



- Systemwide Standard Policy
- Systemwide Model Policy

Standard Policy No. 14214  
Approval Pathway: Nonclinical  
Department: Compliance

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## STANDARD POLICY: COMPLIANCE PROGRAM

### POLICY SUMMARY/INTENT:

Adventist Health (AH) is committed to ensuring compliance with all applicable statutes, regulations and policies governing our daily business activities. The AH Compliance Program (Program) covers Adventist Health System/West and its subsidiaries and affiliates and is intended to further our day-to-day commitment that our operations comply with federal and state laws, including Privacy - HIPAA/HITECH laws, and to serve as a mechanism for preventing and reporting any violation of those laws. This document provides an overview of the Program, but it does not contain every policy or describe every aspect of compliance that associates are expected to follow. Associates are encouraged to discuss compliance questions or concerns with supervisors and Compliance Department personnel.

All persons associated with AH (including employees, managers, vendors, volunteers, and medical staff) are expected to act ethically and in accordance with applicable laws, regulations, and policies. The AH Compliance Department is a resource for education, monitoring processes, and supporting efforts aimed at compliance. The Compliance Department does not make operational decisions but is available to advise and assist with applicable policies, rules, and regulations. Everyone at AH, including business and clinical operations managers, is accountable for compliance.

### AFFECTED DEPARTMENTS/SERVICES:

1. All Departments
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### POLICY: COMPLIANCE – KEY ELEMENTS

#### A. Code of Conduct, Standards, and Policies

1. The AH Chief Compliance Officer (CCO) maintains the AH Code of Conduct (Code), which articulates system-wide requirements with respect to ethical and compliance issues. The Code is available on the Intranet/SharePoint, the Internet website and from the Compliance Department.
2. Policies and procedures are established to address regulatory requirements, identified risk areas, and ethical business practices. Each department is expected to review its own policies and procedures for compliance with the Code and applicable rules and regulations.
3. Educational materials are provided on the AH Intranet site (in the HealthStream Learning Center) to further explain the Code and compliance policies and procedures.

#### B. Program Administration

1. AH Governing Board  
The AH Governing Board provides oversight and authority for the Program. The activities of the Program are regularly reported to executive leadership and to the AH Governing Board.
2. Executive Leadership  
AH leadership establishes and reinforces a culture that supports compliance through efforts such as: (1) making operational and business decisions in compliance with applicable rules and regulations; (2) allocating reasonable and appropriate resources in support of compliance activities; and (3) providing and encouraging employee education and policy development that complies with applicable laws and regulations.

### 3. Compliance Committees

- a. The AH Compliance Council oversees the Program and consists of the CCO and members from the AH Senior Leadership team or their designees. The CCO serves as chair of the Compliance Council.
- b. Local Compliance Committees support the Program and the overall AH compliance efforts. Each Local Compliance Committee is chaired by the Regional Compliance Official (RCO) and consists of key organizational leaders. It promotes activities that foster a culture of compliance. The Local Compliance Committee may also review and provide guidance on compliance issues or make recommendations to address compliance concerns.

### 4. Chief Compliance Officer

The CCO is responsible for leading system-wide Program efforts and communicating the activities and results of the Program to executive leadership, legal counsel, the AH Compliance Council, the AH Enterprise Risk Management Steering Council, and the AH Governing Board. The CCO may also provide reports to an AH affiliate or subsidiary's leadership, committees, or Local Compliance Committee.

### 5. Regional Compliance Officials

Each AH hospital network has an RCO who reports to the CCO. The CCO coordinates with each RCO to uniformly oversee, implement, and enforce all aspects of the Program. Each RCO is a person with appropriate education and training who is given the necessary authority, time, resources and responsibility to implement the Program.

## C. Training, Education, and Communication

1. New associates receive information and education about the Program (including the Code) during orientation. The Compliance Department also provides annual compliance training for all employees through computer-based training sessions. Training reflects updates to the Code, AH policies, and external laws and regulations. Department leaders ensure that all compliance educational requirements, including a review of the Code, are met annually.
2. The Compliance Department periodically distributes regulatory updates to department leadership and staff through targeted email alerts, newsletters, and in-person training. The Compliance Department Internet and Intranet sites provide additional educational material to support the compliance function. Department leaders are ultimately responsible for ensuring their department is compliant with laws and regulations.
3. Certain compliance information is provided to contractors, vendors, and agents as necessary or appropriate, through the Purchasing Department and other sources.

