

VII. STANDING COMMITTEE

B. Finance, Audit and Facilities Committee

UW Medicine Compliance Update

See Attached.

**UW MEDICINE BOARD**  
**ANNUAL COMPLIANCE REPORT TO THE UW BOARD OF REGENTS**  
**January 2009**

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## **PURPOSE OF THE ANNUAL REPORT**

Section 1.4.3 of the UW Medicine Board Bylaws requires an annual report to the UW Board of Regents regarding the effectiveness of UW Medicine compliance programs, which includes, but is not limited to, the following topics:

- Status of the compliance program infrastructure and reporting relationships
- Level of resources dedicated to the compliance programs
- Scope of authority of key positions
- Key compliance policies and issues
- Current assessment of compliance risks

## **INTRODUCTION**

In 2008, UW Medicine continued to refine the compliance program infrastructure, address active compliance issues, create new policies to minimize risk, and enhance formal communications. This report reviews the UW Medicine structure and the infrastructure of its compliance programs in order to represent the context and framework within which compliance risks are managed. This report also presents a discussion of current compliance risks, including clinical billing, transaction and code set changes, identity theft initiatives, and the recruitment and retention of qualified compliance staff.

Key compliance policies and issues affecting UW Medicine include clinical billing, information security and privacy, research compliance, and the need to provide education and outreach to UW Medicine personnel.

## **UW MEDICINE STRUCTURE**

UW Medicine includes the following owned or managed entities:

- University of Washington School of Medicine (UWSOM)
- Two non-profit corporations, UW Physicians (UWP) and UW Physicians Network (UWPN)
- University of Washington Medical Center (UWMC)<sup>1</sup>
- Harborview Medical Center (HMC)<sup>2</sup>

UW Medicine is a founding member of three non-profit corporations: a pediatric practice plan, Children's University Medical Group (CUMG), the Seattle Cancer Care Alliance (SCCA), and Airlift Northwest (ALNW)<sup>2</sup>. All physician clinical service at the SCCA is provided by UW Medicine faculty physicians who are members of UWP or CUMG. UW Medicine faculty physicians provide clinical service at Seattle Children's Hospital through CUMG. UW Medicine also has faculty physicians employed at the Puget Sound Veterans Administration Health System hospitals, which are part of the Veterans Administration, a federal agency.

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<sup>1</sup> The governance authority for hospital accreditation, operations, and quality of patient care at UWMC is vested in the UW Medicine Board. The UW Board of Regents retains authority for some financial matters and capital plant expansion at UWMC.

<sup>2</sup> Harborview Medical Center (HMC) is owned by King County and governed by a Board of Trustees appointed by King County. Pursuant to a management contract between King County, the Board of Trustees and the UW Board of Regents, UW Medicine manages HMC and provides physician services through UWP. All personnel at HMC, including faculty physicians, are employed by the UW. AirLift Northwest (ALNW) is a non-profit 501C3 organization governed by the founding partners of HMC, UWMC and Seattle Children's. All personnel of ALNW are UW employees or Seattle Children's employees.

UW Medicine has strong affiliations with the Fred Hutchinson Cancer Research Center, Seattle Children's Hospital, and the Puget Sound VA Health System. A key element tying the affiliated entities to UW Medicine is that they are all staffed by UW Medicine faculty who must meet UW Medicine standards and compliance expectations for patient care, teaching, and research activities.

## **UW MEDICINE COMPLIANCE PROGRAM**

### **Program Structure**

All entities of UW Medicine have established compliance offices that are coordinated by Sue Clausen, Chief Compliance Officer for UW Medicine and Associate Vice President for Medical Affairs (CCO/AVP). The compliance officers develop and implement compliance programs to meet a wide range of regulatory requirements, including those governing professional fee billing, hospital facility billing, clinical research billing, privacy, and information security. Each program is structured to provide the following core elements:

- Policies, procedures, and standards of conduct
- Education and outreach activities to inform UW Medicine faculty, staff, students, and trainees about their responsibilities and rights
- Monitoring and auditing activities to detect noncompliance and assess the effectiveness of internal controls
- Mechanisms (including hotlines<sup>3</sup>) that invite and enable safe reporting of compliance concerns
- Timely and appropriate responses to compliance issues, investigation of reported concerns, and protection of complainant rights
- Appropriate administrative and management responses to noncompliance when it occurs, including sanctions and corrective actions
- On-going assessment, analysis, and response to emerging risks and regulatory developments
- Process improvement projects to enhance compliance efforts or implement operational controls
- Regular evaluations of program effectiveness

### **Program Infrastructure**

UW Medicine's compliance infrastructure facilitates implementation of the program elements. The infrastructure includes formal reporting relationships, defined roles and responsibilities, and channels of communication designed to ensure senior-level executive support, reduce duplication of effort, enhance the flow of information throughout the system, and promote effective system-wide responses to a changing regulatory environment.

