

2026 ConnexCare Corporate Compliance Plan

COMPLIANCE OFFICER: CAITLIN DORAN PRIOR

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Introduction

ConnexCare is committed to having an effective Compliance Program. This includes compliance with our Mission, Vision and Standards of Conduct, as well as local, state and federal laws and regulations affecting ConnexCare. These guidelines, laws and regulations include but are not limited to The False Claims Act, Health Insurance Portability & Accountability Act (HIPAA), Stop Hacks & Improve Electronic Data Security (SHIELD) Act, Stark Law/Anti-Kickback statute, State and Federal Executive Orders, and the Health Resources & Services Administration (HRSA) Health Center Program Compliance Manual.

ConnexCare encourages and promotes an environment where suspected fraud, waste, abuse and unethical or illegal activities can be anonymously, or directly reported, by anyone, in good faith, without fear of discrimination, retaliation or intimidation. The Compliance Program is committed to investigating every compliance concern and recommending a warranted action plan as necessary.

This Plan outlines OMIG's 7 Elements for an Effective Compliance Program, OMIG's 10 Risk Areas, and the accompanying ConnexCare policies and procedures in place to remain compliant with these requirements. The Plan establishes and maintains a framework for individual and departmental compliance efforts and applies to all affected individuals including staff, board members, contractors, and agents acting on behalf of ConnexCare.

Mission Statement

ConnexCare's mission is to provide comprehensive, affordable, and premier health care and support services to the communities we serve.

Vision Statement ConnexCare's vision is to be an innovative leader fostering healthy communities by promoting health, well-being, employment, and a vital regional economy.

Definitions

Compliance Plan. A public, written document that details the policies ConnexCare adheres to regarding the elements of compliance.

Compliance Program. A set of formal organizational systems intended to prevent, detect & respond to potential problems identified or reported.

CRC. Compliance Resource Center

OIG. Office of the Inspector General

OMIG. Office of the Medicaid Inspector General

HIPAA. Health Insurance Portability and Accountability Act

Seven Elements of an Effective Compliance Program

1. Written Policies and Procedures that describe:

- Compliance expectations as embodied in the Standards of Conduct;
- Implementation of the compliance program;
- Provide guidance to employees and others on dealing with potential compliance issues;
- Identify how to communicate compliance issues to appropriate compliance personnel and;
- Describe how potential compliance problems are investigated and resolved.
- A policy of Non-Discrimination, Non-Intimidation and Non-Retaliation for good faith participation in the compliance program, including but not limited to
 - i. Reporting potential issues;
 - ii. Investigating issues, self-evaluations, audits and remedial actions; and
 - iii. Reporting to appropriate officials as provided in sections 740 and 741 of the Labor Law.

2. Compliance Leadership and Oversight. This employee:

- Is assigned duties that may solely relate to compliance or may be combined with other duties so long as compliance responsibilities are satisfactorily carried out;
- Shall report directly to the entity's chief executive or other senior administrator designated by the chief executive and;
- Shall periodically report directly to the governing body on the activities of the compliance program.

3. Training and Education of all affected employees and persons associated with the provider, including executives and governing body members, on compliance issues, expectations and the compliance program operation; such training shall occur periodically and shall be made a part of the orientation for a new employee, appointee or associate, executive and governing body member.

4. Effective Lines of Communication to the Compliance Officer and Disclosure Programs that:

- Are accessible to all employees, persons associated with the provider, executives and governing body members,
- Allow compliance issues to be reported; and
- Include a method for anonymous and confidential good faith reporting of potential compliance issues as they are identified.

- 5. Enforcing Standards- Consequences and Incentives.** are in place to encourage good faith participation in the compliance program by all affected individuals, including policies that articulate expectations for reporting compliance issues and assist in their resolution. Disciplinary policies are to be fairly and firmly enforced and outline sanctions for:
- Failing to report suspected problems;
 - Participating in non-compliant behavior;
 - Encouraging, directing, facilitating or permitting either actively or passively noncompliance behavior.
- 6. Risk Assessment, Auditing, & Monitoring.** A system for routine identification of compliance risk areas for self-evaluation of such risk areas, including but not limited to the OMIG Risk Areas for an Effective Compliance Program.
- 7. Responding to Detected Offenses and Developing Corrective Action Initiatives.** A system for responding to compliance issues as they are raised which includes:
- Investigating potential compliance problems;
 - Responding to compliance problems as identified in the course of self-evaluations and audits;
 - Correcting problems promptly and thoroughly;
 - Implementing procedures, policies and systems as necessary to reduce the potential for recurrence;
 - Identifying and reporting compliance issues to the department or the office of Medicaid inspector general; and
 - Refunding overpayments.

OMIG Risk Areas for an Effective Compliance Program

Every required provider shall adopt and implement an effective compliance program. The Compliance Programs shall evaluate risk in the following areas:

1. Billings;
2. Payments;
3. Ordered services;
4. Medical necessity;
5. Quality of care;
6. Governance;
7. Mandatory reporting;
8. Credentialing;
9. Contracts, Subcontracts, agent, or independent contractor oversight; and
10. Other risk areas that are or should have been identified by ConnextCare through organizational experience, Risk Assessment, or Audit:
 - a. Privacy,
 - b. Cybersecurity,
 - c. Pregnant/Post-Partum Patients,
 - d. Age Related Preventative Screenings

ELEMENT 1: Written Policies and Procedures

ConnextCare has written policies and procedures, including a Standards of Conduct, to provide guidance to all affected individuals including staff, board members and agents on how to avoid, detect and prevent instances of non-compliance. Written policies also provide a roadmap for relevant individuals, outlining their duties within the organization, developing workflow management, imposing documentation requirements, defining individual and organizational oversight roles, and implementing controls entity-wide to mitigate compliance risks specific to the organization. These policies and procedures are readily available on the ConnextCare Intranet. The Compliance Plan is also available on the ConnextCare website.

