Compliance Training, Reporting and Response Policy and Procedures

Company: Advanced Health	Approved by: Mike Hale Title: Chief Compliance Officer Current Revision Date: December 2, 2024
Department: Compliance	

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1. PURPOSE

1.1. To establish a system to promote the reporting of Compliance Concerns for both employees Subcontractors and Community Partners, including confidential reporting, effectively investigate and respond to any such concerns, and report findings to State and federal authorities, as applicable.

2. SCOPE

2.1. Applies to all Advanced Health employees and Subcontractors.

3. ACRONYMS AND DEFINITIONS

3.1. Unless otherwise defined, all uppercase words will be defined the same as in the CCO Contract.

3.2. Employee means an Advanced Health contractor or employed staff.

3.3. Subcontractor means any entity which Advanced Health has contracted with for the administration of the Oregon Health Plan for Advanced Health members.

3.4. Community Partner means any person, or entity, which Advanced Health does not have a contractual relationship with, but who Advanced Health may work with often to successfully administer the Oregon Health Plan.

3.5. Fraud, Waste and Abuse (FWA) is defined as:

3.5.1. Fraud means the intentional deception or misrepresentation that the individual or entity knows is, or should know, to be false, or does not believe to be true, and makes knowing the deception could result in some unauthorized benefit to themselves or some other individual or entity.

3.5.2. Waste means the over-utilization of services, or practices that result in unnecessary costs, such as providing services that are not medically necessary.

3.5.3. Abuse means provider practices that are inconsistent with sound fiscal, business, or medical practices, and result in an unnecessary cost to the Medicaid program, or in reimbursement for services that are not medically necessary or that fail to meet professionally recognized standards for health care. It also includes beneficiary practices that result in unnecessary cost to the Medicaid program.

3.5.4. Examples of FWA include, but are not limited to, falsifying encounter data, upcoding services, falsifying or altering clinical records, misrepresenting credentials, failure to render medically covered services, balance billing, theft or embezzlement of State or federal funds, soliciting or accepting kickbacks, and billing for services not provided.

3.6. Compliance Concern(s) means any matter brought to the attention of an individual that causes that individual to question if the matter is illegal or improper in accordance with State and federal laws, including, without limitation, potential or suspected (or both) FWA, HIPAA Privacy and Security, and the False Claims Act and Whistleblower protections, CCO 2.0 Contract requirements, best practices, ethical practices and Advanced Health Policies and Procedures. Compliance Concerns also includes potential FWA and other compliance issues that may be identified during the course of self-evaluations and audits.

4. POLICIES

4.1. Advanced Health employees shall be educated on compliance reporting pathways.

4.2. Subcontractors' and Community Partners of Advanced Health shall be educated on compliance reporting pathways.

4.3. Training and education that is made available to employees, Subcontractors' and Community Partners' may cover various compliance related topics.

4.4. Required FWA training shall be provided all employees at least annually.

4.5. Advanced Health shall maintain a system to respond to and report all Compliance Concerns.

4.6. Advanced Health shall comply with OHA requirements for quarterly and annual reports of all audits performed.

4.7. Advanced Health shall provide OHA an annual summary of all FWA referral and investigations.

4.8. Advanced Health will implement Organizational Corrective Actions Plans as warranted.

4.9. Advanced Health will implement employee corrective action and/or disciplinary measures as warranted.

5. PROCEDURES

5.1. All employees of Advanced Health are made aware of, and receive training on, all compliance reporting pathways upon hire and periodically thereafter, to include, without limitation, how they may access anonymous reporting system(s), the Chief Compliance Officer, senior management, and State and federal authorities.

5.1.1. Information related to reporting pathways will be maintained in various employee sources, which may include any, or all, but is not limited to, the Intranet, Advanced Health's website, Employee Handbook, Compliance Manual, Policies and Procedures, periodic e-mail reminders, and Newsletters.

