Physicians (UWP), UW School of Medicine (UWSOM) and Airlift Northwest (ALNW). Because UW Medicine also has part ownership of Children's University Medical Group (CUMG) and the Seattle Cancer Care Alliance (SCCA), these entities participate on the Committee*

In addition, the Committee will:

- *monitor the progress of new initiatives, process improvement projects, and programs developed in response to UW Medicine compliance reviews and risk assessments;*
- *receive reports of relevant noncompliance and misconduct as the Chief Compliance Officer, UW Medicine/Associate Vice President for Medical Affairs, University of Washington (CCO/AVPMA) deems appropriate, including summary reports on compliance items reported on the UW Medicine Hot Line reporting system and the resolution of those matters*
- *make recommendations to improve the effectiveness of UW Medicine compliance programs; and*
- *review and evaluate, at least annually, the performance of the Compliance Committee, including fulfillment by the committee of this charter, the adequacy of this charter and submit any proposed recommendations for change to the UW Medicine Board for their review and approval.*

Committee Member Composition

In conformance with Section 4.4.2 of the UWMB Bylaws, the Chairperson of the Committee is appointed by the Chairperson of the Board, with the approval of the CEO/EVPMA/Dean.

The voting members of the Committee are appointed by the Chairperson of the Board in consultation with the CEO/EVPMA/Dean. Voting members include:

- *At least three Board members, including the Chairperson of the Board or designee*
- *Up to three community members who are not members of the Board.*

Board members and community members will be appointed to the Committee for a term of one year, which may be renewed annually. Any vacancies that occur will be filled in the same manner as the initial appointments to the Committee.

The following non-voting individuals are also invited to attend the Committee meetings on a regular basis:

- *CEO/EVPMA/Dean;*
- *Chief Health System Officer, UW Medicine/Vice President for Medical Affairs, University of Washington;*
- *Chief Business Officer, UW Medicine/Vice President for Medical Affairs, University of Washington;*
- *CCO/AVPMA;*
- *Controller, UW Medicine/ Associate Vice President for Medical Affairs, University of Washington;*
- *Director of Legal and Business Matters, UW Medicine/ Associate Vice President for Medical Affairs, University of Washington;*
- *Health System Financial Operations Officer, UW Medicine/Associate Vice President for Medical Affairs, University of Washington;*

- *Executive Directors of HMC, UWMC, UWNC, UWP, ALNW, and CUMG;*
- *Chief Executive Officer of VMC;*
- *Presidents of NWH and UWP;*
- *Chairman of the Physician Education, Billing and Compliance Committee for CUMG;*
- *Associate Dean for Business, School of Medicine;*
- *General Counsel for UWP, CUMG, and VMC;*
- *Assistant Attorney General for UW;*
- *Compliance Officer(s)/director(s) for UW Medicine, VMC UWP, UWSOM, CUMG and SCCA;*
and
- *Other non-voting individuals invited by the Committee Chair.*

Committee Member Requisite Skills and General Qualifications

Committee members are selected for the following skills and qualifications:

- *The highest ethical standards and integrity;*
- *A willingness to act on and be accountable for Committee decisions;*
- *The ability to provide informed and thoughtful counsel to senior leaders and compliance officers;*
- *A history of achievement that reflects superior standards;*
- *Loyalty and commitment to driving the success of UW Medicine; and*
- *A background that provides a portfolio of experience and knowledge commensurate with UW Medicine's needs.*

Committee Decision-Making Processes

In conformance with Section 4.4.4 of the UWMB Bylaws, a majority of voting Committee members will constitute a quorum for the purpose of making official decisions and taking formal actions. Other types of decision-making will be based on member consensus.

Committee Reporting Requirements

The Committee shall report meeting proceedings and recommendations to the UW Medicine Board at the Board's regularly scheduled meetings.

Committee Member Obligations

- *Members shall attend the majority of scheduled Committee meetings and notify the Committee Chair when circumstances prevent attendance.*
- *Members will review germane materials in advance of each Committee meeting.*
- *Members will not act as an agent for any person or organization where such an act would create a conflict of interest with the terms of service to the Committee.*
- *Members will recuse themselves from discussions or decisions that may represent a potential conflict of interest.*

- *Members will safeguard the confidentiality and security of information obtained during the course of their Committee service.*

Annual Committee Goals, Objectives and Performance Measures

- **Goal:** *Maintain awareness of UW Medicine compliance program activities, including policy development, risk assessment; education/outreach, auditing/monitoring, handling of complaints, and corrective actions.*

Performance Measure: *The Committee receives and reviews at least two comprehensive written reports per year from each UW Medicine Compliance Officer, and members have opportunities to ask questions and provide feedback on program activities.*

- **Goal:** *Maintain awareness of UW Medicine's primary compliance risks, mitigation strategies, and compliance work plans.*

Performance Measure: *The primary risk areas are identified annually. At each meeting of the Committee, significant time is devoted to an in-depth review of at least one risk area, led by an appropriate content expert. Members have opportunities to ask questions and provide feedback.*

- **Goal:** *Maintain awareness of emerging compliance issues facing UW Medicine.*

Performance Measure: *Each meeting of the Committee will include briefings about emergent issues, changes in the regulatory environment; and late-breaking or urgent developments. Additionally, each meeting will reserve an executive session for briefings of a sensitive nature. Members have opportunities to ask questions and provide feedback.*

Committee Administrative Matters

In conformance with Section 4.4.3 of the UWMB Bylaws, the Compliance Committee meets at the call of the Chairperson as often as necessary, but not less than quarterly, to perform its duties. The annual schedule of meetings (including planned focus areas) is developed and distributed at the beginning of each fiscal year. This schedule is updated as necessary. Material referenced in the schedule is provided to Committee members one week in advance of the relevant meeting.

The Committee is staffed by the CCO/AVPMA.

Voting members of the Committee are oriented to their roles and responsibilities in a joint meeting with the Committee Chair and the CCO/AVPMA.

Written minutes are maintained of each Compliance Committee meeting. Minutes shall accurately record the topics discussed, decisions reached, and attendance of Committee members and guests. Official documentation of each meeting, including minutes, supporting handouts, and presentation materials, shall be maintained by the office of the CCO/AVPMA.

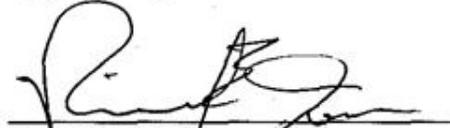
The Committee Charter will be reviewed annually.

Other Committee Items

None.