## D. Lines of Communication

1. AH encourages associates to report compliance concerns. Associates should report concerns to their direct supervisor. The Compliance Department may also be contacted if a supervisor is unable to provide a satisfactory response or additional clarification is needed, or if there are concerns about fraud, waste, or abuse.
2. The Compliance Department may be contacted about compliance concerns through any of the following methods:
  - a. Contact your hospital's RCO. Contact information for hospital RCOs is located on the Compliance Department's Intranet site.
  - b. Call the Compliance Hotline at (888) 366-3833. Concerns can be reported anonymously. The Compliance Hotline is dedicated to receiving reports of Compliance or Privacy concerns and is available 24/7.
  - c. Contact the CCO at Adventist Health, ONE Adventist Health Way, Roseville, CA 95661 or 916-406-1640.
  - d. Complete a Compliance Reporting Form. This form is available on the AH website at <https://www.adventisthealth.org/patient-resources/compliance-information/>. Scroll down to the Compliance Reporting Form, fill out, save, and email to [corpcomp@ah.org](mailto:corpcomp@ah.org) or mail to the CCO.
  - e. Report online. Log into Radar. After signing in, select the appropriate icon and complete the form as directed.

3. Issues, concerns, or complaints can be raised anonymously. Sufficient information should be provided to enable an investigation, and some contact information may be needed so that the RCO can follow up and ask additional questions. The Compliance Department will keep the reporting individual's identity confidential, to the extent possible.
4. Some communications received by the Compliance Department may be referred to another department (e.g., Human Resources, Risk Management, Office of General Counsel, Security, etc.) for resolution.
5. Retaliation is not permitted against anyone who seeks advice, raises a concern, or reports misconduct to the Compliance Department in good faith. Suspected retaliation should be reported immediately to the Compliance Department.

#### E. Auditing and Monitoring

1. The Compliance Department's annual workplan includes an audit plan, based on a risk assessment, to guide its monitoring and auditing activities. Other investigations or reviews of known or suspected noncompliance are conducted as needed. Audit reports are distributed to appropriate leadership for follow-up and presented periodically to the appropriate board or committee.
2. In some circumstances it may be necessary to utilize the attorney-client privilege during an auditing process. The Office of General Counsel will be contacted to make this determination and to provide instructions on conducting an audit or investigation under the attorney-client privilege.

#### F. Enforcement of Disciplinary Guidelines

1. The Compliance Department will make appropriate inquiries, investigations, and reports when it becomes aware of potential violations of the Code, laws, regulations, or AH policies or procedures, and will retain a summary of the event, its investigation, the final action taken, and other appropriate documentation.
2. The Compliance Department will report potential and actual violations to relevant parties, which may include an associate's supervisor or department head, the Chief Medical Officer, Human Resources, the Privacy Office, the Office of General Counsel, or government regulators.
3. When appropriate, employee corrective action may be taken to address violations, in accordance with entity and/or system-wide corrective action policies or bylaws.

#### G. Responding and Corrective Action

1. Deficiencies may be detected through monitoring and auditing, hotline calls, and other processes. The Compliance Department is responsible for resolving compliance issues, which may include inquiries regarding how to comply with applicable regulations or policies as well as reports of potential non-compliance. Regardless of how a potential compliance issue is identified, the RCO (or designee) of the respective entity or hospital will initiate a reasonable inquiry as quickly as possible. Reported issues will be resolved in a timely manner.
2. The Compliance Department reports any concerns to be addressed or errors to be corrected to the appropriate manager or executive. Recommended actions may include revising policies and procedures, developing and implementing training, undertaking discipline/corrective action, and disclosing and returning overpayments to government or private payers. All activities and actions taken to correct deficiencies will be documented.

#### H. Risk Assessment and Annual Workplan

1. The CCO oversees the development of an Annual Compliance Workplan. Various resources are considered when developing the workplan, such as the OIG Work Plan, OIG fraud alerts, IRS guidelines, CMS publications, the compliance and revenue cycle risk register/taxonomy, and interviews with management and senior leaders. The Annual Compliance Workplan is reviewed and approved by the AH Governing Board.

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**ATTACHMENTS:**  
(REFERENCED BY THIS DOCUMENT)

**OTHER DOCUMENTS:**  
(WHICH REFERENCE THIS DOCUMENT)

**FEDERAL REGULATIONS:**

**ACCREDITATION:**

**CALIFORNIA:**

No specific state requirements noted. Corporate policy applies as written.

HAWAII: No specific state requirements noted. Corporate policy applies as written.  
OREGON: No specific state requirements noted. Corporate policy applies as written.  
WASHINGTON: No specific state requirements noted. Corporate policy applies as written.

REFERENCES:

ADVENTIST HEALTH SYSTEM/WEST POLICY OWNER: Regional Director, Compliance  
ENTITY POLICY OWNER: Not applicable

APPROVED\_BY:

ADVENTIST HEALTH SYSTEM/WEST: ( 05/12/2023 ) Nonclinical Policy Review Team - General Compliance and Privacy, ( 07/10/2023 ) Executive Cabinet, ( 07/20/2023 ) AH System Board

ADVENTIST HEALTH SYSTEM/WEST INDIVIDUAL:

ENTITY: Not applicable

ENTITY INDIVIDUAL: Not applicable

REVIEW DATE:

REVISION DATE: 04/27/2023, 07/20/2023

APPROVAL PATHWAY: Nonclinical

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<https://www.lucidoc.com/cgi/doc-gw.pl?ref=ahrsvl:14214>.