Policy Initiation and Approval (CC 001)

It is the policy of ConnextCare to research and initiate the development of policies, procedures and forms, or revise such content, when the need is identified. All standing policies will be reviewed annually by their respective department leaders and the Board of Directors to ensure their accuracy and validity. ConnextCare will develop and implement policies and procedures that are consistent with the

requirements and standards established by the Board of Directors, federal and state laws and regulations, relevant reviewing and accrediting organizations (such as the Bureau of Primary Health Care or the Joint Commission) and, as applicable, managed care and other third party payers.

All new policies and policy revisions will be reviewed by the associated committee and approved by the Board of Directors.

Standards of Conduct (CC 025)

It is the policy of ConnextCare that all business affairs must be conducted in accordance with federal, state and local laws, professional standards, and applicable federally funded health care program regulations with honesty, fairness and integrity. Board members, staff and agents shall perform their duties in good faith and in the best interest of patients and the communities they serve. The ConnextCare Standards of Conduct shall apply to each person acting on behalf of ConnextCare.

General Responsibilities

The Board of Directors of ConnextCare recognizes the paramount importance of maintaining ConnextCare's reputation for integrity that includes, but is not limited to, assuring compliance with applicable Federal, State and local laws and regulations, as well as fulfilling contractual obligations.

A. Individual Responsibility

Every member of ConnextCare's Board of Directors, staff and agents of the health center are responsible for ensuring that his or her conduct is consistent with these Standards of Conduct, Health Center Compliance Program, with ConnextCare policies and procedures, and with generally accepted standards of professionalism, courtesy, and respect. Furthermore, ConnextCare staff in supervisory positions must assume, and are charged with, responsibility for ensuring that the conduct of everyone they supervise complies with these Standards of Conduct.

B. Compliance with Laws and Regulations

Board members, staff and agents of the health center are expected to comply with all laws and regulations applicable to the operations of ConnextCare, including, but not limited to billing and coding requirements; the maintenance of accurate and complete business records; and requirements related to procurement standards.

C. Confidentiality of Information

Staff may acquire confidential or proprietary information by virtue of their affiliation with ConnextCare. Such information may not be: (1) disclosed outside of ConnextCare without appropriate authorization from the President/CEO or (2) used for personal gain or for the benefit of a third party. To ensure

compliance, ConnexCare has adopted the “BREACH of PRIVACY or CONFIDENTIALITY PERSONNEL DISCIPLINE” Policy.

D. Gifts

No ConnexCare Board Member, staff or agent may offer, solicit or accept gifts, gratuities, favors or anything of value from any current or potential patient, vendor, contractor, or potential contractor of ConnexCare or any current or potential party to a sub-agreement with ConnexCare. Every ConnexCare Board, Staff member and agent of the health center will decline or return any gift and notify the President/CEO and the President/CEO will decline such gifts and report to the Board Chair.

A gift means anything of value except for promotional materials of little or nominal value such as pens, calendars, mugs, and other items intended for wide distribution and not easily resold. Gifts include (but are not limited to) personal gifts, such as sporting goods, household furnishings and liquor; social entertainment or tickets to sporting events; personal loans or privileges to obtain discounted merchandise, and the like.

ConnexCare will immediately dismiss any Board, staff member or agent of the health center found to have offered or accepted a bribe to secure funding or other benefits for or from ConnexCare.

E. Honest Dealing with Government Officials

Board members, staff and agents of the health center will be cooperative and truthful in their dealings with any governmental inquiry or request, including audits, surveys, and certification reviews. However, ConnexCare staff who are not authorized to speak on behalf of ConnexCare will not respond to any governmental inquiries or request, including audits, surveys and certification reviews and will promptly report any such inquiries or requests to the ConnexCare President/Chief Executive Officer (CEO), Compliance Officer or other appropriate member of senior management.

F. Conflicts of Interest

1. General Prohibition

ConnexCare staff and individuals affiliated with the health center must strive to make decisions fairly and objectively with the best interests of ConnexCare in mind. As ConnexCare is a Department of Health and Human Services (DHHS) grantee, these standards for managing conflicts of Interest are also necessary to comply with DHHS regulation found at 45 C.F. R. § 75. No staff shall participate in ConnexCare selection, award or administration of any contract or grant, paid in whole or in part with Federal Funds, when a real or apparent conflict of interest is involved.

2. Definitions

Interest – A person has an “Interest” if he or she has, directly, or indirectly through a family member or

business partner has a business, financial, fiduciary or personal relationship which can cause or appear to cause a conflict of interest.

Any interest in a company through publicly traded stocks, bonds, or mutual funds available to the general public shall not constitute an interest, provided the ownership or investment interest is less than one percent of the company's shares.

Conflict of Interest – A “conflict of interest” arises whenever the Interest of a person competes with or has the potential to compete with the best interests of ConnexCare. A conflict is presumed to exist if a person with an Interest is involved in any way in the transaction or arrangement in which he or she has such Interest.

3. Affirmative Disclosure Requirements

Interests shall be fully disclosed by any individual regardless of whether or not a conflict of interest is determined to exist.

Annual Disclosures

ConnexCare requires that all designated staff, agents, Board members and candidates for Board membership, disclose in writing (and update at least annually): (1) ALL Interests described in this policy and procedure that may create an actual or potential conflict of interest, and (2) where applicable, provide a statement suggesting how such conflict could be avoided or mitigated.