5.1.2. Additional training on reporting pathways may be done on an ad hoc basis by the Chief Compliance Officer, the Internal Compliance Team, executive management, or supervisors via, but not limited to, all-staff meetings, intradepartmental meetings, newsletters, e-mail, or in-person.

5.2. Subcontractors and Community Partners are made aware of, and receive training on, the reporting pathways that are available to them to report Compliance Concerns including, but not limited to, provider meetings, Community Advisory Council meetings, committee meetings, Board meetings, Advanced Health's website, contract provisions, and through normal business activity.

5.2.1. Information related to reporting pathways will be maintained through various sources available to Subcontractors, Community Partners, or other individuals and entities, which may include, but are not limited to, contracts provisions, Advance Health's Compliance and FWA Handbook, Advanced Health's website, meeting agendas, and Policies and Procedures.

5.2.2. Additional training on reporting pathways may be done on an ad hoc basis by the Chief Compliance Officer, Internal Compliance Committee, executive management, supervisors, and employees via, but not limited to, in-person meetings, e-mail, and through normal business activity.

5.3. Compliance training and education may include, without limitation: what is reportable; Fraud, Waste and Abuse; CCO 2.0 Contract compliance; any Compliance Concern raised or identified as a risk in an effort to prevent non-compliance; reporting pathways, including to whom a report may be or must be made; how information is handled once a Compliance Concern is made; the investigative process; the reporting process; and, the disciplinary or corrective action process.

5.4. All employees are required to attend upon hire and annually thereafter training regarding Advanced Health's FWA Policies and Procedures which must include, at a minimum, the right to be protected as a whistleblower for reporting any suspected FWA.

5.4.1. Such training and education shall:

5.4.1.1. Provide all information necessary for our employees, Subcontractors and Participating Providers to fully comply with the FWA requirements of our CCO Contract;

5.4.1.2. Be specific and applicable to suspected FWA in the Medicaid program; and

5.4.1.3. Include Oregon Medicaid-specific referral and reporting information, information about Advanced Health's FWA Policies and Procedures, including any time parameters required for compliance with Exhibit B, Part 9 of our CCO Contract.

5.4.2. This training must be provided to, and attended by, the Chief Compliance Officer, senior management (including the Board of Directors), and all other employees.

5.4.2.1. Subcontractors shall be sent, on an annual basis, the then current FWA Training module with instructions for all their employees who provide services to Advanced Health Members to view the training and provide a roster of the names and dates of those who attended the training.

5.4.2.2. Board members shall be training upon appointment to the Board and the full Board shall receive FWA training annually.

5.4.2.3. Provider training.

5.4.2.3.1. FWA training will be provided to newly contracted providers as part of their initial orientation. The training will include, at a minimum, a review of the then current FWA Handbook, whistleblower protection policy, and the link to the FWA resource page on Advanced Health's website. https://advancedhealth.com/home/advanced-health-compliance-and-fraud-waste-and-abuse-program-for-employees-providers-subcontractors-and-members/

5.4.2.3.2. Documentation to support the training will include a copy of the FWA training materials and an attendance list.

5.4.2.3.3. Annual training will include distributing a copy of the then current FWA Handbook, whistleblower protection policy, and link to the FWA resource page on Advanced Health's website. https://advancedhealth.com/home/advanced-health-compliance-and-fraud-waste-and-abuse-program-for-employees-providers-subcontractors-and-members/

5.4.2.3.4. Documentation of the annual training will include copies of the training materials sent to the providers, along with a list of the providers and date(s) the materials were distributed to.

5.4.2.3.5. At least annually, the Compliance Department will distribute a newsletter to the providers that will include FWA topics designed to increase provider knowledge of FWA issues.

5.4.3. Such training shall be coordinated and documented by the Human Resources department.

5.4.4. In addition, Advanced Health's employees who are responsible for credentialing providers and subcontractors shall receive annual education related to credentialing of providers and subcontractors, and the prohibition of employing, subcontracting or being affiliated with any sanctioned individuals.

