



61 Delano Street, Pulaski, New York 13142-1400  
Phone: (315) 298-6569 Fax: (315) 298-7488 TDD: 711  
[www.connexxcare.org](http://www.connexxcare.org)

## **ConnexxCare Compliance Plan**

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## Introduction

ConnextCare 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 ConnextCare. 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, and the Health Resources & Services Administration (HRSA) Health Center Program Compliance Manual.

ConnextCare 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 Eight Elements for an Effective Compliance Program, 7 Focus Areas of an Effective Compliance Program, and the accompanying ConnextCare 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 staff, board members and agents acting on behalf of ConnextCare.

## Mission Statement

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

## Vision Statement

ConnextCare'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 ConnextCare adheres to regarding the elements of compliance.

**CRC.** Compliance Resource Center

**OMIG.** Office of the Medicaid Inspector General

**HIPAA.** Health Insurance Portability and Accountability Act

## **Eight 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.
- 2. Designation of an employee vested with responsibility for the day-to-day operation of the compliance program.** 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. Communication lines to the responsible compliance position,** 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. Disciplinary Policies** 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. Monitoring, Auditing and Internal Reporting.** A system for routine identification of compliance risk areas for self-evaluation of such risk areas, including but not limited to:
- Billing and Payments;
  - Internal and External audits;
  - Risk Assessments;
  - Credentialing of providers and persons associated with providers;
  - Mandatory Reporting;
  - Governance;
  - Quality of Care and Medical Necessity;
  - Privacy and Data Security.
- 7. Investigation and Remediation.** 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.
- 8. A policy of Non-Discrimination, Non-Intimidation and Non-Retaliation** for good faith participation in the compliance program, including but not limited to
- Reporting potential issues;
  - Investigating issues, self-evaluations, audits and remedial actions; and
  - Reporting to appropriate officials as provided in sections 740 and 741 of the Labor Law.

### **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.

#### **ELEMENT 1: Written Policies and Procedures**

Connextcare has written policies and procedures to provide guidance to staff, board members and agents on how to avoid, detect and prevent instances of non-compliance. These policies and procedures are readily available on the ConnextCare Common Drive and Intranet.

##### **Initiation and Approval of Policies (CC 001)**

It is the policy of ConnextCare to research and initiate development of a policy, procedure and forms when the need is identified. All policies will be approved by the Board of Directors.

##### **Initiation**

1. Discuss the need for policy and procedure
2. Drafted by appropriate staff/department supervisor will determine who needs to approve within the department.
3. Department head will bring to management team. The policy will then be reviewed or revised then approved by the management team.
4. The policy will then be put on the agenda for the monthly meeting for the applicable committee to approve.
5. The policy will be added to the agenda for the Board of Directors meeting and approval will be noted in the minutes.

##### **Implementation**

1. The policy will then be booked, into the electronic and hard copy Policy and Procedure Manual.
2. If necessary appropriate in-service training will be scheduled.

#### Revision

1. The Board of Directors will review any policy revisions throughout the year based on recommendations from sub – committees and management.

#### Ongoing

Annual review, revision and approval will occur as necessary.

All ConnexCare policies, procedures and forms will follow the same template.

### **Standards of Conduct (CC 025)**

It is the policy of ConnexCare 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 ConnexCare Standards of Conduct shall apply to each person acting on behalf of ConnexCare.

### **General Responsibilities**

The Board of Directors of ConnexCare recognizes the paramount importance of maintaining ConnexCare'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 ConnexCare'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 ConnexCare policies and procedures, and with generally accepted standards of professionalism, courtesy, and respect. Furthermore, ConnexCare 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 ConnexCare, 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 ConnexCare.

Such information may not be: (1) disclosed outside of ConnexCare 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 ConnextCare. 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**

ConnextCare 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 Section II.F.2. 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, ConnextCare requires designated staff, Board members and candidates for Board membership to annually complete the Pledge to Excellence and Code of Corporate Conduct form 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 the Disclosure Form (e.g. with respect to a particular transaction).

#### **Additional Interests**

ConnextCare 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 Procurement Policy.