1. ***Reporting Relationships.*** The compliance reporting relationships in UW Medicine (see Figure 1) are based on entity-specific accountability for day-to-day compliance activities, and system-level oversight, planning and coordination. The CCO/AVP provides system-wide oversight and coordination, is a

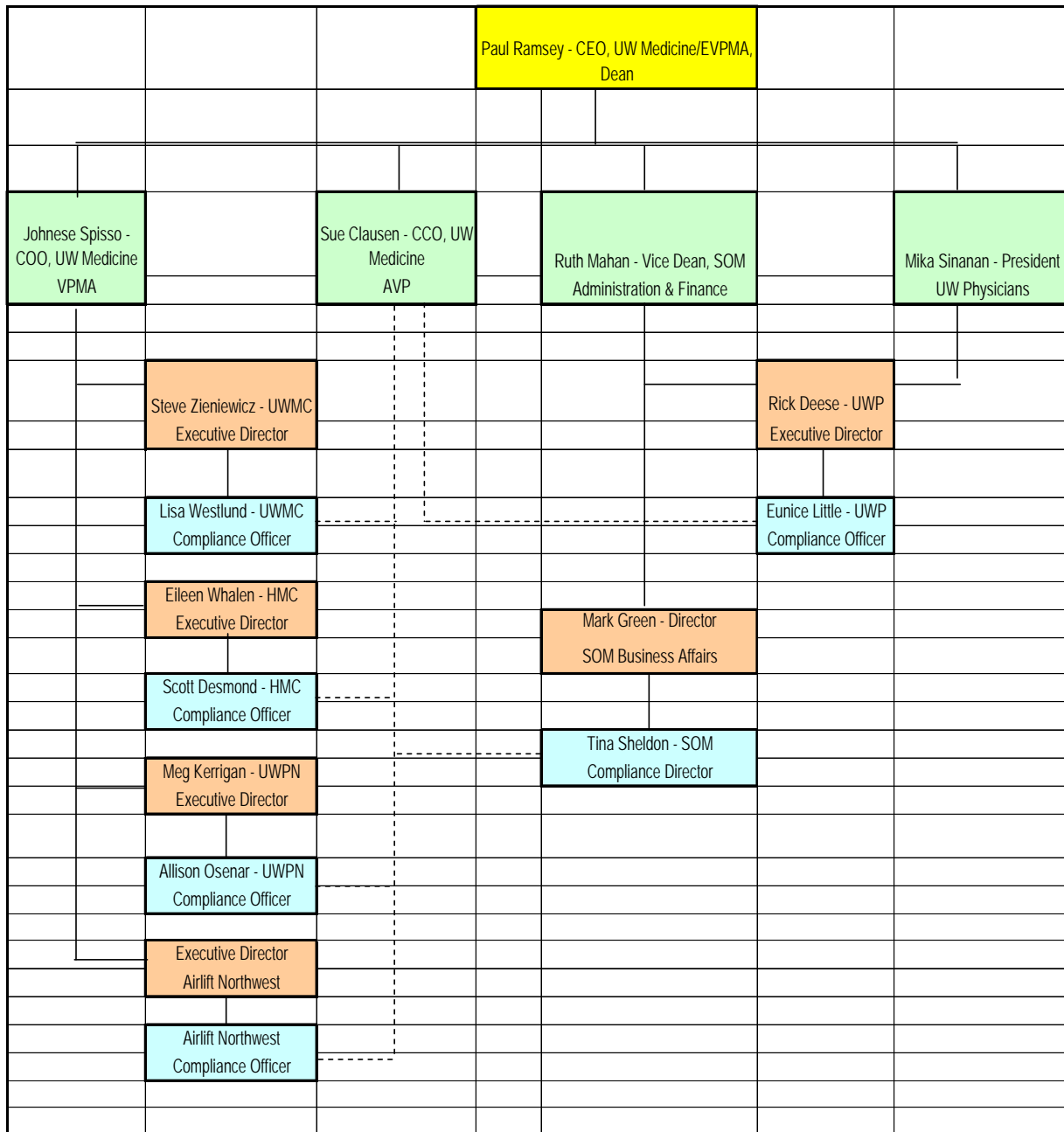
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<sup>3</sup> Numerous hotlines at UW Medicine enable anonymous reporting of compliance concerns including the HIPAA help line, HMC's and UWMC's Compliance Help Lines, the UWP/CUMG Hotline, and UWPN's Compliance Help Line. The UWSOM is working to institute a compliance phone line for SOM faculty, staff, students, and trainees.

member of UW Medicine's senior leadership team, and serves as an ex-officio member of each entity's compliance committee.

