ENDEAVOR HEALTH SERVICES	Policies & Procedures Corporate Compliance Plan		Accounting / Finance
			Administration
			Billing
		X	Compliance
			Employee Handbook
			HIPAA Security
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GENERAL STATEMENT OF POLICY

I. The Purpose of the Compliance Plan and Program

Mid-Erie Mental Health Services Inc. d/b/a Endeavor Health Services ("Endeavor Health Services") has adopted a Corporate Compliance Program (the "Compliance Program") to promote Endeavor Health Services' compliance with all applicable laws, regulations, and ethical standards. Endeavor Health Services' Compliance Program is described in this Corporate Compliance Plan (the "Compliance Plan").

The goals of Endeavor Health Services' Compliance Program are to:

1. Prevent fraud, waste, abuse, and other improper or unethical conduct;[1]
2. Detect any improper or unethical conduct at an early stage before it creates a substantial risk of liability for Endeavor Health Services; and
3. Respond promptly to compliance problems through investigation, disciplinary, and corrective action.

All employees, contractors, and Board members of Endeavor Health Services have a personal obligation to assist in making the Compliance Program successful. Employees, contractors, and Board members are expected to:

1. Familiarize themselves with this Compliance Plan;
2. Review and understand the key compliance policies governing their particular functions and responsibilities;
3. Report any fraud, waste, abuse, or other improper or unethical conduct by using the methods described in this Compliance Plan;
4. Cooperate in any audits and investigations of Endeavor Health Services; and
5. Carry out their responsibilities in a manner that demonstrates a commitment to honesty, integrity, and compliance with the law.

The Compliance Plan and Compliance Program are reviewed at least annually to address new compliance challenges and maximize the use of Endeavor Health Services' resources, and to determine whether:

1. The Compliance Plan, Compliance Program, and Standards of Conduct have been implemented;
2. Employees, contractors, and Board members are following the policies, procedures, and Standards of Conduct;
3. The policies, procedures, and Standards of Conduct are effective; and
4. Any updates are required.

[1] Note that personnel issues are not compliance issues unless an employee believes that they have been intimidated or retaliated against for reporting a compliance issue, in which case the employee should contact the Corporate Compliance Officer. Other personnel issues should be reported to the Human Resource Director.

Employees, contractors, and Board members are encouraged to provide input on how the Compliance Program might be improved.

II. The Elements of the Compliance Program

The Compliance Program is based on the compliance laws and regulations, as well as guidance from Federal and State governmental entities, which Endeavor Health Services must comply with. The key elements of the Compliance Program, which are discussed in greater detail in the sections referenced below, are as follows:

1. General Responsibilities (Section III);
2. Standards of Conduct and Key Policies and Procedures (Section IV);
3. Corporate Compliance Officer and Committee (Section V);
4. Compliance Training (Section VI);
5. Reporting Compliance Issues (Section VII);
6. Internal Investigations (Section VIII);
7. Corrective Action (Section IX);
8. Disciplinary Measures (Section X);
9. Non-Retaliation and Non-Intimidation (Section XI);
10. Government Audits and Investigations (Section XII);
11. Risk Identification and Audits (Section XIII);
12. Conflict of Interest Policy (Section XIV); and
13. Laws Regarding the Prevention of Fraud, Waste, and Abuse (Governance).

SCOPE

This Compliance Plan provides guidance to all persons who are affected by Endeavor Health Services' Compliance Risk Areas (as defined in Section XIII herein), including Endeavor Health Services' employees, contractors, and Board of Directors ("Board") members on how to conduct themselves when working for Endeavor Health Services.

DEFINITIONS

Compliance Risk Areas: Include (1) billings; (2) payments; (3) ordered services; (4) medical necessity; (5) quality of care; (6) governance; (7) mandatory reporting; (8) credentialing; (9) contractor, subcontractor, agent, or independent contractor oversight; and (10) other risk areas that are or should reasonably be identified by Endeavor Health Services through its Organizational Experience.

Designated health services: Any of the following services, other than those provided as emergency physician services furnished outside of the United States, that are payable in whole or in part by the Medicare Program: (1) clinical laboratory services; (2) physical therapy, occupational therapy, and outpatient speech-language pathology services; (3) radiology and certain other imaging services; (4) radiation therapy services and supplies; (5) durable medical equipment and supplies; (6) parenteral and enteral nutrients, equipment, and supplies; (7) prosthetics, orthotics, and prosthetic devices and supplies; (8) home health services; (9) outpatient prescription drugs; and (10) inpatient and outpatient hospital services. See 42 CFR § 411.351.

Employees, contractors, and Board members: Includes Endeavor Health Services' employees, President and Chief Executive Officer (CEO), senior administrators, managers, interns, volunteers, contractors, agents, subcontractors, independent contractors, Board, and corporate officers who are affected by Endeavor Health Services' Compliance Risk Areas, as defined in Section XIII herein. For purposes of Endeavor Health Services' Compliance Program and this Compliance Plan, "contractors" includes contractors, agents, subcontractors, and independent contractors who are affected by Endeavor Health Services' Compliance Risk Areas. Contractors are required to comply with Endeavor Health Services' Compliance Program to the extent that the contractor is affected by Endeavor Health Services' Compliance Risk Areas, and only within the scope of the contractor's contracted authority and affected Compliance Risk Areas.

Organizational Experience: Means Endeavor Health Services': (1) knowledge, skill, practice, and understanding in operating its Compliance Program; (2) identification of any issues or risk areas in the course of its internal monitoring and auditing activities; (3) experience, knowledge, skill, practice, and understanding of its participation in the Medicaid Program and the results of any audits, investigations, or reviews it has been the subject of; or (4) awareness of any issues it should have reasonably become aware of for its categories of service.

Physicians: Include medical doctors, doctors of osteopathy, psychologists, oral surgeons, dentists, podiatrists, optometrists, and chiropractors.

PROCEDURES

III. General Responsibilities

Endeavor Health Services recognizes that operating in an ethical and legal manner is not only an obligation of Endeavor Health Services, but is an obligation of each individual providing services on Endeavor Health Services' behalf. The following responsibilities apply to employees, contractors, and Board members respectively.