In order to facilitate such full disclosure, ConnexCare requires designated staff, Board members and candidates for Board membership to annually complete the Pledge to Excellence (CC025.01) as appropriate. Completion of these forms does not relieve individuals of the obligation to comply with these Standards of Conduct with regard to disclosure of Interests that may occur after the filing of their Pledge of Excellence (e.g. with respect to a particular transaction).

Additional Interests

ConnexCare requires staff, agents, Board members and candidates for Board membership to disclose additional Interests that arise after the filing of the Disclosure Form.

- Members of, and candidates for membership on, the Board of Directors shall make disclosures to the Chair of the Board of Directors. If the Chair has such an Interest, he or she must make disclosure to the Vice Chair, respectively, who will, in turn, be responsible for advising the Board.
- The President/CEO shall make disclosures to the Chair of the Board who will, in turn, be responsible for advising the Board of such disclosure.
- Staff shall make disclosures in writing to the President/CEO.

4. Determining Whether a Conflict of Interest Exists

In the case of a potentially conflicted person who is a Board member (including the President/CEO), that Person may make a presentation to the Board regarding whether he or she has a conflict, and may respond to related questions from the Board. However, after such presentation, he or she shall leave the meeting during any discussion of, or vote on, whether a conflict of interest exists, and if such conflict is determined by the Board to exist, he or she shall leave the meeting during any discussion of, and voting on, the transaction or arrangement that involves the conflict of interest.

5. Addressing the Conflict of Interest

Procurement

If the conflict involves ConnexCare procurement, the process shall be conducted in accordance with ConnexCare's Purchasing Procurement Policy (FIN 009).

Alternative Arrangements

In other instances, the Board shall, as it may deem appropriate, appoint the President/CEO to investigate alternatives to the proposed transaction or arrangement and make recommendations. After exercising due diligence, the Board or President/CEO, as applicable, shall determine whether ConnexCare can obtain an equivalent transaction or arrangement with reasonable efforts from a person or entity that would not give rise to a conflict of interest.

ConnexCare's Best Interests

If a transaction or arrangement is not reasonably attainable under circumstances that would not give rise to a conflict of interest, the Board or President/CEO, as applicable, shall determine (if Board, then by a majority vote of the disinterested Board members) whether, notwithstanding the conflict of interest, the transaction or arrangement is in ConnexCare's best interest, for its own benefit and whether the transaction is fair and reasonable to ConnexCare such that it would constitute an "arms-length" transaction (and be consistent with 45 C.F. R. Part 74 standards).

Pervasive Conflicts of Interest

In circumstances where there are material continuing or pervasive conflicts of interest, an individual may be required by the Board of ConnexCare or the President/CEO, as applicable, to withdraw from his or her position with ConnexCare unless the individual, family member or business associate chooses to disassociate from the outside position that causes the conflict.

6. Violations of the Standards of Managing Conflicts of Interest

If the Board or President/CEO, as applicable, has reasonable cause to believe that a person has failed to

disclose an Interest, the person shall be informed of the basis for such belief and afforded an opportunity to explain the alleged failure to disclose.

If, after hearing the response of the individual who failed to disclose an Interest, and making such further investigation as may be warranted in the circumstances, the Board or President/CEO determines that the individual has in fact failed to disclose an interest in accordance with the procedure in CC025 Standards of Conduct, appropriate corrective and/or disciplinary action shall be taken, including removal of the individual from the selection, negotiation, or administration of any contracts or grants.

7. Records of Proceedings

The minutes of the Board and all committees with Board-delegated powers and those records as determined by the President/CEO shall address:

Conflicts of Interest – The names of the persons who disclosed or otherwise were found to have an Interest in connections with an actual or potential conflict of interest and the nature of the Interest; any action taken to determine whether a conflict of interest was present; and the Board or President/CEO's decision, as applicable, as to whether a conflict of interest in fact existed.

Management of Conflicts – For transactions where a conflict of interest has been disclosed or otherwise found to exist, the names of the persons who were present for discussions and votes relating to the transaction or arrangement, and the names of the persons who recused themselves; the content of the discussion, including any alternatives to the proposed transaction or arrangement of ConnexCare's best interest; and a record of any votes taken in connection therewith.

8. Supplemental Income

The President/ CEO and all members of the Board of Directors must disclose to the Chair of the Board, and all staff must disclose to the President/CEO, in writing, any specifics of any plans to accept supplemental outside employment so that ConnexCare may determine whether such outside employment or consultancy conflicts, or has the potential or appearance to conflict, with the interests of ConnexCare. ConnexCare's prior approval of such outside employment or consultancy is required.

9. Political Activities

No staff may participate or intervene in any political campaign in support of or in opposition to any candidate for elected public office while at work during business hours. A political campaign is deemed to begin when an individual announces his or her candidacy for an elective public office, or is proposed by others for any elective public office. No staff may use ConnexCare's name, facility or any resources in connection with political campaign activities.

10. Lobbying

Lobbying is generally defined as a communication (written or oral) that is an attempt to influence (for or against) specific legislation including appropriations. Any lobbying activities proposed to be undertaken by ConnexxtCare or by any staff on behalf of ConnexxtCare shall require the prior approval of the President/CEO. Any staff undertaking lobbying activities will work with the President/CEO, or his or her designee, to ensure that such activities are supported by non-Federal resources and that all disclosures and reporting of lobbying activities which are required by State or Federal law are submitted in a timely manner.

