



Healthy Alliance¹

COMPLIANCE PROGRAM

Effective: April 2025

Approved: April 30, 2025

By: Healthy Alliance Board

¹ Healthy Alliance Foundation Inc., d/b/a Healthy Alliance, Healthy Alliance Social Care IPA, LLC, and Alliance for Better Health, LLC (together "Healthy Alliance.")

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HEALTHY ALLIANCE COMPLIANCE PROGRAM

Introduction

Healthy Alliance is committed to providing services of the highest quality and to being in full compliance with all federal, state, and local laws and regulations. As part of that commitment, Healthy Alliance has a Compliance Program and Code of Conduct as the basis of its efforts in fostering an organizational culture that promotes responsible and honest conduct, transparency in all transactions, and adherence to the laws and regulations of the government oversight agencies and funders. This Compliance Program below outlines the elements included.

For purposes of this Compliance Program, the term “Affected Individuals” includes all Healthy Alliance Board of Directors, Employees, and Contractors (hereafter referred to as “Affected Individuals”).

For purposes of this Compliance Program, "Contractors" are defined as those organizations that Healthy Alliance has a direct contractual relationship with, including but not limited to, Vendors, Contractors, Subcontractors, Suppliers, Participants and Affiliates.

I. Policy

It has been and continues to be the policy of Healthy Alliance to comply with all applicable Federal, State, and local laws and regulations, and payer requirements. It is also Healthy Alliance’s policy to prevent improper or illegal activities, provide mechanisms to detect any violations of laws, regulations, and work to detect, and investigate issues related to fraud, waste, and abuse. To ensure this, Healthy Alliance has established a Compliance Program and commits to maintaining it effectively.

II. Commitment

Healthy Alliance is, and will remain, committed to our responsibility to conduct all our business with integrity based on sound ethical and moral standards. We will hold all Affected Individuals to these same standards.

Healthy Alliance is committed to maintaining and measuring the effectiveness of our Compliance Program and Code of Conduct through monitoring and auditing systems designed to detect noncompliance by Affected Individuals.

Healthy Alliance is committed to the prevention of improper or illegal activities and to provide mechanisms to detect noncompliance, including but not limited to, any violations of laws and regulations, Social Care Network program requirements, the Code of Conduct and Healthy Alliance’s policies and procedures. Healthy Alliance is committed to the prompt investigation and resolution of reported or detected noncompliance.

Healthy Alliance is committed to the performance of regular, periodic compliance audits by internal and/or external auditors who have expertise in the relevant Federal and State statutes, regulations, and Social Care Network program requirements.

III. Responsibility

All Affected Individuals shall understand that it is their responsibility to report any instances of suspected or known noncompliance to their immediate supervisor, the Chief Executive Officer, or the Compliance Officer without fear of retaliation, retribution, or intimidation. Failure to report known noncompliance or making reports that are not

in good faith will be grounds for disciplinary action, up to and including termination of employment, contract, assignment, or appointment. Reports related to harassment or other workplace-oriented issues will be referred to Human Resources.

IV. Policies and Procedures and Code of Conduct

Healthy Alliance will communicate its compliance standards and policies through required training where applicable, communication initiatives and distribution of this Compliance Program and Code of Conduct to all Affected Individuals.

V. Compliance Officer and Compliance Committee

Healthy Alliance has appointed a Compliance Officer who is responsible for the overall operation of the Compliance Program. A Compliance Committee works with the Compliance Officer to implement and maintain an effective Compliance Program.

VI. Discipline/Enforcement

This Program will be consistently enforced through appropriate disciplinary mechanisms including, if appropriate, contract termination or discipline of Affected Individuals responsible for failure to detect and/or report noncompliance.

VII. Healthy Alliance Response

Detected noncompliance, discovered through any mechanism, such as compliance auditing procedures and/or confidential reporting of noncompliance, will be responded to in an expedient manner. Healthy Alliance is dedicated to the resolution of such matters and will take all reasonable steps to prevent further similar violations, including any necessary modifications to the Compliance Program, policies, and/or procedures.

VIII. Due Diligence

Healthy Alliance will exercise due diligence regarding background and professional license examinations (where applicable) for all Affected Individuals in a manner relevant to the type of Affected Individual.

IX. Non-Retaliation, Non-Intimidation, and Whistleblower Protections

Healthy Alliance will not take any retaliatory action against an Affected Individual who, in good faith, reports actual or suspected noncompliance or illegal activities or for good faith participation in the Compliance Program.

Healthy Alliance will not take any retaliatory action against an employee if the employee discloses certain information about Healthy Alliance's policies, practices, or activities to a regulatory, law enforcement, or other similar agency or public official. Protected disclosures are those that assert that Healthy Alliance is in violation of a law that creates a substantial and specific danger to the public health and safety; or that constitute fraud under the law; or that assert that the employee, in good faith, believes constitutes improper quality of care.

Healthy Alliance's Compliance Program includes the following key elements.

ELEMENT 1: POLICIES AND PROCEDURES AND CODE OF CONDUCT

To support the operation of Healthy Alliance's Compliance Program, policies and procedures are established to provide direction to Affected Individuals as applicable and address the following components of this Program:

- Conflict of Interest
- Reporting and investigation of noncompliance
- Non-retaliation and non-intimidation
- False Claims Act and Whistleblower protections
- Compliance Program education and training
- Auditing and monitoring
- Billing errors and overpayments
- Kickbacks and business courtesies
- Discipline for noncompliance or failure to report.
- Responding to governmental investigations

All Affected Individuals are expected to be familiar with and knowledgeable about the Compliance Program Policies and Procedures as it pertains to their employment or contract obligations. The Policies can be accessed through the Healthy Alliance's Intranet and/or the Healthy Alliance website where applicable.

The Code of Conduct serves as a foundational document that describes the Healthy Alliance's fundamental principles and values, and commitment to conduct its business in an ethical manner. The Code of Conduct provides Affected Individuals with guidance on requirements for conduct related to their employment, contract, assignment, or association with Healthy Alliance.

When any person knows or suspects that the expectations in the Code of Conduct and the Compliance Program have not been met, this must be reported to their immediate supervisor, the Compliance Officer, or the Chief Executive Officer so that each situation may be appropriately dealt with. The Compliance Officer may be reached at (518) 379-9836. The Chief Executive Officer can be reached at (518) 701-2200. Reports may be made in person; by phone, mail, email; or anonymously here: [Contact Us](#)

ELEMENT 2: COMPLIANCE PROGRAM OVERSIGHT

I. The Role of the Compliance Officer

The Chief Executive Officer and Board of Directors of Healthy Alliance designate Jennifer Place as the Compliance Officer.

The Compliance Officer has primary responsibility for Compliance Program development, implementation, monitoring, and evaluation for effectiveness.

Reporting Relationship

The Compliance Officer has direct lines of communication to the Chief Executive Officer, the Board of Directors, the Compliance Committee, and Healthy Alliance's legal counsel.

Role and Responsibilities

The Compliance Officer's primary responsibilities include:

- Overseeing and monitoring the implementation, maintenance, and modification of the Compliance Program, inclusive of policies, procedures, and the Code of Conduct (in conjunction with Healthy Alliance's Human Resources Department where applicable).
- Reviewing and revising, periodically, the Code of Conduct, the Compliance Program, policies, and procedures as changes occur within Healthy Alliance, and/or in the law, regulations, or governmental and third-party payers.
- Evaluating the effectiveness of the Compliance Program, policies, procedures, and Code of Conduct.
- Developing, implementing, and monitoring the Compliance Work Plan.
- Reporting, no less frequently than quarterly, to the Board of Directors, Chief Executive Officer, and Compliance Committee on the progress of implementation of the Compliance Program.
- Assisting the Chief Executive Officer, Senior Leadership, Management, and the Compliance Committee in establishing methods to reduce vulnerability to fraud, abuse, and waste.
- Ensuring that excluded individuals or entities are not employed or contracted by Healthy Alliance.
- Directing Healthy Alliance internal audits established to monitor effectiveness of the Compliance Program.
- Independently investigating and acting on matters related to compliance, including the flexibility to design and coordinate internal investigations (e.g., responding to reports of problems or suspected violations) and any resulting corrective action with all departments, employees, and when appropriate, contractors.
- Maintaining a reporting system, including an anonymous means to report without fear of retaliation, and responding to concerns, complaints, and questions related to the Compliance Program.
- Overseeing efforts to communicate and educate the contents of the Compliance Program to all Affected Individuals consistent with roles and risk areas.

II. The Structure, Duties, and Role of the Compliance Committee

The Compliance Committee is a Committee of the Corporation and approved by the Board. A Board Member will chair the Committee and is appointed by the Chair of the Board of Directors and Chief Executive Officer to advise and assist the Compliance Officer with the implementation of the Compliance Program. The Compliance Committee will report directly to the Chief Executive Officer and Board of Directors.

The Compliance Committee will meet on a regular basis, but not less than quarterly. The Compliance Officer or designee will maintain meeting minutes.

The Compliance Committee is responsible for the following:

- Reviewing and monitoring Compliance Program communication, training, and education to ensure that they are effective, relevant to the appropriate party and completed in a timely manner.
- Ensuring that Healthy Alliance has effective systems and processes in place to identify risks, overpayments, and other fraud, waste and abuse issues and has effective policies and procedures for correcting and reporting such issues.
- Coordinating with the Compliance Officer to ensure that the written policies, procedures, and Code of Conduct are current, accurate, and complete.
- Coordinating with the Compliance Officer to ensure communication and cooperation by Affected Individuals on compliance-related issues, internal or external audits, or any other function or activity.
- Advocating for sufficient funding, staff, and resources to be allocated to the Compliance Officer to perform duties related to the Compliance Program.

- Monitoring and evaluating Healthy Alliance’s Compliance Program for effectiveness at least annually and making recommendations for necessary modifications to the Compliance Program as applicable.
- Developing and implementing a Compliance Committee Charter. The Charter will outline the Compliance Committee’s duties and responsibilities, membership, designation of a chairperson and frequency of meetings. The Charter will be reviewed and updated annually.