Responsibilities of Employees

1. Duty to Know and Comply with Applicable Requirements
   1.1. Employees are obligated to know the following information, to the extent it is applicable to the employee's daily responsibilities. Employees are also required to comply with Endeavor Health Services' Compliance Section 08 Exclusion Screening Policy. Employees, including the Corporate Compliance Officer and senior administrators, are obligated to attend periodic training related to their job responsibilities.
      a. Medicaid, Medicare, and other payor and service delivery requirements;
      b. The prohibitions against fraud, waste, abuse, and improper conduct;
      c. Endeavor Health Services' Compliance Risk Areas, as defined in Section XIII herein; and
      d. Endeavor Health Services' Compliance Program.
2. Duty to Report
   2.1. Employees are obligated to report instances of actual or possible fraud, waste, abuse, and other improper and unethical conduct to one of the following. Employees are encouraged to first report their concerns directly to Endeavor Health Services to allow Endeavor Health Services the opportunity to quickly address potential problems. Employees are required to cooperate in internal and external audits or investigations regarding possible fraud, waste, abuse, or other improper or unethical conduct. Employees can find more information on their duty to report in Endeavor Health Services' Compliance Section 01 Duty to Report Policy and Compliance Section 09.a. Fraud Prevention policy.

a. Endeavor Health Services' Compliance Hotline at 1-855-252-7606 or online at www.hotline-services.com indicating Endeavor Health Services in the Organization Name field (anonymously or otherwise);
b. Endeavor Health Services' Corporate Compliance Officer by telephone (716-895-6700 ext. 4307) or email (CBlask@ehsny.org);
c. Endeavor Health Services' Corporate Compliance Officer in writing by mail to Attn: Corporate Compliance Officer, Endeavor Health Services, 795 Indian Church Rd. W. Seneca, New York 14224 (anonymously or otherwise);
d. The employee's supervisor or any supervisor or director; or
e. Any member of the Compliance Committee.

3. Duty to Respond
   3.1. Employees are obligated to respond appropriately to reports of possible or actual fraud, waste, abuse, or other improper or unethical conduct that are reported to them by other employees, contractors, and Board members.
      a. Responding to these reports should include following the procedure set forth in Sections VIII and IX of this Compliance Plan, relating to investigating and responding to actual or suspected noncompliance.
4. Duty to Promote Organizational Compliance
   4.1. Employees shall promote their commitment to compliance with Medicaid, Medicare, and other payor and service delivery requirements, and the prohibitions against fraud, waste, and abuse and other improper or unethical conduct. Employees shall cooperate with and assist the Corporate Compliance Officer in the performance of their responsibilities.

Responsibilities of Contractors

1. Duty to Know and Comply with Applicable Requirements
   1.1. Contractors are obligated to know the following information, to the extent it is applicable to the service they provide to Endeavor Health Services, and are required to comply with Endeavor Health Services' Compliance Section 07 Vendor Relations Policy, Compliance Section 08 Exclusion Screening Policy, and Compliance Section 09.c. Fraud Prevention Policy (for Contractors and Agents):
      a. Medicaid, Medicare, and other payor and service delivery requirements;
      b. The prohibitions against fraud, waste, abuse, and other improper and unethical conduct;
      c. Endeavor Health Services' Compliance Risk Areas, as defined in Section XIII herein; and
      d. Endeavor Health Services' Compliance Program.
2. Duty to Report
   2.1. Contractors shall report instances of actual or possible fraud, waste, abuse, and other improper or unethical conduct to one of the following and can find more information on their duty to report in Endeavor Health Services' Compliance Section 01 Duty to Report Policy.
      a. Endeavor Health Services' Compliance Hotline at 1-855-252-7606 or online at www.hotline-services.com indicating Endeavor Health Services in the Organization Name field (anonymously or otherwise);
      b. Endeavor Health Services' Corporate Compliance Officer by telephone (716-895-6700 ext. 4307) or email (CBlask@ehsny.org);
      c. Endeavor Health Services' Corporate Compliance Officer in writing by mail to Attn: Corporate Compliance Officer, Endeavor Health Services, 795 Indian Church Rd. W. Seneca, New York 14224 (anonymously or otherwise); or
      d. Any member of the Compliance Committee.

Responsibilities of Board Members

1. Duty to Know and Comply with Applicable Requirements
   1.1. Board members are obligated to attend annual compliance training, to review and certify adherence to the Compliance Plan, and to know the following information:
      a. The prohibitions against fraud, waste, abuse, and other improper or unethical conduct;
      b. Endeavor Health Services' Compliance Risk Areas, as defined in Section XIII herein; and
      c. Endeavor Health Services' Compliance Program.
2. Duty to Report
   2.1. Board members shall report instances of actual or possible fraud, waste, abuse, and other improper or unethical conduct to one of the following, and can find more information on their duty to report in Endeavor Health Services' Compliance Section 01 Duty to Report Policy and Compliance Section 09.a. Fraud Prevention policy:
      a. Endeavor Health Services' Compliance Hotline at 1-855-252-7606 or online at www.hotline-services.com indicating Endeavor Health Services in the Organization Name field (anonymously or otherwise);
      b. Endeavor Health Services' Corporate Compliance Officer by telephone (716-895-6700 ext. 4307) or email (CBlask@ehsny.org);
      c. Endeavor Health Services' Corporate Compliance Officer in writing by mail to Attn: Corporate Compliance Officer, Endeavor Health Services, 795 Indian Church Rd. W. Seneca, New York 14224 (anonymously or otherwise);
      d. Any member of the Compliance Committee; or
      e. Endeavor Health Services' President and CEO.
3. **Duty to Promote Organizational Compliance**
   3.1. Board members shall promote and demonstrate their commitment to Endeavor Health Services' Compliance Program. Board members are responsible for overseeing the development, implementation, operation, and evaluation of the Compliance Program. The Board shall periodically receive updates and reports from the Corporate Compliance Officer on compliance-related initiatives and activities.
4. **Duty to Respond**
   4.1. Board Members are obligated to respond appropriately to reports or other indications of actual or possible fraud, waste, abuse, or other improper or unethical conduct, and that response should include ensuring that Endeavor Health Services follows the procedures set forth in Sections VIII and IX of this Compliance Plan, relating to investigating and appropriately responding to reports of fraud, waste, abuse, or other improper or unethical conduct. Board Members are obligated to cooperate in any internal or external audits or investigations by duly authorized internal or external auditors or investigators regarding possible fraud, waste, abuse, or other improper or unethical conduct.