##### **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 Section II.F.3., 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 ConnextCare'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 ConnextCare may determine whether such outside employment or consultancy conflicts, or has the potential or appearance to conflict, with the interests of ConnextCare. ConnextCare'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 ConnextCare'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 ConnexCare or by any staff on behalf of ConnexCare 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. 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 ConnexCare Policy CC 020: 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 ConnexCare 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 ConnexCare in accordance with the ConnexCare Policy and Procedure HR 021: 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 ConnexCare Policy and Procedure (HR 021) Progressive Discipline.

#### **Developing and Implementing Compliance Practice Standards (CC 037)**

It is the policy of ConnexCare to promote compliance by developing officially-approved written policies and procedures that establish guiding principles or courses of action for individuals affiliated with ConnexCare. As necessary to implement an effective Compliance Program, ConnexCare 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.

#### **Reporting Instances of Non-Compliance (Whistleblower CC 020)**

ConnexCare is committed to providing patient care and conducting its business in a manner that complies fully with applicable law, regulation, guidance, program requirements, and ConnexCare's Standards of Conduct. To support this commitment and to protect ConnexCare'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.

**Responding Appropriately to Detected Offenses (CC 032)**

ConnexCare 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.

## **ELEMENT 2: Designation of an Employee Vested with Responsibility**

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. The Compliance Officer can be reached at (315) 298-6564 ext. 2012 or via email at [cprior@connexcare.org](mailto:cprior@connexcare.org).

Connexcare also has a Corporate Compliance Committee that meets on a quarterly basis. The committee 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.

### **Appointment of a Corporate Compliance Officer (CC 035)**

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:

- Overseeing and monitoring the development and implementation of Health Center's Compliance Program
- Taking reports of problems or violations 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 Health Centers Corporate Compliance Officers job description

### **Charges to Members of the Corporate Compliance Committee (CC 031.02)**

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.

### **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) ConnexCare'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:

- Employ and obtain advice and assistance from external advisors (ie: Risk Attorney's); and
- Make recommendations for improvement; 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.



### **ELEMENT 3: Training and Education**

Connextcare 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 an hour-long 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.

#### **Disseminating the Standards of Conduct and Compliance Program (CC 031)**

It is the policy of ConnextCare 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.** As part of its efforts to implement an effective Compliance Program, the Health Center has established a written Compliance Program 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. Charges to Members of the Staff Compliance Committee Form given to individuals affiliated with the health center. (CC 031.02)

**2. Disseminating the compliance program.** The Health Center will disseminate to all Individuals Affiliated with the Health Center, promptly after their affiliation with the Health Center, a copy of the Health Center's Standards of Conduct and Compliance Program (CC 031.01). Copies of the Health Center's Standards of Conduct and Compliance Program will also be made available to any Individual Affiliated with the Health Center, upon request from the Compliance Officer or from a member of the staff-level Compliance Committee.

**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 (CC 022)**

It is the policy of ConnextCare to develop or offer ongoing and regular educational and training programs so that all Board members and Staff are familiar with ConnextCare's Compliance Program and understand the fraud and abuse 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, 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 module and competency 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 Director of Billing Services.
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 Board members and Staff will be given a copy of ConnextCare's Standards of Conduct and asked to sign and acknowledge that they are aware of and will abide by these Standards of Conduct.
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.

#### **ELEMENT 4: Lines of Communication to the Responsible Compliance Position**

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](http://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) (CC 020)**

ConnexCare is committed to providing patient care and conducting its business in a manner that complies fully with applicable law, regulation, guidance, program requirements, and ConnexCare's Standards of Conduct. To support this commitment and to protect ConnexCare'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.

1. All staff, board members and agents have an affirmative duty to report non-compliance
2. Anonymous reporting mechanisms are available and accessible
3. Non-Retaliation/Non-Intimidation/Non-Discrimination for good faith reporting
4. Disciplinary actions for failing to report instances of non-compliance

### **Incident Response and Reporting (IT 015)**

ConnextCare works collaboratively with Federal, State and Local Enforcement agencies to identify, notify and report and mitigate information security incidents that may occur in ConnextCare. 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 ConnextCare'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 ConnextCare 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: Disciplinary Policies**

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 (IT 010)**

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 (CC 032)**

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 and Confidentiality (CC 029)**

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 (IT 010).