III. Delegation of Substantial Discretionary Authority and Exclusion Checks

Healthy Alliance performs exclusion checks for all prospective employees, the Chief Executive Officer and other senior administrators, Board members, interns, and contractors as required.

The following resources may be queried when conducting screening:

- a) The System for Award Management (SAM) available on the SAM website. The URL address is: <https://www.sam.gov>
- b) HHS/OIG List of Excluded Individuals and Entities. The URL address is: <http://exclusions.oig.hhs.gov/>.
- c) Medicaid Exclusions | Office of the Medicaid Inspector General. The URL address is: <https://omig.ny.gov/medicaid-fraud/medicaid-exclusions>
- d) Licensure and disciplinary record with NYS Office of Professional Medical Conduct (Physicians, Physician Assistants) (the URL address is <http://www.health.state.ny.us/nysdoh/opmc/main.htm>) and/or New York State Department of Education (other licensed professionals) (the URL address is <http://www.op.nysed.gov/opsearches.htm>).

ELEMENT 3: EDUCATION AND TRAINING

I. Expectations

Education and training are critical elements of the Healthy Alliance Compliance Program. All Affected Individuals are expected to be familiar with and knowledgeable about Healthy Alliance’s Compliance Program and have a solid working knowledge of their responsibilities under the Compliance Program as it pertains to their role or relationship with Healthy Alliance. Compliance Program Policies, Procedures and the Code of Conduct will be provided to all Affected Individuals as it appropriately pertains to their role.

II. Training Topics – General

All Affected Individuals shall participate in training for, attest to the understanding of or be provided documentation as appropriate to their relationship with Healthy Alliance regarding the topics identified below:

- Healthy Alliance’s Compliance Program.
- Code of Conduct and other related written guidance.
- Federal False Claims Act.
- New York False Claims Act.
- Whistleblower Protections.
- Risk areas.
- The role and responsibilities of the Compliance Officer and the Compliance Committee.

- Communication channels (name of Compliance Officer, reporting mechanisms, anonymous reporting mechanism).
- Healthy Alliance's expectations for reporting known or suspected fraud, waste, and abuse; illegal or unethical acts; actual or suspected violations of Federal or State laws and regulations; actual or suspected violations of the Code of Conduct, the Compliance Program, and Healthy Alliance's policies and procedures; improper acts in the assessment, delivery or billing of services; and other wrongdoing (collectively referred to as "compliance concerns") and how Healthy Alliance responds to such reports including the investigation process and corrective actions;
- Healthy Alliance's disciplinary policy and standards.
- Prevention of fraud, waste, and abuse; and
- Non-retaliation and non-intimidation policy.

All Affected Individuals will be provided with the Healthy Alliance Compliance Program no less frequently than annually.

Healthy Alliance will maintain an education and training program. The program will, at a minimum, outline the subjects or topics for compliance training and education, the timing and frequency of the training, which Affected Individuals are required to attend, attest to, or receive and how the effectiveness of the training will be periodically evaluated where applicable. The Program will be reviewed by the Compliance Officer and Compliance Committee and updated as needed, but at minimum on an annual basis.

III. Topics – Targeted

In addition to the above, targeted training will be provided to all managers and any other employees whose job responsibilities include activities related to compliance topics, such as documentation of services and coding and billing procedures. Managers shall assist the Compliance Officer in identifying areas that require specific training and education.

IV. Orientation

As part of their orientation, each Affected Individual shall receive a written copy of the Compliance Program, Code of Conduct and be provided access to Compliance Program Policies and Procedures as appropriate.

V. Attendance

All education and training for Healthy Alliance employees relating to the Compliance Program will be verified by attendance and/or a signed attestation of receipt and understanding of the Compliance Program and Code of Conduct.

ELEMENT 4: LINES OF CONFIDENTIAL COMMUNICATION

I. Expectations

Open lines of communication between Healthy Alliance's Leadership, the Compliance Officer, and each Affected Individual subject to this Compliance Program are essential to the success of Healthy Alliance's Compliance Program and commitment to comply with all applicable laws and regulations and the prevention of Medicaid or Medicare fraud, waste, and abuse.

All Affected Individuals must report compliance concerns. Failure to report is deemed misconduct and a violation of this requirement.

Every Affected Individual has an obligation to refuse to participate in any wrongful course of action and to report the actions according to the procedure listed below.

II. Reporting Procedure

If an Affected Individual witnesses, learns of, or is asked to participate in any activities that are potentially in violation of this Compliance Program and/or Code of Conduct, they should contact the Compliance Officer, immediate supervisor, or a member of the Healthy Alliance Leadership team. Reports may be made in person; by mail, phone, email, online or by mailing information to the attention of the Compliance Officer at 430 Franklin St, 2nd Floor Suite 2324 Schenectady, NY 12305. The Compliance Officer may be reached by calling (518) 379-9836. Affected Individuals may also anonymously report to the Compliance Officer through the Healthy Alliance website here: [Contact Us](#)

Upon receipt of a question or concern, any supervisor, manager, or member of the Healthy Alliance Leadership team shall document the issue at hand and report to the Compliance Officer. Any questions or concerns relating to potential non-compliance by the Compliance Officer should be reported immediately to the Chief Executive Officer.

The Compliance Officer or designee shall record the information necessary to conduct an appropriate investigation of all complaints. If the Affected Individual was seeking information concerning the Code of Conduct or its application, the Compliance Officer or designee shall record the facts of the inquiry, and the nature of the information sought and respond as appropriate.

III. Protections

Healthy Alliance shall, as much as is possible, protect the anonymity or identity of the Affected Individual who reports a compliance concern or raises a question about Healthy Alliance's Compliance Program and Code of Conduct. Strict confidentiality regarding the reporting of compliance concerns will be maintained unless the matter is subject to a disciplinary proceeding, referred to, or under investigation by Federal, State, or local law enforcement, or disclosure is required during a legal proceeding.

IV. Policy of Non-Retaliation and Non-Intimidation

Healthy Alliance will not take any retaliatory action against an Affected Individual who, in good faith, reports a compliance concern, as defined by this Program or for good faith participation in the Compliance Program, including but not limited to:

- Reporting potential issues.
- Investigating issues.
- Self-evaluations.
- Audits.
- Remedial actions; and
- Reporting to appropriate officials as provided in sections 740 and 741 of the New York State Labor Law.

Any threat of retribution, retaliation, or intimidation against a person who acts in good faith pursuant to their responsibilities under the Compliance Program is acting against Healthy Alliance's Compliance Policy. Discipline, up

to and including termination of employment, contract, appointment, or assignment, will result if such retribution, retaliation, or intimidation is proven.

Affected Individuals who believe they have been subject to retribution, retaliation and/or intimidation for reporting a compliance concern or for good faith participation in the Compliance Program shall report the actions to the Compliance Officer who shall investigate the allegation in accordance with Element 7 of this Compliance Program (Response to Compliance Issues).

V. Guidance

Any Affected Individual may seek guidance about the Compliance Program or Code of Conduct at any time by following the reporting mechanisms outlined above.

ELEMENT 5: DISCIPLINE AND ENFORCEMENT OF COMPLIANCE STANDARDS

I. Disciplinary Action – General

a. Contractors and Vendors

Affected Individuals who fail to comply with Healthy Alliance’s Compliance Program and Code of Conduct, or who, upon investigation, are found to have committed illegal or unethical acts or violations of applicable Federal and State laws and regulations, the Compliance Program, the Code of Conduct, or relevant Healthy Alliance’s policies and procedures, will be subject to appropriate disciplinary action, up to and including termination of contract, with Healthy Alliance.

If a compliance violation occurs involving a contractor, the Compliance Officer will notify the Chief Executive Officer and work collaboratively to determine and execute the appropriate corrective action and will keep all relevant documentation on file.

b. Healthy Alliance Staff Members

Affected Individuals who fail to comply with Healthy Alliance’s Compliance Program and Code of Conduct, or who, upon investigation, are found to have committed illegal or unethical acts or violations of applicable Federal and State laws and regulations, the Compliance Program, the Code of Conduct, or Healthy Alliance’s policies and procedures, will be subject to appropriate disciplinary action, up to and including termination of employment, with Healthy Alliance.

Healthy Alliance will apply appropriate discipline consistent with the violation. Examples of the disciplinary action that may be taken in accordance with the nature and scope of the infraction include but are not limited to: (a) verbal or written warning; (b) performance improvement plan; (c) suspension; and/or (d) termination of employment. Healthy Alliance will consider intentional or reckless behavior as being subject to more significant discipline.

The following actions will result in more significant disciplinary action:

- Authorization of or participation in actions that violate Federal or State laws, regulations, the Compliance Program, Code of Conduct, or any related policies and procedures.

- Failure to comply with Healthy Alliance’s policies governing the prevention, detection, or reporting of fraud and abuse.
- Falsification of records.
- Submitting or causing to submit a false claim.
- Failure to report a violation by a peer or subordinate.
- Failure to cooperate in an investigation; and
- Retaliation/intimidation against an individual for reporting a possible violation or participating in an investigation.

Any discipline will be appropriately documented in the Affected Individual’s file, along with a written statement of reason(s) for imposing such discipline. Such documentation will be considered during an employee’s regular and promotional evaluations.

The Compliance Officer will have access upon request, and for regular review, a written record of all disciplinary actions taken against Affected Individuals related to non-compliance and violations, including verbal warnings, and will reference these records when necessary to ensure consistency in application of disciplinary measures. The Compliance Officer will provide a de-identified report on disciplinary actions taken to the Compliance Committee and the Board of Directors if the need arises with the purpose to ensure that all compliance related disciplinary actions are fair and consistent.

II. Disciplinary Action – Healthy Alliance Supervisory Employees

Healthy Alliance Managers and Supervisors will be disciplined for failure to adequately instruct their subordinates or failure to detect noncompliance with applicable policies and procedures and legal requirements where reasonable diligence on the part of the manager or supervisor would have led to the earlier discovery of any problems or violations and would have provided Healthy Alliance with the opportunity to correct them.

ELEMENT 6: AUDITING AND MONITORING

I. Internal Audits

Ongoing evaluation is critical in detecting non-compliance and will help ensure the success of Healthy Alliance’s Compliance Program. An ongoing auditing and monitoring system, implemented by the Compliance Officer and in consultation with the Compliance Committee, is an integral component of Healthy Alliance’s auditing and monitoring systems.