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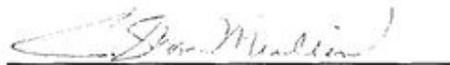
Approved by the Committee and Recommended to the UW Medicine Board



Committee Chair

1/12/12
Date

Approved by the UW Medicine Board



Chair of the UW Medicine Board

1/12/12
Date

D. UW Medicine Board Compliance Committee Roster

Voting Member

Rich Jones, board member (Jan. 2015 – present) and committee chair (Jan. – July 2015)

- o President and CEO of the Washington Society of Certified Public Accountants
- o Former officer and member of the Fred Hutchinson Cancer Research Center Board; founding member and former chair of the Seattle Cancer Care Alliance Board
- o Former officer and member of the Pacific Science Center Board
- o Retired partner of Ernst & Young LLP

Jim Anderson, board member (Jan. – Aug. 2015)

- o Chair of Health Resources Northwest/Northwest Hospital (HRN/NWH)
- o Chair of HRN/NWH Information Systems & Committee and Finance Committee
- o Former chair of the Strategic Planning Committee for the Board of Directors for Northwest Healthcare Insurance Services and Washington Casualty Company
- o Former chair of the Budget Committee of the Board of Overseers of Whitman College
- o Former member of the board of directors for the Pacific First Financial Corporation, Multicare Health System, Tacoma/Pierce County Economic Development Council and the Corporate Council for the Arts and Reality Based Learning

Gary Kohlwes, community member

- o Community trustee Valley Medical Center Board of Commissioners
- o Former member of the Valley Medical Center Board of Commissioners
- o Former member of the Washington Pacific Insurance Summit Pacific Board
- o Former superintendent of the Renton School District
- o Former board member of Renton Chamber of Commerce and Seattle Country Day School
- o Executive director and board member of the First Financial Northwest Foundation
- o Board chair of First Savings Bank Northwest

Bruce Pym, community member (Jan. – July 2015); board member and committee chair (July 2015 – present)

- o Managing Director, Meridian Capital LLC
- o Former president and CEO of Elliott Cove Capital Management
- o Former president of the King County Bar Association, board chair of the United Way of King County, member of the board for the Seattle Repertory Theatre and the Board of Trustees, UW Law School Foundation, and board chair of the 5th Avenue Theatre Association
- o Long-time member of Fred Hutchinson Cancer Research Center Board, member of the Fred Hutchinson Cancer Research Center Board committee charged with oversight of the conflict of interest litigation and first chair of the Patient Protection Oversight Committee
- o UW alumnus

Dan Dubitzky, community member

- o Lead counsel for UW in its response to the now-completed Medicare fraud investigation
- o Former board member of the Northwest Defender Association and the Tom Wales Foundation, previous chair of the Criminal Law Committee of the Federal Bar Association and a lawyer's representative from the Federal Bar Association to the Ninth Circuit Judicial Conference
- o Former community member for the UW Physicians Board
- o While in private practice, represented several Fortune 500 companies and corporate officers with clients from healthcare, fisheries, aerospace, architecture and timber

Keith Loveless, community member

- o Former executive vice president, general counsel and corporate secretary of Alaska Air Group and Alaska Airlines
- o Panelist for numerous American Bar Association forums on air and space law
- o Recognized by the Puget Sound Business Journal as Outstanding Corporate Counsel for midsized

Non-Voting Members

UW Medicine

Paul G. Ramsey, M.D., chief executive officer, UW Medicine, executive vice president for medical affairs, and dean of the School of Medicine, University of Washington
Johnese Spisso, chief health system officer, UW Medicine, and vice president for medical affairs, University of Washington
Ruth Mahan, chief business officer, UW Medicine, and vice president for medical affairs, University of Washington
Lori Mitchell, chief financial officer, UW Medicine, and vice president for medical affairs, University of Washington
Sue Clausen, chief compliance officer, UW Medicine, and associate vice president for medical affairs, University of Washington
Lori Oliver, director of legal and business matters, UW Medicine, associate vice president for medical affairs, University of Washington
Liz Shirley, enterprise finance officer, UW Medicine, associate vice president for medical affairs, University of Washington
Lisa Westlund, compliance officer, UW Medicine
Wendy Giles, chief operating officer, UW Medicine IT Services

UW School of Medicine

Mark Green, vice dean for finance and administration
Noella Rawlings, compliance director

Hospitals/Clinics

Paul Hayes, executive director, Harborview Medical Center
Cindy Hecker, executive director, Northwest Hospital
Rich Roodman, chief executive officer, Valley Medical Center
Geoff Austin, interim executive director, UW Medical Center
Debra Gussin, executive director, UW Neighborhood Clinics
Christine Martin, executive director, Airlift Northwest
Traci Pranzini, corporate integrity officer, Seattle Cancer Care Alliance

Practice Plans

Mika Sinanan, M.D., president, UW Physicians
Catherine Boelke, executive director, UW Physicians
Christie Moon, compliance director, UW Physicians
Robert Sawin, M.D., president, Children's University Medical Group
Christine Kessler, executive director, Children's University Medical Group
Sheryl Forrester, compliance officer, Children's University Medical Group

Attorney General's Office

Jane Yung, assistant attorney general, University of Washington

Non-Profit Entities General Counsel

Margaret Peyton

VMC General Counsel

David Smith

E. UW Medicine Executive Compliance Committee Charter

UW Medicine

UW MEDICINE EXECUTIVE COMPLIANCE COMMITTEE (ECC)

CHARTER

Purpose:

Assure an environment/culture where compliance is an expectation. Conduct an annual risk assessment based on regulatory changes and activities. Assure that an annual work plan is developed and completed that addresses the identified risks. Establish consistent policies and procedures for compliance activities, assure the provision of training/education and implement best-practice models at each site owned and/or operated by UW Medicine. Foster collaboration and shared learning for team members and gain efficiencies with consolidation of efforts and approach. Committee is appointed by the UW Medicine CHSO/VPMA.

Scope:

ALNW, CUMG, HMC, NWH, SCCA, SOM, UWMC, UWP, UWNC, VMC

Activities:

- Assess and prioritize risks; engage in strategic planning
- Review and approve compliance policies and procedures
- Identify priorities in annual work plan and key initiatives
- Help establish and monitor metrics for reporting compliance effectiveness and related activities
- Evaluate effectiveness of internal controls relating to compliance
- Coordinate responses to urgent/emergent compliance issues across the sites
- Develop plans for operational implementation of compliance initiatives at entities
- Monitor progress toward resolution of issues and completion of corrective actions
- Allocate resources for compliance-related activities
- Identify effective strategies for communicating and enforcing expectations to staff

Meeting Frequency:

- Meets 90 minutes at least quarterly and ad-hoc as needed

Meeting Content:

- Note: Will maintain an advance schedule of meeting topics

Quarterly:

- Audit workplan: review results and/or outstanding issues (including billing, research billing, privacy - e.g., EMR and Info Security audits)
- Open issues to discuss/decide, including active government program audits
- On-going risk assessments and management plans
- Activity reports (inquiries, complaints, consults): statistics and qualitative analysis

Semi-Annually:

- Summary of repayments & disclosures
- Compliance workplan: prioritization of projects, action items

As Needed:

- Status of external reviews
- Regulatory updates
- New policies or substantive changes to existing policies and related operational implications across the system

Membership:

- Chaired by the CHSO/VPMA
- Staffed by the UW Medicine Compliance Officer

1) UW Medicine

- Chief Health System Officer/Vice President for Medical Affairs, UW
- Chief Compliance Officer/Associate Vice President for Medical Affairs, UW
- Chief Financial Officer/Associate Vice President for Medical Affairs, UW
- Chief Business Officer/Associate Vice President for Medical Affairs, UW
- Compliance Officer
- Director of Legal and Business Matters/Associate Vice President for Medical Affairs, UW
- Controller/Associate Vice President for Medical Affairs, UW
- Chief Information Officer
- Health Sciences Risk Management Director

