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Owner **Shané Abercrombia: Director of Compliance**
 Area **Compliance**
 Applicability **VillageCare Corporate Services**

Compliance Charter

PURPOSE

VillageCare and its affiliated entities ("the organization") operate in a highly regulated environment. The Corporate Compliance Program ("Compliance Program") was created to define and provide guidance around the legal and ethical obligations of all officers, directors, employees, volunteers, trainees, contractors and agents of the organization ("collectively referred to as members of the organization").

This Compliance Program was developed to assist members of the organization in complying with all organizational policies and procedures, applicable federal, state and local laws and regulations, various licenses, tax-exempt charitable status, and pursuant to contractual relationships including, without limitation, the requirements of the Medicare and Medicaid programs and the Internal Revenue Code (collectively referred to as "Applicable Rules"); to foster and assure ethical conduct, and to provide guidance to members of the organization. In addition, the Compliance Program is designed to operate effectively, as required under Part 521 entitled "Provider Compliance Programs" as added to Title 18 Code, Rules and Regulations of New York State; and under sections 6401 and 6402 of the federal Patient Protection and Affordable Care Act of 2010 ("PPACA"), 42 CFR § 438.3, 42 CFR § 447.50 - 42 CFR 447.60, 42 U.S. Code § 14401 and the guidelines established by the U.S. Department for Health and Human Services.

The position of Chief Compliance Officer (CCO) was created and reports administratively to the President and Chief Executive Officer and functionally to the Chair of the Audit Committee of the Board of Directors. The CCO is responsible for the oversight and direction, of the organization's Compliance and Audit programs and initiatives, and for the day to day management of the compliance program infrastructure and staff that support the programs.

The position of Medicare Compliance Officer (Medicare CO) has direct access to the President & CEO,

and routinely reports on compliance issues to the CCO. The CCO reports administratively to the CEO, and both the CCO and Medicare CO report to the Compliance Committee. The Medicare CO has broad authority to make decisions related to the operations of the Compliance Department and regulatory matters.

This Compliance Program Charter articulates the purpose of the organization's Compliance Program, describes its scope, and implementation.

Pursuant to in accordance with 42 CFR 438.608(a)(1) and 18 NYCRR Part 521(items i. – vii.) VillageCare's Compliance Program contains the following elements:

1. Support for the Corporate Compliance Program at the highest levels of the organization (Leadership and Board of Directors) through the appointment of a Chief Compliance Officer ("CCO") and the formation of a Corporate Compliance committee with membership consisting the President and Chief Executive Officer and members of the executive leadership team who are collectively charged with the oversight and enforcement of the organization's Corporate Compliance Program initiatives.
2. Formation of a Compliance Committee for the health plan and for the provider programs consisting of the organizations' program leaders and department managers, who are collectively charged with implementation of the Corporate Compliance Program activities and initiatives within their programs/departments across the organization.
3. A written and adopted Code of Conduct which states the organization's corporate expectations for compliant and ethical behavior of all members of the organization, along with written policies and procedures that support the Compliance Program efforts and addresses key compliance risk areas.
4. Training and education delivered to all members of the organization on the Compliance Program, including training on the elements of the organization's Compliance Program, the Code of Conduct, and Applicable Rules and organization policies which are the foundation of the Compliance Program.
5. A system of open lines of communication to allow members of the organization to report concerns (anonymously, if requested) and to seek guidance on compliance-related issues, with strict organizational policy of non-retaliation/non-intimidation against anyone who makes an inquiry or files a report of a potential violation.
6. A system for enforcing standards through well-publicized disciplinary guidelines that sets forth the consequences of violating the organization's Code of Conduct and compliance policies and procedures.
7. Implementation of an on-going process to monitor and audit the organization's risk areas to ensure compliance with policies and procedures and Applicable Rules.
8. Responding to detected offenses and developing corrective action plans upon receipt of reports or reasonable indications of suspected non-compliance. The CCO will immediately investigate reports of non-compliance to determine whether there has been a violation of the Code of Conduct and/or Applicable Rules and/or policies and procedures; and if so, will follow with the implementation of decisive steps to correct the problem. A Corrective Action Plan (CAP) including, but not limiting to, refunding overpayments, claims revision, and/referral or self-disclosure to appropriate criminal or civil law authorities, where necessary.

