Healthy Alliance[1]

COMPLIANCE PROGRAM

Effective: June 2026

Reviewed: June 24, 2026
By: Healthy Alliance Compliance Committee
Approved: October 29, 2026
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; (d) 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

Privacy Policy - Healthy Alliance

Healthy Alliance Conflict-of-Interest Policy CP001 v1 2026

Auditing and Monitoring CP002 v1 2026

Antikickback - Business Courtesies Gifts and Entertainment CP003a v1 2026

Billing Errors Overpayments and Self Disclosure CP004 v1 2026

Compliance Education and Training CP006 v1 2026

Discipline and Enforcement of Compliance Standards CP007 v1 2026

Exclusion Screening CP008 v1 2026

False Claims Act CP009 v1 2026

Reporting and Investigation of Compliance Concerns CP010 v1 2026

Response to Governmental Investigations CP011 v1 2026

Role and Responsibilities of the Compliance Committee CP012 v1 2026

Search Warrants CP013 v1 2026

Subpoenas CP014 v1 2026

Whistleblower Protections and Non-Retaliation CP015 v1 2026

Referral and Navigation Policy CP017 signed

Complaint Policy CP019 V1 2026 Board Approved

HEALTHY ALLIANCE[1]
POLICY NAME: COMPLIANCE, ANTIKICKBACK and BUSINESS COURTESIES

DOCUMENT #: POL-CP001b
VERSION- 1.0

ROLE	NAME/SIGNATURE	APPROVAL DATE
Approver	Healthy Alliance Board	October 29, 2026
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
V1	06/24/2026	Annual Review	Compliance Officer

HEALTHY ALLIANCE[1]
POLICY NAME: COMPLIANCE, AUDITING AND MONITORING

DOCUMENT #: POL-CP002
VERSION- 1.0

ROLE	NAME/SIGNATURE	APPROVAL DATE
Approver	Healthy Alliance Board	October 29, 2026
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
V1	06/24/2026	Annual Review	Compliance Officer

HEALTHY ALLIANCE[1]
POLICY NAME: COMPLIANCE, BILLING ERRORS, OVERPAYMENTS, AND SELF-DISCLOSURE

DOCUMENT #: POL-CP004
VERSION- 1.0

ROLE	NAME/SIGNATURE	APPROVAL DATE
Approver	Healthy Alliance Board	October 29, 2026
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
V1	06/24/2026	Annual Review	Compliance Officer

HEALTHY ALLIANCE[1]
COMPLAINT POLICY
HEALTHY ALLIANCE

DOCUMENT #: POL-CP019
VERSION- 1.0

ROLE	NAME/SIGNATURE	APPROVAL DATE
Approver	Healthy Alliance Board	October 29, 2026
Owner	Compliance Officer	

1. PURPOSE

Healthy Alliance is committed to maintaining an accessible, fair, and consistent process for receiving, investigating, escalating, resolving, and monitoring complaints related to Social Care Network (SCN) activities and Health Related Social Needs (HRSN) services that are in accordance with the requirements set forth by the Office of Health Insurance Programs (OHIP).

This policy establishes requirements for the identification, documentation, investigation, resolution, and reporting of complaints involving:

- Healthy Alliance and its role as the Social Care Network Lead Entity (SCN LE);
- Healthy Alliance-operated HRSN services;
- Contracted HRSN service providers and network partners; and
- Other organizations or individuals participating in SCN-related activities.

The complaint management process is intended to:

- Promote timely and effective resolution of concerns;
- Protect member rights and access to services;
- Support compliance with contractual, regulatory, and program requirements;
- Ensure appropriate escalation of quality, privacy, compliance, safety, fraud, waste, abuse, and program integrity concerns;
- Identify trends, root causes, and opportunities for improvement; and
- Maintain documentation sufficient to support oversight, auditing, and regulatory review.

REGULATORY REFERENCE:

New York State Social Care Network: Program, Billing, and Data Governance Operations Manual

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

2. SCOPE

This policy applies to all complaints involving:

- Medicaid members receiving or seeking HRSN services;
- Authorized representatives, caregivers, and supports;
- Healthy Alliance staff members;
- Healthy Alliance-operated HRSN programs;
- Contracted providers and network partners; and
- Other entities or stakeholders engaged in SCN-related activities.

COMPLAINT SUBMISSION AND INTAKE

Complaints may be received through any communication channel, including verbal, written, electronic, internal, partner, managed care, or governmental reporting mechanisms. Any Healthy Alliance staff member or contractor receiving a complaint is responsible for ensuring the complaint is appropriately documented and routed through the established complaint intake process. All complaints shall be documented and managed in accordance with this policy.

ANONYMOUS COMPLAINTS AND ACCESSIBILITY ACCOMMODATIONS

Anonymous complaints shall be accepted and investigated to the extent possible based on the information available. Healthy Alliance will reasonably accommodate members with language, communication, disability, or accessibility needs during the complaint process.

MANAGED CARE ORGANIZATION (MCO) COMPLAINTS

When a complaint is received through a Managed Care Organization (MCO), Healthy Alliance shall cooperate with the MCO and provide requested information, as appropriate, in accordance with applicable privacy, confidentiality, and regulatory requirements.