5.5. Advanced Health's Chief Compliance Officer or his or her designee, shall log all Compliance Concerns in the Compliance Log which is the main monitor for the compliance response process. As they are raised, all Compliance Concerns brought to the Chief Compliance Officer's attention by any process contained in this procedure will be responded to promptly (within 7 business days).

5.5.1. Within 3 business days after the receipt of a concern, at a minimum the following will occur:

5.5.1.1. An entry is made to the Compliance Log at the time it is received, regardless of if the concern is compliance related (i.e., HR, Facilities, etc.);

5.5.1.2. If the matter is a Compliance Concern:

5.5.1.2.1. The Internal Compliance Team will be notified on the issue;

5.5.1.2.2. An investigative individual or team is identified; and,

5.5.1.2.3. The Internal Compliance Team will be kept informed as the investigation progresses, including the outcome.

5.5.1.3. If the concern is related to HR, or other matter that is not a Compliance Concern:

5.5.1.3.1. The information shall be communicated to the appropriate department for investigation, such as Human Resources or the Safety Committee.

5.5.2. Within seven (7) business days after the receipt of a Compliance Concern, at a minimum the following will occur:

5.5.2.1. An investigation into the concern will be initiated by the assigned individual or investigative team.

5.5.2.2. If the investigation does not confirm the Compliance Concern, then the investigation will be closed and will be reported to executive management and the reporter (if known).

5.5.2.3. If the Compliance Concern is substantiated but does not meet characteristics of FWA, then:

5.5.2.3.1. Human Resources will be notified for further action, if any.

5.5.2.4. The Chief Compliance Officer or his or her designee, will report all suspected cases of FWA, including those committed by its employees, Participating Providers, Subcontractors, Members, or any other third parties to OHA's Office of Program Integrity (OPI) and DOJ's Medicaid Fraud Control Unit (MFCU), and such reporting (i.e. referrals) shall be madepromptly but in no event more than seven (7) days after becoming aware of the suspicious case.

5.5.2.4.1. All reporting must be made as set forth in Exhibit B, Part 9, Section 18, Para. (d)(1). Such reports by Advanced Health or any Subcontractor shall be made by using OHA's FWA

Reporting Form, available on its website. The FWA Referral Form must, when sent to OPI and MFCU include, at a minimum, the following information:

5.5.2.4.1.1. Contractor's name;

5.5.2.4.1.2. Name of Provider or Member;

5.5.2.4.1.3. The suspected issue or allegation;

5.5.2.4.1.4. The information or data Contractor has already reviewed; and

5.5.2.4.1.5. Planned next steps for further investigation.

5.5.2.4.2. Advanced Health shall include, and require all Subcontractors to include, in each written communication or referral sent to OPI and MFCU the following:

5.5.2.4.2.1. Contractor's name;

5.5.2.4.2.2. Contractor's Medicaid contract number; and

5.5.2.4.2.3. Which entity (Contractor or Subcontractor), and the name and title of the individual within the entity who is performing the investigation, PI Audit, or other review, and their contract information;

5.5.2.4.2.4. Contractor may provide the above information to OPI by completing the FWA Referral Form.

5.5.2.4.3. Individual whistleblowers or any other person(s) who make a report of suspected Fraud, Waste, Abuse, or non-compliance to Contractor, or its Subcontractors, shall not be required to use the FWA Referral Form or be required to include identifying information in their anonymous reports. All anonymous FWA reporting shall be accepted by Contractor, Subcontractors, and Participating Providers.

5.5.2.5. Advanced Health, if made aware of any suspected Fraud, Waste, or Abuse by a Participating Provider, Subcontractor, or its own employees, must report the incident to MFCU and OPI as required under this Ex, B, Part 9. Such reporting may be made via any of the

5.5.2.5.1. methods listed below for MFCU and OPI:Medicaid Fraud Control Unit (MFCU): Oregon Department of Justice, 100 SW Market Street, Portland, OR 97201. Phone 971-673-1880; Fax 971-673-1890. Secure email Medicaid.Fraud.Referrals@doj.state.or.us