11. Non-Discrimination

Board members, staff and agents shall not discriminate against staff, patients, or others on the basis of race, color, sex, religion, age, national origin, ancestry, disability, military status, marital status, sexual orientation, or any other status protected by New York State or Federal regulation.

12. Violations of Standards of Conduct

Board, staff members and agents of the health center should promptly report concerns regarding compliance with these Standards of Conduct. Staff reports should be made in accordance with the ConnexxtCare Policy CC020: Reporting Instances of Non-Compliance (Whistle-blower policy). For Board members and agents of the health center, reports should be made directly to the Compliance Officer. Raising such concerns is a service to ConnexxtCare and will not jeopardize the terms and conditions of employment of the reporting individual.

All Board members, staff and agents of the health center must cooperate fully in the investigation of any alleged misconduct. Any Board member, staff or agent of the health center who makes intentionally false accusations regarding a compliance concern is subject to discipline by ConnexxtCare in accordance with the ConnexxtCare Policy and Procedure HR021: Progressive Discipline.

Board members, staff or agents of the health center who violate these Standards of Conduct may be subject to disciplinary action, in accordance with ConnexxtCare Policy and Procedure (HR 021) Progressive Discipline.

Developing and Implementing Compliance Practice Standards (CC037)

It is the policy of ConnexxtCare to promote compliance by developing officially approved written policies and procedures that establish guiding principles or courses of action for individuals affiliated with ConnexxtCare. As necessary, to implement an effective Compliance Program, ConnexxtCare will develop and implement policies and procedures that are consistent with the requirements and standards established by the Board of Directors, federal and state laws and regulations, relevant reviewing and accrediting

organizations (such as the Bureau of Primary Health Care or the Joint Commission) and, as applicable, managed care organizations and other third party payers.

ELEMENT 2: Compliance Leadership and Oversight

The responsibility for the direction and operation of the Compliance Program shall be vested in the Corporate Compliance Officer. ConnexCare's Corporate Compliance Officer is Caitlin Doran Prior, who reports to the President/CEO with direct and independent access to the Board of Directors. The Compliance Officer can be reached at (315) 298-6564 ext. 2012 or via email at cprior@connexcare.org.

ConnexCare also has a Corporate Compliance Committee is a committee of the board which meets on a quarterly basis. The committee has a Committee Charter (CC031.2) and consists of administrative, clinical and clerical staff members as well as select Board Members. The committee is responsible for the oversight of the Corporate Compliance Officer and Program. The Board Members that serve on the Corporate Compliance Committee will be responsible for presenting the meeting minutes at the following Board of Directors meeting. The Board will ensure that the Compliance Officer has direct and uninhibited access to the Board at any time.

Appointment of a Corporate Compliance Officer (CC035)

It is ConnexCare's policy to have a Compliance Officer to oversee the development and implementation of its Compliance Program.

To ensure appropriate handling of instances of suspected or known illegal or unethical conduct. Health Center's Corporate Compliance Officer reports and has direct access to the Board of Directors and is supervised by the Chief Executive Officer. Corporate Compliance Officer is assured direct access to Health Center's Board of Directors for the purpose of making reports and recommendations on compliance matters.

Duties include:

- Overseeing and monitoring the development and implementation of Health Center's Compliance Program
- Taking reports of problems or violations, completing compliance reviews and coordinating corrections;
- Suggesting policies related to compliance to the Board and developing procedures implementing policies approved by the Board;
- Overseeing periodic compliance audits and monitoring compliance activities;
- Training Individuals affiliated with Health Center in compliance matters;

- Reporting incidents of non-compliant conduct to the CEO and Board, as appropriate; and ensuring that appropriate disciplinary actions or sanctions are applied.
- Other principal accountabilities/duties outlined in the Corporate Compliance Officers job description

Corporate Compliance Committee Charter (CC031.02)

The Compliance Committee (the “Committee”) shall represent and assist the Board of Directors (the “Board”) of ConnexCare in fulfilling its oversight responsibility regarding the Corporate Compliance program, including but not limited to its compliance with the laws and regulations that apply to its business operations, such as data privacy and federal and state healthcare program requirements.

Compliance Committee Membership

The Committee shall consist of the Corporate Compliance Officer, ConnexCare Senior Management who are representative of ConnexCare’s main departments: Finance, Nursing, Medical Leadership, Human Resources, Information Services, and Operations. A minimum of two ConnexCare Board Members provide support and oversight to the Committee. Members of the Compliance Committee serve to support the work of the Compliance Officer in implementing ConnexCare’s Compliance Program.

Authority and Responsibilities

Among its authority and responsibilities, the Committee shall:

- Oversee ConnexCare’s compliance program which is designed to ensure that ConnexCare identifies, prioritizes, and effectively mitigates risk areas;
- Be charged with the responsibility to protect the confidentiality of the committee, agency and patient information;
- Oversee the administration of ConnexCare’s Standards of Conduct and make recommendations to the Board regarding revisions thereto;
- Refer significant matters related to compliance with laws and regulations, conflicts of interest, reporting and disclosure requirements, and misconduct of the ConnexCare President or Vice Presidents to the Audit Committee of the Board as necessary and appropriate.
- The Staff Compliance Committee will analyze and, as needed, develop new methods for promoting compliance and identifying potential violations and for soliciting, evaluating, and responding to complaints and reports of alleged non-compliance.