REPORTABLE INCIDENTS

Reportable incidents shall be managed and reported in accordance with applicable New York State Department of Health (NYSDOH) and Office of Health Insurance Programs (OHIP) requirements. Healthy Alliance shall notify OHIP of reportable incidents within 24 hours of notification.

3. DEFINITIONS

Complaint: any oral or written expression of dissatisfaction, concern, allegation, or grievance related to access, timeliness, quality, coordination, communication, treatment by staff or providers, service delivery, referrals, eligibility determinations, or navigation activities, HRSN services, privacy, documentation, billing, fraud, waste, violation of rights, abuse, or other SCN-related activities.

Anonymous Complaint: a complaint submitted without sufficient identifying information to determine or contact the complainant.

Corrective Action Plan (CAP): a formal remediation plan implemented when significant, repeated, unresolved, or high-risk deficiencies are identified. A CAP establishes required corrective actions, accountability measures, timelines, and monitoring activities to ensure compliance and prevent recurrence.

Escalation: the elevation of a complaint for additional review based on severity, risk, regulatory requirements, potential member harm, or systemic impact.

Managed Care Organization (MCO): a health plan contracted with New York State Medicaid to provide and coordinate covered health care services for enrolled members. MCOs are responsible for determining member eligibility for covered services, authorizing services when required, and ensuring access to medically necessary care through their provider network.

Reportable Incident: an event involving a member, which has, or may have, an adverse effect on the life, health, or welfare of the member.

4. NON-RETALIATION

Individuals who submit a complaint shall not be subject to retaliation, discrimination, or adverse action, nor shall a member's participation in the Social Care Network (SCN) program be affected as a result of filing a complaint.

5. CONFIDENTIALITY PROTECTIONS

Complaint information shall be maintained confidentially and shared only with individuals who have a legitimate business or need to know, as consistent with HIPAA and applicable privacy laws.

6. COMPLAINT DOCUMENTATION

Complaints are categorized and documented in an electronic database and tracked from receipt to resolution. Complaint records shall be maintained in a manner that supports monitoring, auditing, oversight, quality improvement, and regulatory review.

7. COMPLAINT INVESTIGATION

Healthy Alliance shall investigate all complaints promptly and objectively by gathering, reviewing, and analyzing relevant information to determine the facts of the complaint and identify any necessary corrective actions. Investigation findings shall be documented and maintained in accordance with applicable requirements.

8. CONFLICT-OF-INTEREST SAFEGUARDS

Because Healthy Alliance functions as both an SCN Lead Entity and an HRSN service provider, complaints involving Healthy Alliance-operated services shall be reviewed using the same

standards applied to external providers and shall be subject to appropriate conflict-of-interest safeguards.

9. COMPLAINT ESCALATION

Healthy Alliance shall escalate complaints to the appropriate external entity when the complaint cannot be resolved at the SCN Lead Entity level or when escalation is otherwise warranted. Complaints related to a member's eligibility for services shall be referred to the member's Managed Care Organization (MCO) as appropriate. Complaints involving health plan non-compliance shall be escalated to the New York State Department of Health (NYSDOH) or the Office of Health Insurance Programs (OHIP). Similarly, if a complainant is dissatisfied with the resolution, they may request additional review or may be referred to the appropriate MCO, NYSDOH, or other oversight agency.

10. COMPLAINT RESOLUTION

It is the policy of Healthy Alliance to resolve complaints in a timely, fair, and consistent manner. Healthy Alliance shall contact and provide an update to the complainant within seventy-two (72) business hours of receiving a complaint and shall respond to and resolve complaints within forty-five (45) calendar days of receipt, in accordance with Office of Health Insurance Programs (OHIP) requirements. Resolutions shall be based on the findings of the complaint investigation and may include corrective action, education, process improvement, referral to an appropriate entity, or other measures necessary to address the identified concern. Healthy Alliance shall document the resolution and any actions taken and, as appropriate, communicate the outcome to relevant parties in accordance with applicable programs, contractual, privacy, and regulatory requirements.

11. TRAINING

Individuals involved in complaint intake, investigation, resolution, or oversight shall receive training on this policy and related procedures. Training shall include complaint identification, escalation requirements, privacy obligations, documentation standards, and role responsibilities. At a minimum, members are educated around their right to report a complaint by the Social Care Navigator during the eligibility assessment.

12. MONITORING AND REPORTING

Complaint data shall be regularly analyzed to identify trends, systemic concerns, recurring issues, emerging risks, and opportunities for improvement. Monitoring shall include complaint volume, categories, resolution timeliness, corrective actions, repeat complaints, and escalation activity.

Complaints will be reported and reviewed through Healthy Alliance's internal quality and compliance committees on a regular basis. Significant trends and high-risk matters shall be escalated as appropriate through established governance and oversight structures.

13. RECORD RETENTION

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

14. POLICY COMPLIANCE

The Compliance Officer or designee is responsible for oversight of this policy. Violations may result in corrective or disciplinary action, up to and including termination of employment, contractual remedies, or other appropriate action.

