



COMPLIANCE POLICIES & PROCEDURES COLLECTION

• Updated 1.8.2024 •

Enclosed you will find the approved compliance policies/procedures documents for The Smile Way Group. These have been created to ensure we continue to act responsibly, uphold a positive image and maintain trust. Please check back periodically as revisions and new policies will be added throughout the year.

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If you have questions or concerns, please reach out to the Compliance Department!

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Craig Thomas, Chief Compliance Officer • ext 21115 • cthomas@mobiledentists.com

Krista Malinich, Compliance Director • ext 60143 • kmalinich@mobiledentists.com

Compliance Helpline: 888.447.9207 or submit at www.mycompliancereport.com and enter "SAP" as the company code to make a report online.

COMPLIANCE POLICY

The Smile Way Group

POLICY/PROCEDURE TITLE	Corporate Level Policy Review Process		
POLICY/PROCEDURE NUMBER	CC-101		
DEPARTMENT	Compliance		
Original Issue Date	7/19/2018		
Next Scheduled Review Date	12/5/2024		
Last Review Date	12/14/2023		
Revision Date History	1/2023 Revised organizational information to apply to The Smile Way Group, removed A-1 appendix; 3/2023 added SNYO and WA DPP; 12/2023 process updates		
APPLIES TO			
<input checked="" type="checkbox"/>	SAP: ReachOut Healthcare America Ltd. dba Smile America Partners	<input checked="" type="checkbox"/>	MI: Michigan Dental Outreach, P.C. dba Michigan Dental Outreach
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I. PURPOSE:

The purpose of this policy is to establish the framework for the management of those Company policies identified as having impact across Company, department, and DPP areas (“Corporate Level Policies”) and supporting documents at ReachOut Healthcare America, LTD d/b/a Smile America Partners (hereinafter “The Smile Way Group”) and alignment to relevant legal, regulatory, and/or patient or client requirements, as applicable or deemed appropriate.

This framework exists to ensure that The Smile Way Group’s Corporate Level Policies are identified by need, developed, and drafted using objective criteria and implemented and communicated in an efficient, uniform, and timely manner on a company wide basis. This Charter is reviewed on a minimum quarterly basis.

II. SCOPE:

This framework applies only to Policies and Procedures that reside at the Corporate Level or have been designated for Corporate Level review as indicated in the Annual Policy Review Calendar. All Corporate Compliance Committee members should comply with this Framework when drafting, revising, or retiring a Corporate Level Policy.

This Framework is not intended to apply to and does not control Department or Practice Level policies, procedures, workflows, or other administrative guidelines put in place to support individual dentists or staff members. In the event of a conflict between or among policies, Corporate Level Policies will be the controlling document only in matters requiring compliance with a specific law and regulation and addressed by a specific Corporate Level Policy.

III. POLICY:

The Smile Way Group, through its Corporate Compliance Committee, policy framework, and Corporate Level Policies, has established a compliance management framework to enable it to effectively and efficiently manage its legal, regulatory, and patient compliance risks including risks related to external rules and regulations, internal standards of conduct, cybersecurity, and privacy.

A Corporate Level Policy is a high level strategic directive that establishes a principle or requirements-based approach to a particular external or internal regulatory or standard-based conduct or activity. A Corporate Level Policy should be developed for any area of the Company's operations where direction or purpose regarding relevant laws, regulations, or internal standards needs to be set in order to conduct Company business, meet regulatory requirements, or in some instances, patient requirements. All Corporate Level Policies and Procedures must be developed, drafted, implemented, and communicated in accordance with this Framework.

IV. DEFINITIONS:

Annual Review. The schedule according to which the majority of Corporate Level Policies will be reviewed. An Annual Policy Review Calendar will be distributed by the Corporate Compliance Department.

Approval Authorities. The Smile Way Organization's Corporate Compliance Committee approves policies with final approval sign-off by departmental leader and Chief Executive Officer.

Policy Review Meeting. Members of the Corporate Compliance Committee and additional departmental leadership will attend a Policy Review meeting to provide review with recommended edits to policies prior to the Corporate Compliance Committee review. The recommended edits provided in the Policy Review Meeting will be provided in to the Corporate Compliance Committee in the Policy Review.

Corporate Level Policy. Concise formal statements of principles and/or requirements that indicate how the Company will act in a particular aspect of its operations. In general, Corporate Compliance Level Policies regulate and direct actions and conduct in order to comply with a desired principle, obligation, or standard relevant to the Company's services.

Procedures. Describe in detail the process to implement a Policy. Procedures are written in sequential order at a relatively high level and include assignment of responsibilities. Procedures generally refer to a process rather than a desired outcome.

V. CORPORATE LEVEL POLICIES AND PROCEDURES IMPLEMENTATION APPROACH AND PROCESS GUIDELINES:

Approach

The Smile Way Group believes the process of the development or review of Corporate Level Policies should allow all relevant stakeholders the opportunity to be consulted at a sufficiently early stage.

The process of development, drafting, implementation, and communication of Corporate Level Policies is intended to be consultative, not unduly burdensome, and informed by standard best practices and committee or individual dentists with subject matter expertise and knowledge. Consultation processes may vary.

Approval sign-off is required at the end of the Corporate Level Policy review process.

The Smile Way Group has adopted the Corporate Level Policy Review and Hierarchical Approval Process at Figure 1.

Annual Review

Corporate Level Policies are reviewed at least once a year according to the Annual Policy Review Calendar. Corporate Level Policies and Procedures will remain in place unless formally retired by the relevant Approval Authorities.

Approvals:

DocuSigned by:

Steve Higginbotham

1/4/2024

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Steve Higginbotham, CEO

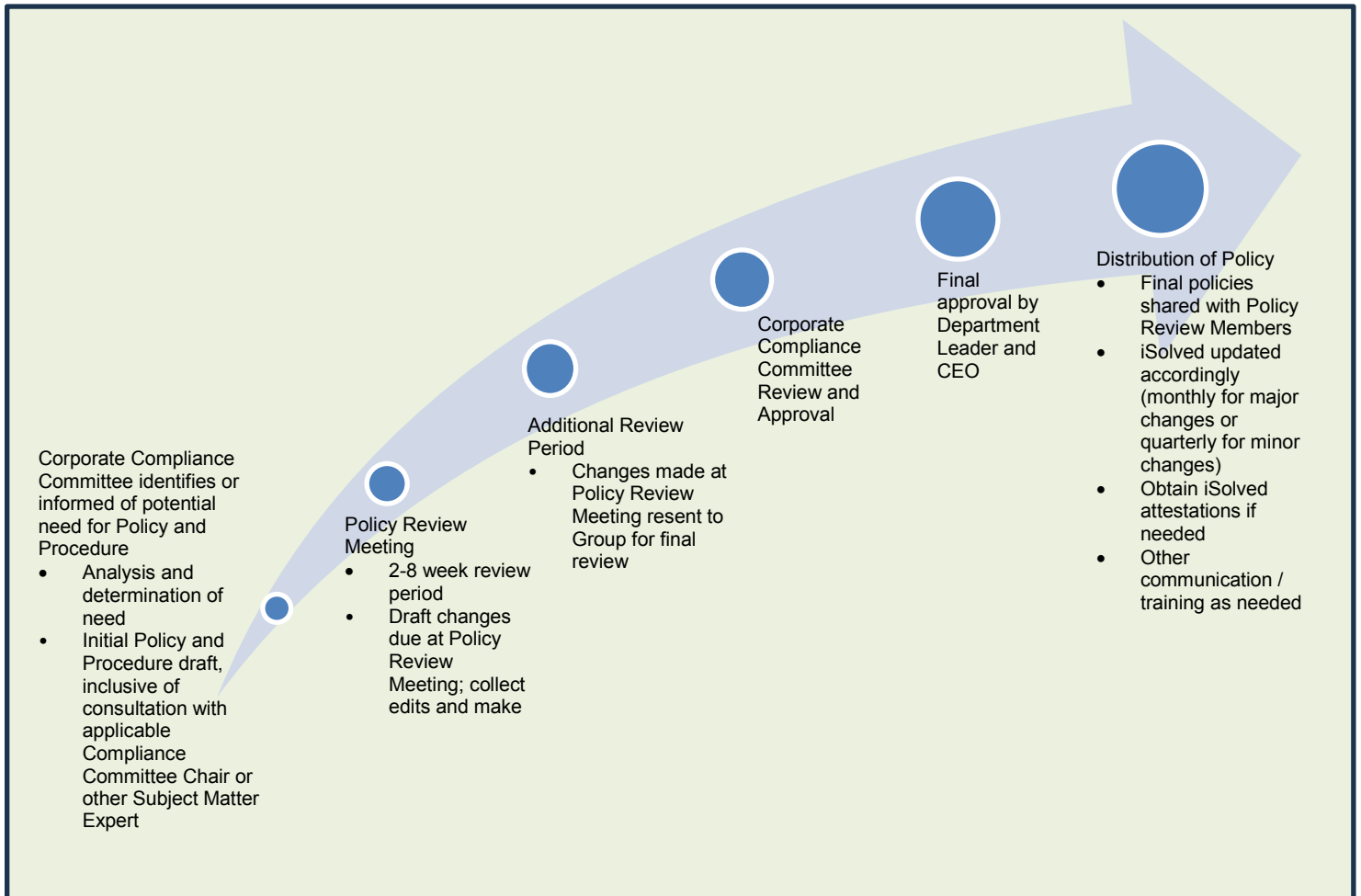
DocuSigned by:

Craig Thomas

12/19/2023

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Craig Thomas, CCO & SVP HR

Figure 1. Corporate Level Policy Review and Hierarchical Approval Process



COMPLIANCE POLICY

The Smile Way Group

POLICY/PROCEDURE TITLE	Compliance Committee Program Structure and Oversight		
POLICY/PROCEDURE NUMBER	CC-102		
DEPARTMENT	Corporate Compliance Department		
Original Issue Date	7/19/2018		
Next Scheduled Review Date	12/5/2024		
Last Review Date	12/14/2023		
Revision Date History	11/2019 Revised organizational information to apply to The Smile Way Group; 2/2023 & 12/2023 minor edits		
APPLIES TO			
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I. PURPOSE:

ReachOut Healthcare America, LTD d/b/a Smile America Partners (“SAP”) and its affiliated Dental Professional Practices (“DPPs”) (hereinafter collectively referred to as “The Smile Way Group”) operate in a complex, dynamic, highly competitive, and regulated environment. The environment is highly regulated at both the federal and state levels.

To assist SAP’s senior management in its responsibilities relating to operational compliance with applicable legal requirements and sound ethical standards, The Smile Way Group has established a Corporate Compliance Committee (“CCC”) with Subcommittee formations that work in collaboration to manage an effective compliance program. The CCC and Subcommittees support the Chief Compliance Officer (“CCO”) and the Corporate Compliance Department in adopting and implementing an organization-wide Compliance Program and distributing policies and other key documents and information on a regular and as-needed basis.

The CCO reports CCC and Subcommittee activities to the SAP Board of Director’s (“the Board”) Compliance Steering Committee no less frequently than every quarter. This report assists the Board with its oversight duties of the Compliance Program and promotes adherence to the policies and practices for corporate accountability, transparency and integrity.

II. COMPOSITION:

The CCC Committee is composed of the following positions:

- Chief Executive Officer
- Chief Operating Officer
- Chief Compliance Officer
- Chief Financial Officer/ VP Finance and Accounting

- Vice President of Clinical Operations
- Vice President of IT
- Vice President of Billing and Insurance Coordination
- Controller
- Director of Compliance
- Credentialing Supervisor
- Human Resources Generalist
- Dynamic HR

and such other positions appointed by the Chief Executive Officer.

III. MEETINGS:

The Corporate Compliance Committee will meet monthly during the following months:

- January
- February
- March
- April
- May
- June
- August
- September
- October
- December

A majority of the CCC constitutes a quorum for the transaction of business. The CCC shall take action by the affirmative vote of a majority of the members present at a duly held meeting.

IV. RESPONSIBILITIES AND DUTIES:

The CCC will undertake the following responsibilities and duties and any other activities related to The Smile Way Group's Compliance Program.

Compliance Standards and Policies

- Participate in annual Code of Conduct review and approval process.
- Participate in annual corporate review process.
- Serve as a compliance ambassador and support, in word and deed, The Smile Way Group's culture of compliance and commitment to ethical organizational practices and behaviors.

Employee and Contractor Training

- Review and approve the development and implementation of appropriate and adequate training regarding the Code of Conduct, policies, and the Compliance Program.
- Review and approve the development and implementation of employee communication regarding the Compliance Program and issues.
- Identify and bring to Chief Compliance Officer's attention issues of potential or known non-compliance risks or concerns.

Reporting and Complaints Processes

- Review and approve The Smile Way Group's processes, including a toll-free telephone number and online self-reporting portal through which employees may seek advice on application of The Smile Way Group's Code of Conduct and policies and report potential Code of Conduct, policy, and legal violations.

Monitoring and Auditing Compliance with Code of Conduct, Policies, and Legal Requirements

- Participate in an annual risk assessment process and work plan development.
- Direct the Chief Compliance Officer to commission special audits as necessary to verify adherence to the Code of Conduct, policies, and/or legal requirements.
- Participate in and approve an annual risk assessment process and work plan.

Enforcement and Discipline

- Inform the Chief Compliance Officer and the Compliance Department of any known or suspected violations of law, regulations, contracts, or internal standards of conduct.
- Receive quarterly reports from the Chief Compliance Officer regarding reported disciplinary action taken during the prior quarter.

Response and Prevention

- Be aware of and stay informed on applicable regulations, laws, and industry best practices applicable to The Smile Way Group, through the monitoring of various sources including, but not limited to state Medicaid newsletters and emails, state laws, and registries.

Reporting to the Board Compliance Steering Committee

- Assist the Board with its oversight duties of the Compliance Program and promote adherence to the policies and practices for corporate accountability, transparency and integrity, both the CCC and DPP's activities will be reported at least quarterly to the Board Compliance Steering Committee via the CCO.

Approvals:

DocuSigned by:

Steve Higginbotham

1/4/2024

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Steve Higginbotham, CEO

DocuSigned by:

Craig Thomas

12/19/2023

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Craig Thomas, CCO & SVP HR

POLICY/PROCEDURE TITLE	Compliance Department Program Structure and Oversight		
POLICY/PROCEDURE NUMBER	CC-103		
DEPARTMENT	Corporate Compliance Department		
Original Issue Date	7/19/2018		
Next Scheduled Review Date	12/5/2024		
Last Review Date	12/14/2023		
Revision Date History	11/2020 Revised organizational information to apply to The Smile Way Group; 2/2023 minor revisions		
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I. PURPOSE:

ReachOut Healthcare America, LTD d/b/a Smile America Partners (“SAP”) and its affiliated Dental Professional Practices (“DPPs”) (hereinafter collectively referred to as “The Smile Way Group”) operates in a complex, dynamic, highly competitive, and regulated environment. The Smile Way Group’s business involves an environment that is highly regulated at both the federal and state levels. To assist The Smile Way Group’s senior management in its responsibilities relating to the company’s operational compliance with applicable legal requirements and sound ethical standards, The Smile Way Group’s senior management has established a Corporate Compliance Department. The Corporate Compliance Department will support the Chief Compliance Officer and Corporate Compliance Committee in adopting and implementing a company-wide compliance program and distributing policies and other key documents and information on a regular and as needed basis.

II. RESPONSIBILITIES AND DUTIES:

The Corporate Compliance Department will undertake the following responsibilities and duties and any other activities related to The Smile Way Group’s Compliance Program.

Compliance Standards and Policies

- Oversee the development or modification, issuance, distribution, and review of the Code of Conduct and appropriate compliance policies.

Employee and Contractor Training

- Develop, implement, and manage new hire and annual employee corporate compliance training in coordination with Human Resources.

- Oversee the development and implementation of employee communications regarding the Compliance Program and compliance issues.
- Oversee administration of a certification program for all employees and appropriate contractors to ensure that they receive, read, acknowledge understanding of, and agree to comply with The Smile Way Group's Code of Conduct and policies.

Reporting and Complaints Processes

- Manage The Smile Way Group's processes, including a toll-free telephone number and online self-reporting portal, through which employees may seek advice on application of The Smile Way Group's Code of Conduct and policies and report potential Code of Conduct, policy, and legal violations.
- Manage investigations of compliance reports or inquiries reported to the Chief Compliance Officer.

Monitoring and Auditing Compliance with Code of Conduct, Policies, and Legal Requirements

- Monitor compliance with laws, regulations, and company standards of conduct based on annual risk assessments.
- Ensure appropriate internal and/or external audits and surveys are conducted to verify adherence to the Code of Conduct, policies, and applicable legal requirements.
- Oversee periodic employee surveys to test awareness of The Smile Way Group's compliance guidelines and procedures.
- Manage and implement annual risk assessment process and work plan.

Enforcement and Discipline

- Conduct periodic review of disciplinary activities to ensure appropriate and consistent discipline for violations of the Code of Conduct and standards of conduct.

Response and Prevention

- Oversee the action taken by The Smile Way Group to ensure violations of the Code of Conduct, policies, and/or legal requirements are remedied.
- Oversee steps taken to prevent similar violations from occurring in the future.
- Manage incident response and corrective action plans to ensure proper remediation of corrective action plans at the Department, Entity, and/or organization-wide levels, as applicable.

Approvals:

DocuSigned by:

Steve Higginbotham

1/4/2024

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Steve Higginbotham, CEO

DocuSigned by:

Craig Thomas

12/19/2023

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Craig Thomas, CCO & SVP HR

COMPLIANCE POLICY

The Smile Way Group

POLICY/PROCEDURE TITLE	Risk Assessment Policy		
POLICY/PROCEDURE NUMBER	CC-104		
DEPARTMENT	Compliance		
Original Issue Date	8/16/2018		
Next Scheduled Review Date	10/24/2024		
Last Review Date	10/31/2023		
Revision Date History	1/2020 Revised organizational information to apply to all The Smile Way Group; 1/2023 removed DPP subcommittee language in procedures; 3/2023 added SNYO and WA DPP; 10/2023 updated definitions and procedures.		
APPLIES TO			
<input checked="" type="checkbox"/>	SAP: ReachOut Healthcare America Ltd. dba Smile America Partners	<input checked="" type="checkbox"/>	MI: Michigan Dental Outreach, P.C. dba Michigan Dental Outreach
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I. PURPOSE:

This Risk Assessment Policy documents the authority of ReachOut Healthcare America, LTD d/b/a Smile America Partners (“SAP”) and its affiliated Dental Professional Practices (“DPPs”) (hereinafter collectively referred to as “The Smile Way Group” or “the Organization”) to conduct investigations and take actions as required to assess risks to the organization and take mitigating actions to reduce, eliminate, or manage risks. This policy specifies how and when risk assessments will be done and who will be responsible for them.

This annual Risk Assessment Policy is intended to specify the process The Smile Way Group uses to identify risk in order to remediate it. Risk assessments are conducted under the authority of the Chief Compliance Officer, which is shared between SAP and the DPPs. The Chief Compliance Officer works with SAP’s Corporate Compliance Committee (“CCC” or “the Committee”) and the Committee’s DPP Subcommittee on an annual basis to identify and prioritize risks to the company according to likelihood and level of harm factors. All those involved with a risk assessment must fully cooperate with the organizational members conducting the assessment. Cooperation must be complete for both the risk assessment and the remediation process since this is a critical business function.

II. DEFINITIONS:

Risk - The chance that a threat will have an undesirable outcome combined with the amount of harm that may occur.

Risk Assessment - An examination of all possible risks along with implemented and non-implemented solutions to reduce, eliminate, or manage the risk.

Risk Level Threat - A potential incident or activity which may be deliberate, accidental, or caused by nature which may cause physical harm to a person or financial harm to an organization.

Total Risk: A combined measurement of the Risk Level Threat and the Control Level to give a combined assessment of total risk.

III. PROCEDURE:

1. On an annual basis, SAP's Chief Compliance Officer will self-report and identify new or ongoing risks by department or process utilizing a standardized tool developed by the The Office of Inspector General (OIG), Department of Health and Human Services (HHS) and Health Care Compliance Association (HCCA) to assess Compliance Program effectiveness.
2. The Chief Compliance Officer will identify the vulnerabilities faced by The Smile Way Group, evaluate the security controls in place to manage these risks, and identify probabilities of the risk materializing using the risk measurement tool.
3. The Chief Compliance Officer will identify the vulnerabilities within each of the categories of an effective compliance plan and score the Risk Threat Level where possible. Risks identified in the assessment are assigned a risk level threat rating (1-3; 1 - low, 2 - medium, 3 - high) Risks are rated based on inherent threat level, regardless of any controls in place (e.g. as a healthcare provider/organization, PHI breach or improper access will always be an identified high risk). Current mitigating controls that are in place are assessed to reduce or mitigate the identified risk (1-3; 1 - no control, 2 - some control, 3 - strong controls). A Total Risk is calculated by adding Risk Level Threat and Control. This will help when looking at potential cost of controls to reduce the risk. Mitigation and monitoring actions will primarily focus on the top 20 identified risks.
4. The Chief Compliance Officer will present the risk assessment and annual work plan to the Corporate Compliance Committee for review and approval on an annual basis. Once SAP's risk assessment and work plan are reviewed and approved by the Corporate Compliance Committee, the Chief Compliance Officer will review these deliverables and then present them to the Board of Directors upon request.
5. The Corporate Compliance Committee will be apprised on the Mitigation Plan and Actions by the Compliance Officer during Corporate Compliance Committee meetings on a routine basis. These risks and controls will be used to create or enhance the annual Compliance Work Plan of each of The Smile Way Group's entities. The Corporate Compliance Committee will make recommendations and provide support in the Mitigation Plan and Actions.
6. Under the supervision of the Chief Compliance Officer, the Corporate Compliance Department will monitor the effectiveness of risk mitigation actions and document the results. The Smile Way Group will perform the risk assessment process every year in the light of new risks and technologies. Audits, inspections and incidents that occurred over the last year are used to evaluate the effectiveness of the assessment.

Risk assessment reports and findings are confidential.

Approvals:

DocuSigned by:

Steve Higginbotham

11/8/2023

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Steve Higginbotham, CEO

DocuSigned by:

Craig Thomas

11/8/2023

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Craig Thomas, CCO & SVP HR

COMPLIANCE POLICY

The Smile Way Group

POLICY/PROCEDURE TITLE	Code of Conduct Annual Review Policy		
POLICY/PROCEDURE NUMBER	CC-105		
DEPARTMENT	Corporate Compliance Department		
Original Issue Date	7/19/2018		
Next Scheduled Review Date	10/24/2024		
Last Review Date	10/31/2023		
Revision Date History	1/2020 Revised organizational information to apply to all The Smile Way Group; 3/2023 added SNYO and WA DPP; 10/2023 minor edits		
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<input checked="" type="checkbox"/>	IL: Elliot P. Schlang, D.D.S. P.C. dba Smile Illinois	<input checked="" type="checkbox"/>	OH: Elliot P. Schlang DDS, Dental Outreach PLLC dba Ohio Dental Outreach
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<input checked="" type="checkbox"/>	KS: Nevin K. Waters D.D.S., PA dba Big Smiles	<input checked="" type="checkbox"/>	UT: Big Smiles Utah, P.C. dba Big Smiles
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<input checked="" type="checkbox"/>	MA: Elliot P. Schlang DDS Big Smiles Massachusetts P.C. dba Smile Massachusetts	<input checked="" type="checkbox"/>	WA: Michael LaCorte Dentistry, PC dba Big Smiles
<input checked="" type="checkbox"/>	MD: S.K. Pesis D.D.S., Big Smiles Maryland, PC dba Smile Maryland	<input checked="" type="checkbox"/>	WV: Elliot P. Schlang DDS, Inc. dba Smile West Virginia

I. POLICY:

The Code of Conduct is a guiding document for employees. It helps to inform common understanding among employees and contractors of the ReachOut Healthcare America, LTD d/b/a Smile America Partners (“SAP”) and its affiliated Dental Professional Practices (“DPPs”) (hereinafter collectively referred to as “The Smile Way Group” or “the Organization”) culture, expectations and standards that influence their daily work. To ensure that The Smile Way Group’s Code of Conduct remains up to date and consistent with all policies and procedures, the SAP’s Corporate Compliance Committee (“CCC” or “the Committee”) will review the Code of Conduct annually, and the Chief Compliance Officer will report to the Board of Directors any material revisions to the Code of Conduct. Any revisions proposed by the Committee will require the approval of legal counsel and the Board of Directors prior to enactment.