9. An on-going process of internal compliance risk assessment and annual independent assessment of the effectiveness compliance program.

The Compliance Program is primarily intended to establish a framework for ethical responsibilities and regulatory compliance by the organization's members. It is not intended to set forth all the substantive practices of the organization that are designed to achieve compliance; nor is it intended to replace the organization's moral and ethical commitment, mission and values. The organization already maintains various practices aimed at monitoring the activities, and those practices will continue to be a part of its overall regulatory compliance efforts.

1. DESIGNATED CHIEF COMPLIANCE OFFICER, MEDICARE COMPLIANCE OFFICER, COMMITTEES AND LIASIONS

The responsibility for implementing day to day management of the Corporate Compliance Program for the organization is assigned to a designated Chief Compliance Officer ("CCO"). The CCO's principal duties are to:

- Lead and oversee day to day activities of the organization's Corporate Compliance Program;
- Report on activity, and maintain independent and direct access to the Audit Committee of the Board of Directors;
- Report administratively to the organization's President and Chief Executive Officer;
- Report on and oversee audit projects and activities conducted by the Compliance department's Internal Audit division, as part of a distinctive and additional role of the organization's Chief Audit Executive;
- Assist with the review, formulation, and revision of appropriate administrative, program-related, facility or departmental policies and procedures that guide documentation of certain activities (i.e. billing and clinical services) provided by members of the organization or by others contracted with or acting on behalf of the organization;
- Ensure that appropriate procedures are established for distribution of applicable regulation updated, including regulatory transmittals for accurate billing policies and procedures, and that relevant information is properly communicated and understood by billing staff and key personnel;
- Ensure that appropriate compliance education and training material is developed and presented/distributed to staff on a regular and timely basis;
- Coordinate and obtain guidance from the Corporate Compliance Committee on Compliance Program activities and initiatives;
- Monitor other audits or reviews being conducted by the organization or for the (i.e. quality assurance, regulatory surveys and audits, or investigations),
- Respond to all inquiries regarding new regulations or other compliance-related matters in collaboration with General Counsel; and seeking outside assistance when necessary;
- Review of inquiries or reports of potential non-compliance with the organization's Code of Conduct and/or Applicable Rules for members of the organization or contractors. If a suspected incident of non-compliance has occurred, develop an appropriate response in collaboration with Chief Legal Officer and Human Resources or outside counsel where applicable;

- Monitor corrective action activities/plans developed to address any compliance matters;
- Coordinate with leadership and key program or department managers in their function as "compliance liaisons" to foster a culture that ensures compliance with the Code of Conduct and all Applicable Rules.

Medicare Compliance Officer. The Medicare CO develops reports on compliance activities with the CCO, who reports to both the senior leadership Compliance Committee (with the Medicare CO), and to the Audit Committee of the Board of Directors. The Chair of the Audit Committee in turn reports on compliance to the full Board, while the CCO reports to the Board biannually. Committee meetings occur quarterly, with detailed reports provided in advance of the meeting. The CCO reports to the CEO, and the Medicare CO has direct access to the CEO. Communications may occur with the CEO on an ad hoc basis, and during regular check-ins.

The Medicare CO makes independent decisions on actions required with respect to:

- Dissemination of HPMS memos;
- Issuance and closure of CAP's for non-compliance;
- Approval of internal and external policies and procedures;
- Development of the risk assessment and work plan;
- Oversight and management of compliance and SIU investigations

The Medicare CO has the direct relationship with CMS Account Manager. Audits that have financial and beneficiary impact, Compliance Dashboard metrics that consistently fall below target, and ongoing compliance issues are escalated to CCO.

The CCO and Medicare CO collaborate on decisions related to the outcome of compliance audits and investigations activities performed by internal staff, or outsourced to third-parties and/or performed by external regulators, unless they involve the issuance of a fine, penalty or other action and/or require a significant refund or corrective action, in which case senior leadership is consulted.

Corporate Compliance Committee. The committee is charged with assisting the Chief Compliance Officer with the oversight responsibility of the Compliance program, relevant policies and procedures, the Code of Conduct, enforcement of rules and regulations, and the organization's responsiveness to the various ethical and regulatory risks it faces. The committee participates in the annual risk assessment and audit plan development process. The committee will convene at least quarterly. The Corporate Compliance Committee is chaired by the CCO. The President and Chief Executive Officer will serve as a committee member along with leaders representing the following areas:

- Operations
- Human Resources
- Finance
- Growth & Business Development
- Strategy
- Information Technology and Security
- Clinical Operations

- The Chief Legal Officer will serve as the committee's consultant.