#### **ELEMENT 6: Identification of Compliance Risk Areas**

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:

- 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 (CC 028)**

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

ConnextCare will periodically conduct self-audits to determine whether:

1. Its' written standards and policies and procedures are consistent with changes in the law and whether they are otherwise effective and current;
2. It is operating in compliance with its written standards and policies and procedures;
3. Compliance program meets or exceeds the requirements for each of the eight elements of an effective Compliance Plan identified by the OIG.
4. Bills are accurately coded and accurately reflect the services provided;
5. Documentation is accurate and complete;
6. Furnished services or items are reasonable and necessary;
7. Arrangements, contracts or business practices with third-parties provide an improper incentive for furnishing unnecessary services.
8. The Compliance Program's essential components are appropriately developed and properly implemented.
9. Compliance Program activities are properly documented.

**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 knowl/edge of the laws, regulations, and other requirements pertaining to the audited practices and be familiar with their application. Audits should be adequately staffed to ensure accurate and complete results.

**Covered Areas.** Self-audits conducted by ConnexCare will include a review of the following areas:

- Coding and billing;
- Written policies and procedures;
- Compliance Program;
- Chart Audits-Need to know/Minimum Necessary/ Employee Access;
- Quality of Care;
- Other clinical and/or business practice areas that merit concern as identified by the Compliance Officer based on guidance from, the Department of Health and Human Services, Office of Inspector General, and/or other Federal and/or State regulatory and enforcement agencies, prior audits, accreditation reviews, and other assessments.

All periodic self-audits should be 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 (IT 011)**

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 ConnextCare 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 paragraphs specify the policy requirements:

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.

#### **ELEMENT 7: Responding to Detected Offenses**

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 (CC 032)**

ConnexCare 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

Additionally, Findings from risk assessments are reviewed upon completion. 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 (CC 033)**

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 ConnexCare 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 ConnexCare 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.

#### **ELEMENT 8: Non-Retaliation, Non-Discrimination, Non-Intimidation**

ConnexCare is committed to providing a culture where staff, board members and agents feel safe to report any suspected or known instances of non-compliance. Compliance Resource Center (CRC) is a third-party vendor enlisted to assist staff with anonymously reporting compliance issues. These anonymous reports are sent from CRC directly to the Corporate Compliance Officer. In addition to reporting issues internally, reporting directly to regulatory agencies is also an option.

Staff, board members and agents will never be retaliated against or intimidated for reporting a compliance issue.

#### **Reporting Instances of Non-Compliance (Whistleblower) (CC 020)**

ConnexCare is committed to providing patient care and conducting its business in a manner that complies fully with applicable law, regulation, guidance, program requirements, and ConnexCare's Standards of Conduct. To support this commitment and to protect ConnexCare's reputation, all Staff, providers and Board Members must report suspected unethical or illegal conduct, including issues related to safety or quality of patient care. No retaliatory action shall be taken against any individual who, in good faith, reports suspected or known instances of non-compliance.

**Non-Retaliation, Non-Intimidation, Non-Discrimination.** No intimidation, discrimination nor retaliatory action will be taken against any staff who, in good faith, reports suspected or known instances of non-compliance. That the individual, in good faith, believes may violate federal or state law or regulation(s).

If an individual believes that he/she has been subject to any retaliation that violates this policy, he/she may file a complaint with the Compliance Officer, the Human Resources Department, or through the Compliance Hotline for investigation. Examples of retaliation include, but are not limited to: employment actions such as termination, refusal to hire or denial of a promotion, unjustified negative evaluations, unjustified negative references, threats, harassment or intimidation. Individuals also have the right to submit the complaint to the U.S. Department of Health and Human Services Office of the Inspector General or, in the case of HIPAA-related retaliation, to the U.S. Department of Health and Human Services Office of Civil Rights.

If, after an investigation of a retaliation claim, Health Center determines that an individual has been the subject of retaliation, Health Center will take the appropriate corrective action which may include disciplinary action up to and including termination.

### **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.

The Annual Evaluation of the Compliance Plan shall be submitted to the Board of Directors. Material changes to the plan will be approved by the Board of Directors.

Board Approval 4/21/2021, 2/15/2023

Revised 2/8/2022, 2/2/2023