2) School of Medicine

- Vice Dean for Finance & Administration
- Director of Compliance

3) Counsel

- UW Assistant Attorney General
- General Counsel for NWH, UWP, CUMG & UWNC

4) Practice Plans

- **UWP**
 - President
 - Executive Director
 - Compliance Officer
- **CUMG**
 - Executive Director
 - Compliance Officer

5) Hospitals & Clinics

- **ALNW**
 - Executive Director

- **HMC**
 - Executive Director
 - Associate Medical Director
 - Chief Nursing Officer
 - Associate Administrators
 - Health Information Management Director

- **NWH**
 - Executive Director
 - Chief Nursing Officer

- **SCCA**
 - Integrity Officer

- **UW Medical Center**
 - Executive Director
 - Medical Director
 - Chief Nursing Officer
 - Associate Administrators
 - Health Information Management Director

- **UWNC**
 - Executive Director
 - Chief Medical Officer

- **Valley Medical Center**
 - Chief Executive Officer
 - Chief Financial Officer
 - Chief Nursing Officer
 - Legal Counsel

6) Shared Services

- Patient Financial Services Director

Updated: December 2015

F. UW Medicine Executive Compliance Committee Roster

EXECUTIVE COMPLIANCE COMMITTEE FY16 MEMBERSHIP ROSTER

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G. UW Medicine Compliance Committees Overview

Committee and Chair	Committee Role	Members
UW Medicine Board Compliance Committee, chaired UW Medicine board member	<ul style="list-style-type: none"> • Wide scope of advisory responsibilities including strategic planning, advocacy and support for compliance efforts, assessment of progress on major compliance matters • Meets at least quarterly • Receives semi-annual reports regarding entity-specific program activities • Receives reports at each meeting about urgent, emergent and ongoing issues • Reports committee activities to the UW Medicine Board 	<ul style="list-style-type: none"> • Voting members: community members and appointed members of the UW Medicine Board • Non-voting members: senior executive leaders, practice plan presidents, legal counsel, entity executive directors, compliance officers
UW Medicine Executive Compliance Committee, chaired by an officer at the level of VPMA	<ul style="list-style-type: none"> • Forum for engaging senior executives, entity level administrators and operational stakeholders in compliance planning, policy approval, problem solving and risk assessment • Works closely with compliance staff to evaluate system-wide compliance issues and monitor progress toward resolution of identified issues • Establishes strategies for communicating and enforcing expectations to staff 	<ul style="list-style-type: none"> • Senior executive leaders • Entity executive directors, medical directors, financial officers, chief nursing officers • Directors from key system-based operational units • Compliance officers • Legal counsel
<p>UW Physicians (UWP) Business Excellence Committee, chaired by a member physician</p> <p>Children’s University Medical Group (CUMG) Physician Billing and Education Compliance Committee, chaired by a member physician</p>	<ul style="list-style-type: none"> • Forums for engaging administrative, clinical and operational leaders in the clinical billing compliance program • Works closely with compliance and operations staff to assess risk, establish compliance standards, monitor program effectiveness, implement effective educational and outreach activities • Endorses policies and standards • Reports committee activities to the respective practice plan board 	<ul style="list-style-type: none"> • Practice plan executive directors and presidents • Physicians and clinical department representatives • Legal counsel • Training and operational staff • Compliance officers
<p>Northwest Hospital & Medical Center (NWH) Compliance Committee, chaired by the UW Medicine compliance officer</p> <p>Valley Medical Center (VMC) Compliance Committee, chaired by the UW Medicine compliance officer</p>	<ul style="list-style-type: none"> • Forums for planning and executing entity-specific operational requirements of UW Medicine compliance programs • Meets at least quarterly • Reports committee activities to the respective hospital board 	<ul style="list-style-type: none"> • Entity executive directors, medical directors, financial officers, chief nursing officers • Directors from key entity-based operational units • Legal counsel • Billing and Health Insurance Portability and Accountability Act (HIPAA) compliance specialists

Committee and Chair	Committee Role	Members
Security Program Executive Committee, chaired by the CHSO/VPMA	<ul style="list-style-type: none"> • Venue for engaging senior leaders in important topical areas associated with information security, including related compliance issues, approval of security policies and strategic plans, risk assessment and mitigation • Meets quarterly 	<ul style="list-style-type: none"> • Senior executive leaders • Entity executive directors • UW and UW Medicine chief information officers • Staff representatives from UW Medicine information technology service units, including information security departments • Compliance officers
Core Compliance Officers Group, chaired by the CCO/AVPMA Compliance Officers Group, chaired by the CCO/AVPMA	<ul style="list-style-type: none"> • Venue for core compliance officers/directors to participate in the development and refinement of the UW Medicine Compliance Plan, assist in planning system-wide risk assessment/mitigation activities, and identifying strategies to resolve system-wide inefficiencies, oversight or implementation gaps, and opportunities for minimizing redundancies across the entity and content areas • Analyze and participate in the development of recommendations for system-wide response to regulatory developments; coordinate training content • Meets monthly • Venue for sharing best practices and discussing current and emerging risks • Works collaboratively on mutual concerns and urgent and emergent issues that involve multiple entities • Meets quarterly 	<ul style="list-style-type: none"> • Compliance officers and directors from UW Medicine, UWP, CUMG, and the SoM • UW Medicine special assistant to the CCO/AVPMA • CCOG • Legal counsel • UW and UW Medicine representatives from compliance partners (patient financial services, information technology service units, risk management, Health Sciences Administration, Internal Audit)
UW Medicine Operations and Finance Committee, chaired by the CEO/EVPMA/Dean	<ul style="list-style-type: none"> • Venue for engaging senior leaders in important topical areas for UW Medicine, including compliance issues, financial planning, risk assessment and mitigation, policy development and implementation and accountable care transformation • Meets twice monthly 	<ul style="list-style-type: none"> • Senior executive leaders • Entity executive directors • School of Medicine chairs • System financial officers • Chief compliance officer • Directors and associate deans for business and legal matters • Accountable care transformation leaders
Executive Clinical Leadership, chaired by the CHSO/VPMA	<ul style="list-style-type: none"> • Venue for engaging senior leaders and operational heads in important topical areas for the UW Medicine clinical enterprise, including related compliance issues, strategic operating and financial planning, risk assessment and mitigation, policy analysis and operational implementation and regulatory affairs • Meets monthly 	<ul style="list-style-type: none"> • Clinical leaders and operational heads from all UW Medicine health system entities • Representatives from human resources, risk management and compliance

H. Core Compliance Officer Position Descriptions

Compliance Officer Director, CUMG Compliance Program

Reports to: CUMG Executive Director (direct line)
Associate Vice President/Chief Compliance Officer, UW Medicine (dotted line)

Last Updated: October 8, 2008

FLSA Status: Exempt-Executive

Non-Bargaining Unit

Position Summary:

The CUMG Compliance Officer (CO) is an integral member of the senior leadership team and responsible for the operation of the CUMG compliance program. The goal of the program is to assure that the business affairs of CUMG are conducted in compliance with applicable laws, contractual obligations, and in accordance with internal policies and the highest standards of ethical conduct. As with all Director-level positions, many of the duties may be either personally performed, or delegated to the appropriate level staff at the CO's professional discretion. Reporting directly to the CUMG Executive Director with a dotted line relationship to the UW Medicine AVP/CCO, and working closely with the CUMG Board of Directors and the CUMG Physician Education, Billing and Compliance Committee, the CO has overall responsibility for developing and implementing an effective compliance program, and is accountable for the following essential responsibilities.