Individuals are expected to report suspected violations of this policy through established reporting channels. Retaliation against individuals who raise concerns in good faith is prohibited.

15. 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	08/2026	New document	Compliance Officer

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HEALTHY ALLIANCE[1]
POLICY NAME: COMPLIANCE, EDUCATION AND TRAINING

DOCUMENT #: POL-CP006
VERSION- 1.0

ROLE	NAME/SIGNATURE	APPROVAL DATE
Approver	Healthy Alliance Board	October 29, 2026
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
V1	06/24/2026	Annual Review	Compliance Officer

HEALTHY ALLIANCE[1]
POLICY NAME: COMPLIANCE, DISCIPLINE AND ENFORCEMENT OF COMPLIANCE STANDARDS

DOCUMENT #: POL-CP007
VERSION- 1.0

ROLE	NAME/SIGNATURE	APPROVAL DATE
Approver	Healthy Alliance Board	October 29, 2026
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.

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
V1	06/24/2026	Annual Review	Compliance Officer

HEALTHY ALLIANCE[1]
POLICY NAME: COMPLIANCE, EXCLUSION SCREENING

DOCUMENT #: POL-CP008
VERSION- 1.0

ROLE	NAME/SIGNATURE	APPROVAL DATE
Approver	Healthy Alliance Board	October 29, 2026
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.

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
V1	06/24/2026	Annual Review	Compliance Officer

Effective May 2025

HEALTHY ALLIANCE [1]CODE 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

- 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 ALLIANCE[1]
POLICY NAME: COMPLIANCE, FALSE CLAIMS ACT

DOCUMENT #: CP009
VERSION- 1.0

ROLE	NAME/SIGNATURE	APPROVAL DATE
Approver	Healthy Alliance Board	October 29, 2026
Owner	Compliance Officer	

INTRODUCTION AND PURPOSE:

Healthy Alliance is committed to is committed to prompt, complete, and accurate billing of all services provided to service recipients. Healthy Alliance and its employees and contractors shall not make or submit any false or misleading entries on any claim forms. No employee or contractor shall engage in any arrangement or participate in such arrangement at the direction of another person, including any supervisor or manager, that results in the submission of a false or misleading entry on claims forms or documentation of services that result in the submission of a false claim.

This policy applies to all Board members, all employees including Chief Executive Officer and senior leadership, and contractors.

For purpose of this Policy, a contractor is 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 detect and prevent fraud, waste, and abuse in Federal and State healthcare programs. This Policy explains the Federal False Claims Act (31 U.S.C. §§ 3729 – 3733), the Administrative Remedies For False Claims (31 USC Chapter 38 §§3801-3812), the New York State False Claims Act (State Finance Law §§187-194), and other New York State laws concerning false statements or claims and employee protections against retaliation for reporting. This policy also sets forth the procedures that Healthy Alliance has put into place to prevent any violations of Federal or New York State laws regarding fraud, waste, or abuse in its healthcare programs. (Refer to the appendix entitled "Overview of Relevant Laws" for further information.)

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
(Also refer to Overview of Relevant Laws, below)

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
V1	06/24/2026	Annual Review	Compliance Officer

OVERVIEW OF RELEVANT LAWS

The False Claims Act (31 USC Chapter 37, §§ 3729-3733)

The False Claims Act is a Federal law designed to prevent and detect fraud, waste, and abuse in Federal healthcare programs, including Medicaid and Medicare. Under the False Claims Act, anyone who "knowingly" submits false claims to the Federal Government is liable for damages up to three times the amount of the erroneous payment plus mandatory penalties of approximately $12,000 to $25,000[2] for each false claim submitted.

The law was revised in 1986 to expand the definition of "knowingly" to include a person who:

- Has actual knowledge of falsity of information in the claim;
- Acts in deliberate ignorance of the truth or falsity of the information in the claim; and
- Acts in reckless disregard of the truth or falsity of the information in a claim.

False Claims suits can be brought against individuals and entities. The False Claims Act does not require proof of a specific intent to defraud the Government. Providers can be prosecuted for a wide variety of conduct that leads to the submission of a false claim.

Examples include, but are not limited to, the following:

- Knowingly making false statements;
- Falsifying records;
- Submitting claims for services never performed or items never furnished;
- Double-billing for items or services;
- Upcoding;
- Using false records or statements to avoid paying the Government;
- Falsifying time records used to bill Medicaid; or
- Otherwise causing a false claim to be submitted.

Whistleblower or "Qui Tam" Protections

In order to encourage individuals to come forward and report misconduct involving false claims, the False Claims Act contains a "Qui Tam" or whistleblower protection.

The United States Government, or an individual citizen acting on behalf of the United States Government, can bring actions under the False Claims Act. An individual citizen, referred to as a whistleblower or "Relator," who has actual knowledge of allegedly false claims may file a lawsuit on behalf of the United States Government. If the lawsuit is successful, and provided certain legal requirements are met, the whistleblower may receive an award ranging from 15% - 30% of the amount recovered.

[2] The penalties are updated regularly; the provider should refer to the Federal False Claims Act for current amounts.