II. PROCEDURE:

- A. The Committee, under the direction of the Chief Compliance Officer, will review the Code of Conduct on an annual basis to determine if amendments or revisions are necessary.
- B. After the review, if no changes are necessary, the Chief Compliance Officer will report to the Board of Directors that no further action is needed.
- C. If revisions are necessary, the Committee will approve the material changes and submit a summary of the material changes to legal counsel for review.
- D. Legal counsel will review and provide other recommended changes or other applicable legal guidance for the Committee’s material changes to the Code of Conduct.
- E. The Committee will then revise changes to the Code of Conduct as needed before submitting the final draft version to the Board of Directors for review and approval.

- F. The Board of Directors will review and approve the material changes to the Code of Conduct by a majority vote.

Approvals:

DocuSigned by:

Steve Higginbotham

11/8/2023

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Steve Higginbotham, CEO

DocuSigned by:

Craig Thomas

11/8/2023

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Craig Thomas, CCO & SVP HR

COMPLIANCE POLICY

The Smile Way Group

POLICY/PROCEDURE TITLE	Corporate Compliance Training and Education (New Hires and Annual)		
POLICY/PROCEDURE NUMBER	CC-106		
DEPARTMENT	Corporate Compliance Department		
Original Issue Date	7/19/2018		
Next Scheduled Review Date	10/24/2024		
Last Review Date	10/31/2023		
Revision Date History	11/2019 Revised organizational information to apply to all The Smile Way Group; 3/2023 added SNYO & WA DPP; 10/2023 minor edits		
APPLIES TO			
<input checked="" type="checkbox"/>	SAP: ReachOut Healthcare America Ltd. dba Smile America Partners	<input checked="" type="checkbox"/>	MI: Michigan Dental Outreach, P.C. dba Michigan Dental Outreach
<input checked="" type="checkbox"/>	AZ: Arizona Mobile Dental, PC dba Big Smiles	<input checked="" type="checkbox"/>	MO: Nevin K. Waters D.D.S., P.C. dba Big Smiles
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I. PURPOSE:

The purpose of this policy is to ensure that employees, management, and third party vendors of ReachOut Healthcare America, LTD d/b/a Smile America Partners (“SAP”) and its affiliated Dental Professional Practices (“DPPs”) (hereinafter collectively referred to as “The Smile Way Group” or “the Organization”) are informed, educated, and aware of applicable laws, regulations, and internal standards of conduct regulating and applicable to Smile America Partners’ company environment and operations.

II. SCOPE:

Compliance training and education is provided to all of The Smile Way Group within 90 days of their hire date and on at least an annual basis thereafter.

III. POLICY:

The Corporate Compliance Department has developed comprehensive training and education to ensure that employees throughout the organization are aware of the standards that apply to them. Additional compliance training in areas of compliance risk (e.g., billing, coding, accurate medical record documentation) is required of certain individuals.

All ethics and compliance training is required to be tracked and recorded in The Smile Way Group’s electronic record keeping system. Resources regarding The Smile Way Group’s compliance program, including the Code of Conduct, will be available to all employees electronically. The Smile Way Group encourages all employees to review the resources available to them, as needed.

IV. PROCEDURE:

The Smile Way Group requires all employees to attend training, including appropriate training in federal and state statutes, regulations and guidelines, and corporate ethics.

Training programs include sessions highlighting the Compliance Program and summarizing various compliance standards, including fraud and abuse statutes and regulations, confidentiality, federal, state, and private payer healthcare program requirements, and marketing practices that reflect current legal and Compliance Program standards. The Smile Way Group's compliance training consists of Initial Training, Annual Refresher Training, quarterly Compliance Communications, and Ad Hoc Compliance Training. The Smile Way Group will take steps to effectively communicate its standards and procedures to all affected employees, independent contractors, and other significant agents, e.g., by requiring participation in training programs and disseminating publications that explain specific requirements in a practical manner. Managers of specific departments or groups may assist in identifying areas that require training and in carrying out such training. Training instructors may come from outside or inside the organization.

A variety of teaching methods, such as interactive training and training in different languages, when necessary and appropriate to properly educate a culturally diverse staff, will be implemented so that all employees are knowledgeable about The Smile Way Group's standards of conduct and procedures for alerting the Corporate Compliance Officer to problems and concerns. Targeted training will be provided to corporate officers, managers, and other employees whose actions affect the accuracy of the claims submitted to governmental agencies. All training materials will be designed to take into consideration the skills, knowledge, and experience of the individual trainees.

As part of the Initial Training, the Code of Conduct will be distributed to all employees. At the end of the initial training session, every employee attendee will be required to sign and date a statement that reflects the employee's knowledge of and commitment to the standards of conduct. This attestation will be retained in the employee's personnel file. Further, any employee handbook delineating or expanding upon these standards of conduct will be regularly updated as applicable statutes, regulations, and federal healthcare program requirements are modified.

Attendance and participation at training programs are a condition of continued employment, and the failure to comply with training requirements may result in disciplinary action, up to and including termination of employment. Adherence to the provisions of the Compliance Program, such as training requirements, will be a factor in the evaluation of each employee. The Smile Way Group will retain adequate records of its training of all employees.

Approvals:

DocuSigned by:

Steve Higginbotham

11/8/2023

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Steve Higginbotham, CEO

DocuSigned by:

Craig Thomas

11/8/2023

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Craig Thomas, CCO & SVP HR

COMPLIANCE POLICY

The Smile Way Group

POLICY/PROCEDURE TITLE	Reporting Compliance Concerns Policy		
POLICY/PROCEDURE NUMBER	CC-107		
DEPARTMENT	Corporate Compliance Department		
Original Issue Date	7/19/2018		
Next Scheduled Review Date	10/24/2024		
Last Review Date	10/31/2023		
Revision Date History	1/2020 Revised organizational information to apply to all The Smile Way Group; 10/2022 DPP boxes and anonymous web reporting option added; 3/2023 added SNYO and WA DPP		
APPLIES TO			
<input checked="" type="checkbox"/>	SAP: ReachOut Healthcare America Ltd. dba Smile America Partners	<input checked="" type="checkbox"/>	MI: Michigan Dental Outreach, P.C. dba Michigan Dental Outreach
<input checked="" type="checkbox"/>	AZ: Arizona Mobile Dental, PC dba Big Smiles	<input checked="" type="checkbox"/>	MO: Nevin K. Waters D.D.S., P.C. dba Big Smiles
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I. PURPOSE:

ReachOut Healthcare America, LTD d/b/a Smile America Partners (“SAP”) and its affiliated Dental Professional Practices (“DPPs”) (hereinafter collectively referred to as “The Smile Way Group”) is committed to a culture of compliance. The Smile Way Group cares about and wants to hear about known or suspected wrongful non-compliance. The Smile Way Group wants people to feel comfortable and safe when making good faith reports regarding suspected non-compliance. The Smile Way Group wants to understand the effectiveness of its Compliance Program and how it can continue to improve and strengthen the Compliance Program and its policies. The Smile Way Group maintains an open door policy for reporting in support of these goals. This policy outlines the ways and mechanisms through which individuals can obtain guidance on an ethics or compliance issue, report a concern, or report a suspected violation of the law or company policy. The Smile Way Group has a zero tolerance retaliation policy (see CC-111 Non-Retaliation Policy).

II. SCOPE:

This policy applies to all personnel of The Smile Way Group, including any employee, agent, or other person performing services for or on behalf of The Smile Way Group.

III. POLICY:

Should any Smile Way Group personnel have questions or concerns regarding violations of law or policy, such persons can and should request clarification or direction from the appropriate Supervisor, Manager, Department Head, Chief Compliance Officer, or through placing a call to the Compliance Hotline. Likewise, all suspected violations of The Smile Way Group’s Code of Conduct (the “Code”) or other policies and procedures must be reported to the appropriate Department Head, Chief Compliance Officer, or Compliance Hotline. Any patient or patient’s representative may also report suspected violations of law or company policy to a

Supervisor, Manager, Department Head, Chief Compliance Officer, or Compliance Hotline. The Smile Way Group maintains a zero tolerance policy for reports not made in good faith (see CC-111 Non-Retaliation Policy).

IV. PROCEDURE:

1. There are multiple ways for an individual to make a non-compliance inquiry or report. To ask a compliance question or to report a suspected violation, an individual may contact the appropriate Supervisor or Manager, or personnel at the next higher supervisory level. If the individual is uncomfortable with speaking with the Supervisor, Manager, or Department Head, , the Chief Compliance Officer, or any member of the Corporate Compliance Department. An individual may also report a concern or ask a question using the Compliance Hotline. Resolution of issues at the departmental level is encouraged. Individuals may also make a report or inquiry by emailing complianceofficer@mobiledentists.com.
2. Individuals wishing to make an anonymous report should utilize the Compliance Helpline that has been set up to provide information and to receive reports. The Compliance Helpline number is 800-447-9207 or individuals can make reports online at <https://www.mycompliancereport.com/report?cid=SAP>. All reports are anonymous (unless the individual identifies himself or herself) and confidential. The anonymous reporter will be assigned an issue number and will be asked to report in periodically in case additional information is needed and will be informed regarding investigation or follow-up results. The Smile Way Group will preserve the anonymity of individuals who wish to remain anonymous, subject to limitations imposed by the law. Anonymity may not be preserved if a reporter identifies himself or herself by name or provides other information that is identifying (see CC-108 Responding Confidentially to Inquiries Policy). The Smile Way Group is legally required to report certain types of serious infractions to external agencies. If there is no way to respond to an inquiry or alleged compliance issue without knowing a reporter's identity, the reporter will be notified and will have the option of revealing his or her identity or remaining anonymous, in which case the Organization may be limited in its ability to properly investigate the reported concern or allegation.
3. Contacts made via the internal phone system, email, US mail, interoffice mail, or personal conversation, by virtue of their design, are not necessarily anonymous. Confidentiality is maintained whenever possible and to the extent possible.
4. When a report is made to a Department Head, a response should be initiated within one (1) business day of the report being received by the Department Head. This response may be a direct answer or it may be an action plan for obtaining the answer. The Department Head should report the inquiry to the Corporate Compliance Department. Once the Department Head has contacted the Corporate Compliance Department, the Chief Compliance Officer will initiate action within one (1) business day of the Chief Compliance Officer's receipt of the report or question. If the Chief Compliance Officer or Department Head is not able to provide prompt answers, the Organization may consult legal counsel or other experts as necessary and appropriate.
5. Reported inquiries are logged and tracked by the Corporate Compliance Department in order to manage individual reports and to provide data for use in understanding risk areas. Analysis of this data will also support remediation and effective control processes as identified and needed. The Corporate Compliance Department logs and tracks all reported inquiries and resolutions of reports. Individuals who make a report to the Compliance Helpline will receive an issue number from the Compliance Helpline Operator or web portal. The Compliance Helpline will forward the information received by the reporter to the Chief Compliance Officer. The Chief Compliance Officer or their designee will respond with an answer to the Compliance Helpline by the assigned report back date. If a final answer to the question is not available within two (2) weeks, either the Chief Compliance Officer or the Compliance Helpline Operator will make an initial response, along with an estimate of when a final answer will be available. The Chief Compliance Officer will make a report to the Compliance Helpline on a scheduled basis until the answer is finalized. Calls concerning the Chief Compliance Officer will be forwarded to the Chief Executive Officer directly from the Compliance Helpline Operator.
6. The Smile Way Group management will investigate all suspected violations as appropriate.

7. Failure to report suspected violations in accordance with this policy is, in and of itself, a violation of the Code and will subject the individual failing to make such a report to discipline in accordance with the Discipline Policy (see HR-101 Progressive Discipline Policy).
8. No retaliation, or other disciplinary action inconsistent with law, will be taken or permitted against an individual for good faith reporting of, or cooperating in the investigation of, suspected illegal acts or violations of the Code. It is a violation of the Code for personnel to punish or retaliate against individuals who have made a good faith report of, or cooperated in good faith in the investigation of, suspected illegal acts or violations of the Code. Anyone who engages in retaliation, retribution, or harassment is subject to discipline in accordance with the Discipline Policy (see CC-111 Non-Retaliation Policy).

Approvals:

DocuSigned by:

Steve Higginbotham

11/8/2023

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Steve Higginbotham, CEO

DocuSigned by:

Craig Thomas

11/8/2023

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Craig Thomas, CCO & SVP HR

COMPLIANCE POLICY

The Smile Way Group

POLICY/PROCEDURE TITLE	Responding Confidentially to Inquiries		
POLICY/PROCEDURE NUMBER	CC-108		
DEPARTMENT	Corporate Compliance Department		
Original Issue Date	7/19/2018		
Next Scheduled Review Date	12/5/2024		
Last Review Date	12/14/2023		
Revision Date History	3/2023 policy updated to include DPP and The Smile Way Group		
APPLIES TO			
<input checked="" type="checkbox"/>	SAP: ReachOut Healthcare America Ltd. dba Smile America Partners	<input checked="" type="checkbox"/>	MI: Michigan Dental Outreach, P.C. dba Michigan Dental Outreach
<input checked="" type="checkbox"/>	AZ: Arizona Mobile Dental, PC dba Big Smiles	<input checked="" type="checkbox"/>	MO: Nevin K. Waters D.D.S., P.C. dba Big Smiles
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I. POLICY:

ReachOut Healthcare America, Ltd. d/b/a Smile America Partners (hereinafter “SAP”) and its affiliated Dental Professional Practices (“DPPs”) (hereinafter collectively referred to as “The Smile Way Group”) takes seriously its role in ensuring that all reports or inquiries regarding violations of law or the internal standards of conduct are handled confidentially. Allowing individuals the protection of confidentiality when making a compliance inquiry or reporting a potential concern helps to facilitate good faith reporting through appropriate and available corporate compliance channels.

II. SCOPE:

All Corporate Compliance Department employees who are responsible for or receive reports or inquiries of this nature, including but not limited to the Chief Compliance Officer, are required to abide by this policy.

III. PROCEDURE:

- Upon receiving a report or a compliance inquiry, the Corporate Compliance Department employee responsible for conducting the investigation shall inform the reporter that the identity of the reporter and information provided will be kept confidential, but that confidentiality cannot be guaranteed if revealing confidential information is necessary to progress the investigation toward its conclusion.
- When investigating a report under confidentiality, the investigating employee should not use the reporter’s name without first informing that reporter that use of their name is necessary to the forward progress of the investigation. To the extent possible, the investigating employee should limit the use of identifiable information related to the reporter.
- All written records memorializing conversations on confidential matters should be kept in a secure location or, for digital records, in files with restricted access or requiring permissions to open.

- Investigating employees shall not discuss any investigation with individuals not directly involved in the investigation.
- Investigatory actions may include but not be limited to:
 - Employee interviews.
 - Review of relevant electronic files, emails, and hard copy files.
 - Engagement of outside legal counsel in matters of a highly sensitive, regulatory or executive-level nature.
 - Coordinating investigatory efforts with other departments of The Smile Way Group including, but not limited to the Human Resources and Information Technology Departments, on a role-based and need-to-know basis.
 - Upon completion of the investigation, a written record should be created and logged of key findings, analysis, and corrective actions recommended for implementation.
 - To the extent reasonable, notice should be provided to the reporter of the completion of the investigation. The reporter is not entitled to specific findings.
 - Notice may include a statement as to whether the report or inquiry was substantiated or unable to be substantiated, and whether a corrective action occurred. The reporter is not entitled to specific findings, especially related to any employment actions involving other individual employees.

Approvals:

DocuSigned by:
 1/4/2024
SF2E17E4D88A81A...
 Steve Higginbotham, CEO

DocuSigned by:
 12/19/2023
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 Craig Thomas, CCO & SVP HR

COMPLIANCE POLICY

The Smile Way Group

POLICY/PROCEDURE TITLE	Reporting of Fraud, Waste, Abuse, and/or Other Potential Misconduct		
POLICY/PROCEDURE NUMBER	CC-109		
DEPARTMENT	Corporate Compliance Department		
Original Issue Date	09/20/2018		
Next Scheduled Review Date	03/28/2024		
Last Review Date	03/23/2023		
Revision Date History	3/2023 Revised organizational information to apply to The Smile Way Group		
APPLIES TO			
<input checked="" type="checkbox"/>	SAP: ReachOut Healthcare America Ltd. dba Smile America Partners	<input checked="" type="checkbox"/>	MI: Michigan Dental Outreach, P.C. dba Michigan Dental Outreach
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I. PURPOSE:

The purpose of this policy is to combat fraud, waste, and abuse at ReachOut Healthcare America, Ltd. d/b/a Smile America Partners ("SAP") and its affiliated Dental Professional Practices ("DPPs") (hereinafter collectively referred to as "The Smile Way Group"). Failure to comply with applicable federal, state, or local laws and other types of misconduct threatens Smile America Partners' ability to provide effective administrative services in support of serving patient dental needs. Detected but uncorrected misconduct can seriously endanger the mission, reputation, and legal status of The Smile Way Group.

II. POLICY:

The Smile Way Group is committed to conducting its business activities with integrity and in compliance with federal, state, and local laws and regulations. Since the DPPs are participants in federal and state healthcare programs and receive reimbursement from Medicaid agencies for services performed for Medicaid beneficiaries, The Smile Way Group is committed to detecting, correcting, and preventing fraud, waste, and abuse.

Further, contractors, subcontractors, agents, and other persons which or who, on behalf of The Smile Way Group, furnish or otherwise authorize the furnishing of Medicaid healthcare items or services, perform billing or coding functions, or are involved in monitoring of healthcare provided by The Smile Way Group, are required to adopt these policies and procedures to continue to do business with the DPPs.

III. DEFINITIONS:

Fraud is generally defined as knowingly and willfully executing, or attempting to execute, a scheme or artifice to defraud any health care benefit program or to obtain (by means of false or fraudulent pretenses, representations, or promises) any of the money or property owned by, or under the custody or control of, any health care benefit program. (18 U.S.C. § 1347)

Waste is overutilization of services or other practices that, directly or indirectly, result in unnecessary costs to the health care system, including the Medicare and Medicaid programs. It is not generally considered to be caused by criminally negligent actions, but by the misuse of resources.

Abuse Payment for items or services occurs when there is no legal entitlement to that payment and the individual or entity has not knowingly and/or intentionally misrepresented facts to obtain payment.

III. **PROCEDURE:**

How to Report Fraud, Waste, and Abuse

If you suspect fraud, waste, or abuse, you must report it to your manager, supervisor, or the Chief Compliance Officer and we will investigate. Your actions may help improve our systems and reduce costs for The Smile Way Group and customers. To report suspected fraud, waste, or abuse, you can contact us in one of these ways:

- Report the suspected fraud, waste, or abuse directly to your manager or supervisor. When managers and supervisors receive reports of suspected fraud, waste, or abuse they must report it to the Chief Compliance Officer.
- Chief Compliance Officer: Craig Thomas, cthomas@mobiledentists.com, 33533 W 12 Mile, Suite 134, Farmington Hills, MI 48331, 623-434-9343 ext. 21115
- Compliance Helpline:
 - Phone: 1-800-447-9207
 - Online self-reporting portal: <https://www.mycompliancereport.com/report?cid=SAP>

You can choose for your report to remain anonymous. All information received or discovered by the Compliance Department will be treated as confidential, and the results of the investigations will be discussed only with persons having legitimate reasons to receive the information (e.g. state and federal authorities, senior management, or legal counsel).

The Investigation Process

Our investigation process will vary depending on the allegation presented and/or any facts or evidence provided. Our investigational steps may include some or all of, but are not necessarily limited to, the following:

- Contact with relevant parties to gather information. This may include contacting the reporter, if contact information is available, a dental professional, or a patient's parent or guardian to get a better understanding of the situation. For example, we may contact a dental professional or a patient's parent or guardian to ask about a dental service visit. We may ask the individual being interviewed to describe the services provided, who provided the care, etc.
- Review of dental records. We do this to validate that the records support the services billed. We rely on this information to make a fair and appropriate decision.
- Notification, review and discussion of the allegation and any findings with the associated DPP owner, as appropriate.
- Notification of suspected fraud and abuse to law enforcement and any other applicable state and/or federal agencies.

Common Coding and Billing Issues To Be Aware Of:

- Billing for services not rendered
- Billing for services at a frequency that indicates the provider is an outlier as compared with its peers
- Billing for non-covered services using an incorrect CPT, HCPCS and/or Diagnosis code in order to have services covered
- Billing for services that are actually performed by another provider
- Up-coding
- Lack of documentation in the records to support the services billed
- Alteration of records to get services covered

The Smile Way Group has a zero-tolerance non-retaliation policy (see CC-111 Non-Retaliation Policy) and will not discipline employees for reporting conduct that they knew, suspected or reasonably believed to be fraud, waste, or abuse. Good faith reporting of known or suspected fraud, waste, and abuse is encouraged.

Approvals:

DocuSigned by:

Steve Higginbotham

3/23/2023

9F2E37E4D88A41A
Steve Higginbotham, CEO

DocuSigned by:

Craig Thomas

3/24/2023

068EFD1B7A624E6
Craig Thomas, CCO & SVP HR

COMPLIANCE POLICY

The Smile Way Group

POLICY/PROCEDURE TITLE	Effective Communication Policy		
POLICY/PROCEDURE NUMBER	CC-110		
DEPARTMENT	Corporate Compliance Department		
Original Issue Date	07/19/2018		
Next Scheduled Review Date	04/25/2024		
Last Review Date	04/27/2023		
Revision Date History	4/2023 policy updated to include DPP and The Smile Way Group		
APPLIES TO			
<input checked="" type="checkbox"/>	SAP: ReachOut Healthcare America Ltd. dba Smile America Partners	<input checked="" type="checkbox"/>	MI: Michigan Dental Outreach, P.C. dba Michigan Dental Outreach
<input checked="" type="checkbox"/>	AZ: Arizona Mobile Dental, PC dba Big Smiles	<input checked="" type="checkbox"/>	MO: Nevin K. Waters D.D.S., P.C. dba Big Smiles
<input checked="" type="checkbox"/>	CA: Elliot Paul Schlang, DDS, Professional Corporation dba Big Smiles	<input checked="" type="checkbox"/>	NC: Theodore F. Mayer, DDS P.A. dba Smile North Carolina
<input checked="" type="checkbox"/>	GA: Shurett Dental Group, P.C. dba Shurett Dental Group	<input checked="" type="checkbox"/>	NY: Big Smiles Dental New York, PLLC
<input checked="" type="checkbox"/>	GA: Mark Shurett, DDS, PC dba Help A Child Smile	<input checked="" type="checkbox"/>	NY: Smile New York Outreach, LLC
<input checked="" type="checkbox"/>	IL: Elliot P. Schlang, D.D.S. P.C. dba Smile Illinois	<input checked="" type="checkbox"/>	OH: Elliot P. Schlang DDS, Dental Outreach PLLC dba Ohio Dental Outreach
<input checked="" type="checkbox"/>	IN: Elliot P. Schlang DDS, Dental Outreach PLLC dba Indiana Dental Outreach	<input checked="" type="checkbox"/>	PA: Big Smiles Pennsylvania P.C. dba Smile Pennsylvania
<input checked="" type="checkbox"/>	KS: Nevin K. Waters D.D.S., PA dba Big Smiles	<input checked="" type="checkbox"/>	UT: Big Smiles Utah, P.C. dba Big Smiles
<input checked="" type="checkbox"/>	KY: Big Smiles Kentucky PSC dba Big Smiles	<input checked="" type="checkbox"/>	VA: Big Smiles Virginia PC dba Smile Virginia
<input checked="" type="checkbox"/>	MA: Elliot P. Schlang DDS Big Smiles Massachusetts P.C. dba Smile Massachusetts	<input checked="" type="checkbox"/>	WA: Michael LaCorte Dentistry, PC dba Big Smiles
<input checked="" type="checkbox"/>	MD: S.K. Pesis D.D.S., Big Smiles Maryland, PC dba Smile Maryland	<input checked="" type="checkbox"/>	WV: Elliot P. Schlang DDS, Inc. dba Smile West Virginia

I. POLICY:

ReachOut Healthcare America, Ltd. d/b/a Smile America Partners (“SAP”) and its affiliated Dental Professional Practices (“DPPs”) (hereinafter collectively referred to as “The Smile Way Group”) is committed to a culture of compliance. The Smile Way Group works to make compliance an inclusive effort by fostering open lines of communication among employees, DPPs, field staff, and third party vendors, as needed. This policy establishes and implements effective, open lines of communication ensuring confidentiality between the Chief Compliance Officer, members of the Corporate Compliance Committee, employees, managers and governing body, and third party vendors in support of the Compliance Program.