IV. Standards of Conduct and Key Policies and Procedures

Standards of Conduct

These Standards of Conduct set forth the basic principles that guide Endeavor Health Services' decisions and actions. The Standards of Conduct are not intended to address every potential compliance issue that may arise in the course of Endeavor Health Services' business. All employees, contractors, and Board members are expected to familiarize themselves with the Standards of Conduct and comply with the Standards in carrying out their duties.

1. Comply With Applicable Laws
    1.1. All employees, contractors, and Board members must be aware of and comply with all laws and regulations applicable to their functions.
2. Conduct Affairs in Accordance With High Ethical Standards
    2.1. All employees, contractors, and Board members shall conduct themselves in accordance with the high ethical standards of the community and their respective professions.
3. Conflicts of Interest
    3.1. All employees, contractors, and Board members must faithfully conduct their duties solely for the purpose, benefit, and interest of Endeavor Health Services and those individuals it serves. All employees, contractors, and Board members have a duty to avoid conflicts with the interests of Endeavor Health Services and may not use their positions and affiliations with Endeavor Health Services for personal benefit. Employees, contractors, and Board members must avoid actual conflicts of interest, as well as the appearance of conflicts of interest.
4. Provide High Quality of Care
    4.1. All employees and contractors are expected to provide high quality services and Board members shall support this standard of care. The care provided must be reasonable and necessary to the care of each individual served and must be provided by properly qualified individuals.
5. Provide Equal Opportunity For All Recipients
    5.1. Endeavor Health Services is committed to providing services for people served, without regard to age, creed, disability, religion, gender identity or expression, familial status, marital status, military status, national origin, race, color, sex, sexual orientation, human research subject, or source of payment.
    5.2. All employees, contractors, and Board members must treat all individuals receiving services with respect and dignity. Discrimination in any form will not be tolerated.
6. Confidentiality
    6.1. Employees, contractors, and Board members have access to a variety of sensitive and proprietary information of Endeavor Health Services, the confidentiality of which must be protected. All employees, contractors, and Board members must ensure that confidential and proprietary information is properly maintained in accordance with laws, regulations, policies, and procedures, and that sensitive and proprietary information is not disclosed without proper authorization or a legal basis.
7. Integrity with Payor Sources
    7.1. Employees and contractors shall ensure that all requests for payment for services are reasonable, necessary, and appropriate, are issued by properly qualified persons, and are billed in the correct amount with appropriate supporting documentation.
8. Honesty and Integrity
    8.1. Employees, contractors, and Board members must be honest and truthful in all of their dealings. They must avoid doing anything that is, or might be, against the law.
9. Dignity and Respect
    9.1. Employees, contractors, and Board members must respect and value each other, the diversity of Endeavor Health Services' work force, and the individuals Endeavor Health Services serves.

Key Policies and Procedures

The development and distribution of policies and procedures are essential components of an effective compliance program.

1. Policies and Procedures
    1.1. All employees, contractors, and Board members are required to review and carry out their duties in accordance with the policies applicable to their functions and responsibilities. Endeavor Health Services' Compliance Program policies and procedures include the following:
        a. Duty to Report Policy;
        b. Non-Retaliation and Non-Intimidation Policy;
        c. Compliance Training Policy;
        d. Disciplinary Policy;
        e. Compliance Investigations Policy;
        f. Auditing and Monitoring Policy;
        g. Vendor Relations Policy;
        h. Exclusion Screening Policy;
        i. Fraud Prevention Policy;
        j. Conflict of Interest Policy;
        k. Whistleblower Policy; and
        l. Compliance Committee Charter.

V. Corporate Compliance Officer and Compliance Committee

1. Corporate Compliance Officer
    1.1. The Corporate Compliance Officer is responsible for overseeing the implementation of the Compliance Program and for the day-to-day operation of the Compliance Program. The Corporate Compliance Officer's duties include, but are not limited to, the following:
        a. Overseeing and monitoring the adoption, implementation, and maintenance of the Compliance Plan and Compliance Program, including drafting, revising, and approving the written policies and procedures required;
        b. Evaluating the effectiveness of the Compliance Plan and Compliance Program;
        c. Reviewing and updating the Compliance Plan and associated policies, and developing new compliance policies as needed;
        d. Overseeing operation of the Compliance Hotline;
        e. Evaluating, investigating, and independently acting on compliance-related questions, concerns, and complaints, including designing and coordinating internal investigations, and documenting, reporting, coordinating, and pursuing any resulting corrective action, including self-disclosure if appropriate;
        f. Ensuring proper reporting of violations to duly authorized regulatory agencies as appropriate or required;
        g. Working with the Human Resource Director and others, as appropriate, to develop the compliance training program described in Section VI of this Compliance Plan;
        h. Establishing and maintaining open lines of communication with members of the Compliance Committee, Endeavor Health Services' employees, managers, Board members, downstream and related entities, programs, and departments to ensure effective and efficient compliance policies and procedures;
        i. Distributing information on the Compliance Program to contractors;
        j. Conducting and facilitating internal audits to evaluate compliance and assess internal controls;

k. Responding to government audits and investigations and other inquiries;
l. Distributing compliance responsibilities throughout Endeavor Health Services;
m. Developing an annual work plan that outlines Endeavor Health Services' proposed strategies for meeting the applicable statutory and regulatory requirements for the coming year, including internal audits, with the assistance of appropriate program supervisors and the Compliance Committee;
n. Assisting Endeavor Health Services in establishing methods to improve its efficiency, quality of services, and reducing its vulnerability to fraud, waste, and abuse;
o. Ensuring the Human Resources Department is screening prospective current employees, contractors, and Board members; and
p. Maintaining appropriate Compliance Program documentation.

1.2. The Corporate Compliance Officer reports directly to, and is accountable to, the President and CEO or another senior manager designated by the President and CEO for reporting purposes.

1.3. Endeavor Health Services ensures that the Corporate Compliance Officer is allocated sufficient staff and resources to satisfactorily perform their responsibilities for the day-to-day operation of the Compliance Program based on Endeavor Health Services' Compliance Risk Areas (as defined in Section XIII herein) and Organizational Experience, and that the Corporate Compliance Officer and appropriate personnel have access to all records, documents, information, facilities, and employees, contractors, and Board members that are relevant to carrying out their Compliance Program responsibilities.