Figure 1

### UW Medicine Compliance Reporting Relationships



2. **Compliance Roles and Responsibilities.** UW Medicine expects all faculty, staff, students, and trainees to meet the professional, ethical and regulatory standards associated with their individual roles. Toward that end, all UW Medicine faculty, staff, students, and trainees are expected to

understand and adhere to compliance policies and procedures, participate in required training, fulfill recordkeeping requirements, report compliance concerns, seek clarification when questions arise, and respond in a timely manner to requests for information associated with internal audits or investigations. These expectations are conveyed in new employee orientations, mandatory and voluntary training, regular communications from compliance officers and senior leaders, HMC and UWMC "Integrity at Work" brochures, and the UWP/CUMG Code of Conduct.

Persons in management or supervisory positions have additional responsibilities, including communicating compliance expectations, ensuring that appropriate training is taken, implementing and enforcing policies, monitoring compliance, and providing personal support of compliance initiatives.

Compliance officers work closely with each other and their respective organizations to develop procedural safeguards, receive and investigate allegations of noncompliance, monitor compliance, conduct audits, and participate in the development and delivery of compliance training.

Paul Ramsey, UW Medicine CEO, has delegated additional specific authorities for key senior leadership positions (see Appendix A).

3. ***Channels of Communication.*** UW Medicine's compliance infrastructure includes numerous communication channels (see Attachment B) to support compliance efforts within each entity, enhance the sharing of information between entities, minimize duplication of effort, and ensure that there are effective responses to the changing regulatory environment. Compliance officers review compliance issues with senior leaders, legal counsel, and external regulatory agencies and consultants in order to assess the level of risk, identify mitigation strategies, and prioritize next steps.

UW Medicine leaders also participate in committees charged with assessing and responding to university-wide compliance issues and risks, including:

- Bruce Ferguson, Chief Financial Officer, UW Medicine and Vice President for Medical Affairs, UW (CFO/VPMA) is a member of the UW Compliance, Operations and Finance (COFi) Council.
- Sue Clausen, CCO/AVP, is a member of both the COFi Council and the COFi Steering Committee. Comprised of UW officials with compliance, operations and finance oversight responsibilities throughout the campus, the COFi council identifies system-wide risks and mitigation strategies.
- Johnese Spisso, Clinical Operations Officer, UW Medicine and Vice President for Medical Affairs, UW (COO/VPMA) is a member of the UW President's Advisory Committee for Enterprise Risk Management (PACERM). Comprised of executive UW officials with senior leadership responsibilities throughout the UW, the PACERM evaluates system-wide risks and identifies response priorities.

### **Compliance Resources**

As noted in previous reports, UW Medicine devotes significant resources to both entity-wide and entity-specific compliance efforts. Approximately 47 FTEs are dedicated specifically to compliance functions. The total annual budget for the compliance offices is approximately \$6.8 million, including \$4.8 million in salaries and benefits, slightly less than \$1 million in supplies/operations/equipment and slightly more than \$1 million in external consulting fees. These figures do not represent the full cost of time, effort and systems devoted to compliance-related activities throughout the organization.

## **KEY COMPLIANCE POLICIES AND ISSUES**

Key compliance issues addressed by UW Medicine during this reporting period include clinical billing, information security and privacy, education and outreach, and research compliance.

### **Clinical Billing**

1. ***Corporate Integrity Agreement/Professional Fee Billing.*** The professional practice plans (UWP and CUMG) are in year five of a five-year Corporate Integrity Agreement (CIA) with the Federal government<sup>4</sup>. The CIA establishes minimum standards for the professional fee billing compliance programs, including training and auditing requirements, reviews by independent external organizations, and annual reporting to the Office of the Inspector General (OIG). In 2008, OIG standards for annual training and auditing, policy review, reporting and external evaluation were satisfied, the annual report was accepted, and results of the independent external review identified a 97.31% confirmation rate for audits conducted by UWP/CUMG auditors. All practice plan policies were updated, and planning began for a post-CIA compliance program.