Compliance Liaisons. A liaison is defined as an Administrator, Program Leader or Director, Department head, who also provides support to the Chief Compliance Officer and the Corporate Compliance Committee. The liaisons are required as part of their function, to lead and support a culture of compliance within their program/department and other areas of responsibility, and report on all compliance-related activities to the CCO through their participation on in compliance workgroups,

Compliance Operations Workgroups. Compliance workgroups at provider-based facilities (VCRN or 46th and Ten) are charged with assisting the Chief Compliance Officer or designatee with implementation of the Corporate Compliance Program activities including the performance of ongoing self-monitoring activities in key risk areas, identified within their programs and departments. Workgroups should meet at a minimum quarterly. The members are representatives from the following areas:

- Quality Management
- Program administrators
- Operations and Clinical Managers

CCO Succession Plan. In the event the current CCO leaves the organization. The President and Chief Executive Officer will appoint the Chief Legal Officer (CLO) and the Director of Compliance Operations to lead the corporate compliance function on an interim basis, until a new CCO is hired and approved by the Board of Directors.

2. WRITTEN GUIDELINES, POLICIES AND PROCEDURES

The Code of Conduct sets forth the principles and standards to which members of the organization are expected to adhere. The Code of Conduct articulates the policies of the organization and standards, intended to provide guidance to members of the organization including staff, supervisors, managers, administrators or executive leadership.

There are also written policies and procedures implemented (and updated as needed) related to compliance (i.e. conflict of interest, non-retaliation, disciplinary action, fraud and abuse), as well as policies that provide guidance to members of the organization on complying with Applicable Rules that are specific to their job functions and establishes corporate expectations for behavior.

The CCO will also issue directives, advisories, bulletins, newsletters and notices to members of the organization, related to compliance issues as they emerge or change. Once issued, they become part of the Compliance Program.

3. TRAINING AND EDUCATION

The CCO is responsible for development and delivery of an effective compliance training and education program, for all members of the organization. The training program will include at a minimum, the Code of Conduct, standards and corporate expectations for a commitment to compliance and the elements of the Compliance Program including the role of the Chief Compliance Officer, Corporate Compliance Committee, compliance hotline reporting, and non-retaliation/non-intimidation. Additional clinical, regulatory or other pertinent training and education is provided to specialized members of the organization. Training and education are delivered in a variety of formats including, in-person classroom training at various VillageCare locations, external seminars and conferences, video, and intranet or internet-based learning management systems. The CCO in collaboration with Human Resources who

maintains the learning management system and a roster of active employees is responsible to ensure a mechanism for documenting, monitoring and tracking completion.

4. LINES OF COMMUNICATION

A. Reporting Concerns.

All members of the organization (including Board members) shall abide by the organization's Code of Conduct and Compliance Program. Management shall enforce the requirements of the Code of Conduct and Compliance Program with subordinate staff. Any individual who is aware or suspects any violations of Applicable Rules, the Code of Conduct or policies and procedures, should contact their supervisor or the CCO to discuss the matter. The CCO will determine whether there is cause for investigation or further action. Members of the organization who report suspected or confirmed compliance issues will NOT be subjected to retaliation, intimidation or harassment as a result of reporting a potential violation. The organization shall maintain and enforce a strict policy of non-retaliation/non-intimidation.

The organization has several resources available to members of the organization to raise a compliance concern. If a question or issue arises concerning the application of the Code of Conduct and/or Applicable Rules or policies and procedures, or if a member of the organization becomes aware of a violation the following steps shall be followed:

1. Contact his/her supervisor immediately by telephone, in writing or email to request assistance or to report activities or practices.
2. If the supervisor does not resolve the employee's concerns or the employee is uncomfortable speaking to their immediate supervisor, or the supervisor is the subject of the concern or involved in the matter, the employee shall directly inform the CCO by either calling the Compliance Department directly at (212) 337-5637, the CCO directly at (212) 337-5760, by mail to: VillageCare c/o Chief Compliance Officer, 120 Broadway, Suite 2840, New York, NY 10271 or email DaraQ@villagecare.org. If the CCO is unavailable, the following other communication channels are available to report the matter:
 - Confidential Compliance Hotline (844) 348-2664
 - www.villagecare.ethicspoint.com
 - Director Compliance Operations (212) 450-9797
 - Human Resources (212) 337-5782
 - Chief Legal Officer (212) 337-5830
 - President and Chief Executive Officer (212) 337-5801
3. All inquiries and concerns reported must be acknowledged promptly as brought forward by a member of the organization.
4. Members of the organization should not seek assistance or report suspected violations or practices to other coworkers, family members, friends or other persons outside the organization, without first reporting the matter to the parties mentioned above or giving the organization a reasonable opportunity to conduct an appropriate investigation and take any necessary remedial action.

Every member of the organization shall review, understand and comply with these guidelines and

acknowledge receipt of the Code of Conduct annually. Failure to abide by it or to report suspected or known violations may result in disciplinary action or other sanctions, including termination.

b) Compliance Hotline (844) 348-2664 or www.villagecare.ethicspoint.com

Any member of the organization may call the Confidential Compliance Hotline EthicsPoint, 24 hours a day seven days a week to ask questions about ethical or legal conduct, or to report known or suspected violations. The Confidential Compliance Hotline serves the following purposes:

- It allows callers to anonymously report concerns without fear of retaliation, intimidation or retribution. (Anonymity will be maintained to the extent possible).
- Calls are not traced or recorded. All calls are answered by an independent organization contracted by the organization dedicated to helping VillageCare promote ethical and compliant conduct.
- It provides an alternative reporting mechanism for a member of the organization to report information about known or suspected non-compliance when that person is uncomfortable using the standard organization reporting system or chain of command.

The organization promotes an environment where all individuals should feel comfortable to pursue the right course of action in their daily work activities. This principle is reinforced throughout the organization.

Any information that members of the organization provide to their supervisor, a member of administration, the CCO, Human Resources, Quality Management, Chief Legal Officer (CLO) or President and Chief Executive Officer, including their identity, will be kept in confidence to the extent possible by law. In the event of a government investigation or lawsuit, or if the need otherwise arises for the organization to disclose the information, such information may be disclosed at the direction of the CLO.

c) Non-retaliation/Non-intimidation for reporting

The organization will NOT intimidate or retaliate against any individual who in good faith, requests assistance or reports potential violations. Members of the organization who report potential violations but are not responsible for their occurrence or for other actions that are not in the best interest of the organization; will not be subject to disciplinary action for reporting such matter. However, the action of reporting a possible violation does not insulate a member of the organization from the consequences of their own violation or misconduct. Concerns about possible retaliation or harassment should be reported to the CCO, Human Resources, Quality Management, CLO or the President and Chief Executive Officer.

5. ENFORCEMENT OF STANDARDS AND DISCIPLINARY GUIDELINES

Failure to adhere to and comply with the Compliance Program and Code of Conduct is grounds for disciplinary action. The standards established in the Compliance Program shall be consistently enforced with disciplinary proceedings and sanctions across the organization. These may include formal reprimands, demotion, financial penalties, suspension, and termination.

The organization maintains a "zero tolerance" policy for illegal conduct. Any member of the organization engaging in a violation of the Code of Conduct and/or Applicable Rules may be terminated from employment. The organization shall not accord any weight to an individual's claim that any improper

conduct or undertaking was for the benefit of the organization. Where appropriate, discipline shall be enforced against members of the organization for failing to detect or report wrongdoing.

6. INTERNAL AUDIT, COMPLIANCE AND QUALITY IMPROVEMENT MONITORING

The CCO leads the Internal Audit Division, which is part of the Corporate Compliance department and supervises staff assigned to complete projects approved according to the annual audit work plan. In addition, each facility administrator or program leader is responsible for facilitating a system of on-going compliance monitoring activity of identified compliance risk areas, according to the annual risk assessment.

Monitoring activity includes ongoing review of documentation for compliance with medical necessity, clinical practices, and claims for services are billed in compliance with Applicable Rules governing the provision of services and other rules and regulations affecting program operations. The development, maintenance and scope of this monitoring activity must be reviewed and approved by the CCO in advance of implementation, as part of the annual risk assessment and development of the annual audit work plan. If any of these reviews identify instances or patterns of potential noncompliance, the CCO shall be notified in order to investigate the issue and determine whether there has been any activity inconsistent with the organization's policies and procedures and Applicable Rules. Moreover, the organization may engage an independent expert as needed to review issues and/or documentation. If a review identifies instances of possible non-compliance, the CCO shall be notified and will collaborate with the Chief Legal Officer, Human Resources, and as necessary, Quality Management to determine whether there has been any systemic activity inconsistent with the organization's policies and procedures or Applicable Rules.