More information can be found at 31 USC 3730: Civil actions for false claims (house.gov)

Employee Protections

The False Claims Act prohibits discrimination by **ORGANIZATION** against any employee for taking lawful actions under the False Claims Act. Any employee who is discharged, demoted, harassed, or otherwise discriminated against because of lawful acts by the employee in False Claims actions is entitled to all relief necessary to make the employee whole. Such relief may include reinstatement, double back pay, and compensation for any special damages, including litigation costs and reasonable attorney fees.

More information can be found at 31 USC 3729: False claims (house.gov)

Administrative Remedies for False Claims (31 USC Chapter 38, §§3801-3812)

The Federal False Claims Act allows for administrative recoveries by Federal agencies including the Department of Health and Human Services, which operates the Medicare and Medicaid Programs. The law prohibits the submission of a claim or written statement that the person knows or has reason to know is false, contains false information, or omits material information. The Federal agency receiving the claim may impose a monetary penalty of up to $5,500 per claim and damages of twice the amount of the original claim.

Unlike the False Claims Act, a violation of this law occurs when a false claim is submitted, not when it is paid.

More information can be found at 31 USC Chapter 38 - Administrative Remedies for False Claims and Statements.

New York State Laws

A. Civil and Administrative Laws

New York State False Claims Act (State Finance Law §§187-194)

The New York State False Claims Act closely tracks the Federal False Claims Act. It imposes fines on individuals and entities that file false or fraudulent claims for payment from any State or local government, including healthcare programs such as Medicaid. The penalty for filing a false claim is $6,000 - $12,000[3] per claim and the recoverable damages are between two and three times the value of the amount falsely received. In addition, the false claim filer may be responsible for the government's legal fees.

The New York State Government, or an individual citizen acting on behalf of the Government (a "Relator"), can bring actions under the New York State False Claims Act. If the suit eventually concludes with payments back to the government, the party who initiated the case can recover 15% - 30% of the proceeds, depending upon whether the government participated in the suit.

[3] The penalties are updated regularly; the provider should refer to the Federal False Claims Act for current amounts.

The New York State False Claims Act prohibits discrimination against an employee for taking lawful actions in furtherance of an action under the False Claims Act. Any employee who is discharged, demoted, harassed, or otherwise discriminated against because of lawful acts by the employee in furtherance of an action under the False Claims Act is entitled to all relief necessary to make the employee whole.

More information can be found at http://public.leginfo.state.ny.us/lawssrch.cgi?NVLWO: under FIS/Financial Services Law.

Social Service Law §145-b False Statements

It is a violation to knowingly obtain or attempt to obtain payment for items or services furnished under any Social Services program, including Medicaid, by use of a false statement, deliberate concealment, or other fraudulent scheme or device. The State or the local Social Services district may recover up to three times the amount of the incorrectly paid claim. In the case of non-monetary false statements, the local Social Service district or State may recover three times the amount incorrectly paid. In addition, the Department of Health may impose a civil penalty of up to $2,000 per violation. If repeat violations occur within five years, a penalty up to $7,500 may be imposed if they involve more serious violations of the Medicaid rules, billing for services not rendered, or providing excessive services.

More information can be found at http://public.leginfo.state.ny.us/lawssrch.cgi?NVLWO: under SOS/Social Services.

Social Service Law §145-c Sanctions

If any person applies for or receives public assistance, including Medicaid, by intentionally making a false or misleading statement, or intending to do so, the person's and the person's family needs are not taken into account for a period of six months to five years, depending upon the number of offenses.

More information can be found at http://public.leginfo.state.ny.us/lawssrch.cgi?NVLWO: under SOS/Social Services.

B. Criminal Laws

Social Service Law §145 Penalties

Any person who submits false statements or deliberately conceals material information in order to receive public assistance, including Medicaid, is guilty of a misdemeanor.

More information can be found at http://public.leginfo.state.ny.us/lawssrch.cgi?NVLWO: under SOS/Social Services.

Social Service Law § 366-b, Penalties for Fraudulent Practices

Any person who, with intent to defraud, presents for payment any false or fraudulent claim for furnishing services or merchandise, knowingly submits false information for the purpose of obtaining Medicaid compensation greater than that to which they are legally entitled to, or knowingly submits false information in order to obtain authorization to provide items or services shall be guilty of a Class A misdemeanor.

Any person who obtains or attempts to obtain, for himself or others, medical assistance by means of a false statement, concealment of material facts, impersonation, or other fraudulent means is guilty of a Class A misdemeanor.

More information can be found at http://public.leginfo.state.ny.us/lawssrch.cgi?NVLWO: under SOS/Social Services.

Penal Law Article 155, Larceny

The crime of larceny applies to a person who, with intent to deprive another of property, obtains, takes, or withholds the property by means of a trick, embezzlement, false pretense, false promise, including a scheme to defraud, or other similar behavior. This law has been applied to Medicaid fraud cases.

More information can be found at http://public.leginfo.state.ny.us/lawssrch.cgi?NVLWO: under PEN/Penal.

Penal Law Article 175, Written False Statements

There are four crimes in this Article that relate to filing false information or claims. Actions include falsifying business records, entering false information, omitting material information, altering an organization's business records, or providing a written instrument (including a claim for payment) knowing that it contains false information. Depending upon the action and the intent, a person may be guilty of a Class E felony.