On an annual basis, the Compliance Officer, in conjunction with the Chief Executive Officer, Senior Leadership, and the Compliance Committee, will develop an audit plan, to be included in the Healthy Alliance Compliance Work Plan, based on a Healthy Alliance risk assessment.

This ongoing auditing and monitoring will evaluate at minimum, the following risk areas:

- Billings.
- Payments.
- Eligibility Assessments.
- Quality of care.
- Governance.

- Mandatory reporting.
- Credentialing.
- Contractor oversight.
- Review of contracts and relationships with contractors, specifically those with substantive exposure to government enforcement actions.
- Review of documentation and billing relating to claims made to Federal, State, and third-party payers for reimbursement.
- Compliance training, education, and communication.
- Effectiveness of the Compliance Program: and
- Other risk areas that are or should reasonably be identified by Healthy Alliance through its organizational experience.

The audits and reviews will examine Healthy Alliance's compliance with specific rules and policies through various methods that may include but are not limited to on-site visits, personnel interviews, general questionnaires (submitted to employees and contractors), and record reviews.

Results of all auditing and monitoring activities will be reported to the Compliance Committee and Board of Directors.

II. Compliance Program Integrity

Additional steps to ensure the integrity of the Compliance Program will include:

- The Compliance Officer will be notified immediately in the event of any visits, audits, investigations, or surveys by any Federal or State agency or authority and shall immediately receive a photocopy of any correspondence from any regulatory agency charged with licensing Healthy Alliance and/or administering a Federally or State-funded program or county-funded program with which Healthy Alliance participates.
- Establishment of a process detailing ongoing notification by the Compliance Officer to all appropriate personnel of any changes in laws, regulations, or policies, as well as appropriate training to assure continuous compliance.

ELEMENT 7: RESPONSE TO COMPLIANCE ISSUES

I. Violation Detection

Healthy Alliance maintains a formal confidential and anonymous compliance reporting process to encourage the reporting of any compliance concerns. Affected Individuals must promptly report any compliance concerns to Compliance Officer, the immediate supervisor, or a member of the Healthy Alliance Leadership team. Members, vendors, external stakeholders, and any party conducting business with Healthy Alliance may report compliance concerns to the Compliance Officer through the confidential or anonymous reporting process.

As part of its Compliance Program, Healthy Alliance will ensure that all reports of compliance concerns are immediately and objectively investigated and resolved promptly. Such investigations may be conducted by the Compliance Officer, members of the Compliance Committee, other employees or external parties as indicated or recommended by the Compliance Officer, the Chief Executive Officer or legal counsel.

The Compliance Officer will take immediate measures to secure relevant evidence or documentation and will ensure the confidentiality of any information obtained from a report, interview or through an investigation, unless otherwise required by law.

Unless a potential conflict of interest exists, the Compliance Officer will inform the Chief Executive Officer of any pending investigations. The Compliance Officer or Chief Executive Officer will arrange to retain legal counsel, as deemed appropriate.

II. Reporting

The results of the investigation and remedial actions will be communicated confidentially to the Chief Executive Officer, members of the Board of Directors, and other employees based on a need-to-know basis. The Compliance Officer shall report to the Compliance Committee regarding each investigation conducted unless conducted under attorney privilege.

At the conclusion of an investigation involving legal counsel, they shall issue a report to the Compliance Officer, Chief Executive Officer, and Compliance Committee summarizing their findings, conclusions, and recommendations and will render an opinion as to whether a violation of the law has occurred. The report will be reviewed with legal counsel in attendance. Any additional action will be on the advice of counsel.

III. Rectification

If the Compliance Officer, in consultation with legal counsel, identifies credible evidence or credibly believes that a State or Federal law, rule, or regulation has been violated, the Compliance Officer will promptly report such violation to the appropriate governmental entity, where such reporting is otherwise required by law, rule, or regulation.

If Healthy Alliance identifies that an overpayment was received from any third-party payer, the appropriate regulatory (funder) and/or prosecutorial (attorney general/police) authority will be appropriately notified with the advice and assistance of counsel.

It is Healthy Alliance's policy to not retain any funds received from overpayments. Overpayments will be reported and refunded in accordance with the appropriate self-disclosure protocols and any required time frames.

In instances where an affirmative fraud may have occurred, appropriate amounts shall be returned after consultation and approval by involved regulatory and/or prosecutorial authorities. Systems shall also be put in place to prevent such overpayments in the future.

IV. Recordkeeping

Regardless of whether a report is made to a governmental agency, the Compliance Officer shall maintain a record of the investigation, including copies of all pertinent documentation. The Compliance Officer will organize the information so that Healthy Alliance can determine if an infraction occurred. The Compliance Officer will securely maintain all notes of the interviews, all evidence and review of documents as part of the investigation file. Human Resources will retain any documentation related to disciplinary action if such has occurred. This record will be considered confidential and not released without the approval of the Chief Executive Officer, Human Resources where applicable or legal counsel.

ATTACHMENT A: POLICIES

[Healthy Alliance Conflict-of-Interest Policy](#)

[Privacy Policy - Healthy Alliance](#)

[Referral and Navigation Policy CP017 signed](#)

[Antikickback - Business Courtesies Gifts and Entertainment CP003a v1 Board Approved](#)

[Auditing and Monitoring CP002 v1 Board Approved](#)

[Billing Errors Overpayments and Self Disclosure CP004 v1 Board Approved](#)

[Compliance Education and Training CP006 v1 Board Approved](#)

[Discipline and Enforcement of Compliance Standards CP007 v1 Board Approved](#)

[Exclusion Screening CP008 v1 Board Approved](#)

[Policy on Polices CP016 v1 Board Approved](#)

[Reporting and Investigation of Compliance Concerns CP010 v1 Board Approved](#)

[Response to Governmental Investigations CP011 v1 Board Approved](#)

[Role and Responsibilities of the Compliance Committee CP012 v1 Board Approved](#)

[Search Warrants CP013 v1 Board Approved](#)

[Subpoenas CP014 v1 Board Approved](#)

[Whistleblower Protections and Non-Retaliation CP015 v1 Board Approved](#)



HEALTHY ALLIANCE¹

POLICY NAME: COMPLIANCE, ANTICKICKBACK and BUSINESS COURTESIES

DOCUMENT #: POL-CP001b

VERSION- 1.0

ROLE	NAME/SIGNATURE	APPROVAL DATE
Approver	Healthy Alliance Board	July 29, 2025
Owner	Compliance Officer	

INTRODUCTION AND PURPOSE:

Healthy Alliance recognizes that there are legitimate and lawful reasons to accept or provide reasonable business courtesies. However, as a Social Care Lead Entity, business courtesies pose a risk for abuse related to anti-kickback laws and regulations. The Federal Anti-Kickback law prohibits the offer of payment, solicitation, or receipt of anything of value to induce or reward the referral of Federal health care program recipients, such as Medicare and Medicaid recipients. The Federal Anti-Kickback statute also prohibits the payment or receipt of any remuneration that is intended to induce the purchasing, leasing, or ordering of any item or service that may be reimbursed, in whole or in part, under a federal health care program. It also prohibits the payment or receipt of any remuneration that is intended to induce the recommendation of the purchasing, leasing, contracting or ordering of any such item or service.

The purpose of this policy is to assure that Healthy Alliance complies with Federal Anti-Kickback laws.

For purposes of this policy, the term “Affected Individuals” includes all Healthy Alliance Board of Directors, Social Care Network (SCN) Council Members, Employees, and Contractors (hereafter referred to as “Affected Individuals”).

"Contractors" are defined as those organizations that Healthy Alliance has a direct contractual relationship with, including but not limited to, Vendors, Contractors, Subcontractors, Suppliers, Participants and Affiliates.

Business Courtesies: A business courtesy is anything of value, a favor, or a benefit provided free of charge or at a charge less than fair market value in the context of a business relationship. The Policy applies to gifts, entertainment, and hospitality involving the Healthy Alliance’s employees, Board members, SCN Council members, and its referral sources and business partners intended to enhance business relationships and/or further their mutual business interests. Examples include gifts, entertainment, or hospitality for the purposes of inducing:

- Referrals for Healthy Alliance’s Social Care Network Providers or services;
- The purchasing, leasing, contracting or ordering of any item or service; or

¹ References to “Healthy Alliance” throughout this policy include Alliance for Better Health, LLC, Healthy Alliance Social Care IPA, LLC and Healthy Alliance Foundation, Inc.

- The recommendation of the purchasing, leasing, contracting or ordering of any such item or service.
- Capacity building funding.

Relative: For this policy, a relative is any person who is related by blood or marriage, or whose relationship with the employee or Board member is similar to that of persons who are related by blood or marriage. A relative of a person includes:

- Spouse; domestic partner as defined in New York Public Health Law Section 2954-A;
- Ancestors;
- Brothers and sisters (whether whole or half-blood);
- Children (whether natural or adopted);
- Grandchildren;
- Great-grandchildren;
- Spouses or domestic partners of brothers, sisters, children, grandchildren, and great-grandchildren.

Potential Referral Source: A potential referral source includes a, Social Care Network Provider, Community Based Organization, Managed Care Organization, physician, other provider or party who could reasonably be a source of referral.

Remuneration: Any type of direct or indirect payment, bribe, rebate, or other type of inducement.

POLICY:

1. Any business courtesy intended to induce or reward referrals or result in the purchase of goods or services is strictly prohibited.
2. It is the policy of Healthy Alliance that gifts, entertainment, and other benefits will not be provided to a potential referral source or contractor, except as permitted by this policy.
3. Any business courtesies involving Healthy Alliance's Social Care Network Providers or other individuals or entities in a position to refer Members to Healthy Alliance for services must strictly follow Healthy Alliance's policies and be in conformance with all Federal and State laws, regulations, and rules regarding these practices.

REGULATORY REFERENCE:

Social Service Law 363-D
18 NYCRR Part 521

RELATED POLICIES:

Conflict of Interest Policy, POL-CP003a
Referral and Navigation Policy, POL-CP017

REVISION HISTORY:

If a new document is created or during annual review it is determined that revisions need to be made to a document, changes will be recorded in the table below, who made the changes, and when the document was approved. The version of the document will be updated after the document is approved.