In order to carry out its responsibilities, the Committee shall:

- Review periodically the structure, operation and effectiveness of:
 - (i) The Corporate Compliance Plan
 - (ii) The Compliance Risk Self-Assessment;

- (iii) Corporate Compliance Program Policies;
- (iv) The Internal Monitoring & Auditing System;
- (v) The Agencies Training and Educational Materials; and
- (vi) Agency Investigations
- Monitor the effectiveness of:
 - (i) The Corporate Compliance Workplan
 - (ii) Corrective Action Plans
 - (iii) ConnextCare's "Open Door" Policy
 - (iv) The Anonymous Corporate Compliance Hotline
 - (v) ConnextCare's response to identified Risk areas

Governance, Structure and Operations

The Committee shall:

- Meet regularly (at least Quarterly) to review Corporate Compliance Activities, Workplan and the Action Register.
- Annually evaluate and assess the Committee's membership and performance; and
- Regularly report to the Board with respect to its activities and decisions.

In order to carry out its responsibilities, the Committee shall have the authority to:

- Have access to any ConnextCare information they may need to fulfill the obligations of oversight;
- Upon request, require management to conduct audits on compliance, regulatory and/or legal concerns and, where appropriate, direct management to provide the results of such audits to the Committee directly.
- Upon request, meet privately with any member of the Company's senior management team or any other Company employee.
- Employ and obtain advice and assistance from external advisors (ie: Risk Attorney's); and
- Delegate its duties and responsibilities to a subcommittee comprised of one or more Committee members, as applicable, in accordance with applicable Corporation policy and other legal and regulatory requirements.

Limitations of the Corporate Compliance Committee's Role:

- Management is responsible for designing programs to comply with applicable laws and regulations in scope of this Charter.

ELEMENT 3: Training and Education

ConnexCare ensures that every staff member or agent acting on behalf of the organization receives the appropriate training upon hire, and annually thereafter. New Hire Orientation includes a presentation from the Corporate Compliance Officer. This is followed by an annual In-Service training created by the Corporate Compliance Officer which is completed by every staff member. The Compliance Officer also distributes a “Compliance Corner” newsletter and attends monthly all staff meetings to provide additional education to staff members and to be available for questions. Annually, the Compliance Officer provides Education and Training to the Board of Directors. A letter disseminating the Standards of Conduct is mailed to vendors upon engagement and annually.

Disseminating the Standards of Conduct and Compliance Program (CC031)

It is the policy of ConnexCare to ensure that all Individuals Affiliated with the Health Center (i.e., Board members, employees, contractors, vendors, agents, and volunteers) are familiar with the Health Center’s Standards of Conduct and Compliance Program.

1. Establishing a Compliance Program and Standards of Conduct (CC025). As part of its efforts to implement an effective Compliance Program, the Health Center has established a written Compliance Plan and Standards of Conduct that includes compliance policies and procedures consistent with the requirements and standards established by the Board of Directors, federal and state law and regulations, relevant reviewing and accrediting organizations, and as applicable, commercial health plans. The Certification of Commitment to Comply with Standards of Conduct and Compliance Program (CC031.01) form is signed by all staff and agents of the health center. The Pledge of Excellence (CC025.01) is signed by the Board of Directors, the Leadership team of ConnexCare as well as identified others within the organization.

2. Disseminating the Compliance Program. The Health Center will disseminate to all Affiliated Individuals of the Health Center, promptly after their affiliation with the Health Center, a copy of the Health Center’s Standards of Conduct and Compliance Program. Copies of the Health Center’s Standards of Conduct and Compliance Program will also be made available to any Affiliated Individual of the Health Center, upon request. The Compliance Plan, Standards of Conduct and Whistleblower policies are also available on the ConnexCare website and intranet. A letter disseminating the Standards of Conduct is mailed to vendors upon engagement and annually.

3. Revisions. The Health Center will revise its Standards of Conduct and Compliance Program as needed to reflect changes in the applicable federal and state law and regulations, relevant reviewing and accrediting organizations, and as applicable, commercial health plans.

Compliance Program Training and Education (CC022)

It is the policy of ConnextCare to develop or offer ongoing and regular educational and training programs so that all Board members, Staff, and agents of the health center are familiar with ConnextCare's Compliance Program and understand the fraud, abuse and privacy laws, as well as the coding and billing requirements imposed by Medicare, Medicaid, and other applicable Government and commercial third-party payers.

- 1. General Compliance Training.** All ConnextCare Board members, Providers and Staff will receive initial and ongoing training and education on ConnextCare's Compliance Program. Training will include how to perform their jobs in compliance with all applicable laws and regulations, ConnextCare's written Standards of Conduct, and specific policies and procedures. Training will emphasize that compliance is a condition of employment and that Staff have a duty to report known or suspected misconduct and may be subject to disciplinary action if they fail to report the misconduct. Additional training and education will address applicable fraud and abuse laws, general requirements governing coding and billing of health care services and items, changes in the laws, privacy, and areas of risk specific to ConnextCare or otherwise identified as relevant to ConnextCare.
- 2. Training Methods.** Acceptable means of training and education include, as appropriate, General Staff meetings, conducting training seminars, attending third party training opportunities, or less formal means. Annually, all staff will complete in-service modules and competency testing on Corporate Compliance. These may include distribution of newsletters and other written communication, the posting of notices on bulletin boards, and such other means as determined to be effective in communication. Documentation of each Board, Provider and Staff member's participation in on-site and outside training and education activities will be kept in their personnel file in the Human Resource Department.
- 3. Specialized Coding and Billing Training.** In addition to the more general Compliance Program training described in this policy and procedure, ConnextCare will, at least once a year, educate and train all Staff with direct responsibility for coding and billing. This includes physicians and other clinical staff, on the specific requirements relating to these job functions. Training may be done by each department's supervisor in coordination with the Revenue Cycle Manager.
- 4. Other Specialized Training.** ConnextCare will routinely, and as needed, conduct specialized training on other areas of the law relevant to ConnextCare for the purpose of education and training of its Board members and/or Staff on performing their job functions in a manner that complies with all applicable laws, implementing regulations, and standards.