5.5.2.5.2. OHA Office of Program Integrity (OPI): 500 Summer St. NE, Salem OR 97301. Secure email: OPI.Referrals@oha.oregon.gov. Hotline 1-888-FRAUD01 (1-888-372-8301); www.oregon.gov/oha/FOD/PIAU/Pages/Report-Fraud.aspx

5.5.2.5.3. Member Fraud or Abuse: ODHS Fraud Investigation Unit (FIU), PO Box 14150, Salem, OR 97309. Hotline 1-888-FRAUD01 (1-888-8301); Fax 503-373-1525 Attn: Hotline. www.oregon.gov/odhs//financial-recovery/Pages/fraud.aspx

5.5.2.6. The contact information above for the MFCU ,OPI, and ODHS shall also be included in Advanced Health's Member Handbook and the Compliance and FWA Policies and Procedures.

5.5.2.7. In addition to the above reporting requirements, the Chief Compliance Officer shall immediately report to the Federal Department of Health and Human Services, Office of Inspector General (OIG), any Providers identified during the credentialing process, who are included on the List of Excluded Individuals or on the Excluded Parties List System also known as System for Award Management. This requirement may be met by contacting the OIG directly or providing such information to OHA's Provider Services via the OHA Contract Deliverable Portal.

5.5.2.8. Advanced Health will cooperate in good faith with the MFCU and OPI, or their designees, in any investigation or audit related to FWA, as follows:

5.5.2.8.1. Advanced Health will provide copies of reports or other documentation requested by MFCU, OPI or their respective designees, or any or all of them, and will be provided without cost.

5.5.2.8.2. Advanced Health will permit MFCU, OPI, or their respective designees, or any combination or all of them, to inspect, evaluate, or audit books, records, documents, files, accounts, and facilities maintained by or on behalf of Advanced Health as such parties determine is necessary to investigate any incident of FWA.

5.5.2.8.3. Advanced Health will cooperate in good faith with the MFCU, OPI, as well as their respective designees, or any or all of them, during any investigation of FWA; and

5.5.2.8.4. In the event Advanced Health reports any suspected FWA by Subcontractors, Providers, Members, or other third-parties, or learns of an MFCU, or OPI investigation, or any other FWA investigation undertaken by any other governmental entity, Advanced Health will not notify or otherwise communicate with, such parties about such reports or investigations.

5.5.2.9. In the event that OHA determines that a credible allegation of Fraud has been made against, Advanced Health, OHA will have the right to suspend, in whole or in part, payments made to Advanced Health.

5.5.2.9.1. In the event OHA determines that a credible allegation of Fraud against Advanced Health's Subcontractor's, OHA will also have the right to direct Advanced Health to suspend, in whole or in part, the payment of fees to any and all such Subcontractors.

5.5.2.9.2. Suspension of payments or other sums may be temporary, until either OHA or the prosecuting authorities determine that there is insufficient evidence of fraud by the provider or legal proceedings related to the providers' alleged fraud are completed. OHA has the right to forgo suspension and continue making payments, or refrain from directing Advanced Health to suspend payment of sums to its Subcontractors, if certain good cause exceptions are met.

5.5.2.9.2.1. In the event payments to Subcontractors are suspended, Advanced Health's Chief Compliance Officer, or designee, shall notify the HIMS and Finance departments to withhold payments to the Subcontractor until other notified that the suspension has been lifted.

5.5.2.9.3. In the event OHA determines a credible allegation of fraud has been made against a Subcontractor, Advanced Health must cooperate with OHA to determine whether sums otherwise payable to Advanced health, must be suspended or whether good cause exists not to suspend such payments.

5.5.2.9.4. In the event OHA directs Advanced Health to suspend such payments, the Chief Compliance Officer will immediately notify the Internal Compliance Team and the claims processing department to suspend such payments as directed by OHA.

5.5.2.10. If the concern was received by a non-anonymous process, then the reporter will be kept informed of the investigative process and outcomes. If during the course of an investigation the concern is routed outside of the Internal Compliance Committee (or investigative team), all information related to the reporter will be de-identified, unless the reporter gives permission to be identified.

