

UWP REPORTED CONCERN INVESTIGATIONS: STANDARD OPERATING PROCEDURES	
Guidance to COMP.005 Compliance Investigations	
Created On: August 5, 2020	Revision Dates: 9/9/2020, 8/10/23
Approved By: Hunter Wessells, MD, UWP President	
Erica Floyd Interim UWP Executive Director	Ruth Perkins, CHC, CPC, CPMA, COBGC UWP Compliance Officer
Effective Date: November 9, 2023	

Definitions

1. Reported Concern -Report of compliance concern(s) which potentially includes one or more of the following:
 - a. A government repayment obligation
 - b. Violation of federal and state fraud, waste, and abuse regulations
 - c. High risk to UW Medicine/UWP reputation.

Procedure

1. Recording the Reported Concern - When a Reported Concern is received, Compliance Department personnel will document the following:
 - a. Reporter’s name and if confidentiality has been requested
 - b. Date concern reported
 - c. Description of Reported Concern
 - d. Key witness(es)/others involved in Reported Concern
2. Opening an Investigation - If the initial risk evaluation suggests a compliance concern, the UWP Compliance Officer or their designee will open an investigation.

Assigning Risk Level - When a Reported Concern is opened, the UWP Compliance Officer or their designee, evaluates it, and as applicable, assigns an initial level of risk. This initial risk level will be used to prioritize Compliance Department resources. Reported concern risk categories are defined as high, moderate, and low.

Level of Risk	Defining Elements	Timeline Goal
High	<ul style="list-style-type: none"> • High volume/value billing activity, • Risk of damage to UW Medicine or UWP’s public image and/or notable loss of public confidence in the ability of UW Medicine to complete its mission, • Recurring issue that was not adequately addressed in past review(s), 	Issues of the level warrant highest priority. Investigations should be initiated as soon as possible, generally within 1-3 business days.

Level of Risk	Defining Elements	Timeline Goal
	<ul style="list-style-type: none"> • The evidence points to potential systemic problems, or • May cause considerable disruption to the billing operations or clinical practice. 	
Moderate	<ul style="list-style-type: none"> • Moderate volume/value billing activity • There is no information substantiating a systemic concern, • The issue has not been the subject of prior compliance activity, or • Existing controls currently mitigating risk 	Issues at this level are important and investigation should be initiated as soon as possible, preferably within 5 business days of notification.
Low	<ul style="list-style-type: none"> • Low or infrequent volume/value of billing activity, • The information indicates an isolated event with no evidence of ongoing risk, or • Historical issue because of system or practice change 	Initiate investigation within 10 business days of notification.

The UWP Compliance Officer may revise the risk level as appropriate to the circumstances. The estimated timeline is a guideline only. High risk Reported Concerns will be communicated to the appropriate Department Chair (s) and Administrator(s), the UWP President, the UW Medicine Chief Compliance Officer, and/or other appropriate UW Medicine leadership.

3. Notification - Once an initial risk evaluation suggests a compliance concern, the UWP Compliance Officer or their designee will notify the individual(s) who is/are the subject(s) of the investigation, as appropriate. The UWP Compliance Officer, or their designee will also notify the individual's department chair, division chief, or other appropriate leadership.
4. Options for Addressing Identified Concerns – Once the compliance investigation is complete, identified concerns may be addressed through the following:
 - a. Issuance of an advisory;
 - b. Creation or revision of a policy defining a business or compliance standard;
 - c. Establishing controls to prevent/reduce future issues
 - d. Additional training
 - e. Other appropriate action(s).
5. Corrective Action Plan – Each Reported Concern investigation report will include a corrective action plan. Corrective action plans will be monitored by the UWP Compliance team until completion.
6. Closure Information – A draft report will be issued to the appropriate department chair, division chief, or other leadership upon completion of the compliance investigation for identified reported concerns. This report is limited to the scope of the investigation and includes the following:
 - a. Background - summary of facts gathered during investigation
 - b. Investigation scope
 - c. Data sources/resources as appropriate
 - d. Results/findings of investigation

e. Corrective action plan

If no comments/additions are requested within 7 days, the report becomes final.

7. Escalation When Barriers are Present - If the UWP Compliance Officer is not able to advance a compliance investigation in a timely manner because of delay or other barriers, the UWP Compliance Officer will elevate the matter to the UWP President, Executive Director, and the appropriate Department Chair(s). These individuals will review the matter, collect information directly from those involved in the perceived delay or barrier, and resolve the dispute in a manner that supports the investigation and timely resolution of the matter.