1.4. The Corporate Compliance Officer reports directly to the Board, President and CEO, and Compliance Committee on the progress of adopting, implementing, and maintaining the Compliance Program on a regular basis, and no less frequently then quarterly. In addition, the Corporate Compliance Officer annually prepares a written report to the Board describing the compliance efforts undertaken during the preceding year and identifying any changes necessary to improve the Compliance Program. In the event of suspected or actual improper conduct on the part of the President and CEO, the Corporate Compliance Officer is required to report such conduct directly to the Board.

2. Compliance Committee

2.1. Endeavor Health Services has a Compliance Committee which is responsible for coordinating with the Corporate Compliance Officer to ensure that Endeavor Health Services is conducting its business in an ethical and responsible manner, consistent with its Compliance Program.

a. The Corporate Compliance Officer is a member of the Compliance Committee and serve as the Chair of the Committee.
b. Additional members of Endeavor Health Services' Compliance Committee include the Security Officer, Billing Manager, Director of Fiscal Operations, and a member of the Board.
c. The President and CEO appoints additional members to the Compliance Committee, and these additional members are, at a minimum, comprised of senior managers.
d. The Compliance Committee meets at least quarterly, and the duties, responsibilities, and members of the Compliance Committee, as set out in the Compliance Committee Charter, are reviewed at least annually.
e. The Compliance Committee reports directly, and is accountable to, Endeavor Health Services' President and CEO and Board. The Compliance Committee's functions include, but are not limited to, the following:
    i. Receiving regular reports from the Corporate Compliance Officer on the implementation of the Compliance Program;
    ii. Identifying Compliance Risk Areas, as defined in Section XIII herein;
    iii. Assisting with the development of and approving the annual work plan carried out under the Compliance Program;

iv. Coordinating with Endeavor Health Services' Corporate Compliance Officer to ensure that Endeavor Health Services is conducting its business in an ethical and responsible manner, consistent with Endeavor Health Services' Compliance Program;
v. Coordinating with the Corporate Compliance Officer to ensure that written policies, procedures, and the Standards of Conduct are current, accurate, and complete;
vi. Approving the compliance training program provided to all employees, contractors, and Board members and re-evaluating as appropriate;
vii. Coordinating with the Corporate Compliance Officer to ensure that all compliance training program requirements are timely completed and that Endeavor Health Services' compliance training program includes all required training topics;
viii. Receiving reports from the Corporate Compliance Officer of investigations of actual or suspected fraud, waste, abuse, or other improper or unethical conduct and any corrective action taken as a result of such investigations;
ix. Advocating for allocation of sufficient funding, resources, and staff for the Corporate Compliance Officer to fully perform their responsibilities;
x. Ensuring that Endeavor Health Services has effective systems, processes, policies, and procedures in place for identifying, correcting, and reporting Compliance Program risks, overpayments, and other issues;
xi. Coordinating with the Corporate Compliance Officer to ensure communication and cooperation by employees, contractors, and Board members on compliance-related issues, internal or external audits, or any other Compliance Program-related functions or activities;
xii. Recommending and approving any changes to the Compliance Plan, Compliance Program, and compliance policies;
xiii. Developing and evaluating strategies to promote compliance and detection of fraud, waste, abuse, and other improper or unethical conduct; and
xiv. Advocating for adoption and implementation of required modifications to Endeavor Health Services' Compliance Program.

3. Board Members
   3.1. The Board has ultimate authority for governance of Endeavor Health Services, including oversight of Endeavor Health Services' Compliance Program. The Board receives reports on the operation of the Compliance Program directly from the Corporate Compliance Officer at least quarterly.
   3.2. The Corporate Compliance Officer has the right to bring matters directly to the Board at any time.

VI. Compliance Training

1. Training requirements
   1.1. The Corporate Compliance Officer and all employees, contractors, and Board members are required to receive compliance program training upon hiring and no less frequently than annually thereafter. Training and education is provided in a form and format that is accessible and understandable to all employees, contractors, and Board members, consistent with Federal and State language and other access laws, rules, or policies.
      a. Every employee, including the Corporate Compliance Officer and senior administrators, must attend the basic compliance training session offered by Endeavor Health Services within 30 days of the commencement of employment, as well as a refresher training session annually thereafter. Training is scheduled by the Compliance Officer and/or their designee as part of their responsibility to oversee general compliance orientation for new employees and annual refresher trainings. The basic compliance training session covers the key elements of Endeavor Health Services' Compliance Program.

b. Employees may also be required to participate in targeted compliance training sessions recommended by the Corporate Compliance Officer or an appropriate program supervisors.
    i. Targeted training is designed to focus on the specific compliance issues associated with an employee's functions.
c. After all compliance trainings, employees must acknowledge in writing that they have received training and agree to fulfill their obligations under the Compliance Plan and policies.
d. Board members must attend a compliance training session within 60 days of the commencement of their term and annual refresher trainings thereafter. After all compliance trainings, Board members must acknowledge in writing that they have received training and agree to fulfill their obligations under the Compliance Plan and policies.
e. Contractors must participate in compliance training either prior to contracting with Endeavor Health Services or within 30 days of contracting with Endeavor Health Services. This training may consist of Endeavor Health Services providing the contractor with Endeavor Health Services' Compliance Section 9.c. Fraud Prevention Policy (for Contractors and Agents) and a copy of the Compliance Plan or a link to access the Compliance Plan.
f. All individuals and entities required to receive training must be afforded an opportunity to ask questions and receive responses to such questions. Additional information on compliance training can be found in Endeavor Health Services' Compliance Section 03 Compliance Training Policy.