5.6. In addition to the above reporting requirements, Advanced Health shall report to OHA on a quarterly and annual basis, or as otherwise directed by OHA, and in such format as required by OHA, reports of all Program Integrity Audits ("PI Audits") conducted.

5.6.1. These Quarterly and Annual Reports shall include all data points listed in the template, information on any Provider Overpayments that were recovered, the source of the Provider Overpayment, and any Sanctions or Corrective Actions imposed by Advanced Health on its Subcontractors or Providers.

5.6.2. For both the Quarterly and Annual FWA Audit Reports, Advanced Health shall report all PI Audits opened, in-process, and closed during the reporting period.

5.6.3. Advanced Health shall also provide to OHA with each Quarterly Audit Report a copy of the final PI Audit report which meets the requirements of Exhibit B, Part 9, Section 15, Para. b, Sub Para. (3), Sub-Sub Para. (b) for each PI Audit identified in the FWA Audit Report as closed during the reporting quarter; as well as any other final PI Audit Reports that have not been submitted.

5.6.4. The Annual FWA Audit Report is due January 31 of each calendar year (subject to any notices from OHA providing otherwise) and shall be provided to OHA via the OHA Contract Deliverable Portal..

5.6.5. OHA will notify Contractor, via Administrative Notice, within sixty (60) days from the due date, or within sixty (60) days from the received date if after the due date, of the compliance status of its Annual FWA Audit Report. In the event OHA disapproves of the Annual FWA Audit Report (including one or more of Contractor's final PI Audit reports for audits identified in the Annual FWA Audit Report as closed) for failing to meet the terms and conditions of this Contract and any other Applicable Laws, Contractor shall, in order to remedy the deficiencies, follow the process set forth in Sec. 5, Ex. D of this Contract.

5.6.6. In addition, OHA OPI may review Contractor's Quarterly and Annual FWA Audit Reports and copies of final PI Audit reports and request PI Audit supporting documents, Exhibit B, Part 9, Section 20 of the CCO Contract.

5.6.7. The Quarterly FWA Audit Report is due thirty (30) days following the end of each calendar quarter and shall be provided to OHA via the OHA Contract Deliverable Portal..

5.6.8.

5.7. Advanced Health shall also provide OHA, via the OHA Contract Deliverable Portal., an annual and quarterly summary of FWA referrals and cases investigated using the template provided by OHA.

5.7.1. The report shall include, regardless of our own suspicions or lack thereof, any incident with any of the characteristics listed in Exhibit B, Part 9, Section 17 of our CCO Contract. These characteristics include, without limitation, anyone, combination of, or all of the following:

5.7.1.1. Providers, other CCOs, or Subcontractors that intentionally or recklessly report Encounters or services that did not occur, or where products were not provided.

5.7.1.2. Providers, other CCOs, or Subcontractors that intentionally or recklessly report overstated or up coded levels of service.

5.7.1.3. Providers, other CCOs, or Subcontractors intentionally or recklessly billed Contractor or OHA more than the Usual Charge to non-Medicaid Recipients or other insurance programs.

5.7.1.4. Providers, other CCOs, or Subcontractors altered, falsified, or destroyed Clinical Records for any purpose, including, without limitation, for the purpose of artificially inflating or obscuring such Provider's own compliance rating or collecting Medicaid payments otherwise not due. This includes any intentional misrepresentation or omission of fact(s) that are material to the determination of benefits payable or services which are covered or should be rendered, including dates of service, charges or reimbursements from other sources, or the identity of the patient or Provider.

5.7.1.5. Providers, other CCOs, or Subcontractors that intentionally or recklessly make false statements about the credentials of persons rendering care to Members.

5.7.1.6. Providers, other CCOs, or Subcontractors that intentionally or recklessly misrepresent medical information to justify Referrals to other networks or out-of-network Providers when such parties are obligated to provide the care themselves.