SANCTION STATEMENT:

Non-compliance with this policy may result in disciplinary action, up to and including termination.

COMPLIANCE STATEMENT:

As part of its ongoing auditing and monitoring process in its Compliance Program, Healthy Alliance will review this policy based on changes in the law or regulations, as Healthy Alliance's practices change, and, at minimum, on an annual basis. Additionally, this policy will be tested for effectiveness on an annual basis or more frequently as identified in accordance with Healthy Alliance's Compliance Program. Testing will include but is not limited to ensuring that the policy is appropriately followed; the policy is effective; the policy has been disseminated to all Affected Individuals, as well as notified of any updates or changes.

Tracking of the criteria above and results of this testing will be completed by the Compliance Officer, or designee. Additionally, results will be reported to the Compliance Committee and Governing Body on a regular basis.

RECORD RETENTION STATEMENT:

Healthy Alliance will retain this policy and all subsequent revisions, and any related documentation will be retained for a period of, at minimum, six years.

VERSION	DATE REVIEWED	REVISIONS	POLICY OWNER
V1	06/2025	New document	Compliance Officer

HEALTHY ALLIANCE¹**POLICY NAME: COMPLIANCE, AUDITING AND MONITORING**DOCUMENT #: POL-CP002
VERSION- 1.0

ROLE	NAME/SIGNATURE	APPROVAL DATE
Approver	Healthy Alliance Board	July 29, 2025
Owner	Compliance Officer	

INTRODUCTION AND PURPOSE:

Healthy Alliance developed and implemented a Compliance Program to establish, in part, effective internal controls that promote adherence to applicable Federal and State laws and requirements. An important component of the Compliance Program is the use of audits and/or other evaluation techniques to monitor compliance and assist in the reduction of identified risk areas.

Healthy Alliance recognizes the need for internal controls but also realizes that resources are limited. Therefore, this policy focuses on Healthy Alliance's resources to effectively and efficiently audit and monitor risk areas.

For purposes of this policy, the term "Affected Individuals" includes all Healthy Alliance Board of Directors, Social Care Network (SCN) Council members, Employees, and Contractors (hereafter referred to as "Affected Individuals").

"Contractors" are defined as those organizations that Healthy Alliance has a direct contractual relationship with, including but not limited to, Vendors, Contractors, Subcontractors, Suppliers, Participants and Affiliates.

POLICY:

It is the Policy of Healthy Alliance to conduct ongoing auditing and monitoring of identified risk areas related to compliance including but not limited to billing, fiscal management, clinical operations, and service provision. It is the responsibility of the entire Leadership Team to ensure that ongoing auditing and monitoring is properly executed, documented, and evidenced.

It is the Policy of Healthy Alliance to analyze and trend the results of all audits (both internal and external) on a regular basis to ensure that Healthy Alliance's Compliance Program is effective.

¹ References to "Healthy Alliance" throughout this policy include Alliance for Better Health, LLC, Healthy Alliance Social Care IPA, LLC and Healthy Alliance Foundation, Inc.

REGULATORY REFERENCE:

Social Service Law 363-D
18 NYCRR Part 521

REVISION HISTORY:

If a new document is created or during annual review it is determined that revisions need to be made to a document, changes will be recorded in the table below, who made the changes, and when the document was approved. The version of the document will be updated after the document is approved.

SANCTION STATEMENT:

Non-compliance with this policy may result in disciplinary action, up to and including termination.

COMPLIANCE STATEMENT:

As part of its ongoing auditing and monitoring process in its Compliance Program, Healthy Alliance will review this policy based on changes in the law or regulations, as Healthy Alliance's practices change, and, at minimum, on an annual basis. Additionally, this policy will be tested for effectiveness on an annual basis or more frequently as identified in accordance with Healthy Alliance's Compliance Program. Testing will include but is not limited to ensuring that the policy is appropriately followed; the policy is effective; the policy has been disseminated to all Affected Individuals, as well as notified of any updates or changes.

Tracking of the criteria above and results of this testing will be completed by the Compliance Officer, or designee. Additionally, results will be reported to the Compliance Committee and Governing Body on a regular basis.

RECORD RETENTION STATEMENT:

Healthy Alliance will retain this policy and all subsequent revisions, and any related documentation will be retained for a period of, at minimum, six years.

VERSION	DATE REVIEWED	REVISIONS	POLICY OWNER
V1	06/2025	New document	Compliance Officer



HEALTHY ALLIANCE¹

POLICY NAME: COMPLIANCE, BILLING ERRORS, OVERPAYMENTS, AND SELF-DISCLOSURE

DOCUMENT #: POL-CP004

VERSION- 1.0

ROLE	NAME/SIGNATURE	APPROVAL DATE
Approver	Healthy Alliance Board	July 29, 2025
Owner	Compliance Officer	

INTRODUCTION AND PURPOSE:

Healthy Alliance is committed to adopting and implementing an effective Compliance Program that includes ensuring the ability to detect, correct, and resolve payment and billing errors as quickly and as efficiently as possible.

For purposes of this policy, the term “Affected Individuals” includes all Healthy Alliance Board of Directors, Employees, and Contractors (hereafter referred to as “Affected Individuals”).

"Contractors" are defined as those organizations that Healthy Alliance has a direct contractual relationship with, including but not limited to, Vendors, Contractors, Subcontractors, Suppliers, Participants and Affiliates.

POLICY:

It is the policy of Healthy Alliance that any overpayments or inaccurate billing of claims be detected, reported, and returned in a timely manner following all rules, regulations, and laws.

Healthy Alliance is committed to ensuring that in the event that Healthy Alliance has received an overpayment under the Medicaid Assistance Program (Medicaid), or another third-party payer, Healthy Alliance shall report and return the overpayment, notify the appropriate payer, and comply with all Federal and State laws, regulations, guidelines, and policies.

REGULATORY REFERENCE:

Social Service Law 363-D

18 NYCRR Part 521

Affordable Care Act of 2010 §6402

42 USC §1302a-7k(d)

¹ References to “Healthy Alliance” throughout this policy include Alliance for Better Health, LLC, Healthy Alliance Social Care IPA, LLC and Healthy Alliance Foundation, Inc.

REVISION HISTORY:

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SANCTION STATEMENT:

Non-compliance with this policy may result in disciplinary action, up to and including termination.

COMPLIANCE STATEMENT:

As part of its ongoing auditing and monitoring process in its Compliance Program, Healthy Alliance will review this policy based on changes in the law or regulations, as Healthy Alliance's practices change, and, at minimum, on an annual basis. Additionally, this policy will be tested for effectiveness on an annual basis or more frequently as identified in accordance with Healthy Alliance's Compliance Program. Testing will include but is not limited to ensuring that the policy is appropriately followed; the policy is effective; the policy has been disseminated to all Affected Individuals, as well as notified of any updates or changes.

Tracking of the criteria above and results of this testing will be completed by the Compliance Officer, or designee. Additionally, results will be reported to the Compliance Committee and Governing Body on a regular basis.

RECORD RETENTION STATEMENT:

Healthy Alliance will retain this policy and all subsequent revisions, and any related documentation will be retained for a period of, at minimum, six years.

VERSION	DATE REVIEWED	REVISIONS	POLICY OWNER
V1	06/2025	New document	Compliance Officer



HEALTHY ALLIANCE¹

POLICY NAME: COMPLIANCE, EDUCATION AND TRAINING

DOCUMENT #: POL-CP006
VERSION- 1.0

ROLE	NAME/SIGNATURE	APPROVAL DATE
Approver	Healthy Alliance Board	July 29, 2025
Owner	Compliance Officer	

INTRODUCTION AND PURPOSE:

Healthy Alliance believes that the development and implementation of regular, effective compliance education and training is an integral part of the Compliance Program. Compliance education is divided into two general components. First, all Affected Individuals must receive an introduction to the Compliance Program. Second, those parties whose work is linked to identified risk areas should receive specialized compliance education pertaining to their function and responsibilities.

For purposes of this policy, the term "Affected Individuals" includes all Healthy Alliance Board of Directors, Employees, and Contractors (hereafter referred to as "Affected Individuals").

"Contractors" are defined as those organizations that Healthy Alliance has a direct contractual relationship with, including but not limited to, Vendors, Contractors, Subcontractors, Suppliers, Participants and Affiliates.

POLICY:

It is the policy of Healthy Alliance to ensure that all Affected Individuals receive formal training relating to Healthy Alliance's Compliance Program. Healthy Alliance will ensure that all trainings are provided in a way that is accessible to all Affected Individuals and that they are in alignment with the required State and Federal laws, rules, and regulations.

It is the Policy of Healthy Alliance to ensure that Affected Individuals in identified risk areas, and members of the Board of Directors and Management, receive more detailed education related to their function and responsibilities.

This Policy applies to all Affected Individuals. Successful completion of the training sessions is mandatory and a condition of continued employment, contract, appointment, or assignment with the Organization.

REGULATORY REFERENCE:

¹ References to "Healthy Alliance" throughout this policy include Alliance for Better Health, LLC, Healthy Alliance Social Care IPA, LLC and Healthy Alliance Foundation, Inc.

Social Service Law 363-D
18 NYCRR Part 521

REVISION HISTORY:

If a new document is created or during annual review it is determined that revisions need to be made to a document, changes will be recorded in the table below, who made the changes, and when the document was approved. The version of the document will be updated after the document is approved.

SANCTION STATEMENT:

Non-compliance with this policy may result in disciplinary action, up to and including termination.

COMPLIANCE STATEMENT:

As part of its ongoing auditing and monitoring process in its Compliance Program, Healthy Alliance will review this policy based on changes in the law or regulations, as Healthy Alliance's practices change, and, at minimum, on an annual basis. Additionally, this policy will be tested for effectiveness on an annual basis or more frequently as identified in accordance with Healthy Alliance's Compliance Program. Testing will include but is not limited to ensuring that the policy is appropriately followed; the policy is effective; the policy has been disseminated to all Affected Individuals, as well as notified of any updates or changes.