VII. Reporting Compliance Problems

1. Reporting Options
    1.1. In accordance with its Compliance Section 01 Duty to Report Policy, Endeavor Health Services maintains open lines of communication for the reporting of actual or suspected improper or unethical conduct. These lines of communication are publicized by Endeavor Health Services, and are made available to all employees, contractors, Board members, and service recipients who are Medicaid Program beneficiaries.
    1.2. Employees, contractors, and Board members shall promptly report any such conduct of which they become aware in any one of the following ways. Employees, contractors, and Board members may also use these reporting methods to ask compliance-related questions and communicate directly with Endeavor Health Services' Corporate Compliance Officer.
        a. Filing a report through the Compliance Hotline at 1-855-252-7606 or online at www.hotline-services.com indicating Endeavor Health Services in the Organization Name field (anonymously or otherwise);
        b. Notifying the Corporate Compliance Officer by telephone (716-895-6700 ext. 4307) or email (CBlask@ehsny.org);
        c. Notifying the Corporate Compliance Officer in writing by mail to Attn: Corporate Compliance Officer, Endeavor Health Services, 795 Indian Church Rd. W. Seneca , New York 14224 (anonymously or otherwise);
        d. Notifying a supervisor or director; or
        e. Notifying any member of the Compliance Committee.
2. Compliance Hotline
    2.1. The Compliance Hotline may be accessed by dialing 1-855-252-7606 to report a complaint. Employees, contractors, and Board members have the option of reporting a complaint on the Compliance Hotline anonymously. Anonymous reports may also be made online at www.hotline-services.com (indicating Endeavor Health Services in the Organization Name field).
    2.2. The Corporate Compliance Officer is responsible for reviewing all Compliance Hotline reports (including online reports) and assessing whether the report warrants further investigation.

2.3. Employees should understand that the Compliance Hotline is designed solely for the good faith reporting of fraud, waste, abuse, and other compliance problems; it is not intended for complaints relating to the terms and conditions of an employee's employment. Any such complaints should be directed to the employee's supervisor or the Human Resource Director.

a. However, if an employee believes that they were retaliated against or intimidated for reporting a compliance concern, the employee's complaint may be reported on the Compliance Hotline, to the employee's supervisor, or to the Human Resource Director. However, if the employee reports retaliation or intimidation on the Compliance Hotline, the employee will have to disclose their identity in order for the Corporate Compliance Officer to be able to investigate the matter.

3. Confidentiality

3.1. If an employee, contractor, or Board member requests that their report be confidential, the information provided by the individual will be treated as confidential to the extent feasible and permitted by applicable laws. However, individuals are encouraged to identify themselves when making compliance-related reports so that an investigation can be conducted with a full factual background.

3.2. Endeavor Health Services ensures that the confidentially of persons reporting compliance issues is maintained unless the matter is subject to a disciplinary proceeding, referred to, or under investigation by the New York State Attorney General's Medicaid Fraud Control Unit ("MFCU"), OMIG, or law enforcement, or disclosure is required during a legal proceeding. All persons reporting compliance issues will be protected from non-intimidation and non-retaliation pursuant to Endeavor Health Services' Compliance Section 02 Non-Retaliation and Non-Intimidation Policy.

VIII. Internal Investigations

1. Investigation process

1.1. The Corporate Compliance Officer promptly reviews and evaluates all reports of fraud, waste, abuse, or other improper or unethical conduct, as well as any potential compliance problems identified in the course of internal auditing and monitoring. The Corporate Compliance Officer determines, in consultation with other personnel and Endeavor Health Services' legal counsel, as necessary, whether the report warrants an internal investigation. If warranted, the Corporate Compliance Officer coordinates the investigation and determine whether any outside advisors such as attorneys, accountants, or other advisors are needed. If the Corporate Compliance Officer and/or senior management determine it is in Endeavor Health Services' best interest to keep the contents and/or findings of the investigation confidential and not subject to disclosure to third parties, the Corporate Compliance Officer shall arrange for legal counsel to conduct and/or supervise the investigation under the attorney-client and attorney work product privileges.

1.2. In accordance with Endeavor Health Services' Compliance Section 05 Compliance Investigations Policy, employees, contractors, and Board members are required to cooperate fully in all audits and investigations.

a. Although individuals have a right not to incriminate themselves, any employee who fails to provide such cooperation will be subject to termination of employment.

b. Any Board member who fails to provide such cooperation will be subject to sanctions as set forth in Endeavor Health Services' Bylaws and policies, as well as applicable laws and regulations.

c. Any contractor who fails to provide such cooperation will be subject to termination of contract or the relationship.

1.3. Investigations consist of interviews and document reviews, as necessary. The investigation of the compliance issue is documented, including any alleged violations, a description of the investigation process, and copies of interview notes and any other documents essential for demonstrating that a thorough investigation of the issue was completed. Any disciplinary action taken and the corrective action implemented is also documented.

1.4. All investigations conclude with a written report of findings and recommendations for corrective action to correct the problem and prevent future occurrence. The written report may be subject to the attorney-client and/or attorney work product privilege if it is prepared by Endeavor Health Services' outside legal counsel.

a. The Corporate Compliance Officer and/or legal counsel present the written report or a summary thereof to the Compliance Committee and the President and CEO.

b. The Corporate Compliance Officer oversees the corrective action to ensure it is completed. The Corporate Compliance Officer updates the Compliance Committee on the status of internal investigations and corrective action.

1.5. The Corporate Compliance Officer works with the President and CEO and outside advisors to determine whether the conduct that is the subject of the investigation should be disclosed to governmental agencies and/or payors. If the Corporate Compliance Officer credibly believes or credible evidence is identified that a State or Federal law, rule, or regulation has been violated, Endeavor Health Services will promptly report the violation to the appropriate governmental entity. The Corporate Compliance Officer shall receive copies of any reports submitted to governmental entities.

IX. Corrective Action

1. Taking corrective action

1.1. Endeavor Health Services is committed to taking prompt and thorough corrective action to address any fraud, waste, abuse, or other improper or unethical conduct identified through internal audits, investigations, reports by employees, or other means.

1.2. The Corporate Compliance Officer is independently responsible for reviewing and approving all corrective action plans.

a. The Corporate Compliance Officer may consult with the President and CEO and program supervisors regarding corrective action plans, as appropriate.

b. However, the Corporate Compliance Officer is authorized to recommend corrective action directly to the Board if the Corporate Compliance Officer believes, in good faith, that the President and CEO is not promptly acting upon a recommendation or is not acting in Endeavor Health Services' best interests.

c. In cases involving clear fraud or illegality, the Corporate Compliance Officer also has the authority to order interim measures, such as a suspension of billing, while a recommendation of corrective action is pending.

d. Corrective action may include, but not be limited to, any of the following steps:

i. Modifying Endeavor Health Services' existing policies, procedures, and/or business practices;

ii. Providing additional training or other guidance to employees, contractors, or Board members;

iii. Seeking interpretive guidance of laws and regulations from government agencies and/or legal counsel;

iv. Disciplining employees, terminating contractors, and sanctioning Board members as described more fully in Section X of this Compliance Plan;

v. Notifying government agencies of improper conduct by employees, contractors, Board members, or others; and/or
vi. Facilitating the reporting and returning of overpayments or other funds to which Endeavor Health Services is not entitled to the appropriate government agency or payor, including through OMIG's voluntary self-disclosure program, if applicable.