5.7.1.7. Providers, other CCOs, Subcontractors that intentionally fail to render Medically Appropriate Covered Services that they are obligated to provide to Members under this Contract, any Subcontract with Contractor, or Applicable Law.

5.7.1.8. Providers, other CCOs, or Subcontractors that knowingly charge Members for services that are Covered Services or intentionally or recklessly balance-bill a Member the difference between the total Fee-for-Service charge and Contractor's payment to the Provider, in violation of Applicable Law.

5.7.1.9. Providers, other CCOs, or Subcontractors intentionally or recklessly submitted a claim for payment when such party knew the claim: (i) had already been paid by OHA or Contractor, (ii) had already been paid by another source.

5.7.1.10. Any case of theft, embezzlement or misappropriation of Title XIX or Title XXI program money.

5.7.1.11. Any practice that is inconsistent with sound fiscal, business, or medical practices, and which: (i) results in unnecessary costs; (ii) results in reimbursement for services that are not medically necessary; or (iii) fails to meet professionally recognized standards for health care.

5.7.1.12. Evidence of corruption in the Enrollment and Disenrollment process, including efforts of Contractor employees, State employees, other CCOs, or Subcontractors to skew the risk of unhealthy Member or potential Members toward or away from Contractor or any other CCO.

5.7.1.13. Attempts by any individual, including Contractor's employees, Providers, Subcontractors, other CCOs, Contractor, or State employees or elected officials, to solicit kickbacks or bribes. For illustrative purposes, the offer of a bribe or kickback in connection with placing a Member into Carve-Out Services, or for performing any service that such persons are required to provide under the terms of such persons' employment, this Contract, or Applicable Law

5.7.2. The report shall include all Advanced Health's open and closed preliminary investigations of suspected and credible cases.

5.7.3. The annual FWA Referrals and Investigations Report is due January 31 of each Contract Year following the reporting year and must be provided to OHA by Administrative Notice via the CCO Contract Deliverables Portal.

5.7.4. OHA will notify Contractor, via Administrative Notice, within sixty (60) days from the due date, or within sixty (60) days from the received date if after the due date, of the compliance status of its Annual Referrals and Investigations Report. In the event OHA disapproves of the Annual Referrals and Investigations Report for failing to meet the terms and conditions of this Contract and any other Applicable Laws, Contractor shall, in order to remedy the deficiencies, follow the process set forth in Sec. 5, Ex. D of this Contract.

5.7.5. In addition, OHA OPI may review Contractor's Quarterly and Annual FWA Referrals and Investigations Reports and request investigation supporting documents, as outlined in Exhibit B, Part 9, Section 20 of the CCO Contract.

5.7.6. .

5.7.7. The quarterly FW referrals and Investigations Report is due thirty (30) days following the end of each calendar quarter (subject to any notices from OHA providing otherwise) and must be provided to OHA via the OHA Contract Deliverable Portal..

5.7.8. In addition to the annual and quarterly summary of FWA Referrals and Investigations in 5.7 above, Advanced Health shall report, regardless of our own suspicions or lack thereof, to the MFCU an incident with any of the characteristics listed in Section 16 of Exhibit B, Part 9 and Paragraph 5.7.1.above and will be made in accordance with paragraphs h. and i. of section `7 of Exhibit B, Part 9 and Paragraph 5.5.2.4., above.

5.8. If any internal or external investigative process, review, monitoring or auditing activity validates the Compliance Concern and results in findings, the organization for whom the finding exists is required to file a written corrective action plan within a specified time period. Suspected criminal acts shall be in coordination with law enforcement and other applicable agencies. Advanced Health's Chief Compliance Officer, or

delegate, monitors and verifies each step of the corrective action plan until the finding is resolved and no longer exists. Advance Health may also terminate any agreements with Subcontractors or Providers for violations, at its discretion.

5.9. If the findings involve an employee, the Human Resources department will determine appropriate corrective action and/or disciplinary measures in accordance with the processes outlined in the Employee Handbook.