UWP completed all deliverables identified in a comprehensive workplan that had been established in response to internal reviews conducted in late 2006 and early 2007. A major component of the workplan included identification of a “physician champion” for each clinical department to assist with the implementation of billing policies.

Focused reviews during this reporting period included documentation requirements for review of systems (which concluded with development and dissemination of policy clarification) and consultation billing, which remains under active review.

2. ***Facility Billing.*** During this reporting period, both hospitals were engaged in follow-up reviews and responses to issues that arose late in 2007 and early in 2008 (including short-stay visits, outlier payments, and Medicaid billing). Several new external reviews were conducted and results are still pending. Harborview Medical Center (HMC) was one of ten institutions selected by the OIG to learn about hospital practices for the detection, prevention, reporting and billing of adverse events. They were on site for several months observing hospital systems. Results showed that HMC’s processes were appropriate, and no findings or recommendations were made.
3. ***Clinical Research Billing.*** Clinical research billing continues to be a nationally recognized focus area for academic health centers. Medicare’s National Coverage Decision (NCD) in 2000 was intended to pave the way for greater Medicare beneficiary participation in clinical trials. Preliminary work in this area at UW Medicine commenced in 2001. Task forces were established to identify how best to implement the NCD and prevent billing errors, a Director of Clinical Research Compliance was hired in 2004, and a new office charged with supporting and overseeing the clinical trial budgeting and billing system was established in 2005.

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<sup>4</sup> UWP and CUMG were the subject of Federal criminal and civil investigations into allegations of fraudulent Medicare billing between 1999-2004. Launched by a “whistleblower” lawsuit filed under the False Claims Act, the criminal investigation concluded with guilty pleas by two nationally prominent UW Medicine physicians. The civil investigation culminated in a \$35 million settlement and the negotiated CIA.

UW Medicine implemented a series of procedural and coding enhancements at the clinic level in 2007 and 2008 to enhance its systems for ensuring compliance with the federal requirements, including the Clinical Trials Policy released in 2007 by the Centers for Medicare and Medicaid Services (CMS). Principal Investigators (PIs) and study staff on active studies have been trained in the new procedures, and effective January 1, 2009, studies cannot be initiated until PIs and staff have completed the requisite training. UW Medicine also began a new comprehensive Clinical Research Staff training program in 2008 including required curricula in Good Clinical Practices, research billing compliance principles, and correct coding and documentation procedures.

The Clinical Research Billing Audit Program established in 2007 and introduced in last year's report continued to refine its methodology and establish standards for analyzing, documenting and reporting audit results. The program is designed to determine compliance with UW Medicine policies governing clinical research billing, and verify that clinical services provided to research subjects are correctly billed. Studies to be audited are selected according to pre-established risk criteria. As of November 21, audits have been conducted in three UWSOM Departments and four Divisions in the Department of Medicine; 47 draft reports have been issued and 44 reports have been finalized. Summary data shows that only 8 out of 1821 lines of service were incorrectly charged to patient accounts (an error rate of 0.44%, totaling less than \$900). Audit results are used to determine the need for repayments, adjustments, disclosures, policy modifications, procedural changes, and training. It is worth noting that auditors have seen fewer errors since the September 2007 Process Improvement Project for Outpatient Research Services.

## **Information Security and Privacy**

1. ***Information Security.*** The UW Medicine Information Security Program is operated by UW Medicine Information Technology Services (ITS). ITS reported progress toward the following initiatives:
  - Created and filled the new position Associate Director for Security Programs
  - Filled an open Security Analyst position with a Certified Information Systems Auditor and opened a second Security Analyst position with an emphasis on identity and access management
  - Established close working relationship with the UW Office of the CISO, with the Associate Director attending all weekly CISO staff meetings
  - Contributed to UW CISO quarterly risk assessment exercises and collaborated with UW CISO on development of risk transfer guidelines related to IT purchases and data sharing agreements
  - Associate Director began attending monthly meetings of the UW Privacy Assurance and System Security Council
  - Presented proposal to UW Medicine executive leadership team for restructuring the Information Security Program
  - Drafted new program policies and committee charters that form the foundation of a new security program governance model
  - Trained approximately 100 system owners/system operators on their security responsibilities and introduced student feedback forms for improving quality of the course
  - Created new general security awareness training course for all workforce members and implemented in UWMC new employee orientation
  - Collaborated with UW Technology and other partners to integrate new user populations into a central identity repository and establish their eligibility for UW NetID credentials



- On-going audits of accounts and authorizations, and efforts to ensure timely account deactivation when employees change positions or leave UW Medicine
  - Development of strong host level (local) technical security controls to minimize the likelihood and impact of any potential breach, including system owner self audits and technical reviews by security specialists for 125 systems
  - Removal of system administrator privileges for users on centrally managed desktops, preventing infection and spread of Coreflood, which severely impacted some other parts of the UW
2. **Privacy.** Privacy will always be a high priority compliance issue for UW Medicine. The program, established in 2003, experienced an increase in the number of patient complaints during three of the last four quarters. UW Medicine continues to provide on-line training for new employees, awareness communications, individualized department training, and annual competency training.