Essential Responsibilities:

- Develop and implement a regulatory compliance program consistent with standards recommended by the federal government. Regularly examine the effectiveness of compliance policies, procedures and activities, and make program modifications as needed.
- Develop a risk assessment methodology. Oversee the risk assessment process and incorporate results into written annual work plans, which identify priorities, activities, deliverables, responsible parties, and timelines.
- Supervise and manage the Compliance Department staff by providing leadership, direction, mentoring, staff development, and performance management. Anticipate, and plan for staff and resource enhancements to ensure the operation of an effective Compliance Program. The CO is responsible for identifying specific recruiting needs, hiring, and personnel actions, including discipline (up to and including termination) of Compliance personnel.

- Serve as the principle point of contact for complaints, concerns, and questions regarding compliance issues raised by employees, patients and others. Develop and implement reporting mechanisms, including those which allow for anonymous complaints. Establish an internal process that is standardized, and consistent for investigating, documenting, and resolving complaints. Ensure that potential complainants understand these mechanisms and processes, understand their obligation to report compliance concerns, and are assured of protection from retaliation.
- Monitor the regular screening of employees, and vendors against exclusion from Federal programs, or contracts.
- Ensure that timely and appropriate corrective action is taken when necessary, including provider and employee sanctions, operational changes, and refunds of overpayments. Communicate openly and promptly with patients, government and commercial payors, and with regulatory agencies as appropriate. Maintain positive relationships with these external parties.
- Maintain an audit program that meets regulatory requirements and addresses targeted risk areas. Under guidance of the CUMG Board of Directors, the CUMG Executive Director, and the CUMG Physician Education, Billing and Compliance Committee, the CO oversees the development and delivery of training and outreach programs that meet core knowledge, and specialty specific coding needs, including education in targeted risk areas.
- Serve as the final CUMG authority in the interpretation and application of coding rules; serve as the CUMG point of approval for documentation standards, and tools, including core content of documentation templates.
- Develop and maintain strong working relationships with CUMG Operations leadership to assure all applicable laws, regulations and the requirements of payor agreements are met. While compliance policy development, training, and communications are the responsibility of the CO, timely implementation of policy and development of related operational procedures are the responsibility of CUMG Operations leadership.
- The CO will: effectively communicate the compliance program and specific coding directions to providers, operations staff, and others within CUMG and UW Medicine; maintain a close working relationship with the UWP Compliance Office and UWP/CUMG General Counsel, seeking legal advice on compliance related issues as needed.
- Serve as the in-house expert on all matters of regulatory compliance related to health care reimbursement, maintaining awareness of laws, regulations, the status of current enforcement initiatives and the current OIG work plan. Keep abreast of developments that may affect health care systems impacting CUMG; make changes to the compliance program as needed, and facilitate implementation of program modifications.

- Maintain a system of management reporting that provides the CUMG Board of Directors, the Executive Director of CUMG, the CUMG Physician Education, Billing and Compliance Committee, the AVP/CCO, the Dean of the UW School of Medicine, and the UW Medicine Board Compliance Committee with timely, and relevant information on all aspects of compliance issues.
- Serve as the CUMG Privacy Official, and assure compliance with federal and state requirements related to the privacy and security of health care information.
- Work closely with the AVP/CCO, UW Medicine and the Chief Compliance Officer, Seattle Children's to ensure effective coordination of cross-entity concerns and initiatives, participate in the management of shared risk areas, and engage in system-wide process improvement projects.
- Recommend and oversee a budget that allows the program to meet its goals.
- Perform other and related duties.

Qualifications:

- A bachelor's degree in Business Administration or equivalent is required.
- A minimum of three to five years experience in dealing with relevant regulatory issues is also required.
- Regulatory coding training and auditing experience is required.
- Strong knowledge of CPT and ICD coding conventions, as well as payor requirements associated with coding standards, CPC preferred.
- Candidate must possess extensive knowledge of specific laws, and regulations imposed on health care systems by various public agencies, CHC preferred.
- Must have a well-developed sense of diplomacy, and demonstrated ability to work with the leadership of a complex academic medical center.
- Ability to reach and communicate well-informed decisions in a time-sensitive manner.

Compliance Requirements:

All management positions require adherence to the CUMG Code of Conduct and Compliance Policies and related training requirements. Incumbents must demonstrate knowledge and understanding of the confidentiality of employee information, CUMG plans, initiatives, and financial information, and patient privacy rights. Incumbents are required to engage in active discussion with subordinates on the requirements for reporting of compliance concerns and the company's commitment to non-retaliation for reporting such concerns. Incumbents must promptly report all compliance concerns.

**University of Washington School of Medicine
Position Description
for
Director of Compliance**

GENERAL DESCRIPTION

Under the general guidance of the University of Washington (UW) School of Medicine (the School) Director of Business Affairs (DBA), the Director of Compliance is responsible for coordinating compliance-related activities for the School. The School is nationally and internationally recognized for excellent programs in clinical care, teaching and research activities. The School has 30 academic departments with over 1,700 teaching and research faculty, 4,000 clinical faculty and 700 research and training fellows, and administrative support staff. The School is part of UW Medicine which includes the University of Washington Medical Center (UWMC), Harborview Medical Center (HMC), Northwest Hospital and Medical Center (NWH), UW Physicians Network (UWPN), and UW Physicians (UWP). UW Medicine also includes membership in Children's University Medical Group (CUMG) and the Seattle Cancer Care Alliance (SCCA). In addition, the School has numerous clinical affiliations with other entities such as Seattle Children's Hospital, the Fred Hutchinson Cancer Research Center and the Veterans Affairs Puget Sound Health Care System.

The School's faculty, staff, students and trainees are subject to a wide range of compliance requirements covering such areas as the following:

- Clinical and basic science research, clinical billing and documentation, human and animal subjects research, effort certification, export controls
- Safety, including environmental health, radiation, select agents, and lab safety
- Privacy and information security
- Stark and Anti-Kickback, conflicts of interest
- Graduate medical education, student activities and student records
- Scholarly activities, authorship, intellectual property
- International activities involving teaching, research and employment
- Professionalism, conduct, ethics, use of state resources

University of Washington compliance programs are developed and administered by numerous offices, including the Office of Research Compliance & Operations, the Human Subjects Division, the Office of Animal Welfare, Environmental Health and Safety, the Office of Sponsored Projects, the Graduate Medical Education office, and UW Medicine Compliance.

The Director's role in coordination and support of the School's compliance-related activities, includes, but is not limited to the following:

- Participate in the identification and assessment of compliance risks that affect the School
- Work closely with compliance offices and School officials to develop and implement work plans to address compliance risks; provide regular status reports
- Oversee implementation of compliance policies and procedures in the School
- Receive inquiries and/or reported concerns, make appropriate referrals, coordinate investigations, participate in the development and implementation of administrative responses to findings of noncompliance
- Develop and implement effective strategies to monitor the School's compliance with compliance policies and training requirements

The Director's duties include frequent and active collaboration with the compliance and risk management offices of other UW Medicine organizations and cooperation with central UW compliance and risk management offices. The Director coordinates closely with UW legal counsel, compliance personnel designated by specific School Departments and compliance committees established by the University, UW Medicine, or the School. The Director will also have a "dotted line" reporting relationship to the UW Medicine Chief Compliance Officer/UW Associate Vice President for Medical Affairs. The Director will also be expected to receive direction from, and consult with, the School of Medicine Vice Dean for Administration and Finance as well as the Dean of the School of Medicine.