II. PROCEDURE:

1. **Lines of Communication:** The Corporate Compliance Department will develop and maintain effective, appropriate lines of communication with key stakeholders of the organization, including, but not necessarily limited to:
 - All levels of management, the Chief Executive Officer, and the Board of Directors
 - Business partners, including DPPs and field staff, as needed
 - Corporate Compliance Committee
 - Employees at all levels of The Smile Way Group
 - Third party vendors
 - Regulatory authorities
 - From time to time, law enforcement agencies, as needed
2. **Use of the Lines of Communication – Overview:** The Chief Compliance Officer and other Corporate Compliance Department staff will use these lines of communication to effectively

communicate information about the Compliance Program, as well as information about laws, regulations, and guidance for The Smile Way Group, such as statutory, regulatory, and sub-regulatory changes (e.g. Medicaid updates) and changes to Policies and Procedures and the Code of Conduct.

3. **Communicating Compliance Concerns:** These lines of communication will be openly accessible and allow anonymous and confidential good faith reporting of potential compliance issues as they are identified. See CC-107 Reporting Compliance Concerns Policy for an explanation of communication through the Corporate Compliance Helpline.
4. **Communication with the Chief Executive Officer and Board of Directors:** The Chief Compliance Officer will maintain open lines of communication with the Chief Executive Officer and Board of Directors regarding activities of the Corporate Compliance Committee and Corporate Compliance Department. This includes, but is not limited to the following:
 - The Chief Compliance Officer upon request will provide the Board of Directors a copy of the approved minutes from all Corporate Compliance Committee meetings.
 - Upon ratification by the Corporate Compliance Committee, the Chief Compliance Officer will forward a copy of the annual Compliance Work Plan, and any updates or revisions to the Compliance Program, to the Board of Directors for review and approval.
 - The Chief Compliance Officer will provide the Board of Directors with quarterly reports summarizing key issues and results in the operation of the Corporate Compliance Program. Topics may include but not be limited to:
 - Compliance or Ethics Issues
 - Compliance Inquiries/Incidents
 - Policy and Procedure Status
 - Current Projects
 - Summary of Audits
 - Key Regulation Updates
 - Training and Education Status
 - Other items, as determined
5. **Communication with the Compliance Committee:** As specified in CC-102 Corporate Committee Compliance Program Structure and Oversight, the Corporate Compliance Committee will meet monthly for the purpose of overseeing the Corporate Compliance Program. The Chief Compliance Officer, as Corporate Compliance Committee chair, sets the agenda and keeps/distributes the minutes, with input and approval of the Corporate Compliance Committee. The Chief Compliance Officer will also keep the Corporate Compliance Committee informed and seek its guidance on compliance or ethics issues that represent potential risk to the organization.
6. **Communication with Employees:** The Chief Compliance Officer and Corporate Compliance Committee will maintain open lines of communication with employees at all levels of the organization.
 - **Methods of Communication** – Examples of methods of communication with our employees include newsletters, bulletins, emails, meetings, and information posted to iSolved.
 - **Compliance Program** – The Corporate Compliance Department will distribute to employees compliance notice cards and contact cards to facilitate knowledge and understanding of the Corporate Compliance Program and ways to anonymously report concerns.

- **Compliance Program and Code of Conduct** – The Code of Conduct is found in the Compliance portal. The Code of Conduct will be made available to third party vendors identified. Employees shall be required to certify their receipt and understanding and return a signed Acknowledgment upon assignment.
 - **Training and Education, Incident Reporting** – Employee training and incident reporting are key aspects of organizational communication. These components are addressed in separate Policies and Procedures.
 - **Identifying and Reporting Noncompliance and Fraud, Waste, and Abuse (FWA)** – The Smile Way Group will maintain open communication with employees, to educate these individuals on identifying and reporting noncompliance FWA, as appropriate.
7. **Issues Tracking Log:** The Corporate Compliance Department tracks compliance violations and issues and disseminate them to the appropriate manager to respond and resolve.
 8. **Communication with Contracted Entities and DPPs:** The Chief Compliance Officer and Corporate Compliance Committee will develop and utilize mechanisms for communicating with contracted entities, including healthcare providers and management service organizations. Such communication will typically occur in collaboration with departments or committees of The Smile Way Group that have established methods of contractor communication.
 9. **Communication with Regulatory Authorities:** The Smile Way Group will maintain open communication with regulatory authorities. The Chief Compliance Officer serves as one of the organization’s main points of contact with regulatory authorities. As such, the Chief Compliance Officer should be included on communications or notices of information or inquiries relating to regulatory inquiries, investigations, or complaints.

Approvals:

DocuSigned by:

Steve Higginbotham

5/3/2023

9F2E17E4D88A41A
Steve Higginbotham, CEO

DocuSigned by:

Craig Thomas

5/3/2023

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Craig Thomas, CCO & SVP HR

COMPLIANCE POLICY

The Smile Way Group

POLICY/PROCEDURE TITLE	Non-Retaliation Policy		
POLICY/PROCEDURE NUMBER	CC-111		
DEPARTMENT	Corporate Compliance		
Original Issue Date	8/16/2018		
Next Scheduled Review Date	10/24/2024		
Last Review Date	10/31/2023		
Revision Date History	10/2022 policy updated to include DPP and The Smile Way Group and added compensation language in definition section; 3/2023 added SNYO & WA DPP.		
APPLIES TO			
<input checked="" type="checkbox"/>	SAP: ReachOut Healthcare America Ltd. dba Smile America Partners	<input checked="" type="checkbox"/>	MI: Michigan Dental Outreach, P.C. dba Michigan Dental Outreach
<input checked="" type="checkbox"/>	AZ: Arizona Mobile Dental, PC dba Big Smiles	<input checked="" type="checkbox"/>	MO: Nevin K. Waters D.D.S., P.C. dba Big Smiles
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<input checked="" type="checkbox"/>	MD: S.K. Pesis D.D.S., Big Smiles Maryland, PC dba Smile Maryland	<input checked="" type="checkbox"/>	WV: Elliot P. Schlang DDS, Inc. dba Smile West Virginia

I. PURPOSE:

ReachOut Healthcare America, LTD d/b/a Smile America Partners (“SAP”) and its affiliated Dental Professional Practices (“DPPs”) (hereinafter collectively referred to as “The Smile Way Group”) believes it is important that employees are not afraid to speak up about any suspected compliance concerns. Employee reports made in good faith help The Smile Way Group address harmful, discriminatory or unethical behaviors and maintain the culture of the company. The Smile Way Group has a zero tolerance policy for any victimization or other retaliatory behavior towards an employee who inquires about or reports a compliance concern in good faith. This non-retaliation company policy protects employees who, in good faith, file reports for or seek guidance regarding harmful, discriminatory or unethical behaviors.

II. DEFINITIONS:

Retaliation is any action, statement, or behavior that is designed to punish an individual for filing a compliance report, cooperating with a compliance investigation, seeking guidance regarding a compliance concern or to deter one from taking such action. Retaliation includes, but is not limited to, intimidation, adverse action against an employee regarding the terms and conditions of employment, such as termination, lowering of compensation, demotion, or suspension, as well as related threats of such actions.

Good faith does not mean that an individual has to be right, but it does mean that they have an honest belief that the information provided in support of a compliance concern is truthful based on existing information known to them.

III. POLICY:

The Smile Way Group expects employees and other affiliated individuals to report compliance concerns. Those who have concerns of any kind stemming from possible noncompliance with federal, state, or local laws or regulations, or The Smile Way Group's policies or standards of conduct are expected to promptly report those concerns. Reporting may be done by following the procedures outlined in The Smile Way Group's Reporting Policy (See CC-107 Reporting Compliance Concerns Policy).

Employees of The Smile Way Group are prohibited from retaliating against any other employee or person affiliated with The Smile Way Group who files a compliance report, cooperates with a compliance investigation, or seeks guidance on compliance concerns in good faith.

Individuals who believe they have been subject to retaliation prohibited by this policy should contact their supervisor or manager, Department Head, Human Resources, the Chief Compliance Officer or the Compliance Helpline.

IV. VIOLATIONS OF THIS POLICY:

Individuals found to have violated this policy are subject to disciplinary action up to and including termination of employment.

Individuals who fail to act in good faith in connection with reporting a compliance concern or in cooperating with an investigation, grievance, or appeals process regarding a compliance concern are subject to disciplinary action up to and including termination of employment.

An adverse personnel or other disciplinary action against an employee or affiliated individual of The Smile Way Group whose conduct or performance warrants such action for reasons unrelated to the reporting of a compliance concern does not constitute a violation of this policy.

Approvals:

DocuSigned by:

Steve Higginbotham

11/8/2023

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Steve Higginbotham, CEO

DocuSigned by:

Craig Thomas

11/8/2023

068E7D1B7A624EC
Craig Thomas, CCO & SVP HR

POLICY/PROCEDURE TITLE	Incident Response Plan and Corrective Action Plan Policy		
POLICY/PROCEDURE NUMBER	CC-112		
DEPARTMENT	Corporate Compliance Department		
Original Issue Date	7/19/2018		
Next Scheduled Review Date	04/25/2024		
Last Review Date	04/27/2023		
Revision Date History	4/2023 policy updated to include DPP and The Smile Way Group		
APPLIES TO			
<input checked="" type="checkbox"/>	SAP: ReachOut Healthcare America Ltd. dba Smile America Partners	<input checked="" type="checkbox"/>	MI: Michigan Dental Outreach, P.C. dba Michigan Dental Outreach
<input checked="" type="checkbox"/>	AZ: Arizona Mobile Dental, PC dba Big Smiles	<input checked="" type="checkbox"/>	MO: Nevin K. Waters D.D.S., P.C. dba Big Smiles
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<input checked="" type="checkbox"/>	GA: Mark Shurett, DDS, PC dba Help A Child Smile	<input checked="" type="checkbox"/>	NY: Smile New York Outreach, LLC
<input checked="" type="checkbox"/>	IL: Elliot P. Schlang, D.D.S. P.C. dba Smile Illinois	<input checked="" type="checkbox"/>	OH: Elliot P. Schlang DDS, Dental Outreach PLLC dba Ohio Dental Outreach
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<input checked="" type="checkbox"/>	KS: Nevin K. Waters D.D.S., PA dba Big Smiles	<input checked="" type="checkbox"/>	UT: Big Smiles Utah, P.C. dba Big Smiles
<input checked="" type="checkbox"/>	KY: Big Smiles Kentucky PSC dba Big Smiles	<input checked="" type="checkbox"/>	VA: Big Smiles Virginia PC dba Smile Virginia
<input checked="" type="checkbox"/>	MA: Elliot P. Schlang DDS Big Smiles Massachusetts P.C. dba Smile Massachusetts	<input checked="" type="checkbox"/>	WA: Michael LaCorte Dentistry, PC dba Big Smiles
<input checked="" type="checkbox"/>	MD: S.K. Pesis D.D.S., Big Smiles Maryland, PC dba Smile Maryland	<input checked="" type="checkbox"/>	WV: Elliot P. Schlang DDS, Inc. dba Smile West Virginia

I. PURPOSE:

ReachOut Healthcare America, LTD d/b/a Smile America Partners ("SAP") and its affiliated Dental Professional Practices ("DPPs") (hereinafter collectively referred to as "The Smile Way Group") takes seriously its obligation to maintain the effective functioning of its business. Identifying and responding to known or suspected incidents of non-compliance is an important part of its effective business practice. This policy provides a consistent framework for implementing and tracking Corrective Action Plans. Corrective Action Plans are a tool that guides employees and contractors of The Smile Way Group in responding to and investigating detected offenses of federal, state, and local laws and regulations as they apply to the operations of the company, as well as The Smile Way Group's standards of conduct.

II. SCOPE:

This policy applies to all incidents reported to The Smile Way Group's Chief Compliance Officer or Corporate Compliance Department.

III. POLICY:

All reports received through the Corporate Compliance Helpline or through any other monitoring mechanism will be initially screened by the Chief Compliance Officer. If the initial assessment indicates that there is a basis for believing that the conduct reported constitutes non-compliance with The Smile Way Group's Code of Conduct, applicable state or federal law or other company policies, the matter will be fully investigated. When the investigation is complete, corrective action will be taken. Violations of federal, state, or local law will be reported to the appropriate governmental authorities, as required by law, and in accordance with this policy.

IV. PROCEDURE:

Incident:

1. The Chief Compliance Officer and members of the corporate compliance department, as assigned, are responsible for directing compliance investigations. Outside counsel, auditors, or health care experts may be engaged to assist in an investigation. Advice from outside law firms may be sought to determine the extent of The Smile Way Group's liability.
2. If the alleged violation is suspected to be a felony or if criminal conduct may have occurred, outside counsel will be retained to conduct the investigation. Attorney-client privilege will apply. Outside counsel will meet with the Chief Compliance Officer and/or other management prior to the investigation to determine: steps of the investigation, time frame for the investigation, and provision of periodic updates. Outside counsel will provide the final privileged report to the Chief Compliance Officer and Chief Executive Officer, who will share the information with the Board of Directors, if there is a verification of a felony.
3. In most instances, investigations will be commenced within five (5) office days following the receipt of a report, information, or complaint regarding potential non-compliance which requires investigation.
4. If reported conduct constitutes non-compliance with the Code of Conduct, applicable state or federal law or other company policy, the Board of Directors will be notified of the nature of the complaint as soon as reasonably possible.
5. The destruction of documents or other evidence related to the investigation is prohibited. The Chief Compliance Officer will take all reasonable and appropriate steps to prevent the destruction of evidence.
6. Persons involved in or having knowledge of the potential non-compliance will be interviewed. A review will be made of the statutes, regulations, and policies involved.
7. During investigations of any person for a violation, such person may be temporarily relieved of job responsibilities related to the alleged violation. When the investigation is complete, the employee will either be returned to work, terminated, or be subject to other disciplinary action, such as a suspension, in accordance with the results of the investigation.
8. All individuals and/or entities named in a report of potential non-compliance are subject to additional review for exclusion status from Medicaid.
9. Records of the investigation will be documented in Compliance Line by a Corporate Compliance Department staff member. Documentation will include details of the alleged violation, a description of the investigative process, copies of interview notes, copies of key documents, a log of the witnesses interviewed, a log of the documents reviewed, the results of the investigation, disciplinary action taken, and corrective action implemented.
10. All personnel of The Smile Way Group (including officers, directors, managers, employees, field staff and other professionals performing services for the company) will be subject to disciplinary action for failure to comply with ethical standards or legal requirements. Any violation of law or company policy or procedures related to the Code of Conduct will result in appropriate sanctions as outlined in the Discipline Policy (see HR-101 Progressive Discipline Policy).
11. A summary report of non-compliant conduct will be provided to the CEO and DPP owner. The report will be prepared by the Chief Compliance Officer. This report will include: the initial report or complaint, the results of the investigation, recommended corrective actions, reports made to governmental agencies, and recommended disciplinary action. The Board of Directors will be provided with the summary report as a part of their regular Corporate Compliance Report.

Corrective Action:

1. Corrective action is determined based upon the findings of the incident investigation. Corrective action may include: referral to criminal and/or civil law enforcement authorities having jurisdiction over such matter, report to the Government, submission of any overpayments (if applicable), appropriate education or training, and/or appropriate disciplinary action.
2. Incident Reporting Forms and Corrective Action Plans are logged and tracked; the Corporate Compliance Department monitors Incident Reporting Forms and Corrective Action Plans for risk assessment, monitoring and control and program improvement purposes.

Reporting:

The Chief Compliance Officer, in collaboration with the DPP owner, outside counsel and the Corporate Compliance Committee, or a subsection of the Corporate Compliance Committee, as appropriate to the matter, will review the facts of the incident and determine any reporting necessary pursuant to application laws and regulations or as otherwise deemed appropriate.

Approvals:

DocuSigned by:

Steve Higginbotham

5/3/2023

9F2E17B4D88A41A
Steve Higginbotham, CEO

DocuSigned by:

Craig Thomas

5/3/2023

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Craig Thomas, CCO & SVP HR

COMPLIANCE POLICY

The Smile Way Group

POLICY/PROCEDURE TITLE	Vendor Management and Oversight Policy		
POLICY/PROCEDURE NUMBER	CC-113		
DEPARTMENT	Corporate Compliance Department		
Original Issue Date	7/19/2018		
Next Scheduled Review Date	10/26/2023		
Last Review Date	3/09/2023		
Revision Date History	10/2022 policy updated to include DPP and The Smile Way Group, updated review frequency, added attestation details; 3/2023 add SNYO & WA DPP.		
APPLIES TO			
<input checked="" type="checkbox"/>	SAP: ReachOut Healthcare America Ltd. dba Smile America Partners	<input checked="" type="checkbox"/>	MI: Michigan Dental Outreach, P.C. dba Michigan Dental Outreach
<input checked="" type="checkbox"/>	AZ: Arizona Mobile Dental, PC dba Big Smiles	<input checked="" type="checkbox"/>	MO: Nevin K. Waters D.D.S., P.C. dba Big Smiles
<input checked="" type="checkbox"/>	CA: Elliot Paul Schlang, DDS, Professional Corporation dba Big Smiles	<input checked="" type="checkbox"/>	NC: Theodore F. Mayer, DDS P.A. dba Smile North Carolina
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<input checked="" type="checkbox"/>	KS: Nevin K. Waters D.D.S., PA dba Big Smiles	<input checked="" type="checkbox"/>	UT: Big Smiles Utah, P.C. dba Big Smiles
<input checked="" type="checkbox"/>	KY: Big Smiles Kentucky PSC dba Big Smiles	<input checked="" type="checkbox"/>	VA: Big Smiles Virginia PC dba Smile Virginia
<input checked="" type="checkbox"/>	MA: Elliot P. Schlang DDS Big Smiles Massachusetts P.C. dba Smile Massachusetts	<input checked="" type="checkbox"/>	WA: Michael LaCorte Dentistry, PC dba Big Smiles
<input checked="" type="checkbox"/>	MD: S.K. Pesis D.D.S., Big Smiles Maryland, PC dba Smile Maryland	<input checked="" type="checkbox"/>	WV: Elliot P. Schlang DDS, Inc. dba Smile West Virginia

I. POLICY:

ReachOut Healthcare America, LTD d/b/a Smile America Partners (“SAP”) and its affiliated Dental Professional Practices (“DPPs”) (hereinafter collectively referred to as “The Smile Way Group”) aims to protect patients, to comply with the law and ensure compliance with dental contracts. A Vendor Management and Oversight Policy is used to ensure administrative oversight and monitoring of all vendors executing contracts with or on behalf of The Smile Way Group. Smile America Partners serves as a dental services organization for individually owned dental practices. The individually owned DPPs are Covered Entities under HIPAA. Smile America Partners is a Business Associate of these dental practices. As a Business Associate to a Covered Entity, Smile America Partners takes seriously its role in protecting Protected Health Information (“PHI”). This policy establishes a framework for vendor oversight and monitoring. The Corporate Compliance Department monitors key vendors for regulatory and contractual compliance annually. This policy is subject to annual review.

II. SCOPE:

This policy applies to the oversight of third party vendors who have access to or may have access to PHI and to third party vendors who support or who may support government program work or processes, including, but not necessarily limited to, claims processing services or patient outreach.

III. PROCEDURE:

- The Smile America Partners Controller is responsible for providing a list of current vendors with whom Smile America Partners does business with to the Corporate Compliance Department on a bi-annual basis, occurring in Quarters 1 and 3 of each fiscal year. The Compliance Department will conduct a bi-annual audit upon the submitted list of current vendors to verify that any required Business Associate Agreement (BAA) are active and resolve any identified deficiencies. The results of the vendor BAA audit will be submitted to the Corporate Compliance Committee bi-annually after completion.

- The Controller will review the list of vendors to determine (1) accuracy and (2) which vendors use, disclose and/or have access to PHI or support government program work or processes.
- Based on the list provided by the Controller, the Corporate Compliance Department will provide annual notices to vendors informing them of its Compliance Program and applicable policies and procedures (the "Vendor Notice").
- Vendors who receive the Vendor Notice are required to provide written acknowledgement of receipt and understanding of Smile America Partners' Compliance Program (the "Attestation").
- From time to time, the Corporate Compliance Department may further evaluate a prospective third-party vendor's compliance program to determine commitment, capability, and cooperation with HIPAA and related laws.
- When the Corporate Compliance Department determines that a vendor is a business associate, the Corporate Compliance Department should follow the process outlined in the Business Associate Agreements policy to ensure that the vendor has signed a Business Associate Agreement (see CC-116 Business Associate Agreements Policy).
- The Corporate Compliance Department maintains a list of Vendor Notices sent out to, and Attestations received from, vendors.

Approvals:

DocuSigned by:

Steve Higginbotham

3/10/2023

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Steve Higginbotham, CEO

DocuSigned by:

Craig Thomas

3/24/2023

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Craig Thomas, CCO & SVP HR

COMPLIANCE POLICY

The Smile Way Group

POLICY/PROCEDURE TITLE	Investigation, Mitigation and Reporting of HIPAA Privacy Breaches		
POLICY/PROCEDURE NUMBER	CC-114		
DEPARTMENT	Corporate Compliance Department		
Original Issue Date	7/19/2018		
Next Scheduled Review Date	1/25/2024		
Last Review Date	3/09/2023		
Revision Date History	1/2023 Revised organizational information to apply to The Smile Way Group, added HIPAA privacy breach reporting details; 3/2023 added SNYO and WA DPP.		
APPLIES TO			
<input checked="" type="checkbox"/>	SAP: ReachOut Healthcare America Ltd. dba Smile America Partners	<input checked="" type="checkbox"/>	MI: Michigan Dental Outreach, P.C. dba Michigan Dental Outreach
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<input checked="" type="checkbox"/>	MD: S.K. Pesis D.D.S., Big Smiles Maryland, PC dba Smile Maryland	<input checked="" type="checkbox"/>	WV: Elliot P. Schlang DDS, Inc. dba Smile West Virginia

I. PURPOSE:

To set forth the policy and procedure of ReachOut Healthcare America, LTD d/b/a Smile America Partners ("SAP") and its affiliated Dental Professional Practices ("DPPs") (hereinafter collectively referred to as "The Smile Way Group") regarding the investigation, mitigation of Privacy Breaches and addressing applicable state and federal laws and regulations governing notice to affected persons in the event of a breach of patient privacy.

II. SCOPE:

This policy is applicable to all reported, known or suspected instances of a privacy breach.