The privacy program improved its accounting of disclosure reporting for cadaver donations, revised policies to address regulatory changes and improve clarity, and enhanced the electronic medical record audit program.

During this reporting period, the senior leadership team engaged in extensive discussions about the privacy program's infrastructure, and is currently in the process of revising reporting relationships, roles and responsibilities, and channels of communication.

An emerging issue in 2008 raised questions surrounding the use of patient information in blogs and books. This issue has received national attention from various professional organizations, and will be the focus of an internal review and development of internal guidance by UW Medicine in 2009.

### **Compliance Education and Outreach**

In 2007, UW Medicine reported its efforts to evaluate existing education and outreach programs to improve coordination and delivery, minimize duplication of effort across the entities, enhance curricula, improve access to just-in-time tools and resources, and focus on user needs. In 2008, a full inventory of compliance training was completed; currently in progress is the assessment of UW Medicine's program for HIPAA and Corporate Compliance Training. Findings and recommendations will be presented to leadership in 2009.

### **Research Compliance**

Research compliance areas include human and animal subject protection programs, laboratory safety, export controls, grant funds management, effort certification, and conflicts of interest. Compliance policies and procedures are established by the UW's health science and central research offices. Tina Sheldon, UWSOM Director of Compliance, John Slattery, UWSOM Vice Dean for Research and Graduate Education, and appropriate UW Medicine compliance offices regularly collaborate with central research compliance offices on issues of mutual concern.

## **ASSESSMENT OF CURRENT COMPLIANCE RISKS**

Compliance risks are identified in several ways, including compliance officer assessments, regulatory changes, agency workplans, cases of noncompliance, internal audits and external reviews, feedback from

training sessions, current events and court cases. This section discusses issues of on-going importance (including clinical billing risk assessment, internal and external billing reviews, and post-CIA planning), emerging issues (including changes in the transaction and code sets used to process claims and transmit health information, and the increasing national attention on identify theft), and the lingering concerns associated with recruiting and retaining experienced compliance staff. The executive leadership team of UW Medicine is actively engaged in managing these issues.

## **Clinical Billing**

1. ***Risk Assessment Efforts.*** Compliance officers completed their initial assessment of the clinical reimbursement risk area in 2008. They developed risk statements for billing and cost reporting and reviewed existing internal controls. This information has been shared with the financial officers, who are evaluating internal controls associated with the revenue cycle. These two projects will be aligned during the next several months to prevent duplication of work; compliance officers will engage entity leaders and operational units in the next stage of evaluation. Results will be reported in 2009. In the meantime, both hospitals and practice plans have integrated results of their entity-specific assessments into their existing workplans.
2. ***Internal Auditing and Monitoring.*** Auditing and monitoring are essential to the mitigation of compliance risk, and provide feedback about the effectiveness of internal compliance controls. In 2008, UW Medicine committed itself to assessing where more rigorous programs are needed, identifying resource needs, and modifying organizational accountabilities if necessary. As noted earlier, a clinical research billing audit program commenced full-scale work in Spring, 2008; that effort has produced feedback which is of critical importance to the clinical research billing process improvement project.

The CCO/AVP has charged a sub-group of the Compliance Officers Group with responsibility for establishing UW Medicine-wide audit standards and methodologies. This group, under the leadership of Lisa Westlund, UWMC Compliance Officer, has begun its deliberations, and plans to issue recommendations in the next reporting period.

3. ***External Reviews.*** The Center for Medicare and Medicaid Services (CMS) has expanded its program integrity reviews of providers who bill Medicare and Medicaid. A large number of programs have been developed to screen claims data for potential problems and numerous state and federal programs are either in progress or under development. UW Medicine leadership has been monitoring developments in this area, and has conducted internal educational and assessment activities to determine steps the organization should take to prepare for these reviews. Significant work in this area will continue in a subgroup of the Compliance Officers Group throughout 2009.
4. ***Post CIA Planning.*** UWP and CUMG need to develop and implement post-CIA compliance programs. This effort involves assessment and planning on the part of practice plan leaders and compliance staff. That work is underway, and will continue throughout the next reporting period. CUMG is expected to complete recruitment and hiring of a new full-time compliance officer in 2009 in anticipation of significant expansion of Seattle Children's Hospital and related growth of the CUMG membership.

