PURPOSE

This policy requires UW Medicine to engage in comprehensive and on-going 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 evaluated annually, and if appropriate, on an as needed basis. This annual risk assessment forms the basis of the Compliance Work Plan.

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

- The Office of Inspector General (OIG) Workplan
- Internal and external audit results;

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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.
• Regulatory developments, rule changes, enforcement focus and other trends;
• 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 risk assessment and corresponding Compliance Work Plan. The Compliance Work Plan is approved by the Compliance Governance Group, and includes compliance risk mitigation strategies, including but not limited to policy development and education and audit plans.

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/ Beth DeLair 11/30/2020
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