6. REFERENCE SOURCES

6.1. 42 CFR §§438.600-610; 455; 433.116; 438.214 and 438.808; 455.20, 455.104 through 455.106; and 1002.

6.2. CCO 2.0 Contract Ex. B, Part 9.

6.3. OAR 410-120-1510 – Fraud and Abuse

7. RESPONSIBILITIES (Compliance, Monitoring, Review)

7.1. None

8. RELATED DOCUMENTS

8.1. Employee Handbook

8.2. Member Handbook

9. ATTACHMENTS

9.1. None

10. HEALTH EQUITY IMPACT ASSESSMENT TOOL (If question does not apply, answer "Does Not Apply")

10.1. Does the policy advance equity and what are the intended outcomes? How? If not, does it have the potential to ignore or worsen existing disparities or produce other unintended consequences, should this policy be enacted? If so, what mitigation should be planned?	This policy promotes equity by providing clear and anonymous reporting pathways and ensuring whistleblower protections, which empower employees, subcontractors, and community partners to report concerns without fear of retaliation. Potential gaps include insufficient accessibility considerations for individuals with disabilities or language barriers. To mitigate these risks, equity-focused training, improved accessibility to reporting pathways, and active engagement with marginalized communities should be integrated.
10.2. Was there equitable involvement in the drafting or revision process? How have you included those impacted in the process? Who else should be involved? Who is the focus and who may be being left out?	Yes, with the usage of OARs in the reference sources, employee handbook and member handbook. OARs are reviewed by community representatives and advocacy groups before finalization.
10.3. What are the potential equity-related disparate impacts of this policy, practice, or decision? How might this policy have a disproportionate impact, negatively or positively on those historically underrepresented or excluded? How does this policy, practice or decision perpetuate or help to dismantle historical or other barriers to equity?	This policy promotes accountability through whistleblower protections and compliance training. Positive impacts include anonymous reporting systems and uniform training, which support equitable participation. However, cultural and technological barriers could hinder access for marginalized groups, perpetuating disparities. CLAS trainings and Cultural and Linguistically trainings would be helpful for individuals involved in drafting this policy.

10.4. What accountability, infrastructure and resources are required to implement the policy?	Accountability measures include the Chief Compliance Officer and Internal Compliance Team leading oversight, investigations, and reporting. Human Resources ensures employee compliance with training and disciplinary measures. Key infrastructure includes secure, anonymous reporting systems, accessible training platforms, and a centralized compliance log to track concerns and investigations. Resources needed include dedicated compliance staff, budget, and regulatory expertise to ensure alignment with legal requirements. Accessible materials and systems are essential to accommodate diverse populations, including multilingual support and disability accommodations.
10.5. What is the plan to evaluate and monitor the policy, practice, or decision to ensure equity in the short- and long-term?	Short-term evaluation and monitoring include compliance logs, training attendance tracking, and anonymous reporting systems to identify equity-related concerns. Long-term include, periodic audits, incorporation of equity metrics, engagement with stakeholders to ensure inclusivity and an annual policy review.

11. APPROVALS

11.1 – Document Owner	Name and Title: Mike Hale, JD, BSN, CHC – Chief Compliance Officer Department: Compliance
11.2 – Approving Manager	Name and Title: Mike Hale, JD, BSN, CHC – Chief Compliance Officer Department: Compliance Signature Mike Hale _____
11.3 – Collaborators	Name(s) and Title(s): Adam Martin, Compliance Officer Marla Smith, Compliance Manager
11.4 – Approvals	**Policy Review Committee** Date Approved: 12/16/2024 **OHA Approval (if needed)** Date Approved:
11.5 – Original Effective Date **11.6 – Review Period** **11.7 – Review Date(s)** **11.8 – Revision Date(s)**	**Date: July 2019** **How often PnP is reviewed: Annual** **Date: 9/15/2020** **Date: 4/26/2021, 1/19/2022, 11/17/2022, 10/4/2023, 05/02/2024, 12/02/2024**
11.9 – Add to Advanced Health Website	☐

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