III. DEFINITIONS:

1. **Unsecured Protected Health Information** - PHI that has not been secured by a method specified by Department of Health and Human Services (DHHS) to render PHI unusable, unreadable or indecipherable to unauthorized persons.
2. **Breach** - Any acquisition, access, use or disclosure of PHI in violation of the Privacy Rule shall be presumed to be a "breach" (i.e., that it compromises the security or privacy of the PHI), unless the Chief Compliance Officer determines that one of the following exceptions applies:
 - a. the acquisition, access or use of PHI was:
 - i. unintentional, and that it was made in good faith, and that it occurred within the scope of authority by a workforce member or person acting under the authority of The Smile Way

Group, or by a business associate, and the acquisition, access or use of PHI does not result in further use or disclosure in a manner not permitted by the Privacy Rule.

- b. the acquisition, access or use of PHI constitutes an inadvertent disclosure:
 - i. by a person who is authorized to access PHI at The Smile Way Group, or by a business associate to another person who is authorized to access the subject PHI, and disclosed in a manner not permitted by the Privacy Rule.
 - ii. the Chief Compliance Officer or his/her designee as directed has a good faith belief that the recipient(s) of the unauthorized disclosure of PHI could not have been able to retain such information.
 - iii. based on a risk assessment, the Corporate Compliance Officer or his/her designee as directed determines that there is a low probability that the PHI has been compromised.
3. **Covered Entity** – A Covered Entity is defined in the HIPAA rules and/or regulations as (1) health plans, (2) health care clearinghouses, and (3) health care providers who electronically transmit any health information in connection with transactions for which HHS has adopted standards. Each DPP for whom SAP serves as the Administrator is a Covered Entity.

IV. POLICY:

The Smile Way Group takes seriously its role in ensuring the privacy and security of protected health information. The Smile Way Group will follow the procedures described below for investigating any reported or suspected wrongful acquisition, access, use or disclosure of PHI and for responding to such incidents in accordance with legal requirements.

V. PROCEDURE:

1. The Chief Compliance Officer, and as appropriate the legal counsel, will investigate each reported or suspected violation and determine whether a violation has occurred. The investigation will include an assessment of the incident, notification to individuals and/or certain other persons or entities as required.
2. The Chief Compliance Officer or his/her designee as directed will conduct a risk assessment of any suspected or reported breach to ascertain whether there is a low probability that the PHI has been compromised and will take appropriate action to the nature of the violation. If necessary, the Chief Compliance Officer will consult with legal counsel to determine the proper response to a suspected privacy violation. The following factors will be considered in determining the appropriate response:
 - a. the nature and extent of the PHI involved, including the types of identifiers and the likelihood of re-identification;
 - b. the unauthorized persons who used the PHI or to whom the disclosure was made;
 - c. whether the PHI was actually acquired or viewed; and
 - d. the extent to which the risk to the PHI has been mitigated.
3. The Corporate Compliance Department will keep records of the examination and risk assessment and of notifications provided on file for a period of six years.
4. Whenever possible, the Chief Compliance Officer or his/her designee will contact the recipient of wrongfully disclosed PHI (if they can be identified) and notify them that the disclosure was in error. If written records were mistakenly disclosed, the Chief Compliance Officer or his/her designee will seek to have the records returned or destroyed by the recipient. The Chief Compliance Officer or his/her designee

will send the recipient a Certificate of Destruction/Return and request that the Certificate be completed and returned to the Chief Compliance Officer or his/her designee.

5. The nature of the violation will determine the extent of the mitigation effort undertaken. Appropriate responses to a violation may include the following:
 - a. notifying the Covered Entity in accordance with the Business Associate Agreement (see CC-116 Business Associate Agreements Policy);
 - b. preparing the breach notification on behalf of the applicable Covered Entity;
 - c. preparing the corrective action plan.
 - d. re-training workforce members on the requirements of HIPAA and the importance of protecting PHI; and/or
 - e. disciplining employees who are responsible for the violation, up to and including termination.
 - f. notifying the insurance carrier

The Covered Entity maintains ultimate authority and responsibility for reporting a breach to external agencies and to the individual(s)/personal representative of the individual(s) affected by the breach. The Chief Compliance Officer and staff will work collaboratively to ensure accurate findings, resolution and reporting.

Additional actions may occur, including but not limited to, revising policies and procedures and/or workforce training and/or other corrective action as may be identified to prevent similar future violations.

VI. BREACH NOTIFICATION REQUIREMENTS:

Following a breach of unsecured protected health information, the Chief Compliance Officer must provide notification of the breach to affected individuals, the Secretary, and, in certain circumstances, to the media. In addition, business associates must notify covered entities if a breach occurs at or by the business associate.

1. Individual Notices: Covered entities must notify affected individuals following the discovery of a breach of unsecured protected health information. Covered entities must provide this individual notice in written form by first-class mail, or alternatively, by e-mail if the affected individual has agreed to receive such notices electronically. The notice shall include to the extent possible: (1) a brief description of what happened (e.g., the date(s) of the breach and its discovery); (2) a description of the types of information affected (e.g., whether the breach involved names, social security numbers, birthdates, addresses, diagnoses, etc.); (3) steps that affected patients should take to protect themselves from potential harm resulting from the breach; (4) a brief description of what PROVIDER is doing to investigate, mitigate, and protect against further harm or breaches; and (5) contact procedures for affected persons to ask questions and receive information, which shall include a toll-free telephone number, e-mail address, website, or postal address at which the person may obtain more information. The notice shall be written in plain language. If the covered entity has insufficient or out-of-date contact information for 10 or more individuals, the covered entity must provide substitute individual notice by either posting the notice on the home page of its web site for at least 90 days or by providing the notice in major print or broadcast media where the affected individuals likely reside. The covered entity must include a toll-free phone number that remains active for at least 90 days where individuals can learn if their information was involved in the breach. If the covered entity has insufficient or out-of-date contact information for fewer than 10 individuals, the covered entity may provide substitute notice by an alternative form of written notice, by telephone, or other means. These individual notifications must be provided without unreasonable delay and in no case later than 60 days following the discovery of a breach and must include, to the extent possible, a brief description of the breach, a description of the types of information that were involved in the breach, the steps affected individuals should take to protect themselves from potential harm, a brief description of what the covered entity is doing to investigate the breach, mitigate the harm, and prevent further breaches, as well as contact information for the covered entity (or business associate, as applicable). With respect to a breach at or by a business associate, while the covered entity is ultimately responsible for ensuring individuals are notified, the covered entity may delegate the responsibility of providing individual notices to the business associate. Covered entities and business associates should consider which entity is in the best position to provide notice

to the individual, which may depend on various circumstances, such as the functions the business associate performs on behalf of the covered entity and which entity has the relationship with the individual.

2. Media Notice: Covered entities that experience a breach affecting more than 500 residents of a State or jurisdiction are, in addition to notifying the affected individuals, required to provide notice to prominent media outlets serving the State or jurisdiction. Covered entities will likely provide this notification in the form of a press release to appropriate media outlets serving the affected area. Like individual notice, this media notification must be provided without unreasonable delay and in no case later than 60 days following the discovery of a breach and must include the same information required for the individual notice.

3. Notice to the HHS: If the Chief Compliance Officer determines that a breach of protected health information has occurred, the Chief Compliance Officer shall also notify HHS of the breach as described below. Covered entities will notify the Secretary by visiting the HHS web site and filling out and electronically submitting a breach report form. If a breach affects 500 or more individuals, covered entities must notify the Secretary without unreasonable delay and in no case later than 60 days following a breach. If, however, a breach affects fewer than 500 individuals, the covered entity may notify the Secretary of such breaches on an annual basis. Reports of breaches affecting fewer than 500 individuals are due to the Secretary no later than 60 days after the end of the calendar year in which the breaches are discovered.

VII. NOTIFICATION BY A BUSINESS ASSOCIATE:

Business Associate: If a breach of unsecured protected health information occurs at or by a business associate, the business associate must notify the Chief Compliance Officer following the discovery of the breach. A business associate must provide notice to the covered entity without unreasonable delay and no later than 60 days from the discovery of the breach. To the extent possible, the business associate should provide the covered entity with the identification of each individual affected by the breach as well as any other available information required to be provided by the covered entity in its notification to affected individuals.

VIII. ADMINISTRATIVE REQUIREMENTS AND BURDEN OF PROOF:

1. Covered entities and business associates, as applicable, have the burden of demonstrating that all required notifications have been provided or that a use or disclosure of unsecured protected health information did not constitute a breach. Thus, with respect to an impermissible use or disclosure, a covered entity (or business associate) should maintain documentation that all required notifications were made, or, alternatively, documentation to demonstrate that notification was not required: (1) its risk assessment demonstrating a low probability that the protected health information has been compromised by the impermissible use or disclosure; or (2) the application of any other exceptions to the definition of "breach."
2. Covered entities are also required to comply with certain administrative requirements with respect to breach notification. For example, covered entities must have in place written policies and procedures regarding breach notification, must train employees on these policies and procedures, and must develop and apply appropriate sanctions against workforce members who do not comply with these policies and procedures.

IX. DOCUMENTATION:

The Chief Compliance Officer or their designee shall prepare and maintain documentation required by this policy for a period of six (6) years, including but not limited to reports or complaints of privacy violations; results of investigations, including facts and conclusions relating to the risk assessment; required notices; logs of privacy breaches to submit to HHS; sanctions imposed; etc.

Approvals:

DocuSigned by:

Steve Higginbotham

3/9/2023

Steve Higginbotham, CEO

DocuSigned by:

Craig Thomas

3/9/2023

Craig Thomas, CCO & SVP HR

COMPLIANCE POLICY

The Smile Way Group

POLICY/PROCEDURE TITLE	Responding to Government Inquiries and Investigations or Other Requests for Information Policy		
POLICY/PROCEDURE NUMBER	CC-115		
DEPARTMENT	Corporate Compliance Department		
Original Issue Date	9/20/2018		
Next Scheduled Review Date	10/26/2023		
Last Review Date	3/09/2023		
Revision Date History	10/2022 policy updated to include DPP and The Smile Way Group, updated CCO contact information, guidance clarified by government and payer requests; 3/2023 added SNYO & WA DPP		
APPLIES TO			
<input checked="" type="checkbox"/>	SAP: ReachOut Healthcare America Ltd. dba Smile America Partners	<input checked="" type="checkbox"/>	MI: Michigan Dental Outreach, P.C. dba Michigan Dental Outreach
<input checked="" type="checkbox"/>	AZ: Arizona Mobile Dental, PC dba Big Smiles	<input checked="" type="checkbox"/>	MO: Nevin K. Waters D.D.S., P.C. dba Big Smiles
<input checked="" type="checkbox"/>	CA: Elliot Paul Schlang, DDS, Professional Corporation dba Big Smiles	<input checked="" type="checkbox"/>	NC: Theodore F. Mayer, DDS P.A. dba Smile North Carolina
<input checked="" type="checkbox"/>	GA: Shurett Dental Group, P.C. dba Shurett Dental Group	<input checked="" type="checkbox"/>	NY: Big Smiles Dental New York, PLLC
<input checked="" type="checkbox"/>	GA: Mark Shurett, DDS, PC dba Help A Child Smile	<input checked="" type="checkbox"/>	NY: Smile New York Outreach, LLC
<input checked="" type="checkbox"/>	IL: Elliot P. Schlang, D.D.S. P.C. dba Smile Illinois	<input checked="" type="checkbox"/>	OH: Elliot P. Schlang DDS, Dental Outreach PLLC dba Ohio Dental Outreach
<input checked="" type="checkbox"/>	IN: Elliot P. Schlang DDS, Dental Outreach PLLC dba Indiana Dental Outreach	<input checked="" type="checkbox"/>	PA: Big Smiles Pennsylvania P.C. dba Smile Pennsylvania
<input checked="" type="checkbox"/>	KS: Nevin K. Waters D.D.S., PA dba Big Smiles	<input checked="" type="checkbox"/>	UT: Big Smiles Utah, P.C. dba Big Smiles
<input checked="" type="checkbox"/>	KY: Big Smiles Kentucky PSC dba Big Smiles	<input checked="" type="checkbox"/>	VA: Big Smiles Virginia PC dba Smile Virginia
<input checked="" type="checkbox"/>	MA: Elliot P. Schlang DDS Big Smiles Massachusetts P.C. dba Smile Massachusetts	<input checked="" type="checkbox"/>	WA: Michael LaCorte Dentistry, PC dba Big Smiles
<input checked="" type="checkbox"/>	MD: S.K. Pesis D.D.S., Big Smiles Maryland, PC dba Smile Maryland	<input checked="" type="checkbox"/>	WV: Elliot P. Schlang DDS, Inc. dba Smile West Virginia

I. PURPOSE:

To ensure that ReachOut Healthcare America, LTD d/b/a Smile America Partners (“SAP”) and its affiliated Dental Professional Practices (“DPPs”) (hereinafter collectively referred to as “The Smile Way Group”) personnel are aware of and understand the importance of effective communication and proper documentation when receiving and responding to government inquiries and investigations or other lawful requests for information.

II. SCOPE:

This policy applies to all government inquiries and investigations or other lawful requests for information received either directly or indirectly by any and all personnel of The Smile Way Group.

III. POLICY:

The Smile Way Group will cooperate fully with all appropriate government inquiries and investigations. It is The Smile Way Group’s intent to respond to inquiries in a complete, timely, and properly coordinated manner so that the rights of those parties involved are protected.

Examples of state or federal agencies that may make inquiries include, but are not limited to, the following:

- State Dental Boards
- State Medicaid Programs
- Medicaid Fraud Control Units
- State Departments of Health
- State Attorneys General Offices

From time to time, the government may request information relating to The Smile Way Group. Such contact may occur either directly or indirectly.

The Smile Way Group's personnel who has been contacted, informed, notified, or otherwise made aware of a government inquiry or investigation or other lawful request for information must immediately notify the Chief Compliance Officer. The Chief Compliance Officer is responsible for response oversight, coordination, and communication, including but not limited to oversight of communications with the DPPs for which Smile America serves as the administrator.

When contacted in person by a government investigator, the personnel should ask to see proper identification and must politely inform the investigator that the interview can proceed once legal counsel is present. The personnel must immediately notify the Chief Compliance Officer of the presence of the government investigator.

In instances where personnel are contacted by a government investigator via written, telephonic, or electronic form or receive notice of a government inquiry or investigation personnel must immediately notify the Chief Compliance Officer. Personnel should receive directive from the Chief Compliance Officer prior to fulfilling requested release of records or information related to a government investigation.

In instances where personnel are contacted by other lawful requests for information from another party, such as a Payor, DPP, or legal counsel or law firm, personnel should proceed in fulfilling the request. All requests must be documented in accordance with departmental procedures.

Types of contact may include, but are not necessarily limited to:

- Direct in person
- Telephone
- Email or facsimile
- U.S. Postal Service or common carrier delivery
- Payor inquiry
- Dentist owned PC inquiry
- Legal counsel or law firm

All written documents received whether in hard copy or electronic form must be provided to the Chief Compliance Officer. Personnel may take basic information such as name, title, telephone and email contact information and general reason for the inquiry from a government investigator or other third party in order to provide this information directly to the Chief Compliance Officer only.

To notify the Chief Compliance Officer regarding government inquiries and investigations or other lawful requests for information:

Craig Thomas
cthomas@mobiledentists.com
888.833.8441 ext. 21115 Office
480.785.6098 Mobile

Approvals:

DocuSigned by:

3/10/2023
9F2E17E4D88A41A
Steve Higginbotham, CEO

DocuSigned by:

3/24/2023
068E2D1B7A624EC
Craig Thomas, CCO & SVP HR

COMPLIANCE POLICY

The Smile Way Group

POLICY/PROCEDURE TITLE	Business Associate Agreements		
POLICY/PROCEDURE NUMBER	CC-116		
DEPARTMENT	Corporate Compliance Department		
Original Issue Date	7/19/2018		
Next Scheduled Review Date	10/26/2023		
Last Review Date	3/09/2023		
Revision Date History	10/2022 policy updated to include DPP and The Smile Way Group, responsibilities clarified, appendixes added; 3/2023 added SNYO and WA DPP.		
APPLIES TO			
<input checked="" type="checkbox"/>	SAP: ReachOut Healthcare America Ltd. dba Smile America Partners	<input checked="" type="checkbox"/>	MI: Michigan Dental Outreach, P.C. dba Michigan Dental Outreach
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<input checked="" type="checkbox"/>	CA: Elliot Paul Schlang, DDS, Professional Corporation dba Big Smiles	<input checked="" type="checkbox"/>	NC: Theodore F. Mayer, DDS P.A. dba Smile North Carolina
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<input checked="" type="checkbox"/>	IL: Elliot P. Schlang, D.D.S. P.C. dba Smile Illinois	<input checked="" type="checkbox"/>	OH: Elliot P. Schlang DDS, Dental Outreach PLLC dba Ohio Dental Outreach
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<input checked="" type="checkbox"/>	KS: Nevin K. Waters D.D.S., PA dba Big Smiles	<input checked="" type="checkbox"/>	UT: Big Smiles Utah, P.C. dba Big Smiles
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<input checked="" type="checkbox"/>	MD: S.K. Pesis D.D.S., Big Smiles Maryland, PC dba Smile Maryland	<input checked="" type="checkbox"/>	WV: Elliot P. Schlang DDS, Inc. dba Smile West Virginia

I. PURPOSE:

ReachOut Healthcare America, LTD d/b/a Smile America Partners (“SAP”) and its affiliated Dental Professional Practices (“DPPs”) (hereinafter collectively referred to as “The Smile Way Group”) will follow established guidelines to identify vendors/business relationships which meet the HIPAA definition of “business associate” that require Business Associate Agreements (BAAs).

II. SCOPE:

This policy applies to all employees of Smile America Partners who work with outside vendors in the course and scope of their employment.

III. POLICY:

The Smile Way Group is committed to safeguarding the privacy of protected health information (PHI). The Smile Way Group will identify its vendors/business relationships to determine whether a BAA is necessary pursuant to HIPAA. In the event a BAA is required, the BAA must be executed before The Smile Way Group discloses PHI to the vendor/consultant providing the services pursuant to the BAA. This policy applies to all members of The Smile Way Group’s workforce charged with the responsibilities for identifying the need for BAAs and/or executing and managing such BAAs.

IV. PROCEDURE:

A. Responsibility for Obtaining Business Associate Agreements

- Board authorized corporate signatories are the only Smile America Partners employees authorized to prepare and process bilateral contracts that require a BAA. The BAA template (Appendix A) is approved by the Chief Compliance Officer for this transaction should be used, unless the Chief Compliance Officer approves the use of the other party's template for this purpose.
- The Chief Compliance Officer, who may consult with legal counsel as necessary, will make the determination as to whether a BAA is required. The Business Associate Decision Tree (Appendix B) can be used as guidance for determining whether a BAA is required. The Business Associate Decision Tree is attached to this policy. This determination process also applies in the case of subcontractors contracting with Smile America Partners' vendors.
- After a determination has been made that a BAA is required, the BAA must be signed by a corporate officer of Smile America Partners. The Corporate Compliance Department is responsible for ensuring that the BAA is signed by a corporate officer of Smile America Partners.
- The Chief Compliance Officer is responsible for sending the BAA to the contracting party and ensuring that the BAA is executed and returned to Corporate Compliance Department at Smile America Partners.
- The Corporate Compliance Department is responsible for keeping the executed BAA on file at O:\Departments\Compliance\10 - HIPAA and Potential Breaches\A. BAA Agreements.

B. Record Retention of the Business Associate Agreements

The Corporate Compliance Department is responsible for the following:

1. Obtaining written certification from the business associate that all PHI received from or created or received by the business associate pursuant to the BAA has either been returned or destroyed or otherwise accounted in accordance with the terms of the BAA whenever a BAA expires or by its own terms is terminated before the end of its terms.
2. In accordance with CC 113 Vendor Management and Oversight Policy, bi-annual audits of the accounts payable list will be performed to identify all parties who are business associates of Smile America Partners. The Smile America Partners Controller is responsible for providing a list of current vendors with whom Smile America Partners does business with to the Corporate Compliance Department on a bi-annual basis, occurring in Quarters 1 and 3 of each fiscal year. The Compliance Department will conduct a bi-annual audit upon the submitted list of current vendors to verify that any required BAA are active and resolve any identified deficiencies. The results of the vendor BAA audit will be submitted to the Corporate Compliance Committee bi-annually after completion. A review is also required if there are changes in regulations that result in the need for new or amended agreements.
3. Compiling an inventory list of BAAs with the following information:
 - a. names of the parties to the BAA;
 - b. contact information for the parties,
 - c. initiation date for the BAA;
 - d. date of expiration of the BAA; and
 - e. description of services provided by the business associate.

For vendors entering into a BAA with Smile America Partners after the Original Issue Date of this policy, the information in (a)-(e) above will be collected on intake forms created by the Corporate Compliance Department, to be completed by the vendors, and added to the inventory list. The Corporate Compliance Department is responsible for providing these intake forms to vendors entering into a BAA with Smile America Partners.

4. Maintaining the BAA inventory list including but not limited to adding new agreements, updating existing agreements and archiving old agreements for no less than six years from the termination date of the BAA.
5. Filing all executed BAAs in a central electronic location.
6. Ensuring that the BAA process and its related elements including but not limited to forms and documentation, are reviewed at least annually for updates and compliance with federal and state law.

C. Education

The Corporate Compliance Department will provide education and guidance on BAAs as needed to those charged with responsibilities for identifying the need for BAAs and/or executing and managing such BAAs.

Approvals:

DocuSigned by:

Steve Higginbotham

3/10/2023

9E2F17E4D88A41A
Steve Higginbotham, CEO

DocuSigned by:

Craig Thomas

3/24/2023

068E7D1B7A624EC
Craig Thomas, CCO & SVP HR

Appendix A: Approved BAA Template (updated 10/2019)

HIPAA BUSINESS ASSOCIATE AGREEMENT (“Agreement”) dated as of [INSERT DATE], between [INSERT COVERED ENTITY] (“Covered Entity”), and [INSERT BUSINESS ASSOCIATE] (“Business Associate”).

Business Associate desires to enter into this Agreement for the purpose of compliance with the Health Insurance Portability and Accountability Act (“HIPAA”) and its implementing administrative simplification regulations, including the HIPAA Standards for Privacy of Individually Identifiable Health Information (45 C.F.R. Part 160 and Part 164, Subpart E) (“HIPAA Privacy Rule”), the HIPAA Security Standards for the Protection of Electronic Protected Health Information (45 C.F.R. Part 160 and Part 164, Subpart C) (“HIPAA Security Rule”) and the HIPAA Breach Notification Rule (45 C.F.R. Part 160 and Part 164, Subpart D), (collectively the “HIPAA Regulations”).

If, in the provision of services to Covered Entity, Business Associate representatives receive, create, transmit or maintain Protected Health Information (“PHI”) on behalf of Covered Entity, Business Associate shall be bound to the following terms:

1. Permitted Uses and Disclosures. Business Associate may use and disclose PHI in order to perform services (including billing services) for or on behalf of Covered Entity as agreed to by the parties, as Required by Law or as permitted by the HIPAA Regulations, provided that, except as otherwise permitted in this Agreement, Business Associate will not use or disclose PHI in a manner that would violate HIPAA or the HIPAA Regulations if done by Covered Entity. Business Associate may not use or disclose PHI other than as permitted or required by this Agreement or as Required by Law. Notwithstanding the foregoing, Business Associate may use or disclose PHI for the proper management and administration of Business Associate or to carry out the legal responsibilities of Business Associate, provided that in the case of any such disclosure: (a) the disclosure is Required by Law; or (b) Business Associate obtains reasonable assurances from the person to whom the information is disclosed that (i) the information will be held confidentially and used or further disclosed only as required by law or for the purpose for which it was disclosed to the person, and (ii) the person notifies Business Associate of any instance of which it is aware in which the confidentiality of the information has been breached. Business Associate may provide data aggregation services consistent with 45 C.F.R. § 164.501 and may de-identify PHI in accordance with 45 C.F.R. § 164.514.
2. Business Associate’s Obligations. Business Associate shall:
 - (a) ensure that its agents and subcontractors that create, receive, maintain or transmit PHI on behalf of Business Associate agree to the same restrictions, requirements and conditions as are applicable to Business Associate as set forth herein, including compliance with applicable provisions of the Security Rule;
 - (b) implement appropriate and reasonable safeguards and comply with the HIPAA Security Rule to prevent use or disclosure of PHI other than as permitted herein;
 - (c) if Business Associate carries out one or more the Covered Entity’s obligations under the HIPAA Privacy Rule, comply with the requirements of the HIPAA Privacy Rule that apply to Covered Entity in the performance of those obligations;
 - (d) report to Covered Entity any use or disclosure of PHI not provided for by this Agreement, including any Breach of Unsecured Protected Health Information, as defined in the

Breach Notification Rule, without unreasonable delay and in no case later than 60 days following the discovery of the Breach.