X. Disciplinary Measures

1. Discipline for violation of compliance standards
   1.1. Endeavor Health Services shall have disciplinary policies in effect to address violations of its compliance standards and to encourage good faith participation in the Compliance Program, including Endeavor Health Services' Compliance Section 04 Disciplinary Policy. Endeavor Health Services' disciplinary standards are enforced fairly and consistently, and the same disciplinary actions apply to all levels of personnel.
   1.2. Employees, contractors, and Board members are subject to disciplinary action in accordance with Endeavor Health Services' disciplinary policies when the employee, contractor, or Board Member:
      a. Engages in, encourages, directs, facilitates, or permits fraud, waste, abuse, or other improper or unethical conduct;
      b. Fails to report actual or suspected fraud, waste, abuse, or other improper or unethical conduct; or
      c. Violates Endeavor Health Services' Compliance Plan or an Endeavor Health Services policy designed to detect or prevent fraud, waste, abuse, or other improper or unethical conduct.
   1.3. The Corporate Compliance Officer promptly notifies the Human Resource Director of any improper or unethical conduct of an employee that may warrant discipline.
   1.4. The Human Resource Director and Corporate Compliance Officer are responsible for determining the appropriate discipline for employees, in accordance with Endeavor Health Services' standard employment policies. Discipline-related decisions made by the Human Resource Director and the Corporate Compliance Officer are made in consultation with the appropriate supervisor and the President and CEO.
      a. Contractor sanctions shall range from written admonition, financial penalties (if applicable), and in the most extreme cases, termination of the contractor's relationship with Endeavor Health Services. The Corporate Compliance Officer shall make a recommendation to the President and CEO with respect to such sanctions.
      b. Board Member sanctions can range from written admonition to, in the most extreme cases, removal from the Board, in accordance with Endeavor Health Services' Bylaws and policies, as well as applicable laws and regulations. The Corporate Compliance Officer shall make a recommendation to the Board with respect to such sanctions.
   1.5. The Corporate Compliance Officer ensures that the written policies and procedures for taking disciplinary actions are published and disseminated to all employees, contractors, and Board members, and are incorporated into Endeavor Health Services' training plan, as set forth in its Compliance Section 03 Compliance Training Policy.

XI. Non-Retaliation and Non-Intimidation

1. Prohibition of intimidation and retaliation for good-faith participation in the Compliance Program
   1.1. In accordance with Endeavor Health Services' Compliance Section 02 Non-Retaliation and Non-Intimidation Policy, Endeavor Health Services prohibits intimidation and retaliation for good faith participation in the Compliance Program, including for reporting or threatening to report potential issues, investigating issues, and reporting to appropriate officials.

No employee, contractor, or Board member who files a report of, or threatens to report, actual or suspected fraud, waste, abuse, or other improper or unethical conduct based on a reasonable belief will be subject to retaliation or intimidation by Endeavor Health Services in any form.

a. With respect to employees, prohibited retaliation and intimidation includes, but is not limited to, terminating, suspending, demoting, failing to consider for promotion, harassing, reducing the compensation of, or adversely changing working conditions of an employee due to the employee's intended or actual filing of a report.

1.2. Employees, contractors, and Board members should immediately report any perceived retaliation or intimidation to the Corporate Compliance Officer.

a. However, if an employee has participated in a violation of law and/or a policy of Endeavor Health Services, Endeavor Health Services has the right to take appropriate action against the employee.

b. While Endeavor Health Services requires its employees to report retaliation and intimidation concerns directly to Endeavor Health Services, certain laws provide that individuals may also bring their concerns to the government. These laws are set out more fully in Endeavor Health Services' Compliance Section 02 Non-Retaliation and Non-Intimidation Policy.

XII. Government Audits and Investigations

1. Contact By Government Officials

1.1. Employees, contractors, and Board members are required to cooperate fully in all government audits and investigations. If contacted by governmental investigators or auditors, all employees are expected to request the following information:

a. The name, agency, business telephone number, and address of all investigators or auditors;

b. The reason for the contact; and

c. If the contact is in person, the investigators' or auditors' business cards.

1.2. Employees shall direct the investigators or auditors to the Corporate Compliance Officer, or in their absence, the President and CEO.

2. Subpoenas and Document Requests

2.1. Employees may receive subpoenas and other written or verbal requests for documents from government agencies. Subpoenas that are outside the normal course of Endeavor Health Services' business and written or verbal requests for documents from government agencies must immediately be forwarded to the Vice President of Clinical Operations or in their absence, the Corporate Compliance Officer.

2.2. The COO or Corporate Compliance Officer, in conjunction with Endeavor Health Services' legal counsel, evaluate the subpoena or written request, and if appropriate, coordinate the production of documents to the government agency.

2.3. It is Endeavor Health Services' policy to respond only to written requests for documents and to cooperate with all appropriate written requests for documents from government agencies.

3. Prohibition on Altering or Destroying Records

3.1. Employees, contractors, and Board members are strictly prohibited from altering, removing, destroying, or otherwise making inaccessible any paper or electronic documents, records, or information relating to the subject matter of any government subpoena, information request, or search warrant during the course of an audit or investigation.

a. This prohibition shall override any record destruction that would otherwise be carried out under Endeavor Health Services' ordinary record retention and destruction policies.

b. Employees, contractors, and Board members are also barred from directing or encouraging another person to alter, remove, destroy, or otherwise make inaccessible any such paper or electronic documents, records, or information.

