PURPOSE
This policy requires UW Medicine to engage in comprehensive and ongoing formal assessments which identify and mitigate compliance risks. It applies to UW Medicine compliance departments, executive and administrative leaders and operational departments.

DEFINITIONS
See UW Medicine Compliance Glossary.

POLICY
UW Medicine is committed to maintaining an effective compliance program through ongoing risk assessments which identify, mitigate and correct noncompliance. Toward that end, leadership, operations and compliance staff partner to identify, analyze and prioritize compliance risks affecting the organization, evaluate the probability of those risks occurring and their potential impact to the organization, and determine how those risks should be managed. Compliance risk areas include, but are not limited to fraud, waste, abuse, and patient information privacy and security. Risks are re-evaluated on an ongoing or as-needed basis, but no less than annually.

At a minimum, each risk assessment considers the following factors:

- Internal and external audit results;
- Regulatory developments, rule changes, enforcement focus and other trends;

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1 UW Medicine refers to the seven UW Medicine entities: Harborview Medical Center (HMC), 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.
• Internal operational and structural changes;
• Compliance inquiries and consultations;
• Findings associated with compliance investigations;
• The presence or absence of internal controls;
• Factors specifically mandated by federal, state or institutional requirements; and
• Nature of the risks (for example, reputational damage, operational disruption, penalties and other costs).

The assessment process is coordinated by a compliance official with scope and jurisdiction over the issue who creates and maintains documentation of the outcome and risk management plan in accordance with institutional policy and as required by law. The documented risk management plan is approved by the Compliance Governance Group, and includes enterprise-wide priorities, mitigation activities, timelines, responsible parties and resource allocations. Managers and supervisors comply with risk management decisions and implement operational initiatives. Responsible parties report regularly on the status of mitigation activities, and progress is monitored by the compliance official.

REGULATORY/LEGISLATION/REFERENCES
• Risk Analysis, 45 C.F.R. §164.308(a)(1)(ii)(A).

PROCEDURE ADDENDUM(s) REFERENCES/LINKS
• UW Medicine Compliance Glossary.
• Entity and department-specific risk assessment procedures.

APPROVALS

/s/ Sue Clausen 8/29/2017
Sue Clausen, Date
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