PURPOSE
This policy establishes the framework for managing and responding to alleged, suspected or potential violations of UW Medicine compliance policies or related state and federal laws and regulations. It applies to all UW Medicine compliance departments and related designated institutional officials who participate in the investigative process.

DEFINITIONS
See UW Medicine Compliance Glossary.

1 UW Medicine refers to the eight UW Medicine entities: Harborview Medical Center (HMC), Northwest Hospital & Medical Center (NWHMC), Valley Medical Center (VMC), UW Medical Center (UWMC), UW Neighborhood Clinics (UWNC), UW Physicians (UWP), UW School of Medicine (UW SoM), and Airlift Northwest (ALNW).

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.
POLICY

1. Each compliance department investigates compliance concerns and potential or suspected violations within its scope and jurisdiction. Concerns and suspected violations may be reported by workforce members, patients or the public, conveyed by regulatory agencies, discovered in compliance audits or identified from other types of information.

2. Investigations are coordinated by a compliance official(s) with scope and jurisdiction over the issue, are completed in a timely manner, consistent with best practices and are fully documented. Investigations satisfy regulatory timelines and requirements, meet applicable federal and state laws and adhere to internal procedures. Reasonable and appropriate methods are used to determine relevant facts and circumstances, and external auditors, legal counsel, human resources, information technology and other experts are engaged as necessary throughout the investigative process.

3. In the course of an investigation, the compliance official(s) collaborates with the manager or supervisor of the individual or department under investigation. Managers and supervisors determine role-based activities, participate in fact-finding, receive findings, determine corrective actions, implement corrective actions and report completion of corrective actions.

4. Human Resources administers and advises managers and supervisors in regard to personnel related policies and procedures, employment contracts and appropriate disciplinary action, also conducting investigations when needed. Human Resources participates in and leads interviews with managers and unions when the conduct of an employee is under investigation.

5. Findings are determined by the compliance official and are reported in writing to designated institutional officials who have responsibility for enforcement, discipline and corrective actions. Findings are in writing, and at a minimum, identify the relevant policy and whether or not a violation has occurred. Certain findings are subject to specific rules:

   - Billing and coding errors must be promptly reported and remediated in accordance with COMP.204 Identifying, Reporting and Returning Overpayments Related to Government Reimbursement.
   - Privacy breaches must be promptly managed in accordance with COMP.105 Breach Notification.

6. Subjects of an investigation are:
   - Treated fairly, respectfully and consistent with institutional protection policies.
   - Informed about the nature of concerns being investigated.

---

3 Issues reported to compliance but not within its scope and jurisdiction are referred to designated institutional officials with the appropriate scope and jurisdiction.

4 See COMP.006 Corrective Actions.
• Expected to cooperate fully with investigations and respond to requests for information within a reasonable time frame.
• Provided with information throughout the investigation when doing so would not compromise the integrity of the process.
• Placed on administrative leave during the course of the investigation if warranted.

7. Documents, including those created or compiled during the investigation, are maintained in accordance with UW Medicine records retention policies.

REGULATORY/LEGISLATION/REFERENCES

PROCEDURE ADDENDUM(s) REFERENCES/LINKS
• UW Medicine Compliance Glossary.
• 005.G1 Compliance Investigations: Standard Operating Procedures.
• UWP, C-006 Addressing Reported Concerns.
• UWP, C-012 Corrective Action Policy and Procedure.

APPROVALS

_________________________________________   _______________________
Sue Clausen,                                      Date
Chief Compliance Officer, UW Medicine
Associate Vice President for Medical Affairs, UW