- (e) report to Covered Entity any Security Incident. Specifically, Business Associate will report to Covered Entity any successful unauthorized access, use, disclosure, modification, or destruction of electronic PHI (“ePHI”) or interference with system operations in an information system containing ePHI of which Business Associate becomes aware within ten business days of Business Associate learning of such Security Incident. Business Associate also will report the aggregate number of unsuccessful, unauthorized attempts to access, use, disclose, modify, or destroy ePHI or interfere with system operations in an information system containing ePHI, of which Business Associate becomes aware, provided that: (i) such reports will be provided only as frequently as the parties mutually agree, but no more than once per month; and (ii) if the definition of “Security Incident” under the Security Rule is amended to remove the requirement for reporting “unsuccessful” attempts to use, disclose, modify or destroy ePHI, the portion of this Section addressing the reporting of unsuccessful, unauthorized attempts will no longer apply as of the effective date of such amendment.
- (f) make available to the Secretary of the U.S. Department of Health and Human Services Business Associate’s practices, books and records relating to the use or disclosure of PHI for purposes of determining compliance with HIPAA, subject to any attorney-client or other privileges;
- (g) mitigate to the extent practicable, any harmful effect that is known to Business Associate of uses or disclosures of PHI of which Business Associate becomes aware that do not comply with the terms herein and Business Associate will defend, hold harmless and indemnify Covered Entity and its employees, agents, officers, directors, shareholders, members, contractors, parents, and subsidiary and affiliate entities, from and against any claims, losses, damages, liabilities, costs, expenses, penalties or obligations (including attorneys’ fees), which Covered Entity may incur due to a Breach caused by Business Associate or Business Associate’s subcontractors or agents
- (h) to the extent that Covered Entity and Business Associate agree in writing that Business Associate shall maintain PHI as part of a Designated Record Set, upon Covered Entity’s request, provide access and make amendments to such PHI, in order to meet the requirements under the HIPAA Privacy Rule. Within ten business days of receipt by Business Associate of a request by an Individual to access or amend PHI in a Designated Record Set, Business Associate shall forward such request to Covered Entity;
- (i) maintain an accounting of disclosures as required under the HIPAA Privacy Rule and, upon Covered Entity’s request, provide such information as would be required for Covered Entity to account for disclosures of PHI as required under the HIPAA Privacy Rule;
- (j) when Business Associate ceases to perform services for or on behalf of Covered Entity, destroy all PHI received or, if such destruction of PHI is not feasible, continue to abide by the terms set forth herein with respect to such PHI for as long as Business Associate retains the PHI and not use or disclose the PHI other than for those purposes which make return or destruction infeasible; and

- (k) implement administrative, physical and technical safeguards that reasonably and appropriately protect the confidentiality, integrity and availability of the electronic PHI that it creates, receives, maintains or transmits on behalf of Covered Entity.
3. Covered Entity's Obligations. Covered Entity shall notify Business Associate of any:
 - (a) limitation(s) on the use or disclosure of PHI set forth in Covered Entity's notice of privacy practices, to the extent that such limitation may affect Business Associate's use or disclosure of PHI.
 - (b) changes in, or revocation of, the permission by an Individual to use or disclose his or her PHI, to the extent that such changes may affect Business Associate's use or disclosure of PHI.
 - (c) restriction on the use or disclosure of PHI that Covered Entity has agreed to or is required to abide by under 45 CFR 164.522, to the extent that such restriction may affect Business Associate's use or disclosure of PHI.
 4. Term and Termination. The term of this Agreement shall be effective as of the date set forth above and shall terminate when Business Associate ceases to perform services for Covered Entity, except as provided in 2(j) above. Covered Entity may terminate this Agreement if Business Associate fails to cure or take substantial steps to cure a material breach of this Agreement within 30 days after receiving written notice of such material breach from Covered Entity.
 5. Agreement. This Agreement constitutes the entire agreement between the parties relating to the access, use and disclosure of PHI. This Agreement may be amended only in writing signed by Covered Entity and Business Associate. This Agreement and the rights and obligations of the parties hereunder shall in all respects be governed by, and construed in accordance with, the laws of the State of Arizona, including all matters of construction, validity and performance.
 6. Incorporation by Reference/Amendment. The parties acknowledge that the foregoing provisions are designed to comply with the mandates of HIPAA (as amended by HITECH) and the HIPAA Regulations. Should the provisions of HIPAA or the HIPAA Regulations be amended or supplemented after the date of this Agreement in a manner that imposes requirements on the content of this Agreement, such requirements shall be deemed incorporated herein automatically by reference, and the parties agree to amend this Agreement from time to time as reasonably requested by Covered Entity or Business Associate to explicitly reference such requirements herein.
 7. No Third-Party Beneficiaries. Nothing express or implied in this HIPAA Agreement is intended to confer, nor shall anything herein confer, upon any person other than the parties and the respective successors or assigns of the parties, any rights, remedies, obligations or liabilities whatsoever.
 8. Miscellaneous. This Agreement hereby amends and is incorporated into any underlying agreement between Covered Entity and Business Associate; to the extent that the provisions of this Agreement conflict with those of an underlying agreement, the provisions of this Agreement shall control. Terms used but not otherwise defined herein (whether or not capitalized) shall have the same meaning as those terms defined in the HIPAA Regulations, including, without

limitation, 45 CFR 160.103, 164.402 and 164.501. This Agreement supersedes and replaces all prior business associate agreements between the parties on the effective date of this Agreement.

BUSINESS ASSOCIATE:

[INSERT BUSINESS ASSOCIATE]

By: _____

Name:

Title:

COVERED ENTITY:

[INSERT COVERED ENTITY]

By: _____

Name:

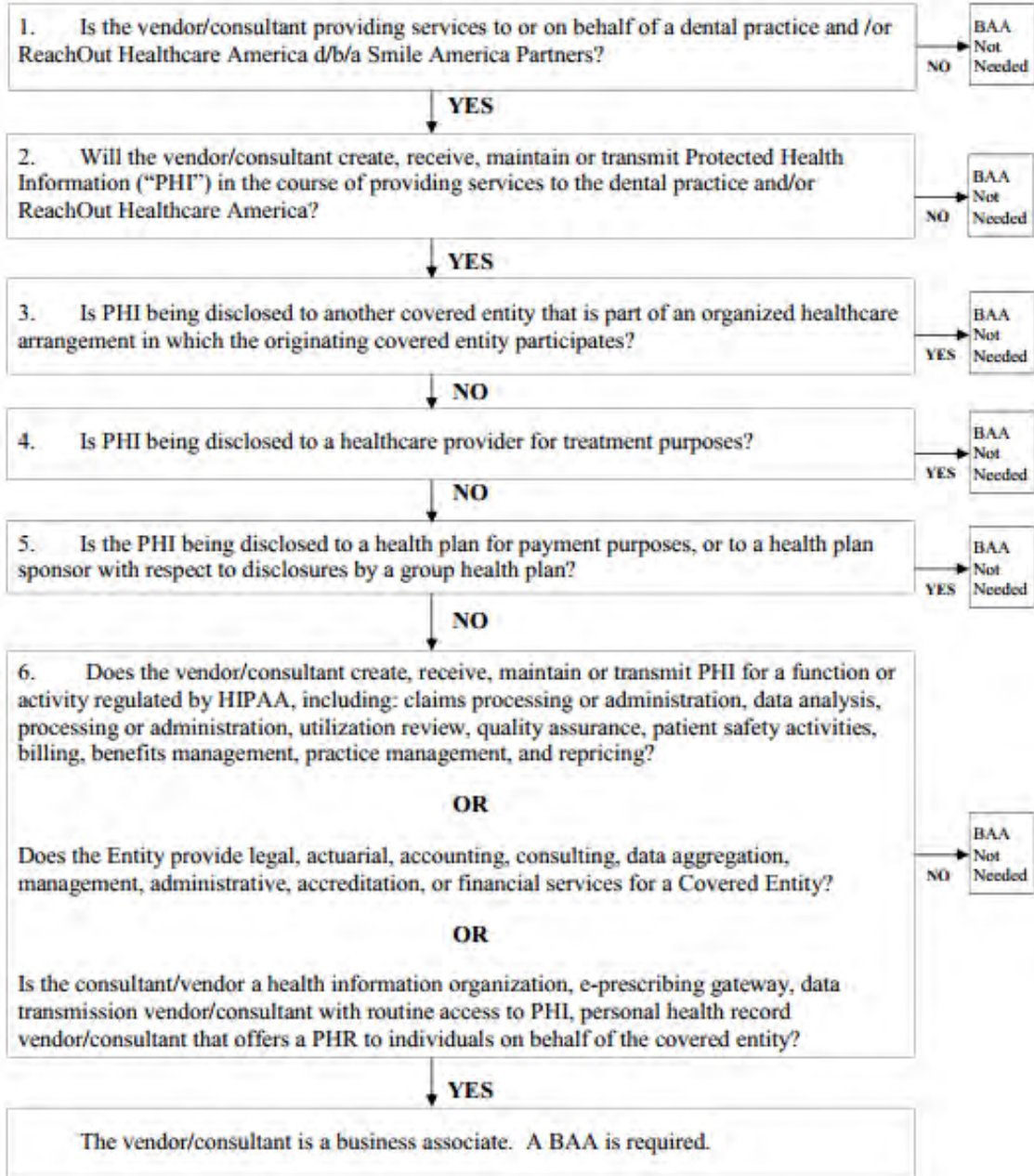
Title:

Appendix B: Business Associate Decision Tree



Business Associate Decision Tree

This decision tree serves as a guide to help you determine whether a vendor/consultant is a "business associate" under HIPAA, as defined CFR § 160.103.



COMPLIANCE POLICY

The Smile Way Group

POLICY/PROCEDURE TITLE	Administrative Office Workplace Visitor Policy		
POLICY/PROCEDURE NUMBER	CC-117		
DEPARTMENT	Corporate Compliance Department		
Original Issue Date	7/19/2018		
Next Scheduled Review Date	10/26/2023		
Last Review Date	3/09/2023		
Revision Date History	10/2022 policy updated to include DPP and The Smile Way Group; 3/2023 added SNYO and WA DPP		
APPLIES TO			
<input checked="" type="checkbox"/>	SAP: ReachOut Healthcare America Ltd. dba Smile America Partners	<input checked="" type="checkbox"/>	MI: Michigan Dental Outreach, P.C. dba Michigan Dental Outreach
<input checked="" type="checkbox"/>	AZ: Arizona Mobile Dental, PC dba Big Smiles	<input checked="" type="checkbox"/>	MO: Nevin K. Waters D.D.S., P.C. dba Big Smiles
<input checked="" type="checkbox"/>	CA: Elliot Paul Schlang, DDS, Professional Corporation dba Big Smiles	<input checked="" type="checkbox"/>	NC: Theodore F. Mayer, DDS P.A. dba Smile North Carolina
<input checked="" type="checkbox"/>	GA: Shurett Dental Group, P.C. dba Shurett Dental Group	<input checked="" type="checkbox"/>	NY: Big Smiles Dental New York, PLLC
<input checked="" type="checkbox"/>	GA: Mark Shurett, DDS, PC dba Help A Child Smile	<input checked="" type="checkbox"/>	NY: Smile New York Outreach, LLC
<input checked="" type="checkbox"/>	IL: Elliot P. Schlang, D.D.S. P.C. dba Smile Illinois	<input checked="" type="checkbox"/>	OH: Elliot P. Schlang DDS, Dental Outreach PLLC dba Ohio Dental Outreach
<input checked="" type="checkbox"/>	IN: Elliot P. Schlang DDS, Dental Outreach PLLC dba Indiana Dental Outreach	<input checked="" type="checkbox"/>	PA: Big Smiles Pennsylvania P.C. dba Smile Pennsylvania
<input checked="" type="checkbox"/>	KS: Nevin K. Waters D.D.S., PA dba Big Smiles	<input checked="" type="checkbox"/>	UT: Big Smiles Utah, P.C. dba Big Smiles
<input checked="" type="checkbox"/>	KY: Big Smiles Kentucky PSC dba Big Smiles	<input checked="" type="checkbox"/>	VA: Big Smiles Virginia PC dba Smile Virginia
<input checked="" type="checkbox"/>	MA: Elliot P. Schlang DDS Big Smiles Massachusetts P.C. dba Smile Massachusetts	<input checked="" type="checkbox"/>	WA: Michael LaCorte Dentistry, PC dba Big Smiles
<input checked="" type="checkbox"/>	MD: S.K. Pesis D.D.S., Big Smiles Maryland, PC dba Smile Maryland	<input checked="" type="checkbox"/>	WV: Elliot P. Schlang DDS, Inc. dba Smile West Virginia

I. PURPOSE:

To provide a safe working environment and ensure appropriate safety and security controls, and to limit access to company confidential and proprietary information, including PHI, PI, and client data.

II. SCOPE:

This policy applies to all employees, contractors, and visitors to any administrative office space of ReachOut Healthcare America, LTD d/b/a Smile America Partners (“SAP”) and its affiliated Dental Professional Practices (“DPPs”) (hereinafter collectively referred to as “The Smile Way Group.”

III. OFFICE POLICY:

1. **Authorization** No visitors are permitted in the Smile Way Organization workplace or on Smile Way Organization property unless authorized by a Department Head. All requests for permission for nonemployees to enter Smile Way Organization property must be made with the Department Head.
2. **Logging of Visitors** All visitors to Smile Way Organization must enter through the reception area and sign the visitor logbook. The receptionist will call the Department Head to escort the visitor from the reception area.
3. **Identification of Visitors** All visitors must be issued a visitor’s badge which shall be worn on the jacket, shirt pocket, or other visible area so as to identify that the individual is an authorized visitor. Visitors should return their ID to the front desk upon completion of their visit. Visitors should

remain with an employee while on site and are limited to areas based upon the reason for being on site at Smile Way Organization unless an exception is made by the Department Head.

4. **Restrictions on Recording and Photography** Recording and/or photography is prohibited unless permission is given by the Department Head and as applicable, the individual to be photographed or recorded.
5. **Discovery of Unauthorized Individuals** Each employee is responsible for workplace safety and must report visitors without an ID badge to the nearest manager. Managers are responsible to address individuals in the workplace who do not display the visitor's pass to determine their authority for access to Smile Way Organization's facility. Unauthorized visitors should be escorted courteously but quickly from the workplace or to the front office.
6. **Disciplinary Action** Any employee who fails to comply with this policy is subject to disciplinary action, up to and including termination (see HR-101 Progressive Discipline Policy).

Approvals:

DocuSigned by:

Steve Higginbotham

3/10/2023

9F2E17E4D88A41A
Steve Higginbotham, CEO

DocuSigned by:

Craig Thomas

3/24/2023

068E7D1B7A624EC
Craig Thomas, CCO & SVP HR

APPENDIX 1: SAMPLE VISITOR LOGBOOK

Name (Print): _____ Date: _____ Reason for Visit: <input type="checkbox"/> Observation <input type="checkbox"/> Meeting <input type="checkbox"/> Other: _____ Representing Company: _____ Signature: _____ Phone: _____
Name (Print): _____ Date: _____ Reason for Visit: <input type="checkbox"/> Observation <input type="checkbox"/> Meeting <input type="checkbox"/> Other: _____ Representing Company: _____ Signature: _____ Phone: _____
Name (Print): _____ Date: _____ Reason for Visit: <input type="checkbox"/> Observation <input type="checkbox"/> Meeting <input type="checkbox"/> Other: _____ Representing Company: _____ Signature: _____ Phone: _____
Name (Print): _____ Date: _____ Reason for Visit: <input type="checkbox"/> Observation <input type="checkbox"/> Meeting <input type="checkbox"/> Other: _____ Representing Company: _____ Signature: _____ Phone: _____
Name (Print): _____ Date: _____ Reason for Visit: <input type="checkbox"/> Observation <input type="checkbox"/> Meeting <input type="checkbox"/> Other: _____ Representing Company: _____ Signature: _____ Phone: _____
Name (Print): _____ Date: _____ Reason for Visit: <input type="checkbox"/> Observation <input type="checkbox"/> Meeting <input type="checkbox"/> Other: _____ Representing Company: _____ Signature: _____ Phone: _____
Name (Print): _____ Date: _____ Reason for Visit: <input type="checkbox"/> Observation <input type="checkbox"/> Meeting <input type="checkbox"/> Other: _____ Representing Company: _____ Signature: _____ Phone: _____
Name (Print): _____ Date: _____ Reason for Visit: <input type="checkbox"/> Observation <input type="checkbox"/> Meeting <input type="checkbox"/> Other: _____ Representing Company: _____ Signature: _____ Phone: _____
Name (Print): _____ Date: _____ Reason for Visit: _____ Reason for Visit: <input type="checkbox"/> Observation <input type="checkbox"/> Meeting <input type="checkbox"/> Other: _____ Representing Company: _____ Signature: _____ Phone: _____

COMPLIANCE POLICY

The Smile Way Group

POLICY/PROCEDURE TITLE	Computer and Information Security Policy		
POLICY/PROCEDURE NUMBER	CC-118		
DEPARTMENT	Corporate Compliance Department		
Original Issue Date	8/16/2018		
Next Scheduled Review Date	10/26/2023		
Last Review Date	3/09/2023		
Revision Date History	10/2022 policy updated to include DPP and The Smile Way Group, title changed from "Clean Workstation", remote and field sections added; 3/2023 added SNYO and WA DPP.		
APPLIES TO			
<input checked="" type="checkbox"/>	SAP: ReachOut Healthcare America Ltd. dba Smile America Partners	<input checked="" type="checkbox"/>	MI: Michigan Dental Outreach, P.C. dba Michigan Dental Outreach
<input checked="" type="checkbox"/>	AZ: Arizona Mobile Dental, PC dba Big Smiles	<input checked="" type="checkbox"/>	MO: Nevin K. Waters D.D.S., P.C. dba Big Smiles
<input checked="" type="checkbox"/>	CA: Elliot Paul Schlang, DDS, Professional Corporation dba Big Smiles	<input checked="" type="checkbox"/>	NC: Theodore F. Mayer, DDS P.A. dba Smile North Carolina
<input checked="" type="checkbox"/>	GA: Shurett Dental Group, P.C. dba Shurett Dental Group	<input checked="" type="checkbox"/>	NY: Big Smiles Dental New York, PLLC
<input checked="" type="checkbox"/>	GA: Mark Shurett, DDS, PC dba Help A Child Smile	<input checked="" type="checkbox"/>	NY: Smile New York Outreach, LLC
<input checked="" type="checkbox"/>	IL: Elliot P. Schlang, D.D.S. P.C. dba Smile Illinois	<input checked="" type="checkbox"/>	OH: Elliot P. Schlang DDS, Dental Outreach PLLC dba Ohio Dental Outreach
<input checked="" type="checkbox"/>	IN: Elliot P. Schlang DDS, Dental Outreach PLLC dba Indiana Dental Outreach	<input checked="" type="checkbox"/>	PA: Big Smiles Pennsylvania P.C. dba Smile Pennsylvania
<input checked="" type="checkbox"/>	KS: Nevin K. Waters D.D.S., PA dba Big Smiles	<input checked="" type="checkbox"/>	UT: Big Smiles Utah, P.C. dba Big Smiles
<input checked="" type="checkbox"/>	KY: Big Smiles Kentucky PSC dba Big Smiles	<input checked="" type="checkbox"/>	VA: Big Smiles Virginia PC dba Smile Virginia
<input checked="" type="checkbox"/>	MA: Elliot P. Schlang DDS Big Smiles Massachusetts P.C. dba Smile Massachusetts	<input checked="" type="checkbox"/>	WA: Michael LaCorte Dentistry, PC dba Big Smiles
<input checked="" type="checkbox"/>	MD: S.K. Pesis D.D.S., Big Smiles Maryland, PC dba Smile Maryland	<input checked="" type="checkbox"/>	WV: Elliot P. Schlang DDS, Inc. dba Smile West Virginia

I. PURPOSE:

ReachOut Healthcare America LTD d/b/a Smile America Partners (hereinafter "Smile Way Organization") and its affiliated Dental Professional Practices ("DPPs") (hereinafter collectively referred to as "The Smile Way Group") has established this policy for the purpose of improving the security and confidentiality of information, including but not limited to Protected Health Information ("PHI"). This policy ensures that all PHI and any other sensitive and confidential information, whether it be on paper, a storage device, or a hardware device, is properly locked away or disposed of when a workstation is not in use. This policy will reduce the risk of unauthorized access to, loss of, and damage to information during and outside of normal business hours or when workstations are left unattended. A Computer and Information Security Policy is an important HIPAA security and privacy control.

II. SCOPE:

This policy applies to all individuals of The Smile Way Group working with PHI or any other sensitive and confidential information in any form (hardcopy or electronic).

III. POLICY:

Office Staff:

- Passwords may not be left on sticky notes posted on or under a computer, or left written down in an accessible location.
- Computer workstations must be locked when the workstation is unoccupied and should be configured to automatically lock or engage password protected screensaver after an unattended duration of 10 minutes.

- Laptops, tablets, cell phones, and other portable computing devices must also be locked when not in use or when unattended.
- Computer workstations must be logged off at the end of the workday.
- Individuals are required to ensure that any sensitive and confidential information in hardcopy or electronic form is removed from their workstations and locked when their workstations are unoccupied and at the end of the workday.
- Storage devices such as CDs, DVDs, hard drives, and USB drives containing any sensitive and confidential information must be locked in a drawer, and data contained therein must be encrypted.
- File cabinets containing any sensitive and confidential information must be kept closed and locked when not in use or when unattended.
- Keys used for access to any sensitive and confidential information must not be left at an unattended desk.
- Printouts containing any sensitive and confidential information should be immediately removed from the printer/copiers. Individuals must ensure that no documents containing any sensitive and confidential information remain in the printer/copier areas overnight. Staff that routinely prints sensitive and confidential information should contact IT to see if secure print mode is available on their printer.
- Upon disposal, any sensitive and confidential information must be shredded.
- Whiteboards containing any sensitive and confidential information must be erased.

Remote Office Staff:

- Passwords may not be left on sticky notes posted on or under a computer, or left written down in an accessible location.
- Computer screens must be faced away from any nonemployee when in use, and when not in use, devices must remain locked.
- Workstations should be configured to automatically lock or engage password protected screensaver after an unattended duration of 10 minutes.
- Laptops, tablets, cell phones, and other portable computing devices must also be locked when not in use or when unattended.
- Computer workstations must be logged off at the end of the workday.
- Individuals are required to ensure that any sensitive and confidential information in hardcopy or electronic form is secure when their workstation is unoccupied and at the end of the workday.
- With prior IT departmental approval, any storage devices such as CDs, DVDs, hard drives, and USB drives containing any sensitive and confidential information must be stored securely, and data contained therein must be encrypted.
- Printouts containing any sensitive and confidential information should be immediately removed from the company issued printer/copiers. Individuals must ensure that no documents containing any sensitive and confidential information remain in the printer/copier areas overnight.
- Upon disposal, any sensitive and confidential information must be shredded or returned to the office for shredding.