More information can be found at http://public.leginfo.state.ny.us/lawssrch.cgi?NVLWO: under PEN/Penal.

Penal Law Article 177, Health Care Fraud

This Article establishes the crime of Health Care Fraud. A person commits such a crime when, with the intent to defraud Medicaid (or other health plans, including non-governmental plans), they knowingly provide false information or omits material information for the purpose of requesting payment for a healthcare item or service and, as a result of the false information or omission, receives such a payment in an amount to which they are not entitled. Prosecution under Health Care Fraud is determined by the amount of payment inappropriately received.

More information can be found at http://public.leginfo.state.ny.us/lawssrch.cgi?NVLWO: under PEN/Penal.

New York Labor Law §740

An employer may not take any retaliatory personnel action against an employee if the employee discloses information about the employer's policies, practices, or activities to a regulatory, law enforcement, or other similar agency or public official.

This law offers protection to an employee who:

- Discloses, or threatens to disclose, to a supervisor or to a public body an activity, policy, or practice of the employer that is in violation of law, rule, or regulation that presents a substantial and specific danger to the public health or safety;
- Provides information to, or testifies before, any public body conducting an investigation, hearing, or inquiry into any such violation of a law, rule, or regulation by the employer; or
- Objects to, or refuses to participate in, any such activity, policy, or practice in violation of a law, rule, or regulation.

The employee's disclosure is protected under this law only if the employee first brought up the matter with a supervisor and gave the employer a reasonable opportunity to correct the alleged violation, with certain exceptions. The law allows employees who are the subject of a retaliatory action to bring a suit in State court for reinstatement to the same, or an equivalent position, any lost back wages and benefits and attorneys' fees.

More information can be found at http://public.leginfo.state.ny.us/lawssrch.cgi?NVLWO: under LAB/Labor.

New York Labor Law §741

Under this law, a healthcare employer may not take any retaliatory action against an employee if the employee discloses certain information about the employer's policies, practices, or activities to a regulatory, law enforcement, or other similar agency or public official. Protected disclosures are those that assert that, in good faith, the employee believes constitute improper quality of patient care or improper quality of workplace safety.

This law offers protection to an employee who:

- Discloses or threatens to disclose to a supervisor, to a public body, to a news media outlet, or to a social media forum available to the public at large, an activity, policy, or practice of the employer or agent that the employee, in good faith, reasonably believes constitutes improper quality of patient care or improper quality of workplace safety; or
- Objects to, or refuses to participate in any activity, policy, or practice of the employer or agent that the employee, in good faith, reasonably believes constitutes improper quality of patient care or improper quality of workplace safety.

The employee's disclosure is protected under this law only of the employee first brought up the matter with a supervisor and gave the employer a reasonable opportunity to correct the alleged violation, unless the danger is imminent to the public or patient and the employee believes in good faith that reporting to a supervisor would not result in corrective action. Certain exceptions apply. If the employer takes a retaliatory action against the employee, the employee may sue in State court for reinstatement to the same, or an equivalent position, any lost

back wages and benefits and attorneys' fees. If the employer is a healthcare provider and the court finds that the employer's retaliatory action was in bad faith, it may impose a civil penalty of $10,000 on the employer.

More information can be found at http://public.leginfo.state.ny.us/lawssrch.cgi?NVLWO: under LAB/Labor.

CONFLICT-OF-INTEREST POLICY
COMPANY: Healthy Alliance Foundation, Inc., Alliance for Better Health, LLC, Healthy Alliance IPA, LLC (together "Healthy Alliance")

DOCUMENT #: POL-CP001
VERSION- 1.0

ROLE	NAME/SIGNATURE	APPROVAL DATE
Approver	Healthy Alliance Board	06/24/2026
Policy Owner	Compliance Officer	11/27/2024

1. INTRODUCTION

Healthy Alliance adheres to the highest standards of ethical conduct in governance and operations to ensure that board of Directors, officers, staff, volunteers, and/or consultants do not have or give the appearance of having Conflicts of Interest and do not use their relationship with the organization for impermissible private benefit. An appearance of a Conflict of Interest exists when a reasonable person would conclude that a decision is being made based on personal interests rather than in the best interests of the Organization.

Healthy Alliance has adopted this Conflict-of-Interest Policy (this "Policy") to identify and limit the effect of any possible conflict between the personal interests of Directors and officers and the interest of the organization. The purpose of this Policy is to ensure that decisions about corporate operations and the use and dispositions of corporate assets are made solely in terms of benefits to organization and are not influenced by any private profit or other personal benefit to the individuals affiliated with the organization who take part in the decision.

2. POLICY

A. ADMINISTRATION

The Board of Directors shall adopt, oversee and administer this Policy. The Board of Directors shall review this Policy periodically to ensure compliance with applicable state and federal laws. Questions about this Policy may be directed to the Secretary or designated compliance officer at (518) 701-2200 or jennifer.place@healthalliance.org.