Tracking of the criteria above and results of this testing will be completed by the Compliance Officer, or designee. Additionally, results will be reported to the Compliance Committee and Governing Body on a regular basis.

RECORD RETENTION STATEMENT:

Healthy Alliance will retain this policy and all subsequent revisions, and any related documentation will be retained for a period of, at minimum, six years.

VERSION	DATE REVIEWED	REVISIONS	POLICY OWNER
V1	05/2025	New document	Compliance Officer



HEALTHY ALLIANCE¹

POLICY NAME: COMPLIANCE, DISCIPLINE AND ENFORCEMENT OF COMPLIANCE STANDARDS

DOCUMENT #: POL-CP007

VERSION- 1.0

ROLE	NAME/SIGNATURE	APPROVAL DATE
Approver	Healthy Alliance Board	July 29, 2025
Owner	Compliance Officer	

INTRODUCTION AND PURPOSE:

Healthy Alliance is committed to conducting its business ethically and in conformance with all Federal and State laws, regulations, interpretations thereof, and Healthy Alliance's Code of Conduct. To support this commitment, Healthy Alliance has developed procedures for disciplinary actions to be taken for illegal or unethical acts; violations of Federal or State laws and regulations; violations of the Code of Conduct, the Compliance Program, and Healthy Alliance's policies and procedures; improper acts in the delivery or billing of services; and other wrongdoing (collectively referred to as "compliance violations" for purposes of this Policy) by Affected Individuals.

For purposes of this policy, the term "Affected Individuals" includes all Healthy Alliance Board of Directors, Employees, and Contractors (hereafter referred to as "Affected Individuals").

"Contractors" are defined as those organizations that Healthy Alliance has a direct contractual relationship with, including but not limited to, Vendors, Contractors, Subcontractors, Suppliers, Participants and Affiliates.

POLICY:

It is the Policy of Healthy Alliance to ensure that:

1. Affected Individuals who, upon investigation, are found to have committed compliance violations will be subject to appropriate disciplinary action, up to and including termination of employment, contract, assignment, or appointment with Healthy Alliance.
2. The following actions shall result in disciplinary action as it pertains to the Healthy Alliance Compliance Program:
 - Authorization of or participation in actions that violate Federal or State laws, regulations, the Compliance Program, Code of Conduct, or any related policies and procedures;
 - Failure to comply with Healthy Alliance's policies governing the prevention, detection, or reporting of fraud and abuse;
 - Falsification of records;

¹ References to "Healthy Alliance" throughout this policy include Alliance for Better Health, LLC, Healthy Alliance Social Care IPA, LLC and Healthy Alliance Foundation, Inc.

- Submitting or causing to submit a false claim;
 - Failure to report a violation by a peer or subordinate;
 - Failure to cooperate in an investigation; and
 - Retribution, retaliation, or intimidation against a person for reporting a possible compliance violation or participating in an investigation.
3. Healthy Alliance will apply appropriate discipline consistent with the violation. Examples of the disciplinary action that may be taken in accordance with the nature and scope of the infraction include but are not limited to: (a) verbal or written warning; (b) performance improvement plan; (c) suspension; (d) suspension; and (f) termination of employment, contract, assignment, or appointment. Healthy Alliance will consider intentional or reckless behavior as being subject to more significant disciplinary action.
4. The Compliance Officer will be responsible for assuring that disciplinary actions related to compliance violations are consistent with actions taken in similar instances of non-compliance and that the same disciplinary action applies to all levels of Affected Individuals.

REGULATORY REFERENCE:

Social Service Law 363-D
18 NYCRR Part 521

REVISION HISTORY:

If a new document is created or during annual review it is determined that revisions need to be made to a document, changes will be recorded in the table below, who made the changes, and when the document was approved. The version of the document will be updated after the document is approved.

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Tracking of the criteria above and results of this testing will be completed by the Compliance Officer, or designee. Additionally, results will be reported to the Compliance Committee and Governing Body on a regular basis.

RECORD RETENTION STATEMENT:

Healthy Alliance will retain this policy and all subsequent revisions, and any related documentation will be retained for a period of, at minimum, six years.

VERSION	DATE REVIEWED	REVISIONS	POLICY OWNER
V1	05/2025	New document	Compliance Officer



HEALTHY ALLIANCE¹

POLICY NAME: COMPLIANCE, EXCLUSION SCREENING

DOCUMENT #: POL-CP008

VERSION- 1.0

ROLE	NAME/SIGNATURE	APPROVAL DATE
Approver	Healthy Alliance Board	July 29, 2025
Owner	Compliance Officer	

INTRODUCTION AND PURPOSE:

Healthy Alliance is committed to maintaining high quality care and service as well as integrity in its financial and business operations. Therefore, all necessary steps will be taken by Healthy Alliance to ensure that it does not employ, contract with, or conduct business with an individual or entity excluded from participation in state and/or federally-funded healthcare programs.

For purposes of this policy, "Contractors" are defined as those organizations that Healthy Alliance has a direct contractual relationship with, including but not limited to, Vendors, Contractors, Subcontractors, Suppliers, Participants and Affiliates.

POLICY:

1. It is the policy of Healthy Alliance not to employ, contract with, or conduct business with an individual or entity excluded from participation in federally-funded healthcare programs, such as Medicare and Medicaid.
2. It is the policy of Healthy Alliance that Healthy Alliance employees including the Chief Executive Officer and senior leadership, interns, and Board members have an affirmative responsibility to notify the Compliance Officer promptly if charged with a criminal offense related to healthcare or proposed or found to be subject to exclusion from federal healthcare programs.
3. It is the policy of Healthy Alliance to conduct exclusion screening of all current and proposed employees including the Chief Executive and senior leadership, interns, and Board members.
4. It is the policy of Healthy Alliance to verify that contractors, as defined by this Policy, who provide and/or perform services for the Organization have not been the subject of adverse governmental actions and/or excluded from the federal healthcare programs.

¹ References to "Healthy Alliance" throughout this policy include Alliance for Better Health, LLC, Healthy Alliance Social Care IPA, LLC and Healthy Alliance Foundation, Inc.

5. It is the policy of Healthy Alliance to verify that any physician or other healthcare practitioner ordering, authorizing, or prescribing goods or services under a federally-funded healthcare program, such as Medicare or Medicaid, has not been excluded from participation from federal healthcare programs.

REGULATORY REFERENCE:

Medicare-Medicaid Anti-Fraud and Abuse Amendments of 1977

Public Law 95-142

18 NYCRR Part 521

Department of Health and Human Services Office of Inspector General: Special Advisory Bulletin on the Effect of Exclusion from Participation in Federal Health Care Programs (5/8/2013)

REVISION HISTORY:

If a new document is created or during annual review it is determined that revisions need to be made to a document, changes will be recorded in the table below, who made the changes, and when the document was approved. The version of the document will be updated after the document is approved.

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COMPLIANCE STATEMENT:

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Tracking of the criteria above and results of this testing will be completed by the Compliance Officer, or designee. Additionally, results will be reported to the Compliance Committee and Governing Body on a regular basis.

RECORD RETENTION STATEMENT:

Healthy Alliance will retain this policy and all subsequent revisions, and any related documentation will be retained for a period of, at minimum, six years.

VERSION	DATE REVIEWED	REVISIONS	POLICY OWNER
V1	05/2025	New document	Compliance Officer

HEALTHY ALLIANCE ¹CODE OF CONDUCT

Introduction

At Healthy Alliance, our purpose is to improve health and empower the underserved. Every community has its own needs, affecting the health of those who live, learn, work, and play within them. Our network brings together organizations, big and small, to coordinate and collaborate so that all communities have reliable access to the resources they need. Why? Because every New Yorker deserves the same opportunity to be healthy.

As part of that commitment, Healthy Alliance has a Code of Conduct as the basis of its efforts in fostering an organizational culture that promotes responsible and honest conduct, transparency in all transactions, and adherence to the laws and regulations of the government oversight agencies and funders.

1. Ethics and Honesty

- Be Transparent: Keep management informed, and document services accurately.
- Follow Rules: Comply with all organizational policies, procedures, and accounting rules.
- Act with Integrity: Be honest in all your work and interactions.

2. Core Values and Behavioral Expectations

- Core Values: Align behavior and actions with Healthy Alliance's core values of
 - Improve Health,
 - Don't Be Afraid to Try,
 - Everyone is Important,
 - Aim to Get the Right Things Done, and
 - Strive to Do Our Best.
- Anti-Harassment and Discrimination: Ensure a respectful and inclusive environment for all and refrain from engaging in any form of harassment or discrimination of any kind.
- Respectful Communication: Actively listen, express ideas clearly and professionally, while valuing diverse perspectives and fostering positive relationships.
- Respect: Treat everyone with respect and promote a professional workplace.
- Avoid Conflicts of Interest: Do not engage in activities that conflict with the organization's interests as outlined in the Healthy Alliance Handbook or Compliance Program.
- Disclose Conflicts of Interest: Report any potential conflicts of interest to the Compliance Officer.
- No Personal Gain: Do not use the organization's property or information for personal benefit.

¹ References to "Healthy Alliance" throughout this Code of Conduct include Alliance for Better Health, LLC, Health Alliance IPA, LLC and Healthy Alliance Foundation, Inc.

3. Outside Activities and Employment

- Work Time: Do not conduct personal activities during work hours.
- No Conflicts of Commitment: Ensure outside employment, education, or other personal or professional activities do not conflict with your responsibilities.
- Employees of Healthy Alliance must remember that Healthy Alliance is a 501(c)(3) nonprofit organization, which means employees are not allowed to take part in political campaigns.
 - If you are choosing to support or participate in any political activity, you must:
 - Make it clear that you are doing so as a private individual, not as a representative of Healthy Alliance.
 - Avoid engaging in political activities during your work hours or while being paid by Healthy Alliance.

4. Use of Organization Funds and Resources

- Proper Use: Use organizational assets only for the benefit of the organization.
- No Personal Use: Do not use assets for personal gain.

5. Maintenance of Records

- Accurate Records: Record all information accurately and honestly.
- No Falsification: Do not make false entries or alter records improperly.