JOB CHARACTERISTICS

The Director is required to possess a comprehensive knowledge of practices, policies, and key issues impacting the School's compliance requirements. S/he will have frequent written and oral interactions with the School's and UW Medicine leadership and other UW senior executives and professional staff regarding the provision of superior quality, professional, and timely SOM compliance activities. The Director must possess a working knowledge of contemporary information systems and their application to supporting SOM compliance requirements. The Director will develop standards and procedures to ensure the appropriate accountability of each functional area of SOM's compliance activities.

RESPONSIBILITIES

Representative elements of the Director's duties and responsibilities include the following:

A. Compliance Coordination and Support 80%

1. Coordinate and support the implementation of policies and procedures, and participate in the development of such policies and procedures as appropriate, related to the School's standards of conduct and compliance with applicable laws and regulations, particularly those pertaining to research including research involving humans and animals, safety,

healthcare billing and reimbursement, prevention of fraud and abuse, health care privacy, confidentiality, and security, finance and business including Stark and Anti-Kickback, academic, international and other identified areas.

2. Monitor and conduct internal reviews to assess School compliance with applicable laws and regulations.

3. Conduct, supervise, coordinate, or support investigations of alleged compliance violations; coordinate with HSC officials and managers to ensure remediation of confirmed non-compliance or potential problems.

4. Develop and provide, individually and in collaboration with others, effective compliance-related training and educational programs for SOM faculty and staff; including on-line as well as face to face training; provide lead role in dissemination and distribution within the School of new compliance regulations and policies; monitor compliance with training required and/or provided by others.

5. Under the general direction of the DBA, provide periodic compliance reports to upper management, and prepare and deliver reports to the UW Medicine Board Compliance Committee as appropriate, summarizing the status of SOM compliance activities and communicating action plans to address any identified issues.

6. Manage a reporting system for employees to report concerns and obtain assistance; ensure adequate mechanisms exist for enforcement of compliance requirements and appropriate disciplinary action in instances of violation of those requirements; serve as referral source and coordination point for and between faculty, staff, students and trainees, departments and School officials, UW Medicine Compliance, and upper campus offices in addressing and answering compliance related complaints.

7. Develop and maintain a SOM compliance website; coordinate SOM website development with UW Medicine compliance website development.

8. Coordinate closely with UW legal counsel, compliance personnel designated by specific School departments, and compliance committees established by the School or specific Departments; serve as member of School, UW Medicine and University compliance-related committee as appropriate.

9. Serve as a member of the DBA's staff and actively participate in the group's formulation of operational and policy decisions and institutional initiatives that will enhance SOM's programs and their management and administration, and report to the DBA on issues of concern regarding SOM's compliance with federal and state regulations.

10. Work closely with SOM senior staff and operating staff, on compliance issues of mutual concern.

11. Ensure adequate records are maintained to document compliance efforts and corrective actions.
12. Participate in collaborative efforts with other UW Medicine compliance offices to assure overall coordination of UW Medicine compliance policies and programs.
13. Communicate, or assist in communications with regulatory agencies regarding investigations and alleged violation resolutions.
14. Conduct or participate in conducting risk assessments for targeted compliance focus by the School.

B. Related Duties and Activities 20%

15. Conduct or participate in personnel related investigations.
16. Work with upper campus and UW Health Sciences Risk Management on clinical and research related risk management issues
17. Other duties as assigned.

EDUCATIONAL REQUIREMENTS

A JD or Master's degree in Business Administration or Health Care Administration is required.

WORK EXPERIENCE REQUIREMENTS

Minimum of 5 years of experience in an academic medical center or research university setting. Substantial direct experience with the management or coordination of compliance matters in a major research-oriented university or academic medical center or medical school or teaching hospital. In addition, the Director must have a working knowledge of administrative support services, risk management programs, financial management control systems, internal auditing, financial analysis and reporting, and business information systems. A suitable combination of education and experience may substitute for stated requirements.

POSITION DESCRIPTION

Title:	Compliance Officer
Department:	Compliance
Reports to:	Executive Director
Pay Grade:	
FLSA Status:	Exempt
Bargaining Unit Status:	None

Position Summary

The UWP Compliance Officer is responsible for developing and overseeing implementation of the compliance program for UW Physicians (UWP). Reporting to the Executive Director, this position also has a reporting relationship to the Associate Vice President for Medical Affairs/Chief Compliance Officer (AVP/CCO) for UW Medicine.

The Compliance Officer serves as the primary content expert for clinical billing and documentation. He/she advises the Board of Trustees, the Business Excellence Committee, the President, Executive Director, Department Chairs and Clinical Directors, and Faculty on compliance risk assessment and mitigation strategies and establishes the audit, monitoring, and education programs.

The Compliance Officer works cooperatively with UW Medicine System and Children's University Medical Group (CUMG) compliance officers to ensure system-wide consistency in compliance practices and to identify and resolve shared issues and concerns.

Minimum Qualifications

Education

- Bachelors degree in Business Administration, health administration, or related field required. Masters degree preferred.

Experience

- Five years experience in health care compliance required.
- Five years management experience required.
- Two years experience in academic health care environment required.

Certifications/License Requirements

None

Knowledge, Skills & Abilities

- In-depth knowledge of federal and state regulations as they pertain to physicians and other health care providers.
- Knowledge of physician billing, coding (CPT and ICD-9), and documentation required. Coding certification preferred.
- Ability to communicate effectively, both verbally and in writing, with employees, medical staff, board members, and external parties. Strong presentation skills.
- Ability to deal effectively with difficult situations.
- Ability to analyze information and evaluate results to choose the best solution and solve problems.
- Knowledge of business and management principles involved in strategic planning, resource allocation, human resources management and leadership, production methods, and coordination of people and resources.
- Proficiency with Windows based software and Microsoft Office Suite products.

Duties and Responsibilities

- Serve as in-house expert on matters of regulatory compliance for UWP, maintaining awareness of laws, regulations, and status of current enforcement initiatives.
- Provide centralized leadership and expertise for all compliance issues. Participate in UWP and system-wide initiatives related to compliance.
- Perform comprehensive research, expert analysis and consultation reports on issues relating to billing compliance.
- Publish Compliance Program alerts or other communication tools to provide ongoing and pertinent information to UWP leadership, faculty, and staff.
- Ensure that the UWP Compliance website and program manuals are up-to-date.
- Oversee the development and implementation of a risk assessment process and ensure that results are incorporated into written annual work plans which identify priorities, activities, and deliverables, and responsible parties.
- Oversee the development and implementation of audit, monitoring, and training processes to ensure that areas of risk are proactively identified and addressed and that training programs meet core knowledge and coding needs across all medical and surgical specialties.
- Assure timely and appropriate corrective action is taken when necessary, including operational changes, disclosures, and refunds of overpayments.
- Coordinate the development of UWP compliance policies and procedures paying particular attention to consistency with UW Medicine System and CUMG policies. Ensure the effective implementation of adopted policies and procedures.
- Develop and maintain strong working relationships with UWP, CUMG, and UW Medicine leadership and compliance officers to ensure system-wide consistency in compliance practices and identify and resolved shared issues and concerns. Actively participate in the UW Medicine Compliance Officers Group.
- Prepare management reports that provide UWP and UW Medicine leadership with timely and relevant information on all aspects of compliance issues. Attend UWP Board of Trustee and Business Excellence committee meetings.