5. **Signed Acknowledgment.** All staff will sign the Certification of Commitment to Comply with Standards of Conduct and Compliance Program form (CC031.01) upon hire. All staff acknowledge their training through the training modules. Board members, the ConnexCare leadership team and other key employees sign the Pledge of Excellence (CC025.01) upon hire (or appointment) and annually.
6. **New Employees.** New Board Members and Staff will receive compliance training and education as soon as possible after the beginning of their employment and/or appointment. Coding and billing personnel will be trained early in their employment and receive appropriate supervision until they demonstrate satisfactory understanding of the relevant requirements and procedures.
7. **Focused Training.** In addition to training ConnexCare's Board members and Staff on ConnexCare's Compliance Program and on coding and billing practices, ConnexCare may conduct focused training to address potential problem areas identified in the course of an audit or otherwise brought to the attention to the Compliance Officer.
8. **Additional Training and Education.** Board members and Staff may be required to participate in other training and education programs developed or offered by ConnexCare including, e.g. quality improvement programs. These programs are in addition to the Compliance Program and more specialized training and education discussed in this Policy and Procedure.
9. **Contract Provisions.** Contracts with contractors and vendors will contain a provision reflecting the requirement of Compliance Program training. Vendors and Suppliers will be provided a standardized letter explaining the expectation of Corporate Compliance and ConnexCare's Standards of Conduct and where to find the documents related to compliance on the ConnexCare website.

ELEMENT 4: Effective Lines of Communication with the Compliance Officer and Disclosure Programs

Potential compliance issues can be reported directly to the Corporate Compliance Officer or anonymously through Compliance Resource Center at 1-855-252-7606 or at www.complianceresource.com/hotline. It is encouraged that all staff report compliance issues directly through either of these methods instead of through the typical chain of command (i.e. supervisor).

Alternatively, the CCO's contact information is also listed on the ConnexCare website under the 'Compliance' section.

Reporting Instances of Non-Compliance (Whistleblower) (CC020)

ConnextCare is committed to providing patient care and conducting its business in a manner that complies fully with applicable law, regulation, guidance, program requirements, and ConnextCare's Standards of Conduct. To support this commitment and to protect ConnextCare's reputation, all Staff must report suspected unethical or illegal conduct, including issues related to safety or quality of patient care. No intimidation of, nor shall discriminatory or retaliatory action be taken against any individual who, in good faith, reports suspected or known instances of non-compliance.

Outlined in the policy:

1. All staff, board members and agents have an affirmative duty to report non-compliance
2. Anonymous reporting mechanisms are available and accessible
3. Good Faith Reporting
4. Non-Retaliation/Non-Intimidation/Non-Discrimination
5. Disciplinary actions for failing to report instances of non-compliance
6. Investigations of Non-Compliance
7. Resolution of Investigations

False Claims Whistleblower (FIN050)

It is the policy of ConnextCare to follow State and Federal guidelines concerning False Claims and Whistleblower protections and to encourage staff and others associated with ConnextCare to report false claims and to understand the protections under the Whistleblower provisions.

Responding Appropriately to Detected Offenses (CC032)

ConnextCare is committed to ensuring that its Standards of Conduct, Compliance Program, and policies and procedures are adhered to by all Individuals Affiliated with Health Center (i.e., Board members, employees, contractors, vendors, agents, and volunteers) through the consistent enforcement of the aforementioned standards. Enforcement will be accomplished by imposing appropriate disciplinary action and by taking necessary corrective measures. Health Center will take appropriate steps to respond to every report of suspected unethical or non-compliant conduct. These steps may include conducting investigations, reviewing documents, implementing or revising policies and procedures, offering training, conducting audits, and imposing disciplinary action.

Breach of Privacy & Confidentiality (CC029)

It is the policy of ConnextCare to protect information regarding our patients. We acknowledge that medical records are highly confidential and must be treated with great respect and care by all staff, and

in accordance with HIPAA. Any breach in patient confidentiality by a staff person is subject to formal disciplinary action based on the Sanction Policy (IT010).

Incident Response and Reporting (IT015)

ConnexCare works collaboratively with Federal, State and Local Enforcement agencies to identify notify and report and mitigate information security incidents that may occur in ConnexCare. This policy serves to provide the fundamental understanding of what is required by workforce members to minimize the negative consequences of such incidents and to improve ConnexCare's ability to promptly restore operation affected by such events. This policy also informs workforce members that incidents are to be promptly reported to the appropriate authorities and that significant incidents are properly monitored and mitigated.

Lines of Communication

Reporting Instances of Non-Compliance, Breaches of Privacy, Ethics violations, Patient Rights violations, Information Technology security events, or any other type of non-compliance by a ConnexCare employee, board members, or agent: All workforce members are required to report these incidents within 24 hours of its occurrence or discovery.

The process of the reporting:

- Contact the Compliance Resource Center
 - Website: <https://www.complianceresource.com/hotline/>
 - Phone: 1.855.252.7606
 - And/or contact the Compliance Officer directly
- If IT related: Also contact the IT Help Desk.

ELEMENT 5: Enforcing the Standards: Consequences and Incentives

Disciplinary policies exist to encourage good faith participation in the Compliance Program by employees, board members and agents. Failure to comply with this Plan and/or any laws or regulations may result in disciplinary action(s).

All detected offenses are reported directly to the Corporate Compliance Officer or by way of an anonymous report through Compliance Resource Center. Any staff member who reports to their supervisor should be redirected to either of these sources.