6. Confidential Information

- Protect Information: Manage all confidential information with care.
- No Unauthorized Sharing: Do not share confidential information without proper authorization.
- Respect the privacy of colleagues, clients, and customers.

7. Information Security

- Use Properly: Use the organization's computer systems responsibly.
- Security: Ensure confidential information remains confidential.
- No Sharing: Do not share your login information or other access with others.

8. Fair Dealing

- Ethical Conduct: Deal fairly with all business partners and competitors.
- No Kickbacks: Do not accept or offer kickbacks or bribes.
- Gifts and Entertainment: Do not accept or offer gifts or entertainment that could influence business decisions.
- Avoid engaging in any conduct that would give the appearance of wrongdoing or unethical behavior.

9. Reporting Violations



Effective May 2025

- Report Issues: Report any suspected violations or unethical behavior to the Compliance Officer.
- No Retaliation: The organization prohibits retaliation against anyone who reports issues in good faith.

I have read and I understand Healthy Alliance's Code of Conduct. I agree to abide by the principles described above and understand that I may be disciplined if I violate any of these requirements.

Signature _____

Date _____



HEALTHY ALLIANCE¹

POLICY NAME: POLICY DEVELOPMENT, APPROVAL AND MAINTENANCE

DOCUMENT #: POL-CP016
VERSION- 1.0

ROLE	NAME/SIGNATURE	APPROVAL DATE
Approver	Healthy Alliance Board	July 29, 2025
Owner	Compliance Committee	

PURPOSE:

A policy on policies provides a framework for creating, approving, and managing Healthy Alliance's policies to ensure consistency, compliance, and clarity across all policy documents. It helps standardize the process and maintain alignment with Healthy Alliances' goals and regulations.

POLICY:

It is the policy of Healthy Alliance to establish a standardized process for policy development, approval, revision, and implementation.

REGULATORY REFERENCE:

Social Service Law 363-D
18 NYCRR Part 521

REVISION HISTORY:

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SANCTION STATEMENT:

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COMPLIANCE STATEMENT:

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RECORD RETENTION STATEMENT:

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VERSION	DATE REVIEWED	REVISIONS	POLICY OWNER
V1	05/2025	New Document	Compliance Officer

PRIVACY POLICY

At Alliance for Better Health, LLC, Healthy Alliance IPA, LLC, Healthy Alliance Inc. (together “Healthy Alliance,” “We,” “Our,” or “Us”), we are committed to protecting the privacy and security of the information of our community and website visitors. We want you to understand how we collect and use information from our website, <https://www.healthyalliance.org/>, (the “Site”) and through our Unite Us referral platform (the “Platform” and together with the Site, the “Services”) so you can interact with Healthy Alliance with confidence. By using the Services, you accept and agree to the practices this Privacy Policy describes.

What Information Do We Collect?

When you use our Services, we may collect and use personally identifiable information as well as other non-identifiable information. To participate in certain features of the Services, you may be required to provide certain personally identifiable information. For example, when initiating a referral request, we collect your name, date of birth, phone number, and address. We may also collect information that you provide directly to us by voluntarily filling in forms on the Services. When you browse our Services, we also automatically receive your computer’s internet protocol (IP) address in order to provide us with information that helps us learn about your browser and operating system. We may also use “cookies” and other tracking technologies to enhance your experience and gather information about our Services. Please see the section below called “How We Use Tracking Technologies” to learn more.

How Do We Use Your Information?

We may use your information to:

- Connect an individual to a service;
- Provide services or information requested from us;
- Verify your identity in connection with a services request;
- Notify you about changes in the Services we offer;
- Personalize the Services;
- Contact you when necessary or requested;
- Send you communications related to our Services;
- Send you communications to inform you of special events, programs, or other offers (to the extent you have not opted out of receiving such communications) troubleshoot problems with the Services, as requested;
- Enforce any applicable terms of service, and to detect and protect against error, fraud, and other unauthorized or illegal activities;
- Operate and improve the Services;
- Evaluate or conduct a merger, divestiture, restructuring, reorganization, dissolution, or other sale or transfer of some or all of our assets, whether as a going concern or as part of bankruptcy, liquidation, or similar proceeding, in which your information held by us about our consumers is among the assets transferred.

How We Use Tracking Technologies

We use cookies in a range of ways to improve your experience on our Platform. We may automatically collect certain information when you visit the Platform, including through cookies, web beacons and other technologies. Such cookies include strictly necessary cookies, performance cookies, functional cookies, and targeting cookies. For example, we may use analytics cookies to generate and analyze statistics about your use of the Site and functional cookies to improve and customize your experience with the Site. We may also use marketing cookies to collect aggregate information about Site users. The information collected for these purposes (including your IP address and other information collected by automated means) may be disclosed to or collected directly by our third-party web analytics service providers, such as Google Analytics.

“Do Not Track” Request

Our Services currently do not respond to “do not track” or similar signals.

Your Choices

We strive to provide you with choices regarding the personally identifiable information you provide to us. We have created mechanisms to provide you with the following control over your information:

- Tracking Technologies and Advertising. Most browsers accept cookies automatically. You may be able to set your browser to refuse all or some browser cookies, or to alert you when cookies are being sent. For instructions, check your browser’s technical information. To learn how you can manage your Flash cookie settings, visit the Flash player settings page on Adobe’s site. If you disable or refuse cookies, please note that some parts of the Services may then be inaccessible or not function properly. Please note that cookie-based opt outs must be performed on each device and browser that you wish to have opted out.
- Google Analytics. We may use Google Analytics to improve our Site’s functions. You can choose not to be included in Google Analytics by visiting <https://tools.google.com/dlpage/gaoptout>.

How We Share Your Information

We do not sell, rent, or lease your information to third parties. We may share data with trusted third parties to help us make connections for services, to perform statistical analysis, send you email or postal mail, provide customer support, or arrange for additional services. All such third parties are prohibited from using your personally identifiable information except to provide these services and they are required to maintain the confidentiality of your information.

We may also disclose your personally identifiable information as follows:

- To fulfil the purpose for which you provide it;
- For any other purpose disclosed by us when you provide the information;
- With your consent;
- To a buyer or other successor in the event of a merger, divestiture, restructuring, reorganization, dissolution or other sale or transfer of some or all of our assets, whether as a going concern or as part of bankruptcy, liquidation or similar proceeding, in which personal information held by us about the Website users is among the assets transferred;
- To enforce any agreement, including any applicable terms of service;
- To establish or exercise our right to defend against legal claims;

- To law enforcement and other government authorities such as legislatures, courts, agencies and litigants if we reasonably believe that such action is necessary to: (a) comply with the law and the reasonable requests of governmental authorities; (b) comply with legal process; (c) respond to requests from public or government authorities, including public or government authorities outside your country of residence; (d) protect the security or integrity of the Services'
- If we reasonably believe disclosure is necessary or appropriate to protect the rights, property, or safety of Healthy Alliance or others.

How We Protect Your Information

To protect your Information, we take commercially reasonable precautions and follow industry best practices to make sure it is not inappropriately lost, misused, accessed, disclosed, altered, or destroyed. However, no data protection procedures are entirely infallible. As a result, while we strive to protect your Information, we cannot guarantee that it will be 100% secure. Your transmission of your data to our Services is done entirely at your own risk.

Third-Party Websites/Content

The Services may contain links to other websites, including those of third parties. While we seek to link only to websites that share our high standards and respect for privacy, we cannot be responsible for the privacy practices other websites use. By accessing other third-party websites or applications through our Services, you are consenting to the terms and privacy policies of those websites. It is possible that other parties may collect information about your online activities over time and across different websites when you use our Services.

Similarly, articles on the Site may include embedded content (e.g. videos, images, articles, etc.). Embedded content from other websites behaves the same way as if you have visited the other website. These websites may collect data about you, use cookies, embed additional third-party tracking, and monitor your interaction with that embedded content.

Age of Consent

In accordance with the Children's Online Privacy Protection Act ("COPPA") and other US state laws, our Services are not marketed to children under thirteen (13) years of age and you may not sign up for our Services if you are under 13 years of age. If you learn that a child under the age of 13 has provided personally identifiable information on the Site or the Platform, please contact us at compliance@healthyalliance.org. Notwithstanding the foregoing, a parent, legal guardian, or a referring provider may share the child's information with Healthy Alliance to allow us to provide our Services. By providing the personally identifiable information of a child under the age of 13 years, you are affirming that you are legally authorized to provide such information.

California Visitors

California's "Shine the Light" law (Civil Code Section § 1798.83) permits users of our Platform that are California residents to request certain information regarding our disclosure of your Information to third parties for their direct marketing purposes. To make such a request, please send an email to compliance@healthyalliance.org.

International Visitors

Our Services are hosted and operated in the United States. Unless you have been informed otherwise, by using the Services, you are consenting to the transfer of your Information to the United States. If you are accessing the Services from outside of the United States, please be advised that United States' law may not offer the same privacy protections as the laws of your jurisdiction.

Changes to this Privacy Policy

We reserve the right to modify this Privacy Policy at any time, so please review it frequently. Changes and clarifications will take effect immediately upon their posting on the Site.

Contacting Us

We welcome any questions, comments, or complaints you have may have regarding this Privacy Policy. Please do not hesitate to contact us at: compliance@healthyalliance.org

HEALTHY ALLIANCE¹**POLICY NAME: COMPLIANCE, REFERRAL AND NAVIGATION****COMPANY (Healthy Alliance)**DOCUMENT #: POL-CP017
VERSION- 1.0

ROLE	NAME	APPROVAL DATE
Approver	Erica Coletti	04/24/2025

Approver will be dependent on the policy and designated approving authority.

PURPOSE

Healthy Alliance is committed to transforming healthcare delivery by addressing the whole needs of individuals. As a Social Care Network (SCN) Lead Entity under the New York Health Equity Reform (NYHER) 1115 Waiver Amendment's SCN & Health Related Social Needs (HRSN) Program, Healthy Alliance is dedicated to operating ethically and free from any Conflict of Interest (COI).