- Serve as the UWP Privacy Official and assure compliance with federal and state requirements related to the privacy of health care information.
- Serve as primary point of contact with external parties, including the Attorney General's office and the Fiscal Intermediary. Communicate openly and promptly with patients, government and commercial payors and regulatory agencies, as appropriate. Maintain positive relationships with these external parties.
- Maintain a close working relationship with UWP and CUMG General Counsel, seeking legal advice on compliance related issues, as needed.
- Direct the Compliance Department staff by providing leadership, mentoring, staff development, and performance management. Anticipate, and plan for staff and resource enhancements. In conjunction with Compliance managers, identify specific recruiting needs, hiring, and personnel actions, and, as necessary, participate in disciplinary actions of Compliance personnel, including terminations.
- Recommend and oversees the budget for the Compliance program.
- Perform other duties, as assigned.

Standard Job Responsibilities

- Conducts business with employees, patients, the School of Medicine, the physicians and outside parties in a professional appropriate manner conducive to maintain good working relations.
- Follows all UWP policies regarding security and confidentiality.
- Conducts all activities with safety in mind.
- Meets attendance expectations
- Adheres to all company policies and procedures.
- Represents UWP confidentially and professionally at all times.

The responsibilities listed above are intended only as illustrations of the various types of work that may be performed. The omission of specific statements of duties does not exclude them from the position if the work is similar, related or a logical assignment to the position.

Code of Conduct

All management positions require adherence to the UWP Code of Conduct and UWP Billing Compliance Policies and related training requirements. Incumbents must demonstrate knowledge and understanding of the confidentiality of employee information, UWP plans, initiatives, and financial information, and patient privacy rights. Job duties must be performed with minimum access to and use of UWP employee and/or patient information. Incumbents are required to engage in active discussion with subordinates on the requirements for reporting of compliance concerns and the company's commitment to non-retaliation for reporting such concerns. Incumbents must promptly report all compliance concerns.

**UW Medicine
Job Description
May 10, 2012**

Working Title:	Compliance Officer UW Medicine
Payroll Title/Code:	Officer (1981)
Salary Grade:	11
Department:	UW Medicine Compliance
Job Classification:	Professional/Exempt
Reports to:	Chief Compliance and Privacy Officer, UW Medicine/Associate Vice President for Medical Affairs, UW (CCO/AVPMA)

Background

UW Medicine Compliance oversees the development and coordination of compliance programs across a wide range of risk areas, including clinical documentation/coding/billing, privacy and information security, EMTALA, hospital-related research compliance (including clinical research billing), workplace ethics, industry relations, and conflicts of interest. Program functions include development of policies and standards, auditing, monitoring, education/outreach, investigations, risk assessment and mitigation, regulatory monitoring and program modification, and on-going evaluation and reporting of program effectiveness.

The Chief Compliance Officer/Associate VP for Medical Affairs (CCO/AVPMA) is accountable to the CEO/EVPMA/Dean for leadership of UW Medicine's compliance systems and initiatives, and works closely with practice plan and school compliance officers, as well as the UW's central offices, to coordinate cross-entity and institution-wide compliance issues. The CCO/AVPMA also serves as the Chief Privacy Officer (CPO) for UW Medicine, and in this role, has a dotted line reporting relationship to the UW Privacy Official. The UW Medicine Compliance Officer (UWMC) reports to the CCO/AVPMA, and is responsible for developing and implementing UW Medicine Compliance units.

Position Purpose

The Compliance Officer (CO) is responsible for developing and overseeing implementation of the UW Medicine compliance program for UW Medical Center, Harborview Medical Center, Northwest Hospital and Medical Center, UW Neighborhood Clinics, Airlift Northwest, and the Healthcare Components of the HIPAA Covered Entity. Reporting to the CCO/AVPMA, the CO has a dotted line relationship to the executive directors who are accountable for the success of compliance programs in their respective entities.

As the primary content expert for clinical billing and documentation, hospital-related research compliance issues, HIPAA, and EMTALA, the CO advises executive directors on compliance risk assessment and mitigation strategies, establishes the audit and monitoring program, and serves as the compliance interface for Stark and Anti-Kickback issues, quality initiatives, and Joint Commission concerns. The CO works cooperatively with the practice plan compliance officers, compliance and regulatory affairs directors in the School of Medicine, and UW Health Sciences risk managers to identify and resolve shared issues and concerns.

Duties and Responsibilities

- Serve as in-house expert on matters of regulatory compliance for hospital and clinic compliance content areas, maintaining awareness of laws, regulations and status of current enforcement initiatives.
- Provide centralized leadership and expertise for hospital-related research compliance issues; participate in the development of hospital research pricing policies, billing procedures and other policies necessary to implement clinical research billing and to conform to applicable laws and regulations.
- Provide professional leadership as the principle architect of the UW Medicine compliance program for the covered entities and content areas; advise the CCO/AVPMA about program needs and system interfaces, and recommend changes as needed.
- Serve as chief staff to the UW Medicine Executive Compliance Committee that meets at least quarterly to establish elements of the compliance program, evaluate the effectiveness of internal controls, discuss current initiatives, and engage leadership in strategic planning to mitigate compliance risks. Provide regular reports on program activities and issues to the CCO/AVPMA, entity leaders, and the UW Medicine Board Compliance Committee.
- Oversee the development and operation of an effective monitoring and auditing program, provide regular reports about audit activity, and use results to modify compliance program elements as needed. Ensure that internal reviews and monitoring activities are conducted for targeted risk areas, and that results are communicated to all affected parties in a timely and clear manner.
- Communicate openly and promptly with payors, the OIG and other external parties as deemed appropriate; maintain good relationships with these parties.
- Determine the need for program policies; ensure that appropriate content experts are engaged throughout the development process; recommend policy adoption to the CCO/AVPMA..
- Oversee the development of education and outreach activities to ensure that workforce members have appropriate and meaningful training opportunities to meet core knowledge and specialty needs, and to address targeted risk areas.
- Ensure that employee, medical staff and vendor screening mechanisms are in place and operating properly; ensure that independent contractors and agents who furnish supplies and medical services to the hospitals and clinics are aware of the compliance program requirements.
- Oversee the response to reported concerns and inquiries. Ensure that inquiries, complaints and other concerns are properly investigated and resolved, providing consultative leadership and support to all entities as appropriate; ensure that adequate steps are taken to correct

identified problems and prevent their reoccurrence, including employee sanctions, operational changes, and refunds of overpayments.

- Supervise the Assistant Compliance Officer/Director of Privacy.
- Working closely with the CCO/AVPMA and the Administrator, participate in departmental strategic planning, internal policy/procedure development, and business decisions.
- Participate in entity-specific and UW Medicine-wide risk assessments.
- Serve as the primary point of contact for external reviews or delegate authority as appropriate; coordinate assessments and ensure timely responses.
- Serve as primary contact with the Attorney General's Office regarding related compliance strategies and responses to legal issues.
- Identify resources needed to operate the program.
- Participate in institution-wide initiatives, process improvement projects, and policy implementation processes as necessary.
- Represent the CCO/AVPMA as necessary.