B. DEFINITIONS

A "Related Party" is defined as the following:

(a) Any individual who currently serves as:

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(i) a voting member of the Board of Directors of the organization or any Affiliate;
(ii) an officer of the organization or any Affiliate;
(iii) a Key Person of the organization or any Affiliate; or
(iv) any other person who exercises the powers of Directors, officers or Key Persons over the affairs of the organization or any Affiliate.

(b) Any Relative of those persons listed in (a) above. A "Relative" 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; and spouses or domestic partners of brothers, sisters, children, grandchildren, and great-grandchildren.

(c) Any entity in which an individual listed in (a) or (b) has a Controlling Interest. A Controlling Interest is defined as:

- for corporations, ownership (directly or indirectly) of more than 35% of the combined voting power;
- for partnerships or personal service corporations, ownership (directly or indirectly) of more than 5% of the profits interest; and
- for trusts or estates, ownership (directly or indirectly) of more than 35% of the beneficial interest.

"Key Person" includes any person, ***other than a director or officer***, whether or not an employee of the organization, who:

(a) has responsibilities, or exercises powers or influence over the organization as a whole similar to the responsibilities, powers, or influence of Directors and officers.

(b) manages the organization or a segment of the Organization that represents a substantial portion of the activities, assets, income, or expenses of the organization, which for these purposes shall be ten percent (10%); or

(c) alone or with others controls or determines a substantial portion of the organization's capital expenditures or operating budget, which for these purposes shall be ten percent (10%).

"Affiliate" is any entity controlled by, or in control of, the organization.

A "Related Party Transaction" is any transaction, agreement, or other arrangement in which a Related Party has a financial interest and in which the organization or any Affiliate of the organization is a participant.

The following shall not be considered a Related Party Transaction:

- A transaction that is de minimis, including: a single transaction that does not exceed $25,000; or multiple transactions with a single third-party within a 3-month period that do not exceed this threshold.

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- A transaction that is not subject to approval by the Board of Directors pursuant to the organization's Contract Approval Policy.

- A benefit provided to a Related Party solely as a member of a class of the beneficiaries that the organization serves as part of its activities, and which benefit is available to all similarly situated members of the same class on the same terms.

A "Conflict of Interest" is any transaction that is not a Related Party Transaction but involves a transaction that could be perceived or interpreted to be in conflict with the organization's interest.

C. ANNUAL DISCLOSURE STATEMENTS

- Duty to Complete Questionnaire. Each director shall complete a conflict-of-interest questionnaire prior to becoming a director and annually thereafter. Each officer or Key Person shall complete a conflict-of-interest questionnaire when assuming the relevant position and annually thereafter. The questionnaire shall be in the form approved by the Board of Directors.

- Duty to Update Information. Each director, officer, or Key Person shall promptly advise the Secretary or designated compliance officer of any changes to the information provided in that individual's last completed conflict of interest questionnaire.

If during the course of a Board of Directors or any committee meeting, discussion, or deliberation a participant believes an actual or potential Conflict of Interest or Related Party Transaction may exist, the participant should raise the issue and disclose such information as the participant is aware so that the Board of Directors or committee may review and refer the matter for additional action if required by this Policy. In all cases, any disclosure should be documented in meeting minutes or other corporate records.

The Secretary or designated compliance officer will ensure that all individuals required to complete an annual disclosure statement do so in accordance with this Policy. If any individual fails to comply with the Policy's disclosure requirements, the Secretary or designated compliance officer will report such failure to the Board of Directors, which shall recommend appropriate corrective action.

D. DISCLOSURES AND LIST OF RELATED PARTIES.

All information in completed questionnaires or subsequent disclosures shall be compiled and reported by management to the Board of Directors.

A list of individuals and organizations identified as Related Parties through the annual disclosure process (the "Related Party List") shall be assembled and provided to employees of the Organization or other individuals who have authority to sign contracts, enter into transactions, or sign checks on behalf of the organization. Such individuals shall be responsible for reviewing the

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Related Party List before entering into a transaction or signing a check to confirm whether it is a potential Related Party Transaction.

E. REVIEW PROCESS FOR RELATED PARTY TRANSACTIONS

Once a Related Party Transaction is identified, a Related Party Transaction Review Request (attached to this Policy) is completed and submitted to the Secretary or designated compliance officer who will then call a meeting of the Board of Directors to review the Related Party Transaction before it is entered into by the organization. The review required by this Policy shall be in addition to, and not in place of, the review process the Organization would normally use to approve the transaction.

The Board of Directors must review and approve the proposed Related Party Transaction before the organization enters into the transaction. Specifically, the Board of Directors must confirm that the transaction is fair, reasonable and in the Organization's best interests.

Any member of the Board of Directors who has an interest in the transaction (either directly, through a Relative or an organization in which a director or a Relative has a Controlling Interest) shall not participate in the vote, nor may the individual be present during voting or deliberations.

During the review process, the Board of Directors should review information from other providers (e.g. quote, proposals, etc.) to the extent they are available.

The Board of Directors shall also document its decision and deliberations in the meeting minutes.

F. REVIEW PROCESS FOR CONFLICTS OF INTEREST

A potential Conflict of Interest should be disclosed as it arises for consideration by the Board of Directors, a committee or individuals reviewing the matter. If a potential Conflict of Interest is disclosed at a Board or committee meeting, the Board or committee shall review and determine whether an actual Conflict of Interest exists making sure to adequately document its decision and deliberations.