POLICY

It is the policy of Healthy Alliance to ensure that Enhanced HRSN Services provided are solely based on the needs of the Medicaid (Members) without any undue influence. Further, Healthy Alliance and its network partners will ensure that Members have the freedom of choice when selecting a service provider. Principle elements of this policy are highlighted below:

Non-Relation of Social Care Navigators:

Social Care Navigators must not be related to the Member, their paid caregivers, or anyone financially responsible for the Member.

"Relative" shall mean the individual's (i) spouse, ancestors, brothers and sisters (whether whole or half-blood), children (whether natural or adopted), grandchildren, great-grandchildren, and spouses of brothers, sisters, children, grandchildren, and great-grandchildren; or (ii) domestic partner as defined in Section 2994-a of the New York Public Health Law or any successor statute.

Separation of Duties:

Social Care Navigator will verbally disclose to a Member if they are responsible for both Navigation and Enhanced HRSN Services delivery and ensure the Member is provided with a choice of Enhanced HRSN Service Providers to select from.

Gift Prohibition:

Social Care Navigators and Enhanced HRSN Service Providers must not exchange gifts or entertainment with each other Per the New York State SCN Operations Manual version 4: Contracted HRSN service providers may not provide any gift or

¹ References to "Healthy Alliance" throughout this policy include Alliance for Better Health, LLC, Health Alliance IPA, LLC and Healthy Alliance Foundation, Inc.

entertainment to a screener or Social Care Navigator, and no screener or Social Care Navigator may accept any gift or entertainment from a contracted HRSN service provider.

A gift or entertainment is something that has a fair market value of \$15 or more that is used to sway referrals or act in a manner that is not consistent with providing the freedom of choice to a member. A gift includes, but is not limited to, money, services, loans, travel, lodging, meals, refreshments, entertainment, forbearance (agreeing to change the terms for repayment of a debt), or a promise having a monetary value.

Exceptions:

You may accept these items or services from anyone if the acceptance does not create an actual or apparent conflict of interest or give the impression of improper influence.

- Awards or plaques in recognition of public service;
- Promotional items with no resale value;
- Gifts from family members and personal relationships where the relationship is not being used as a pretext to give an otherwise impermissible gift;
- Complimentary attendance at certain events.

VIOLATIONS AND SANCTIONS

Healthy Alliance's Compliance Officer or designee has overall responsibility for the implementation of this Policy. Violations of this Policy may result in disciplinary action, up to and including termination of employment or HRSN Service Provider's Master Services Agreement.

Anyone who knows or has reason to believe that another person has violated this Policy should report the matter promptly to the Healthy Alliance Compliance Officer or designee here: Compliance@healthyalliance.org. All reports will be investigated, and, where appropriate, corrective action(s) will be promptly implemented.

Healthy Alliance will make every effort to handle the reported matter confidentially. Any attempt to retaliate against a person for reporting a violation of this Policy will be considered a violation of this Policy that may result in disciplinary action up to and including termination of employment or contract.

REVISION HISTORY

If a new document is created or during annual review it is determined that revisions need to be made to a document, changes will be recorded in the table below, who made the changes, and when the document was approved. The version of the document will be updated after the document is approved.

VERSION	DATE REVIEWED	REVISIONS	POLICY OWNER
V1	April 21, 2025	New document	Compliance



HEALTHY ALLIANCE¹

POLICY NAME: COMPLIANCE, REPORTING AND INVESTIGATION OF COMPLIANCE CONCERNS

DOCUMENT #: POL-CP010

VERSION- 1.0

ROLE	NAME/SIGNATURE	APPROVAL DATE
Approver	Healthy Alliance Board	July 29, 2025
Owner	Compliance Officer	

INTRODUCTION AND PURPOSE:

Healthy Alliance recognizes that a critical aspect of its Compliance Program is the establishment of a culture that promotes prevention, detection, and resolution of instances of conduct that do not conform to Federal and State requirements, Healthy Alliance's ethical and business policies, and fraud, waste, and abuse prevention.

To promote this culture, Healthy Alliance has established processes to encourage effective communication and the reporting of compliance questions, issues, concerns, or events that will result in a thorough investigation and appropriate remedial actions.

For purposes of this policy, the term "Affected Individuals" includes all Healthy Alliance Board of Directors, Employees, and Contractors (hereafter referred to as "Affected Individuals").

"Contractors" are defined as those organizations that Healthy Alliance has a direct contractual relationship with, including but not limited to, Vendors, Contractors, Subcontractors, Suppliers, Participants and Affiliates.

POLICY:

It is the Policy of Healthy Alliance to maintain a formal confidential and anonymous compliance reporting process to encourage the reporting of any known or suspected fraud, waste, and abuse; illegal or unethical acts; actual or suspected violations of Federal or State laws and regulations; actual or suspected violations of the Standards of Conduct, the Compliance Program, and Healthy Alliance's policies and procedures; improper acts in the delivery or billing of services; and other wrongdoing (collectively referred to as "compliance concerns" for purposes of this Policy).

It is the Policy of Healthy Alliance to fully and promptly investigate all reports of any compliance concerns and take appropriate remedial and/or disciplinary action upon completion of the investigation.

REGULATORY REFERENCE:

¹ References to "Healthy Alliance" throughout this policy include Alliance for Better Health, LLC, Healthy Alliance Social Care IPA, LLC and Healthy Alliance Foundation, Inc.

REVISION HISTORY:

If a new document is created or during annual review it is determined that revisions need to be made to a document, changes will be recorded in the table below, who made the changes, and when the document was approved. The version of the document will be updated after the document is approved.

SANCTION STATEMENT:

Non-compliance with this policy may result in disciplinary action, up to and including termination.

COMPLIANCE STATEMENT:

As part of its ongoing auditing and monitoring process in its Compliance Program, Healthy Alliance will review this policy based on changes in the law or regulations, as Healthy Alliance's practices change, and, at minimum, on an annual basis. Additionally, this policy will be tested for effectiveness on an annual basis or more frequently as identified in accordance with Healthy Alliance's Compliance Program. Testing will include but is not limited to ensuring that the policy is appropriately followed; the policy is effective; the policy has been disseminated to all Affected Individuals, as well as notified of any updates or changes.

Tracking of the criteria above and results of this testing will be completed by the Compliance Officer, or designee. Additionally, results will be reported to the Compliance Committee and Governing Body on a regular basis.

RECORD RETENTION STATEMENT:

Healthy Alliance will retain this policy and all subsequent revisions, and any related documentation will be retained for a period of, at minimum, six years.

VERSION	DATE REVIEWED	REVISIONS	POLICY OWNER
V1	05/2025	New document	Compliance Officer



HEALTHY ALLIANCE¹

POLICY NAME: COMPLIANCE, RESPONSE TO GOVERNMENTAL INVESTIGATIONS

DOCUMENT #: POL-CP011
VERSION- 1.0

ROLE	NAME/SIGNATURE	APPROVAL DATE
Approver	Healthy Alliance Board	July 29, 2025
Owner	Compliance Officer	

INTRODUCTION AND PURPOSE:

Federal and State law enforcement and regulatory agencies routinely conduct interviews to gather information during audits, inquiries, and investigations. It is important that Healthy Alliance responds to any official requests for information consistently and appropriately. Therefore, this Policy is established to provide guidance on how to handle any unannounced visits by government representatives. This Policy does not address visits by regulatory agencies to perform program certification or quality assurance functions.

POLICY:

It is the policy of Healthy Alliance to appropriately respond and not interfere with any lawful audit, inquiry, or investigation by a government agency.

REGULATORY REFERENCE:

N/A

REVISION HISTORY:

If a new document is created or during annual review it is determined that revisions need to be made to a document, changes will be recorded in the table below, who made the changes, and when the document was approved. The version of the document will be updated after the document is approved.

SANCTION STATEMENT:

Non-compliance with this policy may result in disciplinary action, up to and including termination.

COMPLIANCE STATEMENT:

¹ References to "Healthy Alliance" throughout this policy include Alliance for Better Health, LLC, Healthy Alliance Social Care IPA, LLC and Healthy Alliance Foundation, Inc.

As part of its ongoing auditing and monitoring process in its Compliance Program, Healthy Alliance will review this policy based on changes in the law or regulations, as Healthy Alliance's practices change, and, at minimum, on an annual basis. Additionally, this policy will be tested for effectiveness on an annual basis or more frequently as identified in accordance with Healthy Alliance's Compliance Program. Testing will include but is not limited to ensuring that the policy is appropriately followed; the policy is effective; the policy has been disseminated to all Affected Individuals, as well as notified of any updates or changes.

Tracking of the criteria above and results of this testing will be completed by the Compliance Officer, or designee. Additionally, results will be reported to the Compliance Committee and Governing Body on a regular basis.

RECORD RETENTION STATEMENT:

Healthy Alliance will retain this policy and all subsequent revisions, and any related documentation will be retained for a period of, at minimum, six years.

VERSION	DATE REVIEWED	REVISIONS	POLICY OWNER
V1	05/2025	New document	Compliance Officer



HEALTHY ALLIANCE¹

POLICY NAME: COMPLIANCE, ROLE AND RESPONSIBILITIES OF THE COMPLIANCE COMMITTEE

DOCUMENT #: POL-CP012

VERSION- 1.0

ROLE	NAME/SIGNATURE	APPROVAL DATE
Approver	Healthy Alliance Audit and Compliance Committee	April 30, 2025
Approver	Healthy Alliance Board	July 29, 2025
Owner	Compliance Officer	

INTRODUCTION AND PURPOSE:

Healthy Alliance is committed to the operation of an effective Compliance Program. Therefore, Healthy Alliance established the Compliance Committee to monitor results of the compliance functions and determine the Organization's strategy for promoting compliance.

For purposes of this policy, the term "Affected Individuals" includes all Healthy Alliance Board of Directors, Employees, and Contractors (hereafter referred to as "Affected Individuals").

"Contractors" are defined as those organizations that Healthy Alliance has a direct contractual relationship with, including but not limited to, Vendors, Contractors, Subcontractors, Suppliers, Participants and Affiliates.

POLICY:

It is the Policy of Healthy Alliance to ensure that Healthy Alliance maintains an effective Compliance Program in compliance with regulatory standards. This Policy defines the roles and responsibilities of the Compliance Committee and their duty to help ensure that Healthy Alliance has an effective Compliance Program.