Competencies

All Positions

ACCOUNTABILITY

- Consistently delivers on commitments and promises;
- Sets own standards of excellence instead of waiting for standards to be imposed;
- Accepts responsibility for outcomes (positive or negative) of one's judgments or actions; admits mistakes and refocuses efforts when appropriate;
- "Owns" organizational and higher level leadership decisions.

EXERCISING GOOD JUDGMENT

- Follows established guidelines and policies when making decisions and demonstrates sound judgment in making decisions when there is no precedent/guideline.

JOB KNOWLEDGE

- Demonstrates technical/professional mastery of skills and knowledge required for the position.

PROBLEM SOLVING

- Considers problems from all perspectives, and thoughtfully and responsibly considers all relevant impacts and implications before making a decision;
- Makes effective and timely decisions, even when data are limited and without unnecessarily referring to others;
- Recognizes who needs to be involved in decisions and engages them when appropriate.

SERVICE ORIENTATION

- Demonstrates a sincere, positive attitude toward helping others and getting things done; doesn't say "it's not my job."

TEAMWORK

- Develops and promotes positive working relationships with colleagues;
- Seeks out, listens to, and considers the ideas and opinions of others;
- Works cooperatively with others to develop and implement Compliance program and ideas;
- Shares information and expertise with others to accomplish mutual goals;
- Understands the impact of actions/decisions on other individuals/departments/stakeholders.

Additional UWM Compliance Competencies for Supervisory and Leadership Positions

CRITICAL THINKING SKILLS

- Incorporates relevant research findings and other evidence into practice;
- Applies critical thinking and problem solving skills;
- Applies sound professional judgment;
- Recognizes the limits of own role and competence, and consults with a professional who has required expertise when issue requires expertise beyond own current competence or scope;
- Accurately interprets objective and subjective data and their significance.

LEADERSHIP

- Sets clear standards for service, quality, and other key performance areas;
- Regularly monitors performance against established standards;
- Provides ongoing feedback on performance and offers appropriate guidance;
- Holds employees accountable for achieving performance standards;
- Rewards and recognizes exemplary performance; appropriately addresses poor performance.

Qualifications

Required

- Bachelors degree in related field **AND** at least 9 years of progressively responsible experience in developing, implementing and administering a compliance program in a complex healthcare environment**
- Advanced knowledge of federal and state healthcare regulations, including experience with hospital and physician billing, coding and documentation requirements.
- Demonstrated ability to communicate effectively, both verbally and in writing, with employees, medical staff, board members and external parties; strong presentation skills.
- Demonstrated ability to independently prioritize and organize work, basic computer knowledge, ability to lead interdisciplinary teams.

Preferred

- Advanced degree in related field.
- Professional Healthcare Compliance certification
- At least 3 years experience at the assistant compliance officer level or above in an academic health center environment.

**or an equivalent combination of education and work experience

CONDITION OF EMPLOYMENT

UW Medicine Compliance manages a significant volume of audits, inquiries and consultations. Work priorities shift in response to fluctuating demands. Full time schedules are assumed to be at least 40 hours, however, incumbents are expected to remain flexible to accommodate the unit's goals and mission, and to work beyond their normal schedule when necessary.

APPROVAL

_____ Date _____
Supervisor Name, Title
UW Medicine Compliance, Unit Name

RECEIPT ACKNOWLEDGED

_____ Date _____
Employee Name, Title
UW Medicine Compliance, Unit Name

Original to: UW Medicine Compliance

Copies to: Employee
Supervisor
Human Resources, SOM/Dean's Office

I. Compliance Roles and Responsibilities

Individual	Chairs, Directors, Managers and Supervisors	Senior Leaders	Compliance
<ul style="list-style-type: none"> • Practice personal, professional, ethical and legal accountability • Understand role-specific responsibilities and applicable policies and procedures; complete all required training • Comply with University of Washington (UW) policies and procedures • Protect patient privacy, safeguard confidential information and utilize appropriate technical controls; observe access rights and restrictions • Report compliance concerns and potential compromises of confidential information to administration or compliance; cooperate fully with investigations 	<ul style="list-style-type: none"> • Convey accountability expectations to direct reports • Monitor compliance with UW policies and procedures • Ensure direct reports understand their roles, responsibilities and applicable policies and procedures; enforce onboarding and annual refresher training requirements • Oversee operational implementation of compliance policies and procedures; improve audit results • Actively manage data access rights; monitor use of appropriate safeguards and controls; comply with risk management decisions • Address concerns and/or refer to compliance; implement corrective actions and sanctions 	<ul style="list-style-type: none"> • Provide active leadership; establish accountability expectations and professional standards; allocate resources for compliance program activities • Approve UW Medicine policies; support education and outreach activities; convey implementation expectations to operational areas • Enforce compliance; evaluate audit findings and convey expectations for improved results • Participate in risk assessment process; evaluate results; determine system-wide risk tolerance; make risk management decisions • Receive investigative reports; evaluate findings and determine appropriate corrective actions and sanctions 	<ul style="list-style-type: none"> • Maintain effective compliance programs to prevent, detect and resolve noncompliance with federal and state laws and UW policies • Establish UW Medicine compliance policies, education and outreach strategies, internal controls, audit plans and implementation tools • Audit compliance with UW Medicine policies and internal controls; report findings; analyze trends • Assess compliance risks using internal and external data, trends and regulatory developments; recommend program modifications • Investigate suspected noncompliance with UW Medicine policies; notify affected unit heads and senior leaders; report findings; analyze trends

J. UW Medicine Code of Conduct

UW Medicine UW Medicine Code of Conduct

PREAMBLE

UW Medicine is committed to the highest levels of excellence and integrity in advancement of its mission to improve the health of the public. Each individual and every entity within UW Medicine embodies excellence and integrity, and contributes to a culture of quality, compliance, safety and ethical business practices. Members of UW Medicine treat everyone with respect, courtesy, dignity and professionalism without discrimination and without regard to race, age, gender, origin, cultural affiliation, sexual orientation and religion.

While this code does not address every issue that may arise, it outlines the basic principles and expectations for every individual in UW Medicine, links to relevant policies and guidance, and provides contact information for making inquiries or reporting concerns.

THE CODE OF CONDUCT

1. **Abide by all Laws, Regulations, Policies, Procedures and Standards**

UW Medicine workforce members exhibit conduct that is legal, ethical and in compliance with applicable institutional policies which are designed to implement federal and state laws and regulations. UW Medicine strives to produce clear guidance, but individuals are personally and professionally responsible for understanding and adhering to rules that apply to their specific roles.

2. **Prevent Fraud and Abuse**

UW Medicine complies with coding and billing requirements and does not engage in practices that may violate federal and state rules. UW Medicine is committed to the following:

- a. Billing only for services actually rendered and coding services accurately.
- b. Providing timely and complete documentation in the medical record sufficient to support every reimbursement claim.
- c. Preventing inappropriate billing, including:
 - unbundling or upcoding
 - duplicate billing for the same service
 - billing for services without a documented order
 - billing for resident services without a documented teaching physician present when required

The Fraud, Waste and Abuse Prevention policy (http://depts.washington.edu/comply/docs/COM-008-Fraud_Waste_Abuse_Prevention.pdf) and the False Claims Act governs documentation, coding, billing and accounting for patient care services. Individuals involved in these activities are obligated to understand and apply billing rules, seek guidance as needed and report suspected noncompliance.