Every year, a proposed audit work plan is developed and presented to the Audit Committee of the Board of Directors for approval. The work plan is a fluid document that may change throughout the year according to changes in the organization's risk and/or new issues or changing priorities. An update report on the status of the audit work plan activity is provided to the Audit Committee at least four times per year.

In addition to its internal operations VillageCareMAX provides a copy of its Code of Conduct to its delegated entities and subcontractors on an annual basis. These entities are required to adhere to the Code as well as other components of The Centers for Medicare and Medicaid Services compliance requirements as it relates to Medicare and Medicaid Managed Long Term Care plan functions. The plan is responsible for conducting monitoring and oversight of the subcontractors and delegates to provide reasonable assurance of compliance. On an annual basis each delegate and subcontractor is required to provide the plan an attestation confirming such compliance. These attestations are subject to review and validation on a periodic basis as determined by the plan.

7. RESPONSE TO REPORTED OR DETECTED PROBLEMS AND CORRECTIVE ACTION

a) Internal Investigations

Whenever a member of the organization becomes aware of conduct that may be inconsistent with the Code of Conduct and/or Applicable Rules, that individual must ensure the incident is promptly reported to his or her supervisor or to the CCO. Supervisors should promptly report all unresolved or questionable

compliance issues brought to their attention, to the CCO.

The CCO will log all inquiries, issues and complaints into a tracking system and conduct or direct an investigation. Members of the organization suspected of involvement in the issue may be temporarily removed from their work assignment and relieved of current responsibilities if after consultation with Human Resources and the Chief Legal Officer, it is felt that their on-going presence could jeopardize themselves, other coworkers, clients/patients/members, the organization or the investigation itself. Likewise, if the matter involves billing, the CCO will notify the Chief Financial Officer to suspend that billing or payment until an investigation is complete. The investigation may be undertaken with outside assistance if the CCO or Chief Legal Officer deem it appropriate. If outside assistance is involved, the outside entity will review and investigate the matter with input of either the CCO or CLO and prepare a summary report of findings. In cases where outside assistance is not involved, the report will be prepared by the CCO or at the direction of the CLO.

Members of the organization may report possible compliance issues anonymously, but shall cooperate with any investigation activity including, but not limiting to, the Federal Bureau of Investigation, the Centers for Medicare and Medicaid Services, the Office of Inspector General of U.S. Department of Health and Human Services, the U.S. Department of Justice, the New York State Attorney General's Office, the New York State Office of Medicaid Inspector General, the New York State Department of Health, or Fiscal Carriers, Fiscal Intermediaries or private insurance plans (See discussion on "External Investigations", below).

Members of the organization who report compliance issues will NOT be subjected to retaliation, intimidation or harassment as a result. Concerns about possible retaliation, intimidation or harassment should be reported to the CCO. The CCO adopts procedures to reasonably maintain the anonymity of individuals who report compliance issues to the CCO, to the extent allowed by law.

b) External Investigations

Various external agencies may contact the organization, or individual members of the organization, to initiate an investigation of suspected violations of the Code of Conduct and/or Applicable Rules. These agencies include, but are not limited to, the US Office of Inspector General – Department of Health and Human Services, New York State Department of Health, New York State Office of Medicaid Inspector General, and have certain rights to information under the law.

The organization has a responsibility to cooperate with and not obstruct these audits or investigations. All members of the organization shall cooperate and provide information that is truthful and accurate while safeguarding all relevant or pertinent information.