4. Request For Interviews
    4.1. If an employee, contractor, or Board member receives a request from a government official to provide an interview in the course of a government audit or investigation, the individual should immediately contact the Corporate Compliance Officer, or in their absence, the President and CEO.
    4.2. The Corporate Compliance Officer or President and CEO will, as appropriate, seek advice from legal counsel. If the request is deemed to be appropriate, the Corporate Compliance Officer, President and CEO, or legal counsel will coordinate and schedule all interview requests with the relevant government agency.
    4.3. Employees, contractors, and Board members are required to reasonably cooperate with government officials, including providing them with timely access to facilities and records upon reasonable notice, and being truthful and complete in their communications.
        a. Although individuals have the right not to incriminate themselves, any failure by an employee to provide cooperation or follow the requirements set forth in this Compliance Plan will be subject to disciplinary action including termination of employment.
        b. Any Board member who fails to provide such cooperation will be subject to sanctions as set forth in Endeavor Health Services' Bylaws and policies, as well as applicable laws and regulations.
        c. Any contractor who fails to provide such cooperation will be subject to termination of its contract or relationship.

XIII. Risk Identification and Internal Compliance Audits

Endeavor Health Services seeks to identify compliance issues at an early stage before they develop into significant legal problems by establishing a system for routine identification and evaluation of Compliance Risk Areas. Additional information on risk identification and internal auditing can be found in Endeavor Health Services' Compliance Section 06 Auditing and Monitoring Policy.

1. Identification of Key Risk Areas
    1.1. Endeavor Health Services' key Compliance Risk Areas include, but are not limited to, the following:
        a. Billing for individuals not actually served by Endeavor Health Services;
        b. Billing for services rendered to individuals that are not properly documented;
        c. Billing the same service twice;
        d. Billing at a rate in excess of the rate permitted under the applicable program;
        e. Billing for services that are knowingly also being billed to the government by another health care provider;
        f. Failing to properly coordinate an individual's benefits among Medicare, Medicaid, and other third party payors;
        g. Submitting cost reports that are inaccurate or incomplete;
        h. Ordering unnecessary or excessive services;
        i. Failing to properly document the provision of ordered services;
        j. Determining if billing and payment system weaknesses are being identified and corrected as necessary;
        k. Providing medically unnecessary services;
        l. Failing to properly credential licensed health care professionals;
        m. Employing an excluded individual or company or billing for services provided by an excluded individual or company;
        n. Failing to properly oversee contractors, subcontractors, agents, and independent contractors; and
        o. Ensuring compliance with applicable mandatory reporting obligations.

1.2. Additional Compliance Risk Areas can be identified by reviewing external audits performed by governmental agencies, payors, and credentialing bodies. Compliance Risk Areas may also be identified by reviewing of the annual work plans and other resources from OMIG, HHS-OIG, and other regulatory agencies.

2. Performance of Internal Audits and Compliance Reviews
   2.1. Endeavor Health Services' Corporate Compliance Officer, in conjunction with the Compliance Committee, develops audit tools and procedures for carrying out internal audits and routine monitoring, and develop a schedule of internal audits for the upcoming year.
      a. The audits cover aspects of Endeavor Health Services' operations that pose a heightened risk of non-compliance and focus on Endeavor Health Services' Compliance Risk Areas.
      b. Ongoing audits are performed by internal or external auditors who have expertise in State and Federal Medicaid Program requirements and applicable laws, rules, and regulations, or who have expertise in the subject area of the audit.
   2.2. Endeavor Health Services also reviews the effectiveness of its Compliance Program on at least an annual basis, and this review includes a determination as to whether any revision or corrective action is required.
   2.3. The Corporate Compliance Officer may contract with outside companies to perform certain auditing functions. The Corporate Compliance Officer oversees the services provided by outside companies. If the Corporate Compliance Officer determines it is in Endeavor Health Services' best interest to keep the contents and/or findings of an audit confidential, the Corporate Compliance Officer shall arrange for legal counsel to conduct and/or supervise the audit under the attorney-client and/or attorney work product privileges. A written report shall be prepared summarizing the design, implementation, and results of each audit, and recommending any corrective action. The corrective action shall be designed to reduce the potential for recurrence and ensure ongoing compliance with the requirements of Medicaid, Medicare, and other payors.
   2.4. The Corporate Compliance Officer presents the audit findings or summaries thereof, as appropriate, to the Compliance Committee, President and CEO, and the Board.
      a. If requested by a program supervisor, the Corporate Compliance Officer works with the appropriate program supervisor to implement any corrective action.
   2.5. The program supervisor reports to the Corporate Compliance Officer when implementation is completed.

   2.6. All employees and contractors are required to participate in and cooperate with internal and external audits as requested by the Corporate Compliance Officer. This includes assisting in the production of documents, explaining program operations or rules to auditors, and implementing any corrective action plans.

XIV. Conflict of Interest Policies

1. Conflicts of Interest
   1.1. Endeavor Health Services seeks to protect its interests when it is considering a transaction with a Board member, employee, or officer that might also benefit the personal interests of those individuals. Endeavor Health Services' Section 10.a. Conflict of Interest Policy describes such conflicts and disclosure of conflicts in detail.
   1.2. Board members and officers owe a fiduciary duty of loyalty to Endeavor Health Services and must disclose any actual or potential conflicts of interest to Endeavor Health Services promptly upon learning of such conflict and on an annual basis.

HISTORY

There is no information relevant to this policy.

GOVERNANCE

Foundation of Compliance Program

The Compliance Program is based on the compliance laws and regulations, as well as guidance from Federal and State governmental entities, which Endeavor Health Services must comply with. This includes Section 363-d of the New York Social Services Law, Part 521 of Title 18 of the New York State Codes, Rules and Regulations, and guidance issued by both the New York State Office of Medicaid Inspector General (OMIG) and the U.S. Department of Health and Human Services Office of Inspector General (HHS-OIG).

Laws Regarding the Prevention of Fraud, Waste, and Abuse

Federal Laws

Civil and Criminal False Claims Act

Any person who knowingly and/or willfully submits a false claim for payment to the Federal government shall be subject to civil or criminal penalties, including imprisonment, repayment, civil monetary penalties per claim, treble damages, and exclusion from participating in the Medicare and/or Medicaid Programs. Examples of prohibited conduct include billing for services not rendered, upcoding claims, double billing, misrepresenting services that were rendered, falsely certifying that services were medically necessary, making false statements to the government, failing to comply with conditions of payment, and failing to refund overpayments made by a Federal health care program. Individuals may be entitled to bring an action under this Act and share in a percentage of any recovery. However, if the action has no merit and/or is for the purpose of harassing Endeavor Health Services, the individual may have to pay Endeavor Health Services for its legal fees and costs.