3. Promote Ethical Academic, Clinical, Research and Business Conduct

UW Medicine maintains the highest ethical standards for the conduct of its academic, clinical, research and business affairs. All individuals in the enterprise shall:

- a. Exercise personal accountability and integrity in their work and in their relationships with students, patients, research participants, vendors and the public.
- b. Conduct ethical and responsible research with regard for the well-being and rights of study participants.
- c. Make decisions based on the best interests of patients.

4. Protect Patient Privacy

UW Medicine has specific responsibilities to protect patient confidentiality and ensure the privacy and security of protected health information (PHI). All members of UW Medicine share the following accountabilities:

- a. Access, use and disclose only the minimum PHI necessary to perform authorized job duties.
- b. Understand and comply with institutional policies governing PHI, including those that provide patients with specific rights.
- c. Report all concerns about the access, use or disclosure of PHI.

5. Practice Data Stewardship

Every UW Medicine workforce member is personally and professionally responsible for practicing data stewardship. This obligation begins with taking all measures necessary to ensure the physical and electronic security of any information used or acquired in the performance of assigned duties, regardless of its form, location or method of transmission, even after separation from UW Medicine.

UW Medicine is committed to protecting the confidentiality of all sensitive information, including patient, restricted, proprietary, research and student information. Workforce members who are given access to sensitive information are personally and professionally responsible for the following:

- a. Understanding the policies that apply to specific types of information and seeking clarification when questions about requirements arise.
- b. Accessing, using and disclosing sensitive information only as allowed by job duties and in accordance with the standards established for each type of data.
- c. Properly disposing of confidential information.
- d. Reporting all concerns about the confidentiality and stewardship of sensitive information.
- e. Safeguarding against the unauthorized use of UW Medicine proprietary information, including copyrighted, trademarked or licensed materials.
- f. Utilizing approved email domains for transmitting sensitive information.

The use of electronic devices and telecommunication networks that store or transmit sensitive information require UW Medicine workforce members to:

- a. Protect job-related accounts, access privileges and passwords from use by unauthorized persons, recognizing that individuals are held accountable for any access used with their credentials.
- b. Create strong passwords and change them every 120 days, or as required by security standards.
- c. Store and transmit electronic PHI and otherwise sensitive information only on secured systems and encrypted devices.
- d. Report all suspected security violations, including phishing, malware and other types of security events that could compromise UW Medicine information.
- e. Practice safe computing and implement safeguards to prevent information security breaches.

6. **Conserve UW Medicine Resources and Assets**

UW Medicine assets, including budgets, equipment, human resources, facilities, and technologies are entrusted to individuals during the course of their work and must be used responsibly and appropriately. UW Medicine is a complex organization – some individuals are governed by Washington State ethics law, and others are governed by entity-specific policies regarding the use of resources and assets. All individuals must understand the restrictions and responsibilities relevant to their specific role and site of service, and must seek clarification if they have questions.

7. **Demonstrate Professionalism**

Professionalism is demonstrated in many ways, but specifically includes the integrity, respect, compassion, accountability and commitment to altruism that is brought to the performance of work and interactions with others in UW Medicine.

All individuals, regardless of the role they play, are expected to communicate in a professional and respectful manner with patients and their families, research participants, coworkers, supervisors, subordinates, students, trainees, members of the public and others with whom they deal. This expectation requires that UW Medicine workforce members understand and apply the professional standards unique to their role and function, including those described in the UW Professional Conduct Policy (<http://www.uwmedicine.org/about/policies/professional-conduct>), in medical staff bylaws, and other entity and role-specific professionalism policies. In all cases, individuals are expected to exercise sound professional judgment in accordance with the principles of this code, and to seek clarification if needed.

8. **Avoid Potential and Actual Conflicts of Interest**

Individuals in UW Medicine may be exposed to situations that present potential or actual conflicts of interest. While the specific requirements for disclosing and managing conflicts of interest are provided in policies, guidance documents, and established procedures for each constituent group, individuals must adhere to the following basic principles:

- a. Avoid situations that may constitute a conflict of interest, including but not limited to:
 - conducting UW business with firms in which an individual or their family member has a direct or indirect interest
 - using UW resources for personal business activities
 - soliciting or accepting gifts from patients or vendors
 - accepting payments that may be viewed as a bribe, kickback or inducement
- b. Acquire the appropriate approvals for any outside work performed.

9. **Maintain Accurate and Timely Records**

All members of UW Medicine maintain accurate and timely records, recognizing the importance of documentation in the provision of healthcare, the performance of academic and research activities, and the administration of financial and business affairs. Specifically,

- a. Individuals who work with patient health records must understand specific documentation requirements, comply with timely documentation standards established by medical staff bylaws, and amend records in accordance with established institutional procedures.
- b. All financial transactions must be in accordance with generally accepted accounting principles and UW Medicine requirements as established by the chief financial officer.
- c. Individuals will abide by applicable records management, retention and destruction requirements as established by the University of Washington (UW) and UW Medicine Records Retention Policies.

10. Provide the Highest Quality of Care

UW Medicine workforce members provide the highest quality, safest, medically necessary, and most effective, efficient care to patients. Patients and their families are treated with utmost compassion and respect. All care is provided in accordance with UW Medicine's Emergency Medical Treatment and Active Labor Act (EMTALA) policy, as well as the clinical standards established for each healthcare entity within UW Medicine.

POLICIES AND GUIDANCE

Enterprise compliance policies, general policies and guidance can be found at the UW Medicine Compliance web site: <http://depts.washington.edu/comply/resources/>. The site is searchable and includes links to content-specific policies, entity-based policies, and additional standards of conduct that apply to certain constituents.

CONTACT INFORMATION FOR INQUIRIES AND CONCERNS

Seek assistance and report any concerns or potential violations of this Code of Conduct to:

UW Medicine Compliance

Compliance Anonymous Hotline: 206.616.5248 (local) or 866.964.7744 (toll free)

Main telephone line: 206.543.3098 (local) or 855.211.6193 (toll free)

Fax: 206.221.5172

Email: comply@uw.edu

Address: 850 Republican Street, Building C, Box 358049, Seattle, WA 98195-8049

Website: <http://depts.washington.edu/comply/>

UW Physicians (UWP) Compliance Department

Main telephone line: 206.221.3345

Children's University Medical Group (CUMG) Compliance Program

Anonymous Reporting telephone line: 1.877.310.0414

Anonymous Reporting link: <https://secure.ethicspoint.com/domain/media/en/gui/24568/index.html>

Main telephone line: 206.987.8486

ATTESTATION

By my signature below, I attest that I have read the UW Medicine Code of Conduct and had an opportunity to ask questions about its content.

- I understand that I must personally comply with the code of conduct, as well as, federal and state law.
- I understand that I must know and understand the policies that apply to my job.
- I understand that I must report any potential violations of this Code of Conduct or UW Medicine compliance policies to an appropriate enterprise official, including my supervisor or one of the offices listed in this Code.

Name (please print) _____

Signature _____

Date _____ Department/service area _____

After signing this form, please give it to your supervisor. Signed forms are kept in your personnel file.