

Applicability:	UW Medicine ¹ and UW Medicine Affiliated Covered Entity ²
Policy Title:	Compliance Policy Development
Policy Number:	COMP.001
Superseded Policies:	N/A
Date Established:	October 11, 2017
Date Effective:	January 7, 2025
Next Review Date:	January 7, 2028

PURPOSE

Compliance policies may be enterprise-wide, entity-specific, or have otherwise limited scope. This policy articulates the purpose of compliance policies and establishes the minimum requirements for their development, approval and maintenance throughout the enterprise.

This policy applies to the UW Medicine compliance department.

DEFINITIONS

See [UW Medicine Compliance Glossary](#).

POLICY

Compliance policies are designed by subject matter experts to reflect the legal, regulatory and organizational requirements that must be followed by workforce members.

¹ UW Medicine is an integrated clinical, research and learning system with a single mission to improve the health of the public. This policy applies to the UW Medicine workforce and also those employees in shared services and the UW Medicine central leadership who support the clinical operation of UW Medicine. The clinically integrated parts of UW Medicine consist of the following:

- Airlift Northwest
- Fred Hutchinson Cancer Center (* Please note, the UW Medicine Compliance Program and this policy apply to UW faculty. Fred Hutch employees who are not also UW faculty are required to comply with Fred Hutch compliance policies only.)
- Harborview Medical Center
- UW Medical Center
- UW Medicine Primary Care
- UW Physicians
- UW School of Medicine
- Valley Medical Center

² The University of Washington (UW) is a hybrid covered entity under the Health Insurance Portability and Accountability Act of 1996 (HIPAA), comprised of healthcare and non-healthcare components. For the purposes of HIPAA, the UW has designated healthcare components, and further designates a group of healthcare components to be one affiliated covered entity known as UW Medicine Affiliated Covered Entity (UW Medicine ACE). Healthcare components of the UW Medicine ACE are represented in [101.G1 University of Washington \(UW\) HIPAA Designation – UW Medicine – Affiliated Covered Entity](#).

- Policies that apply to all members and entities of UW Medicine enterprise, including the UW Medicine ACE for purposes of HIPAA compliance, are developed and managed through the office of the Chief Compliance Officer/Associate Vice President for Medical Affairs (CCO/AVPMA).
- Policies with less than enterprise-wide application are developed and managed by the organizational leader who has appropriate scope and jurisdiction, and undergoes separate approval and implementation processes.
- All compliance policy planning is coordinated through the UW Medicine senior leadership team to avoid duplication and/or conflicts.

Requirements

All compliance policies:

- Are in writing, maintained in an easily accessible central location and include the following minimum information:
 - Relevant regulation(s);
 - Policy owner;
 - Key dates (effective date, next date of review, etc.);
 - Links to companion policies, guidance documents, related standards and implementation procedures; *and*
 - Roles and responsibilities associated with the policy when appropriate.
- Have an official owner who has specific scope and jurisdiction authority for the subject matter.
- Are authored by appropriate subject matter experts in consultation with legal counsel, when applicable.
- Undergo a comprehensive and documented review process that provides stakeholders and leaders with a rationale for the policy, the plan for its dissemination and required education and/or outreach.
- Are approved by an appropriate governance body, signed and dated by the UW Medicine Chief Executive Officer or official designee, and undergo a full review at least every three years (and additionally as needed to reflect regulatory changes or new risks).

All new policies and material changes to existing policies are disseminated in a timely manner to affected UW Medicine and UW Medicine ACE workforce members, posted on the [UW Medicine Compliance website](#), and when necessary, reflected in the Notice of Privacy Practices.

Changes that do not impact the policy requirements or scope in any way (e.g. grammar/spelling corrections, form or department name updates, or minimal, non-substantive changes) require only review and approval by the Chief Compliance Officer/Associate Vice President for Medical Affairs (CCO/AVPMA).

Document Retention

All official records, including superseded policies, are retained in accordance with applicable records retention policies.

REGULATORY/LEGISLATION/REFERENCES

- United States Sentencing Commission, [Guidelines Manual](#), §8B2.1 (Nov. 2018).
- Compliance Program Guidance for Hospitals, 63 Fed. Reg. 8987 (February 23, 1998).

- Supplemental Compliance Program Guidance for Hospitals, 70 Fed. Reg. 4858 (January 31, 2005).
- Employee Education About False Claims Recovery, Deficit Reduction Act of 2005 § 6032 (codified at 42 U.S.C. § 1396a(a)(68)).
- Administrative Requirements, 45 C.F.R. §164.530.

PROCEDURE ADDENDUM(s) REFERENCES/LINKS

- [UW Medicine Compliance Glossary](#)
- UWP, C-005 Compliance Policy Development and Implementation

APPROVALS

/s/ Beth DeLair
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Associate Vice President for Medical Affairs, UW

1/7/2025
Date