Anti-Kickback Law

Individuals and entities are barred from knowingly offering, paying, soliciting, or receiving remuneration to induce referrals for items paid for by Medicare, Medicaid, or other Federal health care program unless the transaction fits within an applicable safe harbor. This applies to any form of remuneration to induce or reward referrals for Federal health care program business, including, for example, money, free or discounted items or services, overpayments or underpayments, waivers of copays or deductibles, low interest loans or subsidies, or business opportunities that are not commercially reasonable. Criminal or civil penalties can include imprisonment, fines, treble damages, and exclusion from participating in the Medicare and/or Medicaid Programs.

Ethics in Patient Referrals Act (“Stark Law”)

Physicians (including psychologists) or their family members who have an ownership or compensation relationship with an entity that provides “designated health services” shall not refer a patient in need of designated health services for which payment may be made under the Medicare or Medicaid Programs to such entities unless that ownership or compensation arrangement is structured to fit within an applicable regulatory exception. Penalties can include repayment of reimbursement received from the Medicare and/or Medicaid Programs and civil penalties.

Civil Monetary Penalties Law

Individuals are prohibited from conduct specified in law including submitting false or fraudulent claims, misrepresenting facts, receiving or offering kickbacks, offering inducements to Medicare and Medicaid Program beneficiaries, offering inducements to physicians to limit services, submitting claims for services ordered by, or

contracting with, an excluded entity, failing to report and repay an overpayment, and failing to grant the government timely access. Penalties can include fines, treble damages, denial of payment, repayment of amounts improperly paid, and exclusion from participating in the Medicare and/or Medicaid Programs.

State Laws

New York State has laws that are similar to the Federal laws set out above. These laws include the New York State False Claims Act, False Statements Law, Anti-Kickback Law, Self-Referral Prohibition Law, Health Care and Insurance Fraud Penal Law, and anti-fee-splitting law. Individuals may be entitled to bring an action under the New York State False Claims Act and share in a percentage of any recovery. However, if the action has no merit and/or is for the purpose of harassing Endeavor Health Services, the individual may have to pay Endeavor Health Services for its legal fees and costs.

Whistleblower Protections

Federal Whistleblower Protection

An employee who is discharged, demoted, suspended, threatened, harassed, or discriminated against because of the employee's lawful acts conducted in furtherance of a False Claims Act action may bring an action against the employer. However, if the employee's action has no basis in law or fact or is primarily for harassment, the employee may have to pay Endeavor Health Services its fees and costs.

New York State Whistleblower Protection

Employees who, in good faith, report a false claim are protected against discharge, demotion, suspension, threats, harassment, and other discrimination by their employer. Remedies can include reinstatement, two times back pay plus interest, litigation costs, and attorneys' fees.

New York State Labor Laws

An employee is protected from retaliation or intimidation by an employer if the employee discloses or threatens to disclose an activity, policy, or practice of the employer that the employee reasonably believes is in violation of any law, rule, or regulation or reasonably believes poses a substantial and specific danger to the public health or safety, to a supervisor or public body. An employee is also protected from retaliation or intimidation by an employer if the employee provides information to, or testifies before, any public body conducting an investigation, hearing, or inquiry into any such activity, policy, or practice, or who objects to, or refuses to participate in, any such activity, policy, or practice. The employee's disclosure or threat of disclosure is only protected if the employee has made a good faith effort to notify the employer by bringing the activity, policy, or practice to the attention of a supervisor and has afforded the employer a reasonable opportunity to correct the activity, policy, or practice.

SUMMARY

In summary, Endeavor Health Services has adopted this Compliance Plan with the goal of carrying out its activities in accordance with law and high ethical standards. The effectiveness of Endeavor Health Services' Compliance Program depends on the active participation of all employees, contractors, and Board members in preventing, detecting, and appropriately responding to actual or suspected fraud, waste, abuse, or other improper or unethical conduct. Working together, we can make Endeavor Health Services a model of excellence and integrity in our community.

APPENDICES

Appendix A: Compliance Section 01 Duty to Report Policy: \\mec-dc1\shared\Policy and Procedure Manuals\Compliance Manual\2024 Compliance Manual\Section 01-Duty to Report Policy.docx
Appendix B: Compliance Section 02 Non-Retaliation and Non-Intimidation Policy: \\mec-dc1\shared\Policy and Procedure Manuals\Compliance Manual\2024 Compliance Manual\Section 02-Non-Retaliation and Non-Intimidation Policy.docx
Appendix C: Compliance Section 03 Compliance Training Policy: \\mec-dc1\shared\Policy and Procedure Manuals\Compliance Manual\2024 Compliance Manual\Section 04-Compliance Training Policy.docx
Appendix D: Compliance Section 05 Disciplinary Policy: \\mec-dc1\shared\Policy and Procedure Manuals\Compliance Manual\2024 Compliance Manual\Section 04-Disciplinary Policy.docx
Appendix E: Compliance Section 05 Compliance Investigations Policy: \\mec-dc1\shared\Policy and Procedure Manuals\Compliance Manual\2024 Compliance Manual\Section 05-Compliance Investigations Policy.docx
Appendix F: Compliance Section 06 Auditing and Monitoring Policy: \\mec-dc1\shared\Policy and Procedure Manuals\Compliance Manual\2024 Compliance Manual\Section 06-Auditing and Monitoring Policy.docx
Appendix G: Compliance Section 07 Vendor Relations Policy: \\mec-dc1\shared\Policy and Procedure Manuals\Compliance Manual\2024 Compliance Manual\Section 07-Vendor Relations Policy.docx
Appendix H: Compliance Section 08 Exclusion Screening Policy: \\mec-dc1\shared\Policy and Procedure Manuals\Compliance Manual\2024 Compliance Manual\Section 08-Exclusion Screening Policy.docx
Appendix I: Compliance Section 09.a. Fraud Prevention: \\mec-dc1\shared\Policy and Procedure Manuals\Compliance Manual\2024 Compliance Manual\Section 09.a. Fraud Prevention.docx
Appendix J: Compliance Section 09.c. Fraud Prevention Policy (for Contractors and Agents): \\mec-dc1\shared\Policy and Procedure Manuals\Compliance Manual\2024 Compliance Manual\Section 09.a. Fraud Prevention Policy.docx

REVISION SUMMARY DATE

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