Field Staff:

- Passwords may not be left on sticky notes posted on or under a computer, or left written down in an accessible location.
- At no time should dental equipment or sensitive and confidential information be left unattended while at school visit. Sensitive and confidential information may not be stored overnight in vehicles.
- Upon disposal, any sensitive and confidential information must be shredded. If a shredder is not available, it should be included in the weekly mailing to the corporate office with a "SHRED" note on it.
- Computer workstations must be locked when the workstation is unoccupied and should be configured to automatically lock or engage password protected screensaver after an unattended duration of 10 minutes.
- Any other company issued portable computing devices, such as laptops, tablets, cell phones, must also be locked when not in use or when unattended.
- Computer workstations must be logged off at the end of the workday.
- **Team Leaders:** Storage devices such as CDs, DVDs, hard drives, and USB drives containing any sensitive and confidential information must be secure when not in use, and data contained therein must be encrypted. These may not be stored overnight in vehicles.

- **Team Leaders:** Printouts containing any sensitive and confidential information should be immediately removed from the company issued printer/copiers and secured appropriately.

IV. ENFORCEMENT:

Individuals found to have violated this policy may be subject to disciplinary action, up to and including termination of employment.

Approvals:

DocuSigned by:

Steve Higginbotham

3/10/2023

9F2E17E4DB8A41A
Steve Higginbotham, CEO

DocuSigned by:

Craig Thomas

3/23/2023

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Craig Thomas, CCO & SVP HR

COMPLIANCE POLICY

The Smile Way Group

POLICY/PROCEDURE TITLE	Assessing the Effectiveness of the Corporate Program		
POLICY/PROCEDURE NUMBER	CC-119		
DEPARTMENT	Corporate Compliance Department		
Original Issue Date	8/16/2018		
Next Scheduled Review Date	02/22/2024		
Last Review Date	02/23/2023		
Revision Date History	1/2020 Revised organizational information to apply to The Smile Way Group; 2/2023 minor edits		
APPLIES TO			
<input checked="" type="checkbox"/>	SAP: ReachOut Healthcare America Ltd. dba Smile America Partners	<input checked="" type="checkbox"/>	MI: Michigan Dental Outreach, P.C. dba Michigan Dental Outreach
<input checked="" type="checkbox"/>	AZ: Arizona Mobile Dental, PC dba Big Smiles	<input checked="" type="checkbox"/>	MO: Nevin K. Waters D.D.S., P.C. dba Big Smiles
<input checked="" type="checkbox"/>	CA: Elliot Paul Schlang, DDS, Professional Corporation dba Big Smiles	<input checked="" type="checkbox"/>	NC: Theodore F. Mayer, DDS P.A. dba Smile North Carolina
<input checked="" type="checkbox"/>	GA: Shurett Dental Group, P.C. dba Shurett Dental Group	<input checked="" type="checkbox"/>	NY: Big Smiles Dental New York, PLLC
<input checked="" type="checkbox"/>	GA: Mark Shurett, DDS, PC dba Help A Child Smile	<input checked="" type="checkbox"/>	NY: Smile New York Outreach, LLC
<input checked="" type="checkbox"/>	IL: Elliot P. Schlang, D.D.S. P.C. dba Smile Illinois	<input checked="" type="checkbox"/>	OH: Elliot P. Schlang DDS, Dental Outreach PLLC dba Ohio Dental Outreach
<input checked="" type="checkbox"/>	IN: Elliot P. Schlang DDS, Dental Outreach PLLC dba Indiana Dental Outreach	<input checked="" type="checkbox"/>	PA: Big Smiles Pennsylvania P.C. dba Smile Pennsylvania
<input checked="" type="checkbox"/>	KS: Nevin K. Waters D.D.S., PA dba Big Smiles	<input checked="" type="checkbox"/>	UT: Big Smiles Utah, P.C. dba Big Smiles
<input checked="" type="checkbox"/>	KY: Big Smiles Kentucky PSC dba Big Smiles	<input checked="" type="checkbox"/>	VA: Big Smiles Virginia PC dba Smile Virginia
<input checked="" type="checkbox"/>	MA: Elliot P. Schlang DDS Big Smiles Massachusetts P.C. dba Smile Massachusetts	<input checked="" type="checkbox"/>	WA: Michael LaCorte Dentistry, PC dba Big Smiles
<input checked="" type="checkbox"/>	MD: S.K. Pesis D.D.S., Big Smiles Maryland, PC dba Smile Maryland	<input checked="" type="checkbox"/>	WV: Elliot P. Schlang DDS, Inc. dba Smile West Virginia

I. PURPOSE:

ReachOut Healthcare America, LTD d/b/a Smile America Partners (“SAP”) and its affiliated Dental Professional Practices (“DPPs”) (hereinafter collectively referred to as “The Smile Way Group”) is committed to a culture of compliance, The Smile Way Group desires to ensure the ongoing effectiveness of its Corporate Compliance Program (“the Program”) and to support improvement efforts and maturation, when needed.

II. POLICY:

SAP’s Corporate Compliance Committee (“CCC”) will annually evaluate the attributes of each individual element of the Corporate Compliance Program to assess the effectiveness of the Program as a whole. As an effective Corporate Compliance Program matures, the principle measure of effectiveness moves from effort to measurable outcomes.

III. PROCEDURE:

The CCC will undertake this process by examining the comprehensiveness of The Smile Way Group’s policies and procedures that have been implemented to satisfy the Corporate Compliance Program elements. Evaluation may be conducted through internal or external auditing mechanisms each year. However, external audits of the Corporate Compliance Program effectiveness will occur no less than once every three years.

Evaluating the effectiveness of the shared Chief Compliance Officer and the CCC is also vital in determining the effectiveness of the Corporate Compliance Program.

It is essential that the Chief Compliance Officer or others, as appropriate, immediately investigate reports or reasonable indications of suspected noncompliance.

The Program is intended to be flexible and readily adaptable to changes in the regulatory requirements and in the health care system as a whole. Any modification or revisions to the Corporate Compliance Program will be communicated to all employees, managers, and, when appropriate, vendors rendering services on behalf of The Smile Way Group.

To facilitate appropriate revisions to the Program, the Chief Compliance Officer will prepare a report to Smile America Partners' Board of Directors, at least annually, that describes the general compliance efforts that were undertaken during the preceding year and that identifies any changes that could be made to improve compliance.

Any revisions to the Corporate Compliance Program require approval by the CCC and Board of Directors for SAP.

Approvals:

DocuSigned by:
Steve Higginbotham 3/9/2023
9F2E17E4D66A11A
Steve Higginbotham, CEO

DocuSigned by:
Craig Thomas 3/9/2023
068E2D1B7A624EC
Craig Thomas, CCO & SVP HR

COMPLIANCE POLICY

The Smile Way Group

POLICY/PROCEDURE TITLE	Compliance Program Auditing and Monitoring Policy		
POLICY/PROCEDURE NUMBER	CC-120		
DEPARTMENT	Corporate Compliance Department		
Original Issue Date	8/16/2018		
Next Scheduled Review Date	10/26/2023		
Last Review Date	3/09/2023		
Revision Date History	10/2022 policy updated to include DPP and The Smile Way Group; 3/2023 added SNYO and WA DPP		
APPLIES TO			
<input checked="" type="checkbox"/>	SAP: ReachOut Healthcare America Ltd. dba Smile America Partners	<input checked="" type="checkbox"/>	MI: Michigan Dental Outreach, P.C. dba Michigan Dental Outreach
<input checked="" type="checkbox"/>	AZ: Arizona Mobile Dental, PC dba Big Smiles	<input checked="" type="checkbox"/>	MO: Nevin K. Waters D.D.S., P.C. dba Big Smiles
<input checked="" type="checkbox"/>	CA: Elliot Paul Schlang, DDS, Professional Corporation dba Big Smiles	<input checked="" type="checkbox"/>	NC: Theodore F. Mayer, DDS P.A. dba Smile North Carolina
<input checked="" type="checkbox"/>	GA: Shurett Dental Group, P.C. dba Shurett Dental Group	<input checked="" type="checkbox"/>	NY: Big Smiles Dental New York, PLLC
<input checked="" type="checkbox"/>	GA: Mark Shurett, DDS, PC dba Help A Child Smile	<input checked="" type="checkbox"/>	NY: Smile New York Outreach, LLC
<input checked="" type="checkbox"/>	IL: Elliot P. Schlang, D.D.S. P.C. dba Smile Illinois	<input checked="" type="checkbox"/>	OH: Elliot P. Schlang DDS, Dental Outreach PLLC dba Ohio Dental Outreach
<input checked="" type="checkbox"/>	IN: Elliot P. Schlang DDS, Dental Outreach PLLC dba Indiana Dental Outreach	<input checked="" type="checkbox"/>	PA: Big Smiles Pennsylvania P.C. dba Smile Pennsylvania
<input checked="" type="checkbox"/>	KS: Nevin K. Waters D.D.S., PA dba Big Smiles	<input checked="" type="checkbox"/>	UT: Big Smiles Utah, P.C. dba Big Smiles
<input checked="" type="checkbox"/>	KY: Big Smiles Kentucky PSC dba Big Smiles	<input checked="" type="checkbox"/>	VA: Big Smiles Virginia PC dba Smile Virginia
<input checked="" type="checkbox"/>	MA: Elliot P. Schlang DDS Big Smiles Massachusetts P.C. dba Smile Massachusetts	<input checked="" type="checkbox"/>	WA: Michael LaCorte Dentistry, PC dba Big Smiles
<input checked="" type="checkbox"/>	MD: S.K. Pesis D.D.S., Big Smiles Maryland, PC dba Smile Maryland	<input checked="" type="checkbox"/>	WV: Elliot P. Schlang DDS, Inc. dba Smile West Virginia

I. PURPOSE:

To establish procedures for auditing and monitoring activities, ensuring the effectiveness of the Corporate Compliance Program and implement corrective actions for any area identified as not in compliance with federal, state, and local regulations or with ReachOut Healthcare America, LTD d/b/a Smile America Partners (“SAP”) policy.

II. POLICY:

SAP will conduct routine auditing and monitoring and respond appropriately to any identified issues for SAP and its affiliated Dental Professional Practices (“DPPs”) (hereinafter collectively referred to as “The Smile Way Group”).

III. PROCEDURE:

The Chief Compliance Officer will ensure that the procedures for auditing and monitoring are followed. In his or her absence, the Board of Directors and Chief Executive Officer (CEO) will appoint an appropriate staff member.

Auditing and monitoring activities are required elements of an effective compliance program. An organization must conduct internal audits and review all areas of the organization to ensure compliance with federal, state, local, and organizational standards by which The Smile Way Group is governed and the organization’s policies. Therefore, the Corporate Compliance Program has established the following auditing and monitoring policy and procedures.

1. Compliance Auditing and Monitoring Oversight and Record Retention

- a. The Chief Compliance Officer will create, or oversee the creation of, all auditing and monitoring activities related to the Corporate Compliance Program, including the audit schedule, indicators reviewed, tools and materials used, acceptable and unacceptable boundaries, written results, and, as needed, the corrective action plan. The Chief Compliance Officer will determine whether to engage outside legal counsel in connection with such activities.
- b. The Chief Compliance Officer will review all Corporate Compliance Program auditing and monitoring activities and materials on an annual basis for content, and update, as necessary, for compliance with regulatory changes, industry trends, and current issues identified by the Office of Inspector General as areas of concern.
- c. The Chief Compliance Officer will maintain a record of all annual auditing and monitoring activities, including records pulled for review, audit/review results, and corrective action documents, in the Corporate Compliance Department's permanent files.

2. Corporate Compliance Program Annual Work Plan

- a. The Chief Compliance Officer is responsible for ensuring that, once per calendar year, a thorough review is conducted on the following operational activities: (1) billing and claims processing; (2) sales and marketing activities; (3) employee and associate training; and (4) contracts and lease agreements.
 - i. The Chief Compliance Officer will conduct, or oversee, monitoring activities of claims to federal healthcare programs, private insurers, and patients to determine if submissions to federal healthcare programs are accurate and in accordance with applicable law.
 - ii. The Annual Work Plan will include but may not be limited to monitoring activities related to: (1) sales, marketing, and customer service programs and activities to determine if any part of current practice is in violation of the Stark Law, Anti-Kickback Statute, or other applicable laws and regulations; (2) training documents and procedures to determine if employees are sufficiently informed and educated about the federal, state, and local regulations governing The Smile Way Group's business practices, Corporate Compliance Program, Code of Conduct, and policies.
 - iii. The Chief Compliance Officer is responsible for ensuring periodic monitoring of the following areas of operation, including, but not limited to: facility and materials management; human resource record management; and patient privacy practices.

Approvals:

DocuSigned by:

Steve Higginbotham

3/10/2023

9F2E17E4D88A41A
Steve Higginbotham, CEO

DocuSigned by:

Craig Thomas

3/10/2023

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Craig Thomas, CCO & SVP HR

COMPLIANCE POLICY

The Smile Way Group

POLICY/PROCEDURE TITLE	Conflict of Interest Policy		
POLICY/PROCEDURE NUMBER	CC-121		
DEPARTMENT	Compliance		
Original Issue Date	8/16/2018		
Next Scheduled Review Date	12/28/2023		
Last Review Date	3/09/2023		
Revision Date History	12/2022 added DPP/The Smile Way Group language and appendix 1; 3/2023 added SNYO and WA DPP.		
APPLIES TO			
<input checked="" type="checkbox"/>	SAP: ReachOut Healthcare America Ltd. dba Smile America Partners	<input checked="" type="checkbox"/>	MI: Michigan Dental Outreach, P.C. dba Michigan Dental Outreach
<input checked="" type="checkbox"/>	AZ: Arizona Mobile Dental, PC dba Big Smiles	<input checked="" type="checkbox"/>	MO: Nevin K. Waters D.D.S., P.C. dba Big Smiles
<input checked="" type="checkbox"/>	CA: Elliot Paul Schlang, DDS, Professional Corporation dba Big Smiles	<input checked="" type="checkbox"/>	NC: Theodore F. Mayer, DDS P.A. dba Smile North Carolina
<input checked="" type="checkbox"/>	GA: Shurett Dental Group, P.C. dba Shurett Dental Group	<input checked="" type="checkbox"/>	NY: Big Smiles Dental New York, PLLC
<input checked="" type="checkbox"/>	GA: Mark Shurett, DDS, PC dba Help A Child Smile	<input checked="" type="checkbox"/>	NY: Smile New York Outreach, LLC
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<input checked="" type="checkbox"/>	KS: Nevin K. Waters D.D.S., PA dba Big Smiles	<input checked="" type="checkbox"/>	UT: Big Smiles Utah, P.C. dba Big Smiles
<input checked="" type="checkbox"/>	KY: Big Smiles Kentucky PSC dba Big Smiles	<input checked="" type="checkbox"/>	VA: Big Smiles Virginia PC dba Smile Virginia
<input checked="" type="checkbox"/>	MA: Elliot P. Schlang DDS Big Smiles Massachusetts P.C. dba Smile Massachusetts	<input checked="" type="checkbox"/>	WA: Michael LaCorte Dentistry, PC dba Big Smiles
<input checked="" type="checkbox"/>	MD: S.K. Pesis D.D.S., Big Smiles Maryland, PC dba Smile Maryland	<input checked="" type="checkbox"/>	WV: Elliot P. Schlang DDS, Inc. dba Smile West Virginia

I. PURPOSE:

To protect ReachOut Healthcare America LTD d/b/a Smile America Partners (hereinafter “SAP”) and its affiliated Dental Professional Practices (“DPPs”) (hereinafter collectively referred to as “The Smile Way Group”) interest when its leadership is contemplating entering into a transaction or arrangement that might benefit the private interest of a board member, corporate director, corporate officer, executive, dentist, department director, or supervisor of Smile America Partners.

II. POLICY:

Definitions

- A. Interested Person: Any board member, corporate officer, executive, Dental Professional Practice ownership, director, or other individual, that has a financial interest, as defined below and is duly authorized by the governing body to conduct business on behalf of The Smile Way Group.
- B. Financial Interest: A person has a financial interest if the person has directly or indirectly through business, investment, or family:
1. an ownership or investment interest in entity with which The Smile Way Group has a transaction or arrangement, or
 2. a compensation arrangement with any entity or individual with which The Smile Way Group has a transaction or arrangement, or

3. a potential ownership or investment interest in, or compensation arrangement with, any entity or individual with which The Smile Way Group is negotiating a transaction or arrangement.
- C. Compensation: Compensation includes, but is not limited to, direct and indirect remuneration as well as gifts or favors that are substantial in nature.

PROCEDURE:

Duty to Disclose

Any “interested person” as defined above will submit a Conflict of Interest Individual Disclosure Statement annually (see Appendix 1). Board members, corporate officers, and the Chief Executive Officer (CEO) will submit their individual statements to the Chief Compliance Officer who will review all statements. The Chief Compliance Officer will review submitted disclosures for potential or actual conflicts of interest and will inform the individual of controls to be followed to protect against conflicts of interest. When necessary, the Chief Compliance Officer will consult with outside counsel to determine the existence of a conflict of interest or appropriate controls. In connection with any transaction or arrangement, which may create an actual or possible conflict of interest, an interested person will disclose in writing the existence and nature of his or her financial interest and all material facts. Board members, corporate officers, and the CEO will make such disclosures directly to the Chairman of the Board, and to the members of the committee with Board designated powers considering the proposed transaction or arrangement. Disclosure by any other “interested party” will be directly to the CEO of Smile America Partners.

Conflict of Interest Annual Statements

Each board member, corporate officer, executive, department director, supervisor, or other individual, duly authorized by the governing body to conduct business on behalf of The Smile Way Group will annually sign a statement that affirms that such person:

1. has received a copy of The Smile Way Group’s Conflict of Interest Policy (CC-121);
2. has read and understands the policy; and
3. has agreed to comply with the policy.

The Corporate Compliance Committee will conduct a conflict of interest disclosure attestation process on an annual basis.

Approvals:

DocuSigned by:

 Steve Higginbotham, CEO
SF2E17E4D88A41A

3/9/2023

DocuSigned by:

 Craig Thomas, CCO & SVP HR
068E7D1B7A624EC

3/24/2023

Appendix 1: Conflict of Interest Individual Disclosure Statement

I, _____ have read, understand and agree to comply with The Smile Way Group's Conflict of Interest Policy (CC-121). With regard to any entity that does business, is in competition, or seeks to conduct business with The Smile Way Group or any of its affiliates, do you or an immediate family member participate in or have any of the following?:

a. Financial interest (e.g., ownership or investment); No Yes, please describe:

b. Any other activity/interest that may be, or may be perceived to be, a potential conflict of interest; No Yes, please describe:

Certification: I hereby certify that this accurately and completely describes, to the best of my knowledge and belief, all financial and other interests, which are required to be reported under the provisions of The Smile Way Group's Conflict of Interest Policy (CC-121).

Typed/Printed Name of Employee

Signature of Employee

Date

COMPLIANCE POLICY

The Smile Way Group

POLICY/PROCEDURE TITLE	OIG Exclusion List Review Policy		
POLICY/PROCEDURE NUMBER	CC-122		
DEPARTMENT	Compliance		
Original Issue Date	8/16/2018		
Next Scheduled Review Date	1/25/2023		
Last Review Date	3/09/2023		
Revision Date History	1/2023 revised organizational information to apply to The Smile Way Group; 3/2023 added SNYO and WA DPP.		
APPLIES TO			
<input checked="" type="checkbox"/>	SAP: ReachOut Healthcare America Ltd. dba Smile America Partners	<input checked="" type="checkbox"/>	MI: Michigan Dental Outreach, P.C. dba Michigan Dental Outreach
<input checked="" type="checkbox"/>	AZ: Arizona Mobile Dental, PC dba Big Smiles	<input checked="" type="checkbox"/>	MO: Nevin K. Waters D.D.S., P.C. dba Big Smiles
<input checked="" type="checkbox"/>	CA: Elliot Paul Schlang, DDS, Professional Corporation dba Big Smiles	<input checked="" type="checkbox"/>	NC: Theodore F. Mayer, DDS P.A. dba Smile North Carolina
<input checked="" type="checkbox"/>	GA: Shurett Dental Group, P.C. dba Shurett Dental Group	<input checked="" type="checkbox"/>	NY: Big Smiles Dental New York, PLLC
<input checked="" type="checkbox"/>	GA: Mark Shurett, DDS, PC dba Help A Child Smile	<input checked="" type="checkbox"/>	NY: Smile New York Outreach, LLC
<input checked="" type="checkbox"/>	IL: Elliot P. Schlang, D.D.S. P.C. dba Smile Illinois	<input checked="" type="checkbox"/>	OH: Elliot P. Schlang DDS, Dental Outreach PLLC dba Ohio Dental Outreach
<input checked="" type="checkbox"/>	IN: Elliot P. Schlang DDS, Dental Outreach PLLC dba Indiana Dental Outreach	<input checked="" type="checkbox"/>	PA: Big Smiles Pennsylvania P.C. dba Smile Pennsylvania
<input checked="" type="checkbox"/>	KS: Nevin K. Waters D.D.S., PA dba Big Smiles	<input checked="" type="checkbox"/>	UT: Big Smiles Utah, P.C. dba Big Smiles
<input checked="" type="checkbox"/>	KY: Big Smiles Kentucky PSC dba Big Smiles	<input checked="" type="checkbox"/>	VA: Big Smiles Virginia PC dba Smile Virginia
<input checked="" type="checkbox"/>	MA: Elliot P. Schlang DDS Big Smiles Massachusetts P.C. dba Smile Massachusetts	<input checked="" type="checkbox"/>	WA: Michael LaCorte Dentistry, PC dba Big Smiles
<input checked="" type="checkbox"/>	MD: S.K. Pesis D.D.S., Big Smiles Maryland, PC dba Smile Maryland	<input checked="" type="checkbox"/>	WV: Elliot P. Schlang DDS, Inc. dba Smile West Virginia

I. PURPOSE:

The purpose of this policy is to ensure that ReachOut Healthcare America LTD d/b/a Smile America Partners (“SAP”) and its affiliated Dental Professional Practices (“DPPs”) (hereinafter collectively referred to as “The Smile Way Group”) regularly determines whether potential and current employees and subcontractors are excluded from participation in federal healthcare programs, including Medicaid, in compliance with the recommendation of the Department of Health and Human Services Office of Inspector General (the “OIG”). The OIG has the authority to impose civil monetary penalties against excluded individuals and entities that seek reimbursement from federal healthcare programs and healthcare providers that employ or enter into contracts with excluded individuals to provide items or services to federal program beneficiaries.

II. SCOPE:

This policy applies to all persons employed by or subcontracted with The Smile Way Group..

III. POLICY:

The Smile Way Group performs initial and monthly exclusion reviews to ensure all potential employees and subcontractors are eligible to participate in federal healthcare programs and to prevent the hiring of any ineligible person. An ineligible individual is defined as anyone who (1) is currently excluded, debarred, or otherwise ineligible to participate in the federal healthcare programs or in federal procurement or non-procurement program; or (2) has been convicted of a criminal offense related to the provision of healthcare items or services but has not yet been excluded, debarred, or otherwise declared ineligible.

To prevent the hiring of any ineligible individual, the Compliance department screens all individuals whose salary is to be paid in whole or in part, directly or indirectly, by the federal healthcare programs or otherwise with federal funds, prior to engaging their services by requiring applicants to disclose whether they are eligible,

and reviewing the General Services Administration (GSA) List of Parties Excluded from Federal Programs and the HHS/OIG List of Excluded Individuals/Entities (LEIE).

On a monthly basis, the Compliance department also conducts a review of the GSA List of Parties Excluded from Federal Programs and the HHS/OIG LEIE for persons employed by or subcontracted with Smile Way Organization.

If the Compliance Department identifies an individual who is or has become ineligible to participate in federal healthcare programs or in federal procurement or non-procurement programs, the employee or contractor will immediately be relieved from his or her responsibilities.

IV. PROCEDURE:

The Smile Way Group reviews or contracts with a third party for review of the following websites monthly for OIG exclusion:

- <https://exclusions.oig.hhs.gov/>
- <https://sam.gov/content/exclusions>
- Additional state and/or federal exclusion databases may also be reviewed.