## Transaction and Code Set Changes

HIPAA requires every provider who does business electronically to use the same transactions, code sets, and identifiers. There are ten standard transaction sets for Electronic Data Interchange (EDI) and the transmission of health care data. In August, 2008, CMS published notice of intent to upgrade the current electronic transaction formats effective April, 2010. There is great concern among healthcare organizations and vendors that this timeline is not feasible.

Code sets are used to identify specific diagnosis and clinical procedures on claims and encounter forms. The CMS has announced its intent to implement a new coding nomenclature system (ICD-10) by 2011. ICD-10 allows for more detail and therefore better information-gathering about patients, their conditions and which treatments prove most effective. Implementation will require a massive overhaul of the coding scheme, requiring field size expansion, change to alphanumeric composition, and complete redefinition of code values and their interpretation. According to the Workgroup for Electronic Data Interchange (WEDI), this will be the “most significant overhaul of the medical coding system since the advent of computers”. It will also create additional complexity for coders and providers. For example, the current system has five codes for a sprained ankle; ICD-10 has 45, describing which part of the ankle was injured, whether it's the left or right ankle, and whether it's a first-time injury. The UW Medicine leadership team is monitoring developments, participating in the national dialogue, and has begun work to prepare for these changes.

## Identity Theft

In 2006, President George Bush issued an executive order establishing the Identity Theft Task Force. The executive order charged 15 federal departments and agencies with crafting a comprehensive national strategy to combat identity theft. The Task Force submitted its Strategic Plan to the President in April 2007, listing 31 recommendations to reduce the incidence and impact of identity theft. The first two recommendations focused on the need to limit the use of social security numbers (SSNs). UW Medicine leaders recognized this issue as a compliance risk, and in 2008, adopted a new policy governing the use and management of SSNs. Increased SSN protections were implemented in the major electronic medical record systems, and further work is planned during 2009.

In February, 2008, the Federal Trade Commission (FTC) released the list of top consumer fraud complaints. For the eighth year in a row, identity theft was the top consumer complaint category, representing 32% of all complaints received by the FTC in 2007. In July 2008, the FTC issued the so-called Red Flag Rules, requiring financial institutions and creditors to develop and implement written identity theft prevention programs. These rules will apply to UW Medicine. Programs must provide for the identification, detection, and response to patterns, practices, or specific activities – known as “red flags” – that could indicate identity theft. UW Medicine has completed an initial gap analysis. Although there are existing internal controls imbedded in the privacy and information security programs, a taskforce has been appointed to determine specific refinements and augmentations to existing policies and practices. Recommendations will be provided to senior leaders early in 2009 to allow adequate time for implementation. UW Medicine leaders will also collaborate with UW officials who are in the process of developing UW-wide policy and practice changes. Enforcement of the requirements has been delayed until May 2009.

According to the FTC report, medical identity theft represents just three percent of all identity theft cases, but that small percentage corresponds to almost a quarter of a million medical identity theft victims in a