REGULATORY REFERENCE:

Social Service Law 363-D

18 NYCRR Part 521

REVISION HISTORY:

If a new document is created or during annual review it is determined that revisions need to be made to a document, changes will be recorded in the table below, who made the changes, and when the document was approved. The version of the document will be updated after the document is approved.

¹ References to "Healthy Alliance" throughout this policy include Alliance for Better Health, LLC, Healthy Alliance Social Care IPA, LLC and Healthy Alliance Foundation, Inc.

SANCTION STATEMENT:

Non-compliance with this policy may result in disciplinary action, up to and including termination.

COMPLIANCE STATEMENT:

As part of its ongoing auditing and monitoring process in its Compliance Program, Healthy Alliance will review this policy based on changes in the law or regulations, as Healthy Alliance's practices change, and, at minimum, on an annual basis. Additionally, this policy will be tested for effectiveness on an annual basis or more frequently as identified in accordance with Healthy Alliance's Compliance Program. Testing will include but is not limited to ensuring that the policy is appropriately followed; the policy is effective; the policy has been disseminated to all Affected Individuals, as well as notified of any updates or changes.

Tracking of the criteria above and results of this testing will be completed by the Compliance Officer, or designee. Additionally, results will be reported to the Compliance Committee and Governing Body on a regular basis.

RECORD RETENTION STATEMENT:

Healthy Alliance will retain this policy and all subsequent revisions, and any related documentation will be retained for a period of, at minimum, six years.

VERSION	DATE REVIEWED	REVISIONS	POLICY OWNER
V1	04/2025	New document	Compliance Officer



HEALTHY ALLIANCE¹

POLICY NAME: COMPLIANCE, SEARCH WARRANTS

DOCUMENT #: POL-CP013

VERSION- 1.0

ROLE	NAME/SIGNATURE	APPROVAL DATE
Approver	Healthy Alliance Board	July 29, 2025
Owner	Compliance Officer	

INTRODUCTION AND PURPOSE:

A search warrant permits agents to immediately seize documents and other types of information. The execution of a search warrant can be seriously disruptive and frightening for many employees. Furthermore, if not handled properly, an organization subject to a search warrant may compound its problems. Therefore, Healthy Alliance has established this policy to advise all employees how to appropriately respond to an official search warrant.

POLICY:

It is the policy of Healthy Alliance to respond professionally and cooperate with the lawful execution of a search warrant.

REGULATORY REFERENCE:

N/A

REVISION HISTORY:

If a new document is created or during annual review it is determined that revisions need to be made to a document, changes will be recorded in the table below, who made the changes, and when the document was approved. The version of the document will be updated after the document is approved.

SANCTION STATEMENT:

Non-compliance with this policy may result in disciplinary action, up to and including termination.

COMPLIANCE STATEMENT:

¹ References to "Healthy Alliance" throughout this policy include Alliance for Better Health, LLC, Healthy Alliance Social Care IPA, LLC and Healthy Alliance Foundation, Inc.

As part of its ongoing auditing and monitoring process in its Compliance Program, Healthy Alliance will review this policy based on changes in the law or regulations, as Healthy Alliance's practices change, and, at minimum, on an annual basis. Additionally, this policy will be tested for effectiveness on an annual basis or more frequently as identified in accordance with Healthy Alliance's Compliance Program. Testing will include but is not limited to ensuring that the policy is appropriately followed; the policy is effective; the policy has been disseminated to all Affected Individuals, as well as notified of any updates or changes.

Tracking of the criteria above and results of this testing will be completed by the Compliance Officer, or designee. Additionally, results will be reported to the Compliance Committee and Governing Body on a regular basis.

RECORD RETENTION STATEMENT:

Healthy Alliance will retain this policy and all subsequent revisions, and any related documentation will be retained for a period of, at minimum, six years.

VERSION	DATE REVIEWED	REVISIONS	POLICY OWNER
V1	05/2025	New document	Compliance Officer



HEALTHY ALLIANCE¹

POLICY NAME: COMPLIANCE, SUBPOENAS

DOCUMENT #: POL-CP014

VERSION- 1.0

ROLE	NAME/SIGNATURE	APPROVAL DATE
Approver	Healthy Alliance Board	July 29, 2025
Owner	Compliance Officer	

INTRODUCTION AND PURPOSE:

A subpoena is an official demand for testimony or the disclosure of documents or other information. They may originate from law enforcement or administrative agencies. Every subpoena requires a careful legal review prior to response. In view of this and the serious legal implications of the receipt of a subpoena, Healthy Alliance has established standing policies and procedures to ensure that legal counsel reviews any subpoena immediately and coordinates Healthy Alliance's response.

POLICY:

It is the policy of Healthy Alliance to comply with any lawful subpoena. Employees will remain courteous and professional when dealing with investigators or agents delivering a subpoena. No one is to impede in any way efforts to deliver a subpoena.

This Policy refers only to subpoenas related to Healthy Alliance business matters.

REVISION HISTORY:

If a new document is created or during annual review it is determined that revisions need to be made to a document, changes will be recorded in the table below, who made the changes, and when the document was approved. The version of the document will be updated after the document is approved.

SANCTION STATEMENT:

Non-compliance with this policy may result in disciplinary action, up to and including termination.

COMPLIANCE STATEMENT:

¹ References to "Healthy Alliance" throughout this policy include Alliance for Better Health, LLC, Healthy Alliance Social Care IPA, LLC and Healthy Alliance Foundation, Inc.

As part of its ongoing auditing and monitoring process in its Compliance Program, Healthy Alliance will review this policy based on changes in the law or regulations, as Healthy Alliance's practices change, and, at minimum, on an annual basis. Additionally, this policy will be tested for effectiveness on an annual basis or more frequently as identified in accordance with Healthy Alliance's Compliance Program. Testing will include but is not limited to ensuring that the policy is appropriately followed; the policy is effective; the policy has been disseminated to all Affected Individuals, as well as notified of any updates or changes.

Tracking of the criteria above and results of this testing will be completed by the Compliance Officer, or designee. Additionally, results will be reported to the Compliance Committee and Governing Body on a regular basis.

RECORD RETENTION STATEMENT:

Healthy Alliance will retain this policy and all subsequent revisions, and any related documentation will be retained for a period of, at minimum, six years.

VERSION	DATE REVIEWED	REVISIONS	POLICY OWNER
V1	05/2025	New document	Compliance Officer



HEALTHY ALLIANCE¹

POLICY NAME: COMPLIANCE, WHISTLEBLOWER PROTECTIONS AND NON-RETALIATION

DOCUMENT #: POL-CP015

VERSION- 1.0

ROLE	NAME/SIGNATURE	APPROVAL DATE
Approver	Healthy Alliance Board	July 29, 2025
Owner	Compliance Officer	

INTRODUCTION AND PURPOSE:

Healthy Alliance is committed to promoting an environment where concerns regarding known or suspected fraud, waste, and abuse; illegal or unethical acts; actual or suspected violations of Federal or State laws and regulations; actual or suspected violations of the Code of Conduct, the Compliance Program, and Healthy Alliance's policies and procedures; improper acts in the delivery or billing of services; and other wrongdoing (collectively referred to as "compliance concerns" for purposes of this Policy) are reported and addressed without fear of retaliation, intimidation, retribution or harassment for good faith reporting of such concerns. To reinforce this commitment, Healthy Alliance maintains a policy of non-intimidation and non-retaliation for good faith participation in the Compliance Program, including but not limited to reporting potential issues and compliance concerns, investigating issues, self-evaluations, audits and remedial actions, and reporting to appropriate officials as provided in the Labor Law.

For purposes of this policy, the term "Affected Individuals" includes all Healthy Alliance Board of Directors, Employees, and Contractors (hereafter referred to as "Affected Individuals").

"Contractors" are defined as those organizations that Healthy Alliance has a direct contractual relationship with, including but not limited to, Vendors, Contractors, Subcontractors, Suppliers, Participants and Affiliates.

POLICY:

It is the policy of Healthy Alliance to strictly prohibit any form of retaliation or intimidation against Affected Individuals or entities, for reporting compliance concerns.

Healthy Alliance strictly prohibits Affected Individuals from engaging in any act, conduct, or behavior that results in, or is intended to result in, retribution, intimidation or retaliation against any individual or entity for reporting compliance concerns to Healthy Alliance or government agency.

¹ References to "Healthy Alliance" throughout this policy include Alliance for Better Health, LLC, Healthy Alliance Social Care IPA, LLC and Healthy Alliance Foundation, Inc.

No Healthy Alliance supervisor, manager, or employee is permitted to discharge, demote, suspend, threaten, harass, or in any other manner discriminate against an employee, vendor, contractor, or other individual or organization (all such activity collectively referred to as “retaliation”) who in good faith participates in the Compliance Program, including but not limited to reporting potential compliance concerns, investigating or participating in an investigation, self-evaluations, audits, and reporting to the appropriate officials.

REGULATORY REFERENCE:

Social Service Law 363-D
18 NYCRR Part 521
New York Labor Law §740 and §741 (refer to Procedures)

REVISION HISTORY:

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SANCTION STATEMENT:

Non-compliance with this policy may result in disciplinary action, up to and including termination.

COMPLIANCE STATEMENT:

As part of its ongoing auditing and monitoring process in its Compliance Program, Healthy Alliance will review this policy based on changes in the law or regulations, as Healthy Alliance’s practices change, and, at minimum, on an annual basis. Additionally, this policy will be tested for effectiveness on an annual basis or more frequently as identified in accordance with Healthy Alliance’s Compliance Program. Testing will include but is not limited to ensuring that the policy is appropriately followed; the policy is effective; the policy has been disseminated to all Affected Individuals, as well as notified of any updates or changes.

Tracking of the criteria above and results of this testing will be completed by the Compliance Officer, or designee. Additionally, results will be reported to the Compliance Committee and Governing Body on a regular basis.

RECORD RETENTION STATEMENT:

Healthy Alliance will retain this policy and all subsequent revisions, and any related documentation will be retained for a period of, at minimum, six years.

VERSION	DATE REVIEWED	REVISIONS	POLICY OWNER
V1	05/2025	New document	Compliance Officer