Any individual with an interest in the transaction may not participate in the vote, nor be present during voting or deliberations on the matter.

If a potential Conflict of Interest is identified by the organization, information regarding the potential conflict shall be provided to the designated compliance officer for a determination regarding whether an actual Conflict of Interest exists. If a Conflict of Interest exists, the designated compliance officer shall ensure that proper documentation is maintained to confirm that the transaction is fair and reasonable to the Organization. Any individual with an interest (either directly, through a Relative or an organization in which the director or a Relative as a Controlling Interest) may not participate in the approval of the transaction.

G. QUORUM AND VOTING

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Directors or committee members who must leave a meeting due to a Conflict of Interest or Related Party Transaction shall be deemed present for voting purposes regardless of whether the individual returns to the meeting.

H. EMPLOYEE CONFLICTS OF INTEREST

All employees should deal with vendors without any appearance of favor or preference based on personal considerations. Employees must, at all times, exercise their best skill, care and judgment for the benefit of the organization and must refrain from being influenced by personal considerations of any kind in the performance of their duties. Whenever a Conflict of Interest—or even a *possible* Conflict of Interest—exists, it must be fully disclosed and the employee involved may then be required to refrain from participating in the consideration or determination of any transaction with the vendor.

Specifically, an employee of the organization with a potential Conflict of Interest in a particular matter shall promptly and fully disclose the potential conflict to his or her supervisor who shall then disclose the matter to the CEO or designated compliance officer. The CEO or designated compliance officer shall be responsible for determining the proper way for the organization to handle decisions which involve employee Conflicts of Interest. In making such determinations, the President or designated compliance officer may consult with legal counsel.

The CEO or designated compliance officer shall report to the Board of Directors at least annually concerning employee Conflicts of Interest that have been disclosed and contracts and transactions involving employee conflicts that the CEO or designated compliance officer has approved.

I. COMPENSATION DECISIONS

A compensation decision for a Related Party is a Related Party Transaction. All recommendations for such matters shall be referred to the Board of Directors for review in accordance with this Policy once a recommendation is made by the Compensation Committee.

The Related Party shall not participate in the deliberations or voting on any matter relating to compensation such individual receives in any context (except expense reimbursement). Such individual may provide information to the Compensation Committee or Board of Directors reviewing the compensation decision.

All compensation will be measured against an appropriate recognized survey or surveys for compensation (if applicable) of corresponding rank, position, and/or specialty in the same or a *comparable* geographic area as that of the organization. There shall be sufficient and adequate documentation to support the reasonableness and appropriateness of all compensation decisions. All deliberations regarding compensation of a Related Party shall be documented in the minutes of the Compensation Committee and the Board of Directors.

J. SPECIFIC REQUIREMENTS RELATED TO HEALTHY ALLIANCE'S DESIGNATION AS

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A. SCN Conflict of Interest

Healthy Alliance, in its role as an SCN lead entity, shall comply with all directives from the State necessary to protect against actual or perceived conflicts of interest. If Healthy Alliance engages in both service planning and service provision functions, it shall obtain NYSDOH approval and maintain an NYSDOH approved conflict of interest policy. Further, if Healthy Alliance engages in both service planning and service provision functions, it shall (i) provide full disclosure of the dual relationship to individuals receiving services, (ii) ensure adequate separation of service planning and service provision functions (i.e., the employees performing service planning must be different from the employees performing service provision functions), (iii) establish a dispute resolution process, and (iv) periodically evaluate its conflict of interest safeguards.

B. Healthy Alliance as HRSN service provider

Healthy Alliance may contribute to the HRSN services of Screening and Navigation. Healthy Alliance will only be permitted to provide and be reimbursed for Enhanced HRSN Service delivery if it maintains its NYSDOH approved conflict of interest policy to ensure that Screening, Navigation, and Enhanced HRSN Service Delivery are performed in a manner that guards against conflicts of interest in accordance with all applicable requirements.

C. External Services

There may be circumstances where Healthy Alliance may offer services outside of the identified HRSN Waiver services. Healthy Alliance may continue to use outside sources to fund these services, but the 1115 Waiver funding and payments are to be used only for Enhanced HRSN Services approved by CMS and the NYSDOH. Healthy Alliance shall maintain a sufficient separation of Enhanced HRSN Services and outside services, and the funds derived from and allocated to each.

D. Employee Conflict of Interest

Healthy Alliance shall disclose whether any members of its executive team, Board of Directors, or any immediate family members thereof, have a direct or indirect interest in any contract that supplies administrative or care-related services or materials to Healthy Alliance and has an ongoing duty to disclose any other actual or perceived conflict of interest that should arise at any point during the term of Heathy Alliance's SCN contract.

K. VIOLATIONS OF CONFLICT-OF-INTEREST POLICY

If the Board of Directors determines that an individual has failed to comply with the policies and directives set forth in this Policy, it shall recommend or take appropriate corrective action.