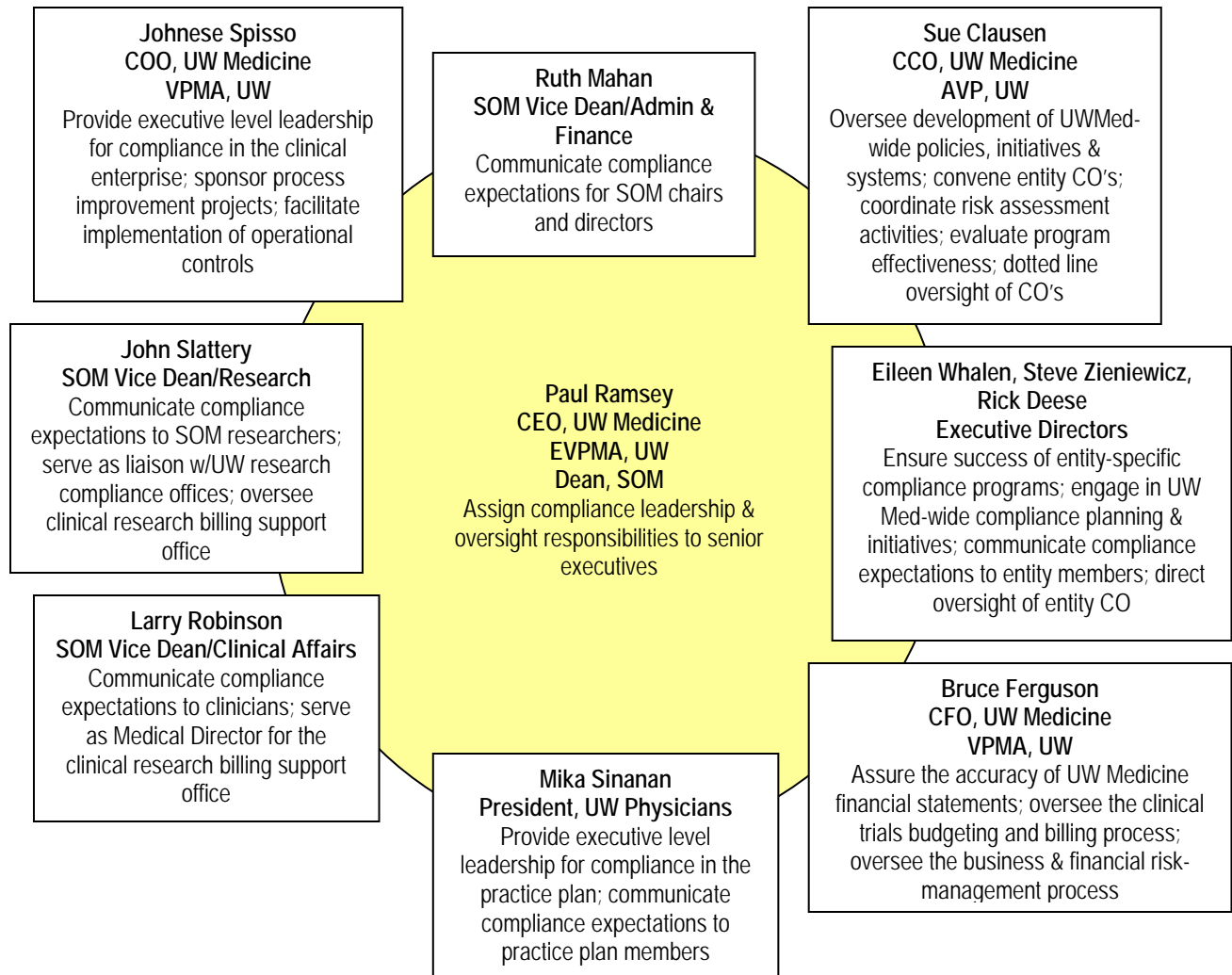
single year. The World Privacy Forum calls medical identity theft "one of the most difficult identity theft crimes to correct". A new patient identification clarification policy was adopted by Harborview Medical Center in May 2008, and will serve as an important foundation for establishing a UW Medicine-wide policy.

### **Recruitment and Retention of Compliance Staff**

The difficulty in recruiting and retaining qualified compliance staff reached a critical state during the 2007 reporting period. Recruitment activities were enhanced, and although the situation has improved, there are still 5 open staff positions among the 47 FTE of funded compliance positions. Of those, 4 FTE are in UWP. Recruitment and retention efforts for compliance staff will remain a top priority for the next reporting period.