The Corporate Compliance Department will track the review and results of all who are employed by or subcontracting with The Smile Way Group.

Approvals:

DocuSigned by:

Steve Higginbotham

3/9/2023

Steve Higginbotham, CEO

DocuSigned by:

Craig Thomas

3/24/2023

Craig Thomas, CCO & SVP HR

POLICY/PROCEDURE TITLE	Compliance Department Documentation Policy		
POLICY/PROCEDURE NUMBER	CC-124		
DEPARTMENT	Compliance		
Original Issue Date	9/8/2023		
Next Scheduled Review Date	8/22/2024		
Last Review Date			
Revision Date History			
APPLIES TO			
<input checked="" type="checkbox"/>	SAP: ReachOut Healthcare America Ltd. dba Smile America Partners	<input checked="" type="checkbox"/>	MI: Michigan Dental Outreach, P.C. dba Michigan Dental Outreach
<input checked="" type="checkbox"/>	AZ: Arizona Mobile Dental, PC dba Big Smiles	<input checked="" type="checkbox"/>	MO: Nevin K. Waters D.D.S., P.C. dba Big Smiles
<input checked="" type="checkbox"/>	CA: Elliot Paul Schlang, DDS, Professional Corporation dba Big Smiles	<input checked="" type="checkbox"/>	NC: Theodore F. Mayer, DDS P.A. dba Smile North Carolina
<input checked="" type="checkbox"/>	GA: Shurett Dental Group, P.C. dba Shurett Dental Group	<input checked="" type="checkbox"/>	NY: Big Smiles Dental New York, PLLC
<input checked="" type="checkbox"/>	GA: Mark Shurett, DDS, PC dba Help A Child Smile	<input checked="" type="checkbox"/>	NY: Smile New York Outreach, LLC
<input checked="" type="checkbox"/>	IL: Elliot P. Schlang, D.D.S. P.C. dba Smile Illinois	<input checked="" type="checkbox"/>	OH: Elliot P. Schlang DDS, Dental Outreach PLLC dba Ohio Dental Outreach
<input checked="" type="checkbox"/>	IN: Elliot P. Schlang DDS, Dental Outreach PLLC dba Indiana Dental Outreach	<input checked="" type="checkbox"/>	PA: Big Smiles Pennsylvania P.C. dba Smile Pennsylvania
<input checked="" type="checkbox"/>	KS: Nevin K. Waters D.D.S., PA dba Big Smiles	<input checked="" type="checkbox"/>	UT: Big Smiles Utah, P.C. dba Big Smiles
<input checked="" type="checkbox"/>	KY: Big Smiles Kentucky PSC dba Big Smiles	<input checked="" type="checkbox"/>	VA: Big Smiles Virginia PC dba Smile Virginia
<input checked="" type="checkbox"/>	MA: Elliot P. Schlang DDS Big Smiles Massachusetts P.C. dba Smile Massachusetts	<input checked="" type="checkbox"/>	WA: Michael LaCorte Dentistry, PC dba Big Smiles
<input checked="" type="checkbox"/>	MD: S.K. Pesis D.D.S., Big Smiles Maryland, PC dba Smile Maryland	<input checked="" type="checkbox"/>	WV: Elliot P. Schlang DDS, Inc. dba Smile West Virginia

I. PURPOSE:

To establish documentation creation, maintenance, and retention procedures for the complete and accurate documentation of compliance activities for ReachOut Healthcare America, LTD d/b/a Smile America Partners (“SAP”) and its affiliated Dental Professional Practices (“DPPs”) (hereinafter collectively referred to as “The Smile Way Group”).

II. POLICY:

Documentation is a key factor in the determination of a Compliance Program’s effectiveness. An organization must be able to demonstrate the actions that have been taken throughout the development and implementation process to evaluate the reasonableness of decisions made in establishing and maintaining the program.

The Chief Compliance Officer will ensure that the procedures for document control are followed. In his or her absence, the Chief Executive Officer (CEO) or governing body will appoint an appropriate staff member.

IV. PROCEDURE:

The Smile Way Group’s Corporate Compliance Program has established the following documentation guidelines to assist in creating a written record of the organization’s compliance activities.

1. Maintenance of Compliance Program Documents
 - a. The Chief Compliance Officer will create and maintain, or oversee the maintenance of, all documentation of the Corporate Compliance Program, including the date on which the document was created and updated, if applicable.

- b. The Chief Compliance Officer will maintain a log of all compliance-related documents of which he/she is aware or that are in his or her possession.
 - c. The Chief Compliance Officer may generate or receive documents that are of a confidential nature. These may include business documents, investigation materials, or patient records that must be protected from general disclosure or distribution. The Chief Compliance Officer, in consultation with outside legal counsel when appropriate, will determine which documents should be maintained as "CONFIDENTIAL" documents. When determined to be confidential, each page of these documents will be labeled "CONFIDENTIAL/DO NOT DUPLICATE." The legend will be placed away from the margins where it could be lost in the duplication process.
 - d. Records generated by the Chief Compliance Officer or obtained by him or her in the course of business may be of a confidential nature as the result of a communication with legal counsel. Those documents will be marked on each page: "CONFIDENTIAL ATTORNEY/CLIENT PRIVILEGED COMMUNICATION—NOT FOR REDISCLOSURE." The legend will be placed away from margins where it could be lost in the duplication process. All efforts will be made to refrain from duplicating documents that are "Confidential" or "Attorney/Client Privileged."
 - e. All documents that are "Confidential" or "Attorney/Client Privileged" will be maintained separately in secure file cabinets and/or stored electronically in a password restricted location in accordance with Policy CC-126 Document Retention Policy . The Chief Compliance Officer will create and maintain records of who may access the "Confidential" and "Attorney/Client Privileged" documents.
2. Miscellaneous Documents (maintained in the Corporate Compliance Department files)
- a. Names, titles, and background for the Chief Compliance Officer and any compliance staff.
 - b. Names, titles, and backgrounds for any high-level individuals responsible for compliance functions.
 - c. Job descriptions for the Chief Compliance Officer and any compliance staff.
 - d. Information regarding the reporting structure to the governing body and the CEO.
 - e. Copies of reports made to the governing body and the CEO.
3. Compliance Training Documents (maintained in either the Human Resources, Compliance, or Training Department files)
- a. Information regarding the development and roll-out of the compliance training program.
 - b. Information regarding the development and implementation of specialized training for certain groups of personnel.
 - c. Attendance sheets from all training sessions performed.
 - d. Agendas and contents of training, including length of session and instructor.
 - e. Copies of all training handout materials.
 - f. Copies of all quizzes or tests given.
 - g. Copies of all employee-signed acknowledgement documents relating to the Corporate Compliance Program.

4. Disseminated Compliance-Related Materials (maintained in the Chief Compliance Officer's files)
 - a. Copies of all notices sent to employees, providers, and vendors regarding the Corporate Compliance Program, the Compliance hotline, and other compliance-related topics.
 - b. Copies of all newsletters and other publications of The Smile Way Group that address the Corporate Compliance Program.
5. Monitoring and Auditing Materials (maintained in the Compliance Department files)
 - a. Information regarding the number and frequency of audits of claims and documentation requirements.
 - b. Information regarding benchmarks and progress made.
 - c. Information regarding The Smile Way Group or individuals responsible for conducting audits, if outsourced.
 - d. Information regarding the individuals that make up the audit team, if audits are conducted internally.
 - e. Information describing the scope, type, and frequency of audits performed.
6. Documentation Related to the Compliance hotline (maintained in the Compliance Department files)
 - a. Promotional materials on the Compliance hotline.
 - b. Log book of reports of potential non-compliant behavior received via the Compliance helpline and through other means of communication made to the Chief Compliance Officer.
 - c. Documentation regarding the investigation and corrective actions, if necessary, on each report received.
7. Disciplinary Action Records (maintained in the Compliance Department files)
 - a. Copies of all disciplinary and/or corrective action policies and procedures.
 - b. Records of all compliance-related disciplinary actions taken, including any individuals terminated for policy violations of The Smile Way Group.
8. Documentation Related to the Response to, and Prevention of, Detected Offenses
 - a. Reports on the investigations conducted into areas of potential noncompliance.
 - b. Information regarding voluntary self-disclosures and overpayment returns.
9. Government Contacts (maintained in the Chief Compliance Officer's files)
 - a. Log of all contacts made between The Smile Way Group and any government authority including, but not limited to, a fiscal intermediary or carrier, CMS, HHS, and the Officer of Inspector General. The log will include the name, title, and agency of the person spoken to, the date and time of the call, the matter referenced, and the response received from the individual along with information regarding the source of the response.
 - b. All correspondence to/from a government authority.

- c. Documentation of any response to a request from a government authority for documents, including a summary of any investigation conducted by The Smile Way Group prior to responding.

Approvals:

DocuSigned by: <i>Steve Higginbotham</i> Steve Higginbotham, CEO	10/6/2023	DocuSigned by: <i>Craig Thomas</i> Craig Thomas, CCO & SVP HR	10/6/2023
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COMPLIANCE POLICY

The Smile Way Group

POLICY/PROCEDURE TITLE	Designated Record Set		
POLICY/PROCEDURE NUMBER	CC-125		
DEPARTMENT	Corporate Compliance Department		
Original Issue Date	1/26/2023		
Next Scheduled Review Date	1/25/2024		
Last Review Date	3/09/2023		
Revision Date History	3/2023 added SNYO and WA DPP		
APPLIES TO			
<input checked="" type="checkbox"/>	SAP: ReachOut Healthcare America Ltd. dba Smile America Partners	<input checked="" type="checkbox"/>	MI: Michigan Dental Outreach, P.C. dba Michigan Dental Outreach
<input checked="" type="checkbox"/>	AZ: Arizona Mobile Dental, PC dba Big Smiles	<input checked="" type="checkbox"/>	MO: Nevin K. Waters D.D.S., P.C. dba Big Smiles
<input checked="" type="checkbox"/>	CA: Elliot Paul Schlang, DDS, Professional Corporation dba Big Smiles	<input checked="" type="checkbox"/>	NC: Theodore F. Mayer, DDS P.A. dba Smile North Carolina
<input checked="" type="checkbox"/>	GA: Shurett Dental Group, P.C. dba Shurett Dental Group	<input checked="" type="checkbox"/>	NY: Big Smiles Dental New York, PLLC
<input checked="" type="checkbox"/>	GA: Mark Shurett, DDS, PC dba Help A Child Smile	<input checked="" type="checkbox"/>	NY: Smile New York Outreach, LLC
<input checked="" type="checkbox"/>	IL: Elliot P. Schlang, D.D.S. P.C. dba Smile Illinois	<input checked="" type="checkbox"/>	OH: Elliot P. Schlang DDS, Dental Outreach PLLC dba Ohio Dental Outreach
<input checked="" type="checkbox"/>	IN: Elliot P. Schlang DDS, Dental Outreach PLLC dba Indiana Dental Outreach	<input checked="" type="checkbox"/>	PA: Big Smiles Pennsylvania P.C. dba Smile Pennsylvania
<input checked="" type="checkbox"/>	KS: Nevin K. Waters D.D.S., PA dba Big Smiles	<input checked="" type="checkbox"/>	UT: Big Smiles Utah, P.C. dba Big Smiles
<input checked="" type="checkbox"/>	KY: Big Smiles Kentucky PSC dba Big Smiles	<input checked="" type="checkbox"/>	VA: Big Smiles Virginia PC dba Smile Virginia
<input checked="" type="checkbox"/>	MA: Elliot P. Schlang DDS Big Smiles Massachusetts P.C. dba Smile Massachusetts	<input checked="" type="checkbox"/>	WA: Michael LaCorte Dentistry, PC dba Big Smiles
<input checked="" type="checkbox"/>	MD: S.K. Pesis D.D.S., Big Smiles Maryland, PC dba Smile Maryland	<input checked="" type="checkbox"/>	WV: Elliot P. Schlang DDS, Inc. dba Smile West Virginia

I. PURPOSE:

To set forth the policy and procedure of ReachOut Healthcare America, LTD d/b/a Smile America Partners ("SAP") and its affiliated Dental Professional Practices ("DPPs") (hereinafter collectively referred to as "The Smile Way Group") to establish guidelines for the definition and content of the Designated Record Set ("DRS"). The DRS contains information that the patient can access or amend under federal, state, and local laws. The DRS may also be requested by a patient/patient's personal representative, payer, and/or Dental Board.

II. POLICY:

DRS is defined as a group of records (paper or electronic) maintained by The Smile Way Group that is:

- the medical and billing records about patients maintained by or for The Smile Way Group
- the enrollment, payment, claims adjudication, and case or medical management record systems maintained by The Smile Way Group; and/or
- used, in whole or in part, by The Smile Way Group to make decisions about patients.

DRS Includes:

The following consist of the DRS and can be released with proper authorization:

- Patient Permission Form / Consent Form / "Flyer"; this may include the Profile for full verbal consent
- Secondary consent record
- Patient Chart / Treatment Record
- Take Home Sheet / Post Op Treatment Instructions
- Medical images (e.g. X-Rays)
- Billing and payment records (e.g. Ledger)
- Case Management History or Referral to outside dentists
- Patient Communications
- Patient Grievances

DRS Does Not Include:

The following are not part of the DRS, even if they include PHI, because they are not used to make health care decisions about a patient.

- Miscellaneous Files
- Risk management records
- Quality assessment records
- Credentialing records
- Peer review files
- Incident report
- Internal Grievance reports
- Information contained in employee records
- Coding queries
- Internal compliance reports, audits, and logs
- Administrative records
- Attorney-client privileged records, or any other record that is subject to privilege under state and/or federal laws and regulations
- Information compiled in reasonable anticipation or, or for use in civil, criminal, or administrative action or proceeding
- Temporary notes or worksheets
- Business Associates
- Clinical Outcome data
- Research
- External/Outside Medical Records
- Grant / Charity Care Forms
- Any other record that is not used to make health care decisions about the patient

Approvals:

DocuSigned by:

Steve Higginbotham

3/9/2023

9F2E17E4D88A81A
Steve Higginbotham, CEO

DocuSigned by:

Craig Thomas

3/24/2023

668E7D1B7A624EC
Craig Thomas, CCO & SVP HR

POLICY/PROCEDURE TITLE	Document Retention Policy of Non-Patient Medical Records		
POLICY/PROCEDURE NUMBER	CC-126		
DEPARTMENT	Compliance		
Original Issue Date	9/22/2022		
Next Scheduled Review Date	8/22/2024		
Last Review Date	9/8/2023		
Revision Date History	3/2023 added SNYO and WA DPP; 6/2023 revised applicability; 9/2023 patient medical records moved to separate policy		
APPLIES TO			
<input checked="" type="checkbox"/>	SAP: ReachOut Healthcare America Ltd. dba Smile America Partners	<input checked="" type="checkbox"/>	MI: Michigan Dental Outreach, P.C. dba Michigan Dental Outreach
<input checked="" type="checkbox"/>	AZ: Arizona Mobile Dental, PC dba Big Smiles	<input checked="" type="checkbox"/>	MO: Nevin K. Waters D.D.S., P.C. dba Big Smiles
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<input checked="" type="checkbox"/>	GA: Shurett Dental Group, P.C. dba Shurett Dental Group	<input checked="" type="checkbox"/>	NY: Big Smiles Dental New York, PLLC
<input checked="" type="checkbox"/>	GA: Mark Shurett, DDS, PC dba Help A Child Smile	<input checked="" type="checkbox"/>	NY: Smile New York Outreach, LLC
<input checked="" type="checkbox"/>	IL: Elliot P. Schlang, D.D.S. P.C. dba Smile Illinois	<input checked="" type="checkbox"/>	OH: Elliot P. Schlang DDS, Dental Outreach PLLC dba Ohio Dental Outreach
<input checked="" type="checkbox"/>	IN: Elliot P. Schlang DDS, Dental Outreach PLLC dba Indiana Dental Outreach	<input checked="" type="checkbox"/>	PA: Big Smiles Pennsylvania P.C. dba Smile Pennsylvania
<input checked="" type="checkbox"/>	KS: Nevin K. Waters D.D.S., PA dba Big Smiles	<input checked="" type="checkbox"/>	UT: Big Smiles Utah, P.C. dba Big Smiles
<input checked="" type="checkbox"/>	KY: Big Smiles Kentucky PSC dba Big Smiles	<input checked="" type="checkbox"/>	VA: Big Smiles Virginia PC dba Smile Virginia
<input checked="" type="checkbox"/>	MA: Elliot P. Schlang DDS Big Smiles Massachusetts P.C. dba Smile Massachusetts	<input checked="" type="checkbox"/>	WA: Michael LaCorte Dentistry, PC dba Big Smiles
<input checked="" type="checkbox"/>	MD: S.K. Pesis D.D.S., Big Smiles Maryland, PC dba Smile Maryland	<input checked="" type="checkbox"/>	WV: Elliot P. Schlang DDS, Inc. dba Smile West Virginia

I. PURPOSE:

This policy represents ReachOut Healthcare America, LTD d/b/a Smile America Partners (“SAP”) and its affiliated Dental Professional Practices (“DPPs”) (hereinafter collectively referred to as “The Smile Way Group”) policy regarding the retention and disposal of records and the retention and disposal of electronic documents. The purpose of this policy is to ensure that necessary records and documents of are adequately protected and maintained and to ensure that records that are no longer needed by The Smile Way Group or are of no value are discarded at the proper time.

II. ADMINISTRATION:

The Corporate Compliance Committee is responsible for overseeing this policy. Any changes to this policy must be approved by the Corporate Compliance Committee.

Attached as Appendix A is a Record Retention Schedule that is approved as the initial maintenance, retention and disposal schedule for records of The Smile Way Group.

The Department Administrator identified in the Appendix A is in charge of the administration of this policy and the implementation of processes and procedures to ensure that the Record Retention Schedule is followed. The Department Administrator will ensure that it is in compliance with local, state and federal laws and includes the appropriate document and record categories; monitor local, state and federal laws affecting record retention; annually review the record retention and disposal program; and monitor compliance with this Policy. Records approved for destruction will be shredded onsite or given to an approved BAA vendor specializing in document destruction.

A certificate of destruction is attached in Appendix B and should be given to the Chief Compliance Officer to be retained permanently.

III. SUSPENSION OF RECORD DISPOSAL IN EVENT OF LITIGATION OR CLAIMS:

In the event The Smile Way Group is served with any subpoena or request for documents or any employee becomes aware of a governmental investigation or audit concerning The Smile Way Group or the commencement of any litigation against or concerning The Smile Way Group, such employee shall inform the Compliance Officer and any further disposal of documents shall be suspended until such time as the Compliance Officer, with the advice of counsel, determines otherwise. The Compliance Officer shall take such steps as is necessary to promptly inform all staff of any suspension in the further disposal of documents.

IV. APPLICABILITY:

This policy applies to all physical records generated or received by the Company, including original documents and reproductions. Under the Company's current document retention policy, electronic data and records saved on the Corporate network are retained indefinitely.

Non-Patient Medical Documents:

Under this policy, imaging of non-patient medical documents constitutes document retention therefore, when original non-patient medical documents are imaged and retained on the Company network, the original "hard copy" documents may be destroyed immediately. Documents per designated record set or PHI /PII require a certificate of destruction. All other physical non-patient medical documents not imaged will be retained in accordance with Appendix A and destroyed after their minimum retention period in accordance with this policy. Records must be destroyed in a manner that allows for no chance of reconstruction of information.

Patient Medical Records:

Under this policy both physical and imaged patient medical records are retained in accordance to Appendix A.

V. STORAGE PROCEDURES:

All storage boxes must be logged before being placed in storage in accordance to company procedure. All requests for information from off-site storage must be coordinated in accordance to company procedure.

VI. DESTRUCTION PROCESS:

For records in paper form, shredding, burning, pulping, or pulverizing the records so that the content is rendered essentially unreadable, indecipherable, and otherwise cannot be reconstructed may be considered for disposal. Destruction may be conducted internally utilizing a shredding machine or utilizing a vendor contracted as a Business Associate to destroy and dispose of paper records which is rendered unreadable, indecipherable, and otherwise cannot be reconstructed. A certificate of destruction must be obtained by the approved vendor containing the patients identification number, the date of destruction and the vendor. A certificate of destruction should be given to the Chief Compliance Officer to be retained permanently.

Approvals:

DocuSigned by:


Steve Higginbotham, CEO

10/6/2023

DocuSigned by:


Craig Thomas, CCO & SVP HR

10/6/2023

APPENDIX A – DOCUMENT RETENTION SCHEDULE

Documents/records not mentioned below should be identified to the Corporate Compliance Committee before any action is taken.

A. ACCOUNTING AND FINANCE

Department Administrator: Corporate Controller

<u>Record Type</u>	<u>Minimum Retention Period</u>
1. Accounts payable records (excluding invoices)	7 years
2. Accounts payable Invoices	3 years
3. Audited annual reports	Permanently
4. Bank statements (monthly)	3 years
5. Capital asset records (including depreciation)	Permanently
6. Cash receipts and deposit records	3 years
7. Contracts and leases (expired)	7 years after expiration
8. Deeds, mortgages & bills of sale	Permanently
9. Financial Packages, Board Decks, etc.	Permanently
10. General ledger Trial Balances	Permanently
11. Income tax returns, worksheets and related documentation	Permanently
12. Insurance policies (expired)	3 years after expiration
13. Insurance records, current accident reports, claims, etc.	Permanently
14. Inventory of products, materials & supplies	7 years
15. Petty cash vouchers and records	3 years
16. Retirement plan records (documents, investment records, allocations)	Permanently
17. Tax Files	7 years

B. EMPLOYMENT RECORDS

Department Administrator: Corporate Controller

<u>Record Type</u>	<u>Minimum Retention Period</u>
1. Applications (not hired)	3 years
2. Personnel records (after termination)	7 years
3. Payroll records, taxes & summaries	7 years
4. Time sheets, cards or time clock	7 years
5. Training manuals	7 years
6. Workman compensation records	7 years

C. PATIENT MEDICAL RECORDS

Department Administrator: Corporate Controller

<u>Record Type</u>	<u>Minimum Retention Period</u>
1. Complete Medical Records (Paper Based) (Consent, treatment notes, charts, radiographs, post-op instruction, prescriptions)	1/1/1994 to current
2. Complete Medical Records (Electronic based)	Permanent in data house

D. COMPLIANCE DOCUMENTS

Department Administrator: Chief Compliance Officer

<u>Record Type</u>	<u>Minimum Retention Period</u>
1. Lobbying & Political Documents	7 years

E. OTHER DOCUMENTS

Department Administrator: Corporate Controller

<u>Record Type</u>	<u>Minimum Retention Period</u>
1. Accident reports/claims (settled cases)	7 years
2. Controlled substance copy	2 years
3. Correspondence, routine with patients or vendors	2 years
4. Correspondence (legal or important)	Permanently
5. Legal agreements (partnership, associateship)	Permanently
6. Litigation	Permanently
7. OSHA records (log and summary)	5 years past the year to which it pertains
8. Daysheets, schedule	7 years
9. Patient billing/payment or fee statements	7 years
10. Third-party insurance claims, records & correspondence (EOBs)	7 years

APPENDIX B – CERTIFICATE OF DESTRUCTION

CERTIFICATE OF DESTRUCTION *The Smile Way Group*

The information described below was destroyed in the normal course of business pursuant to The Smile Way Group retention schedule and destruction policy and procedures. If records are destroyed by a vendor, the Department Administrator must attach their paperwork to this form. This form must be submitted to the Chief Compliance Officer to retain this certificate permanently.