Members of the organization shall advise the CCO or CLO before responding to any non-routine requests for information or investigations, those that are outside the ordinary scope of routine reports regularly made to governmental authorities. The CLO will direct the appropriate administrator, program leader or department head to ensure that all potential records (both on and off-site) are secured, and that there is no destruction of records until the investigation is complete. In addition, the Board of Directors shall be notified of all external surveys or investigation activity, whether the activity is routine or conducted based on an allegation or violation, in accordance with the Board procedure for reviewing compliance surveys

and investigations.

c) Corrective Action

Whenever a compliance issue has been identified through auditing, monitoring, reporting, investigation, or otherwise, the CCO is required to ensure a corrective action plan is developed and implemented to address the issue. The corrective action plan includes prompt identification of overpayments and restitution to affected parties, where necessary. The CCO shall collaborate with, and seek advice, from the CLO on repayment, restitution and disclosures to third party regulators. The CCO may also consult with appropriate administrative, clinical, quality and/or billing staff. In addition, the Board of Directors shall be notified of a proposed corrective action plan, prior to its submission to any governing authority, when it resulted from a survey citation or external investigation, in accordance with the Board procedure for reviewing compliance surveys and investigations.

Corrective action plans should be designed to ensure that the specific issue is addressed as well as similar or same problems in other programs, areas or departments. Corrective action plans may require billing or payments be restricted or processed differently for compliance with regulations. Sanctions, discipline, or other actions in accordance with organization policies may also be recommended. If it appears that certain individuals have exhibited a propensity to engage in practices that raise compliance concerns, the corrective action plan shall, after consultation with the CLO and Human Resources, identify actions that will be taken to prevent the individual from exercising substantial discretion with regard to the issue. The identified actions may include, but will not be limiting to:

- Presenting to or providing the President and Chief Executive Officer the results of the investigation
- Preparing disciplinary recommendations;
- Notifying the Board of Directors;
- If appropriate, self-disclosing the incident to the appropriate governmental authority; and
- Revision(s) to applicable policies and procedures.

d) Procedure When Reporting and Self-Disclosing Compliance Issues

If the CCO determines, based upon the outcome of the investigation that a violation has occurred, the CCO will disclose such fact(s) to the President and Chief Executive Officer and the CLO. In consultation with the CLO, the next steps will be determined to appropriately respond to the offense and prevent similar occurrences in the future. A list of recommended actions will be submitted to the President and Chief Executive Officer within thirty (30) days of the date that the CCO first learns of the issue, unless additional time is reasonably required. Reporting billing rules or policy and procedure violations will be determined after consultation with CLO or outside counsel, with the final reporting recommendation sent to the President and Chief Executive Officer for decision. A report of the violation will be issued within sixty (60) days of the date that the matter was discovered to the applicable governing authority, unless additional time is reasonably required and approved by the President and Chief Executive Officer.

In the event of any infraction or violation of the Code of Conduct and/or Applicable Rules, the responsible member of the organization shall be subject to the appropriate disciplinary action in accordance with the organization's Human Resource policies. Disciplinary action will be taken against all

individuals involved.

All substantiated violations and corresponding actions will be reported by the CCO to the Audit Committee of the Board of Directors.

8. COMPLIANCE RISK ASSESSMENT AND COMPLIANCE PROGRAM ASSESSMENT

A risk assessment involves the identification of activities that pose regulatory risk to the organization, the measurement of the degree of risk each activity involves, the likelihood of it occurring in those activities, and the comparison or ranking of the risks. The result is the identification of activities most in need of attention by management, (or most in need of risk mitigation). The risk assessment process involves the following steps:

- Identifying the various "compliance risk areas" inherent in the organization's activities or environment to provide quality healthcare services.
- For each identified risk area, an inventory is developed identifying the applicable legal, regulatory and policy requirements relating to that area, the programs, facilities, departments and leaders responsible for various administrative or compliance related duties.
- Continuous determination of deficient areas and prioritizing areas requiring remedy identified involves a subjective analysis, based in part on the perceptions of organization leaders, external subject matter experts, and regulatory organizations. This analysis of organizational harm that may result in the event of non-compliance is conducted through a review of the external environment, federal and state agency and enforcement actions, case settlements, federal and state issued audit reports and work plans, and civil lawsuits. It also involves surveying key leadership and employees to obtain internal perspective on the greatest compliance risks to the organization.
- The Compliance Program is self-evaluated annually to assess its effectiveness, and performance. A third-party review shall be initiated annually for the health plan as required by Medicare and as needed, to validate effectiveness every three years.

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Approval Signatures

Step Description	Approver	Date
Final Approval	Emma Devito: President & CEO	6/29/2023
Compliance Officer	Dara Quinn: Chief Compliance Officer	6/29/2023

Shané Abercrombia: Director of
Compliance

6/29/2023