## ATTACHMENT A

### UW Medicine Senior Leadership Compliance Responsibilities



## ATTACHMENT B

### Channels of Communication for UW Medicine Compliance Issues

Committee/Chair	Committee Role	Membership
UW Medicine Board Compliance Committee, chaired by Shan Mullin (UW Medicine Board member)	This committee has a wide scope of advisory responsibilities including strategic planning, advocacy and support for compliance efforts, and assessment of progress on major compliance matters. The group meets approximately 9 times/year, receives quarterly reports regarding entity-specific program activities, and is briefed at each meeting about urgent, emergent and on-going issues. Minutes of each meeting are provided to the UW Medicine Board.	Voting members include community members, the UW Medicine Board Chair, and Paul Ramsey (CEO, UW Medicine). Non-voting members include senior executive leaders and entity compliance officers. See Attachment C for the full roster.
UWP Compliance and Education Committee, chaired by Richard Veith, MD  CUMG Physician Billing & Education Compliance Committee, chaired by Mark DelBeccaro, MD	These committees provide a venue for engaging administrative, clinical and operational leaders in the planning, problem-solving and risk assessment activities associated with key compliance initiatives.  The committees work closely with compliance and operations staff to assess risk, establish compliance standards, monitor program effectiveness, implement effective educational and outreach activities, and endorse policies and standards.	Members include executive leaders, physicians, clinical department representatives, legal counsel, training and operational staff, the practice plan and SOM compliance officers, and the CCO/AVP.
UWMC and HMC Executive Compliance Committees, convened by Lisa Westlund, UWMC CO and Scott Desmond, HMC CO	These committees provide a forum for engaging administrative, clinical and operational leaders from the entity in the planning, problem-solving and risk assessment activities associated with key compliance initiatives. The committee members work closely with compliance staff to evaluate urgent and emergent issues, monitor progress toward resolution of compliance issues, and establish strategies for communicating and enforcing expectations to entity staff.	Members include senior administrative and operational leaders from the entity, medical directors, patient financial services representatives, entity legal counsel, and the CCO/AVP.
Compliance Officers Group, chaired by Sue Clausen, CCO/AVP	This group provides a forum for engaging entity compliance officers in the identification of and response to regulatory developments, assessment of risks, and development of mitigation strategies. Subgroups provide a venue for working collaboratively on mutual concerns, establishing system-wide standards, and coordinating the handling of urgent/emergent issues that involve multiple entities.	Members include compliance officers from the primary entities (UWMC, HMC, UWSOM, UWP, CUMG, UWP, SCCA) as well as those from such areas as the General Clinical Research Center, HIPAA Compliance, Pharmacy, Laboratory, Hall Health, Patient Financial Services, School of Dentistry and UW Research Compliance
UW Medicine Operations and Finance Committee, chaired by Paul Ramsey, MD, CEO	This committee provides a venue for engaging senior leaders in the evaluation of, and response to UW Medicine-wide compliance issues.	Members include the CCO/AVP, VPs for Medical Affairs, Vice Deans for Admin/Finance and Clinical Affairs, UWP President, Executive Directors (UWMC, HMC, UWP, UWP), Chief Operating Officers, Chief Financial Officers, SOM Director of Business Affairs, AVP for Community Relations
UW Medicine Clinical Management Committee, chaired by Paul Ramsey, MD, CEO	This committee provides a venue for disseminating new or modified policies, receiving feedback about the compliance culture, identifying best practices for operationalizing compliance requirements, and identifying risks.	Members include the Operations and Finance Committee members, clinical department chairs, and the medical directors of UWMC, HMC and UWP
Clinical Research Billing Oversight Group, chaired by Bruce Ferguson, CFO/VPMA	This committee provides a venue for engaging senior leaders in strategic planning and problem-solving, communicating the status of clinical research billing process improvement projects, assessing risk, reviewing and endorsing policies, and generating communications necessary to support the process improvements or enforce policies.	Members include Executive Directors (UWMC, HMC, UWP); Vice Deans for Research, Admin & Fin, Clinical Affairs; UWP President, UW Human Subjects Division, Dept. of Medicine, AGO, SCCA, FHCRC, CCO/AVP, UWMC & HMC Compliance

**ATTACHMENT C**  
**UW Medicine Board Compliance Committee Roster 2008-2009**

**VOTING MEMBERS**

**NON-VOTING MEMBERS**

Dan Dubitzky <a href="mailto:ddubitzky@d-z.com">ddubitzky@d-z.com</a> 206-467-6709	Sue Clausen <a href="mailto:sclausen@u.washington.edu">sclausen@u.washington.edu</a> 206-543-3098	Rick Nielsen <a href="mailto:rick.nielsen@seattlechildrens.org">rick.nielsen@seattlechildrens.org</a> 206-987-5925
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Paul Ramsey <a href="mailto:pramsey@u.washington.edu">pramsey@u.washington.edu</a> 206-543-7718	Mark Green <a href="mailto:greenms@u.washington.edu">greenms@u.washington.edu</a> 206-685-6921	Robert Sawin <a href="mailto:robert.sawin@seattlechildrens.org">robert.sawin@seattlechildrens.org</a> 206-987-2039
Orin Smith <a href="mailto:osmith@starbucks.com">osmith@starbucks.com</a> 206-318-6979	Julie Hamilton <a href="mailto:jhamilto@seattlecca.org">jhamilto@seattlecca.org</a> 206-288-6640	Tina Sheldon <a href="mailto:tsheldon@u.washington.edu">tsheldon@u.washington.edu</a> 206-616-4477
	Meg Kerrigan <a href="mailto:megs@u.washington.edu">megs@u.washington.edu</a> 206-744-2149	Mika Sinanan <a href="mailto:mssurg@u.washington.edu">mssurg@u.washington.edu</a> 206-543-5511
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