When a report is made, the Corporate Compliance Officer will launch an investigation or review, write a report on the findings and make recommendations to the appropriate staff and supervisors. Each instance of non-compliance will be investigated and reviewed on a case-by-case basis.

Sanction Policy (IT010)

Each Information Security Policy and procedure will have a risk assessment to determine the type of sanction that will be assigned to the policy.

Responding Appropriately to Detected Offenses (CC032)

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Progressive Discipline (HR021)

ConnexCare's progressive discipline policy and procedures are designed to provide a structured corrective action process to improve and prevent a recurrence of undesirable employee behavior and performance issues. It has been designed consistent with ConnexCare organizational values, Human Resources (HR) best practices and employment laws.

ConnexCare reserves the right to combine or skip steps depending on the facts of each situation and the nature of the offense. The level of disciplinary intervention may also vary. Some of the factors that will be considered are whether the offense is repeated despite coaching, counseling or training, the employee's work record, and the impact the conduct and performance issues have on the organization.

ELEMENT 6: Risk Assessment, Auditing, & Monitoring

An on-going evaluation process is critical in detecting non-compliance and will help ensure the success of the Compliance Program. Risk areas are detected through a variety of ways including:

- Review of the OMIG Risk Areas
- Self-evaluations
- Audits (internal and external)
- Credentialing of appropriate staff
- Mandatory Reporting

The Corporate Compliance Committee will review all findings resulting from these evaluations.

Conducting Compliance Audits (CC028)

As part of its efforts to implement an effective Compliance Program, it is the policy of ConnexCare to periodically conduct self-audits of its operations, including its coding and billing practices, privacy, and written policies and procedures, to ascertain problems and weaknesses in its operations and to measure the effectiveness of its Compliance Program.

Staffing. The Compliance Officer will designate members of ConnexCare's Staff Compliance Committee, clinical, and administrative staff, and/or will retain outside auditing personnel to conduct periodic self-audits of its day-to-day operations, focusing their audits on ConnexCare's risk areas. Persons conducting the audits should have knowledge of the laws, regulations, and other requirements pertaining to the audited practices and be familiar with their application. Audits are adequately staffed to ensure accurate and complete results.

Compliance Audit Plan (CC028.01). Self-audits conducted by ConnexCare will include a review of a variety of topics. The audit plan outlines areas of risk, the type of audit, frequency, and the staff member responsible for the audit. The Annual Audit Plan reflects the objectives set forth in the Compliance Plan.

All periodic self-audits are performed according to ConnexCare's written policies and procedures governing audits of its coding and documentation, billing, and other business practices, or as specifically prescribed by the Compliance Officer.

Information Systems Audit Review (IT011)

The purpose of this policy is to set forth the guidelines on how systems, applications, and/or network devices will be monitored and audited by the Information Security Organization. This policy will provide the necessary tools for ConnexCare to monitor all activities and provide assurance that all systems, applications, and/or network devices are being accessed for the intent of necessary business practices.

For all systems, applications, and/or network devices that contain or traverse data, a process will be in place to review security and auditing on a periodic basis. The following the requirements outlined in the policy and procedure in the areas of:

1. Security Self Assessments
2. User Account Assessment
 - a. Generic User Accounts
 - b. Terminated Employee Accounts
 - c. Privileged Accounts
 - d. General User Accounts
 - e. Service Accounts
 - f. Network Device Accounts
3. Audit Activity Assessment
 - a. Account Creation/Deleted/Disabled/Enabled
 - b. Logon / Logoff Activity
 - c. Failed Logon Attempts
 - d. Use of Privileged Accounts
 - e. Use of Service Accounts
 - f. Data Modification
 - g. EMR Documentation Deletion Log
4. Vulnerability Assessment

All findings that require mitigation will be placed into a report with remediation steps to the systems administrator for mitigation. Any findings within the Audit Activity Assessment that warrant further investigation will follow the information security incident reporting process.

On an annual basis a third-party vendor will conduct an Information Security Risk Assessment to determine vulnerabilities within the organization. This is outlined in the **Risk Analysis Policy (IT 002)**. Based on the findings from the Risk Assessment, the Corporate Compliance Officer and the Director of Information Services will work together to complete a Corrective Action Plan.

Risk Management Policy (IT003):

ConnextCare will maintain a continuous risk management program to ensure that appropriate security measures are selected and implemented to protect the confidentiality, integrity, and availability of data assets. The safeguards and countermeasures implemented will be commensurate with the risks to the information system that store, process, transmit or receive data assets.

Risk Management Policy (QRM019):

It is the policy of ConnexxCare to implement effective strategies to identify and reduce risk across the organization. ConnexxCare will participate in a variety of risk assessments that assess both internal and external risk to the organization.

Audits (FIN040)

ConnexxCare will have an annual, independent audit performed as required by 45 CFR-Part 74 OMB Uniform Guidance, and as directed by the Board of Directors.

Contract Management, Consultants & Affiliation Agreements (FIN043)

ConnexxCare will ensure appropriate procurement and oversight over all contracted services and/or sub recipients, including provisions for the monitoring and evaluation of contract and/or sub recipient performance by the health center. The President/CEO and Vice President/CFO, or designee is authorized to enter into appropriate contractual agreements. The Vice President/CFO, or designee will review, advise, and maintain all contracts files. The review of contracts may involve review by the Compliance Officer or coordinating with outside legal counsel, as applicable, and there should be assurances that ConnexxCare is in compliance with Federal, State, and Local laws and regulations as well as requirements of all funding sources related to contractual arrangements. It is also ConnexxCare's policy to comply with applicable federal and state regulations and ConnexxCare's Conflict of Interest Policy.