3. REVISION HISTORY

VERSION	DATE REVIEWED	REVISIONS	POLICY OWNER

Internal Use Only

1.0	11/27/24	New document	COMPLIANCE OFFICER
	06/24/26	Annual Review	COMPLIANCE OFFICER

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RELATED PARTY TRANSACTION REVIEW REQUEST

Purpose: The purpose of this form is to provide sufficient information to the Board of Directors of Healthy Alliance, Inc. (the "Organization") so that the Board of Directors may review certain transactions ("Related Party Transactions") as required by the New York Not-for-Profit Corporation Law and the Organization's Conflict of Interest Policy.

Instructions: A staff member should complete this form when a Related Party Transaction is identified. Staff members should attach sufficient information to permit the Board of Directors to determine whether such transaction is fair and reasonable and, in the Organization's, best interests. Once completed, the staff member should submit this form along with any attachments to the Secretary or designated compliance officer for the Board of Directors consideration.

Describe the transaction, agreement or other arrangement and how it will benefit the Organization.	
List all Related Parties involved in the transaction and why they are considered a Related Party.	
Describe the Related Party's interest in the transaction and, if applicable, how that interest is deemed "substantial."[1]	
Describe how the Organization or an affiliate is involved.	
Describe generally the terms of the transaction and the amount(s) the Organization will pay or be paid.	
Describe any alternate transactions (to the extent available) and why the alternative transactions are not more favorable to the Organization.[2]	

[1] For this purpose, "substantial" shall mean any transaction (a) directly between the Corporation and the Related Party; or (b) between the Corporation and an entity in which the Related Party has a controlling interest as defined in paragraph (c) under the Related Party definition above

[2] Alternate transactions are required where the Related Party has a substantial financial interest in the transaction. If in doubt, please include alternate transaction information.

HEALTHY ALLIANCE[1]
POLICY NAME: POLICY DEVELOPMENT, APPROVAL AND MAINTENANCE

DOCUMENT #: POL-CP016
VERSION- 1.0

ROLE	NAME/SIGNATURE	APPROVAL DATE
Approver	Healthy Alliance Board	October 29, 2026
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:

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:

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VERSION	DATE REVIEWED	REVISIONS	POLICY OWNER
V1	05/2025	New Document	Compliance Officer
V1	06/24/2026	Annual Review	Compliance Officer

HEALTHY ALLIANCE[1]
POLICY NAME: COMPLIANCE, REPORTING AND INVESTIGATION OF COMPLIANCE CONCERNS

DOCUMENT #: POL-CP010
VERSION- 1.0

ROLE	NAME/SIGNATURE	APPROVAL DATE
Approver	Healthy Alliance Board	October 29, 2026
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.

Social Service Law 363-D
18 NYCRR Part 521

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VERSION	DATE REVIEWED	REVISIONS	POLICY OWNER
V1	05/2025	New document	Compliance Officer
V1	06/24/2026	Annual Review	Compliance Officer

HEALTHY ALLIANCE[1]
POLICY NAME: COMPLIANCE, RESPONSE TO GOVERNMENTAL INVESTIGATIONS

DOCUMENT #: POL-CP011
VERSION- 1.0

ROLE	NAME/SIGNATURE	APPROVAL DATE
Approver	Healthy Alliance Board	October 29, 2026
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
V1	06/24/2026	Annual Review	Compliance Officer

HEALTHY ALLIANCE[1]
POLICY NAME: COMPLIANCE, ROLE AND RESPONSIBILITIES OF THE COMPLIANCE COMMITTEE

DOCUMENT #: POL-CP012
VERSION- 1.0

ROLE	NAME/SIGNATURE	APPROVAL DATE
Approver	Healthy Alliance Board	October 29, 2026
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.

SANCTION 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.

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:

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VERSION	DATE REVIEWED	REVISIONS	POLICY OWNER
V1	04/2025	New document	Compliance Officer
V1	06/24/2026	Annual Review	Compliance Officer

HEALTHY ALLIANCE[1]
POLICY NAME: COMPLIANCE, SEARCH WARRANTS

DOCUMENT #: POL-CP013
VERSION- 1.0

ROLE	NAME/SIGNATURE	APPROVAL DATE
Approver	Healthy Alliance Board	October 29, 2026
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:

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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:

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V1	05/2025	New document	Compliance Officer
V1	06/24/2026	Annual Review	Compliance Officer

HEALTHY ALLIANCE[1]
POLICY NAME: COMPLIANCE, SUBPOENAS

DOCUMENT #: POL-CP014
VERSION- 1.0

ROLE	NAME/SIGNATURE	APPROVAL DATE
Approver	Healthy Alliance Board	October 29, 2026
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
V1	06/24/2026	Annual Review	Compliance Officer

HEALTHY ALLIANCE[1]
POLICY NAME: COMPLIANCE, WHISTLEBLOWER PROTECTIONS AND NON-RETALIATION

DOCUMENT #: POL-CP015
VERSION- 1.0

ROLE	NAME/SIGNATURE	APPROVAL DATE
Approver	Healthy Alliance Board	October 29, 2026
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
V1	06/24/2026	Annual Review	Compliance Officer

HEALTHY ALLIANCE[1]
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

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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

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

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