Effective Systems of Internal Controls (FIN004)

ConnexxCare's financial management system is the responsibility of the Board of Directors. Specific tasks and duties related to the management of the Center's financial affairs will be separated such that no one position has control over functions that could lead to questions regarding misappropriation of funds. The Sr. Vice president/CFO or designee is responsible for establishing the delegation of tasks with the handling of cash, checks, and accounts receivables and payables to assure that sufficient controls are in-place to safeguard assets.

ELEMENT 7: Responding to Detected Offenses and Developing Corrective Action Initiatives

Reports of suspected non-compliance are investigated and, if validated, reported to the appropriate regulatory agency, as applicable. When needed, issues can be brought to the compliance committee or legal counsel for review. The Corporate Compliance Officer will be in charge of all investigations relating to detected offenses.

Responding Appropriately to Detected Offenses (CC032)

ConnextCare is committed to ensuring that its Standards of Conduct, Compliance Program, and policies and procedures are adhered to by all Individuals Affiliated with Health Center (i.e., Board members, employees, contractors, vendors, agents, and volunteers) through the consistent enforcement of the aforementioned standards. Enforcement will be accomplished by imposing appropriate disciplinary action and by taking necessary corrective measures. Health Center will take appropriate steps to respond to every report of suspected unethical or non-compliant conduct. These steps may include conducting investigations, reviewing documents, implementing or revising policies and procedures, offering training, conducting audits, and imposing disciplinary action.

The Privacy/Corporate Compliance Officer will determine whether a formal investigation is needed or whether the issue may be resolved through other means. The purpose of an investigation is:

- To identify situations in which applicable federal or state laws or the requirements ConnexCare's Compliance Program may not have been followed
- To identify individuals who may have knowingly or inadvertently violated the law or ConnexCare's Compliance Program requirements
- To facilitate the correction of any violations or misconduct
- To implement procedures necessary to ensure future compliance
- To protect ConnexCare in the event of civil or criminal enforcement actions
- To preserve and protect ConnexCare's assets

Corrective Actions:

Findings from compliance reviews, investigations, risk assessments, and audits are shared with the appropriate supervisory staff and are reviewed upon completion. The Compliance Officer will monitor what actions are taken regarding the recommended corrective actions and file this along with the investigation or compliance review.

If a formal corrective action plan is required, the Corporate Compliance Officer and the Compliance Committee will work together to complete the 90-Day Corrective Action Plan.

Responding Appropriately to Allegations of Non-Compliance Made Concerning the CEO (CC033)

Allegations of non-compliance made against the Chief Executive Officer may have significant consequences for the individual involved as well as for the organization. The unique circumstances involved in the investigation of allegations made against the CEO (as opposed to allegations involving other staff) call for a balanced approach that necessarily requires the Board's involvement as part of its oversight of the CEO but respects the CEO's day-to-day management of the organization.

In the event the investigation identifies misconduct or other non-compliance on the part of the CEO, the investigator or legal counsel, as appropriate, shall provide a complete report concerning the investigation to the Board. Thereafter, the Board will undertake the following steps.

1. The Board Chair will, as quickly as possible and through appropriate ConnextCare leadership, direct that any non-compliant practice be halted.
2. The Board Chair will consult with legal counsel and the Executive Committee to determine whether voluntary reporting of the identified misconduct to the appropriate governmental authority is required or warranted.
3. If applicable, the Board will consider, approve and direct implementation of corrective action to remedy the effects of the misconduct.
4. If applicable, the Board will consider, approve and initiate appropriate disciplinary action, which may include, but is not limited to, reprimand, demotion, suspension and/or termination of the CEO, in accordance with the terms of the relevant employment contract.
5. Promptly undertake appropriate training and education to prevent a recurrence of the misconduct.
6. Conduct a review of applicable ConnextCare policies and procedures to determine whether revisions or the development of new policies and/or procedures are needed to minimize future risk of noncompliance.
7. Conduct, as appropriate, follow-up monitoring and auditing to ensure effective resolution of the offending practice.
8. Take precautions to safeguard all investigation reports and related documents to prevent unauthorized disclosure.

Plan Effectiveness

This plan shall be reviewed, along with the Corporate Compliance Program, annually by the Corporate Compliance Committee to evaluate its effectiveness and to determine if changes/revisions are necessary. Staff will also participate in an annual Compliance Effectiveness Survey and those results will be used to support continued improvement of the compliance program and plan.

The Compliance Plan and an Annual Report of the Compliance Program shall be submitted to the Board of Directors. Material changes to the plan will be approved by the Board of Directors.

Distribution:

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|--|-----------------------------------|---|-----------------------------------|
| ☐ Administration | ☐ Billing | ☐ Dental Assistant | ☐ Clerical |
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☒ All Staff

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☐ Phoenix

☐ Oswego

☐ Mexico

Board Approval 4/21/2021, 2/15/2023, 2/21/2024, 2/19/2025, 2/18/2026

Record of Change:

Revision	Date	Responsible Person:	Description of Change:
Previous revisions: 2/8/2022, 2/2/2023, 2/12/2024			
1	5/22/2024	N/A	All previous versions prior to 5/22/2024 are recorded in annual Policy and Procedure Folders
2	2/15/2025	Compliance Officer	Addition of Non-Discrimination section per NYS & Federal Requirements for non-discrimination.
3	2/11/2026	Compliance Officer	Added compliance with Federal & State Executive Orders, Definitions for Compliance Program & OIG. Element 3- changed newsletter frequency & staff meeting to "all" staff meeting.