Date of Destruction: _____ **Authorized By:** _____

Description of the documents destroyed/disposed:

Dates Covered: _____

Type of Record: Paper Electronic Both

Method of Destruction:

If PAPER: Shredding Burning Pulping Pulverizing Other: _____

If ELECTRONIC: Secure Wiping/Overwriting Reformatting Other: _____

Records Destroyed By: _____

Witnessed By: _____

COMPLIANCE POLICY

The Smile Way Group

POLICY/PROCEDURE TITLE	Government Affairs and Lobbying Activities Policy		
POLICY/PROCEDURE NUMBER	CC-127		
DEPARTMENT	Corporate Compliance Department		
Original Issue Date	05/25/2023		
Next Scheduled Review Date	05/23/2024		
Last Review Date			
Revision Date History			
APPLIES TO			
<input checked="" type="checkbox"/>	SAP: ReachOut Healthcare America Ltd. dba Smile America Partners	<input checked="" type="checkbox"/>	MI: Michigan Dental Outreach, P.C. dba Michigan Dental Outreach
<input checked="" type="checkbox"/>	AZ: Arizona Mobile Dental, PC dba Big Smiles	<input checked="" type="checkbox"/>	MO: Nevin K. Waters D.D.S., P.C. dba Big Smiles
<input checked="" type="checkbox"/>	CA: Elliot Paul Schlang, DDS, Professional Corporation dba Big Smiles	<input checked="" type="checkbox"/>	NC: Theodore F. Mayer, DDS P.A. dba Smile North Carolina
<input checked="" type="checkbox"/>	GA: Shurett Dental Group, P.C. dba Shurett Dental Group	<input checked="" type="checkbox"/>	NY: Big Smiles Dental New York, PLLC
<input checked="" type="checkbox"/>	GA: Mark Shurett, DDS, PC dba Help A Child Smile	<input checked="" type="checkbox"/>	NY: Smile New York Outreach, LLC
<input checked="" type="checkbox"/>	IL: Elliot P. Schlang, D.D.S. P.C. dba Smile Illinois	<input checked="" type="checkbox"/>	OH: Elliot P. Schlang DDS, Dental Outreach PLLC dba Ohio Dental Outreach
<input checked="" type="checkbox"/>	IN: Elliot P. Schlang DDS, Dental Outreach PLLC dba Indiana Dental Outreach	<input checked="" type="checkbox"/>	PA: Big Smiles Pennsylvania P.C. dba Smile Pennsylvania
<input checked="" type="checkbox"/>	KS: Nevin K. Waters D.D.S., PA dba Big Smiles	<input checked="" type="checkbox"/>	UT: Big Smiles Utah, P.C. dba Big Smiles
<input checked="" type="checkbox"/>	KY: Big Smiles Kentucky PSC dba Big Smiles	<input checked="" type="checkbox"/>	VA: Big Smiles Virginia PC dba Smile Virginia
<input checked="" type="checkbox"/>	MA: Elliot P. Schlang DDS Big Smiles Massachusetts P.C. dba Smile Massachusetts	<input checked="" type="checkbox"/>	WA: Michael LaCorte Dentistry, PC dba Big Smiles
<input checked="" type="checkbox"/>	MD: S.K. Pesis D.D.S., Big Smiles Maryland, PC dba Smile Maryland	<input checked="" type="checkbox"/>	WV: Elliot P. Schlang DDS, Inc. dba Smile West Virginia

I. POLICY:

ReachOut Healthcare America, Ltd. d/b/a Smile America Partners (“SAP”) and its affiliated Dental Professional Practices (“DPPs”) (hereinafter collectively referred to as “The Smile Way Group”) is committed to a culture of compliance. The Smile Way Group works to make observe and maintain compliance with federal and state regulations surrounding our governmental affairs, lobbying activities, political activities, election fundraising and monetary donations.

The Smile Way Group conducts its advocacy activities in a transparent and professional manner; in light of ethics rules, it is essential that advocacy activities by The Smile Way Group and its employees receive prior approval are carefully and fully reported.

II. APPROVAL PROCEDURES:

Political Activities and Election Fund Raising Approval

- The Smile Way Group may utilize funds or property for a political contribution or purpose, including election fund raising only upon review and approval by the Chief Executive Officer (CEO). Personnel may not directly or indirectly authorize, pay, promise, deliver, or solicit any payment, gratuity, or favor for the purpose of influencing any political official or government employee in the discharge of that person’s responsibilities without obtaining written notification from the Chief Compliance Officer (CCO) that the CEO has approved the request. To obtain approval by the CEO:
 1. Each request for political and election fund raising will be submitted to the CCO for review by the requester. The CCO will examine state, federal and local ethics and regulatory requirements pertaining to the specific request. The CCO will make a determination if the requested political and election fund raising request is compliant with the Smile Way Group policies, Code of Conduct, Corporate Compliance Plan and state, federal and local ethics and regulatory requirements. The CCO may request a legal review by legal counsel if needed. If the CCO determines there may be company policy violations or concerns with state and federal ethics and

- regulatory requirements with the requested activity, the CCO will inform the requester of the denial to proceed.
- 2. If the CCO determines there are not any company policy violations or concerns with state, federal and local ethics and regulatory requirements with the requested activity, the CCO will seek approval from the CEO.
- 3. After CEO approval, the CCO will submit the request to the Corporate Controller.
- Personnel may make direct contributions of their own money to political candidates and activities, but these contributions will not be reimbursed and should not represent The Smile Way Group in any manner.

Lobbying Activity Approval

- The Smile Way Group may utilize funds or property for lobbying activity only upon review and approval by the CEO. To obtain approval by the CEO:
 1. Each request for lobbying activity will be submitted to the CCO for review by the requester. The CCO will examine state, federal and local ethics and regulatory requirements pertaining to the specific request. The CCO will make a determination if the requested lobbying activity request is compliant with the Smile Way Group policies, Code of Conduct, Corporate Compliance Plan and state, federal and local ethics and regulatory requirements. The CCO may request a legal review by legal counsel if needed. If the CCO determines there may be company policy violations or concerns with state and federal ethics and regulatory requirements with the requested activity, the CCO will inform the requester of the denial to proceed.
 2. If the CCO determines there are not any company policy violations or concerns with state, federal and local ethics and regulatory requirements with the requested activity, the CCO will seek approval from the CEO.
 3. After CEO approval, the CCO will submit the request to the Corporate Controller.
- Personnel must follow the approval procedures before using resources of The Smile Way Group for lobbying activities.

III. LOBBYING REPORTING PROCEDURES:

The Smile Way Group and its representatives must disclose relevant advocacy activity to the public and abide by applicable gift and ethics rules governing engagement with public officials and employees in accordance to state, federal and local statutes and regulations (e.g. the Lobbying Disclosure Act, and Honest Leadership and Open Government Act). The Chief Compliance Officer will:

1. Review, approve, and file all lobbying reports for external federal lobbyists that were prepared by outside legal counsel or the lobbying consultant
2. Collect Lobbying Disclosure Forms (form attached with policy) within 10 days after the end of each quarter from all staff who directly lobby Members of a state or federal congress or their staff on behalf of The Smile Way Group and Smile Way Group priorities, and/or use Smile Way Group resources for lobbying activities. Employees should use this form to a) report exchanges with senior Executive Branch officials to advance specific public policy positions, b) report in-person meetings, c) report any other communications for the purpose of federal lobbying such as meetings in a state capital, telephone calls, letters, and emails. Employees must include details such as who the meeting or communication was with; the subject discussed (e.g., “increasing the budget of the National Institutes of Health” or “supporting bill _____” or “opposing Medicaid cuts to a dental billing code); the approximate length of time of each meeting, as well as time spent preparing; and the costs associated with each meeting, including travel costs to location (or a pro rata share of those costs when the travel involves other, non-lobbying activities), and a portion of salary and benefits associated with time spent.
 - An example of an activity requiring report: Dr. Jones, a Smile Way Group employee, exchanges email with congressional staff using her Smile Way Group email and expresses her support for a piece of legislation on behalf of her role as dentist of a clinic at Smile Way Group affiliated practice.

Lobbying contacts made by employees in their capacity as private citizens and not using The Smile Way Group resources do not need to be reported. An example of an activity not requiring report: Dr. Jones, a Smile Way Group employee, participates in advocacy meetings with a specialty society in Kansas. She identifies herself as

a dentist in practice at a Smile Way Group affiliated dental practice but makes clear she is representing herself and/or her society. No Smile Way Group resources were used for the visit.

Approvals:

DocuSigned by:

Steve Higginbotham

6/7/2023

9F2E17E4D88A41A
Steve Higginbotham, CEO

DocuSigned by:

Craig Thomas

6/7/2023

06857D1B7A624E6
Craig Thomas, CCO & SVP HR

LOBBYING DISCLOSURE FORM

The Smile Way Group

Due to federal lobbying disclosure rules, all employees of The Smile Way Group who engage in lobbying activity using Smile Way Group resources (including time, computers, email addresses, etc.) or on behalf of Smile Way Group must report and disclose this form quarterly. There are substantial civil and criminal penalties for The Smile Way Group if it fails to file lobbying disclosure reports in a timely and accurate manner.

“Lobbying activity” refers to any direct contact with Members of Congress or their staff in which an individual is asking for federal funding, requesting specific legislative action, or attempting to influence the position of an elected official on an issue pending before Congress. This would include meetings, telephone calls, letters, faxes, or emails. Lobbying contacts made by employees in their capacity as private citizens and not using Smile Way Group resources do not need to be reported.

This form should be completed and returned to cthomas@mobiledentists.com within 10 days after the end of each quarter (i.e.: April 10, July 10, October 10 and January 10).

Name/Title: _____

Reporting period (indicate one): Year _____ 1st Quarter 2nd Quarter 3rd Quarter 4th Quarter

Date(s) of lobbying activity(ies): _____

Name(s) of who was contacted (Member and/or staff): _____

Subject(s) discussed: _____

The length of time spent lobbying: _____

Costs associated with each lobbying contact:

- Direct costs (Pro-rata share of direct costs when travel involves other, non-lobbying activities):

- Portion of salary/benefits for actual time spent in direct communication with Member and/or staff (office visits, telephone calls, email); this does not include travel time to or from a meeting:

If you have any questions about these federal reporting requirements, please contact:

Craig Thomas, Chief Compliance Officer & Senior VP, Human Resources and People Development
Smile America Partners, 15458 N. 28th Ave, Suite A, Phoenix, AZ 85053
Office: (623)434-9343 ext 21115 • Cell: (480)785-6098 • Email: cthomas@mobiledentists.com

POLICY/PROCEDURE TITLE	Document Retention and Destruction of Protected Health Information		
POLICY/PROCEDURE NUMBER	CC-128		
DEPARTMENT	Compliance		
Original Issue Date	9/8/2023		
Next Scheduled Review Date	8/22/2024		
Last Review Date	9/8/2023		
Revision Date History			
APPLIES TO			
<input checked="" type="checkbox"/>	SAP: ReachOut Healthcare America Ltd. dba Smile America Partners	<input checked="" type="checkbox"/>	MI: Michigan Dental Outreach, P.C. dba Michigan Dental Outreach
<input checked="" type="checkbox"/>	AZ: Arizona Mobile Dental, PC dba Big Smiles	<input checked="" type="checkbox"/>	MO: Nevin K. Waters D.D.S., P.C. dba Big Smiles
<input checked="" type="checkbox"/>	CA: Elliot Paul Schlang, DDS, Professional Corporation dba Big Smiles	<input checked="" type="checkbox"/>	NC: Theodore F. Mayer, DDS P.A. dba Smile North Carolina
<input checked="" type="checkbox"/>	GA: Shurett Dental Group, P.C. dba Shurett Dental Group	<input checked="" type="checkbox"/>	NY: Big Smiles Dental New York, PLLC
<input checked="" type="checkbox"/>	GA: Mark Shurett, DDS, PC dba Help A Child Smile	<input checked="" type="checkbox"/>	NY: Smile New York Outreach, LLC
<input checked="" type="checkbox"/>	IL: Elliot P. Schlang, D.D.S. P.C. dba Smile Illinois	<input checked="" type="checkbox"/>	OH: Elliot P. Schlang DDS, Dental Outreach PLLC dba Ohio Dental Outreach
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<input checked="" type="checkbox"/>	MD: S.K. Pesis D.D.S., Big Smiles Maryland, PC dba Smile Maryland	<input checked="" type="checkbox"/>	WV: Elliot P. Schlang DDS, Inc. dba Smile West Virginia

I. PURPOSE:

This policy represents ReachOut Healthcare America, LTD d/b/a Smile America Partners (“SAP”) and its affiliated Dental Professional Practices (“DPPs”) (hereinafter collectively referred to as “The Smile Way Group”) policy regarding the retention and disposal of records and the retention and disposal of electronic documents containing Protected Health Information (PHI). The HIPAA Privacy Rule requires that covered entities, such as The Smile Way Group, to apply appropriate administrative, technical, and physical safeguards to protect the privacy of protected health information (PHI), in any form. See 45 CFR 164.530(c). This means that covered entities must implement reasonable safeguards to limit incidental, and avoid prohibited, uses and disclosures of PHI, including in connection with the disposal of such information. The purpose of this policy is to ensure that necessary records and documents of are adequately protected and maintained and to ensure that records that are no longer needed by The Smile Way Group or are of no value are discarded at the proper time.

II. ADMINISTRATION:

The Corporate Compliance Committee is responsible for overseeing this policy. Any changes to this policy must be approved by the Corporate Compliance Committee.

Attached as Appendix A is a PHI Record Retention Schedule that is approved as the initial maintenance, retention and disposal schedule for records of The Smile Way Group.

Records approved for destruction will be shredded by an approved BAA vendor specializing in document destruction.

III. SUSPENSION OF RECORD DISPOSAL IN EVENT OF LITIGATION OR CLAIMS:

In the event The Smile Way Group is served with any subpoena or request for documents or any employee becomes aware of a governmental investigation or audit concerning The Smile Way Group or the commencement of any litigation against or concerning The Smile Way Group, such employee shall inform the Compliance Officer and any further disposal of documents shall be suspended until such time as the Compliance Officer, with the advice of counsel, determines otherwise. The Compliance Officer shall take such steps as is necessary to promptly inform all staff of any suspension in the further disposal of documents.

IV. APPLICABILITY:

This policy applies to all physical records containing PHI generated or received by the Company, including original documents and reproductions. Under the Company's current document retention policy, electronic data and records saved on the Corporate network are retained indefinitely.

Documents containing PHI:

Under this policy, imaging of documents containing PHI constitutes document retention therefore, when original documents containing PHI are imaged and retained on the Company network, the original "hard copy" documents may be destroyed immediately or stored in accordance with Section V. Storage Procedures.

Under this policy both physical and imaged patient medical records are retained in accordance to Appendix A.

V. STORAGE PROCEDURES:

All storage boxes must be logged before being placed in storage in accordance to company procedure. All requests for information from off-site storage must be coordinated in accordance to company procedure.

VI. DESTRUCTION PROCESS:

For PHI in paper record form, shredding, burning, pulping, or pulverizing the records so that PHI is rendered essentially unreadable, indecipherable, and otherwise cannot be reconstructed may be considered for disposal.

The Smile Way Group may utilize an approved vendor contracted as a Business Associate to destroy and dispose of PHI which is rendered unreadable, indecipherable, and otherwise cannot be reconstructed. A certificate of destruction must be obtained by the approved vendor containing the patients identification number, the date of destruction and the vendor. A certificate of destruction should be given to the Chief Compliance Officer to be retained permanently.

Approvals:

DocuSigned by:

Steve Higginbotham 10/6/2023
Steve Higginbotham, CEO

DocuSigned by:

Craig Thomas 10/6/2023
Craig Thomas, CCO & SVP HR

APPENDIX A – PHI RETENTION SCHEDULE

Documents/records not mentioned below should be identified to the Corporate Compliance Committee before any action is taken.

A. PATIENT MEDICAL RECORDS CONTAINING PHI

Department Administrator: Chief Compliance Officer

<u>Record Type</u>	<u>Minimum Retention Period</u>
1. Complete Medical Records (Paper Based) (Consent, treatment notes, charts, radiographs, post-op instruction, prescriptions)	1/1/1994 to current
2. Complete Medical Records (Electronic based)	Permanent in data house

B. PATIENT FINANCIAL RECORDS CONTAINING PHI

Department Administrator: Corporate Controller

<u>Record Type</u>	<u>Minimum Retention Period</u>
1. Accounts receivable Explanation of Benefits	7 years
2. Accounts receivable (invoices to customers)	7 years



COMPLIANCE PROGRAM OVERVIEW

• PAGE 1 •

I. OBJECTIVES

ReachOut Healthcare America Ltd., dba Smile America Partners (“SAP”), is a Dental Service Organization (“DSO”) whose goal is to provide the finest quality administrative support to the dental teams of the Dental Professional Practices (“DPPs”) that SAP serves. The DPPs’ goal is to provide high quality oral care in an efficient manner to underserved children in the convenience and comfort of their school or in fixed site locations. In this Compliance Program Overview, SAP and the DPPs are collectively referred to as “The Smile Way Group.”

The Smile Way Group is collectively dedicated to conducting its business in accordance with the highest ethical standards and in compliance with applicable laws. To ensure that we act accordingly, The Smile Way Group has established a centralized, corporate-wide Compliance Program (the “Compliance Program” or “Program”) designed to prevent, detect, and correct unethical conduct and potential violations of applicable laws.

This centralized Program consists of a shared Chief Compliance Officer (the “Compliance Officer”), which the Smile America Partners’ Board of Directors has designated to oversee compliance efforts within SAP. Smile America Partners has, in turn, contracted with the DPPs for the Compliance Officer to assist each corporate entity of The Smile Way Group in developing and maintaining a customized program tailored to meet the needs of their individual state statutes, regulations and health care program requirements.

The Compliance Officer reviews the practices and conduct of The Smile Way Group in order to protect our integrity and reputation and to ensure the provision of high quality services. Although the implementation and enforcement is centrally directed by the Compliance Officer, compliance is the responsibility of **every** employee and contractor of The Smile Way Group.

II. HIGH-LEVEL OVERSIGHT

A. Chief Compliance Officer

The Compliance Officer is responsible for the operation of the Program and for preparation of compliance-related reports. The Compliance Officer may delegate some or all of their primary duties to person(s) under their direct supervision.

The Compliance Officer will be provided with the resources necessary to fulfill their responsibility for operation of the Program. The Compliance Officer may inquire into any matters arising or appearing to arise within the purview of the Program, including, but not limited to, matters involving unethical or potentially illegal conduct, irregular billing, claims or payments, and regulatory compliance. All organization personnel, accountants, and legal counsel are available to assist the Compliance Officer in their duties and will report to the Compliance Officer on any matter assigned to them by The Smile Way Group.



The Compliance Officer is authorized to report on compliance matters, as appropriate, to the Board of Directors, or to a designated representative or committee of the Board of Directors.

The Compliance Officer's primary duties include:

- overseeing and monitoring the implementation of the Program within The Smile Way Group;
- overseeing periodic revisions to the Program considering changes in the organization's needs as well as changes in the law and policies and procedures of government and private payer health plans;
- reviewing the certifications of workforce members and contractors—that they have received, read and understood the standards of conduct;
- developing, coordinating and participating in a training program that focuses on the elements of the Compliance Program and seeks to ensure that all appropriate workforce members and contractors are knowledgeable of, and comply with, pertinent federal and state standards;
- investigating and acting on matters related to compliance and overseeing the implementation of any resulting corrective action;
- analyzing the legal requirements with which SAP and the DPPs must comply and identifying specific risk areas;
- working with appropriate departments to develop standards of conduct and policies and procedures that promote compliance;
- recommending and monitoring, in conjunction with the relevant departments, internal systems and controls to carry out the organization's standards as well as its policies and procedures associated with its daily operations;
- determining the appropriate strategy to promote compliance with the Program and detection of any potential violations, such as through hotlines and other fraud reporting mechanisms;
- developing a method of monitoring corporate-wide activities, including internal audits, external audits and investigations, for the purpose of helping identify potentially troublesome issues;
- implementing corrective and preventive action; and
- developing policies and programs that encourage workforce members to report suspected fraud and other improprieties without fear of retaliation.

The Compliance Officer has the authority to review all documents and other information that are relevant and appropriate to compliance activities, including, but not limited to, patient records, billing records, billing companies' arrangements with other parties and marketing activities. This policy enables the Compliance Officer to review contracts and obligations that may contain referral and payment provisions that could violate statutory or regulatory requirements.



In addition, the Compliance Officer will review results of all internal audit reports and work closely with key managers at SAP and with Compliance Department and staff, at the DPPs to identify aberrant trends in potential compliance areas. The Compliance Officer should ascertain patterns that require a change in policy to remedy the problem. The Compliance Officer has the full authority to stop or suspend the processing of claims believed to be problematic until such time as the issue in question has been resolved.

The Compliance Officer will report directly to Smile America Partners' Chief Executive Officer and indirectly to the DPP owners, but has direct access to the Board of Directors, when needed. For example, the Compliance Officer will prepare, manage and report annual compliance work plans to the Board of Directors of SAP and the DPPs, which shall include a system for the routine identification of compliance risk areas specific to SAP and/or each DPP and include risk areas required by applicable state law.

B. Corporate Compliance Committee

The Board of Directors may establish a Corporate Compliance Committee ("CCC") in order to manage the compliance function effectively and to supplement the activities of the Compliance Officer.

The duties of the Corporate Compliance Committee will be as determined by the Board of Directors, including to oversee or assist with the activities of the Compliance Officer, to receive reports from the Compliance Officer, and, as appropriate, to report compliance matters to the Board of Directors.

C. Compliance Steering Committee

The Board of Directors may establish a Compliance Steering Committee ("Steering Committee") comprised of board members and senior executive leaders and chaired by the Compliance Officer. The duties of the Steering Committee will be as determined by the Board of Directors, including to assist the board's oversight of the compliance program, to promote adherence to the policies and practices for corporate accountability, transparency and integrity and to report activities at least quarterly to the Board of Directors.

The Steering Committee meets at least quarterly and may elect to include the Privacy/Security subcommittee to review privacy/security audits, as well as policies and procedures.

III. STANDARDS OF CONDUCT

Because of the importance of understanding and abiding by all the standards, procedures and applicable laws of The Smile Way Group, the organization has implemented a Code of Conduct which summarizes key applicable laws and compliance policies. The Compliance Officer will distribute the Code of Conduct to (1) all employees and contractors, (2) subcontractors doing over \$50,000 annually in business with the organization, and (3) others designated by the Compliance Officer.



All recipients of the Code of Conduct must provide to the Compliance Officer a written attestation (see Exhibits A and B): (a) acknowledging receipt of the Code of Conduct; (b) confirming that the recipient has read and understands the Code of Conduct; and (c) agreeing to be bound by and to comply with the Compliance Policies contained in the Code of Conduct.

The Smile Way Group also has myriad policies and procedures (collectively, “Compliance Policies”) that employees and contractors must comply with, which are readily available to employees and contractors.

IV. TRAINING AND EDUCATION

The success of the Program depends upon the active participation of all employees and professional staff of The Smile Way Group. Through the dissemination of the Code of Conduct and other standards of conduct to personnel, together with appropriate training, all such persons will be fully informed regarding their responsibilities for the Program, and the circumstances in which they should promptly notify the Compliance Officer of potential violations.

A. Initial Compliance Training

The proper education and training of corporate officers, managers employees, and the periodic retraining of current personnel at all levels, are significant elements of an effective compliance program.

As part of its Compliance Program, the organization will require all affected personnel to attend training, including appropriate training in federal and state statutes, regulations and guidelines, and corporate ethics. The general training sessions will emphasize the organization’s commitment to compliance with these legal requirements and policies.

These training programs include sessions highlighting the Compliance Program and summarizing various compliance standards, including fraud and abuse statutes and regulations, confidentiality, federal, state and private payer health care program requirements, and marketing practices that reflect current legal and Compliance Program standards. The Smile Way Group will take steps to effectively communicate its standards and procedures to all affected employees, independent contractors and other significant agents, e.g., by requiring participation in training programs and disseminating publications that explain specific requirements in a practical manner. Managers of specific departments or groups can assist in identifying areas that require training and in carrying out such training. Training instructors may come from outside or inside the organization. New employees will be targeted for training early in their employment.

As part of the initial training, the Code of Conduct will be distributed to all employees. At the end of this training session, every employee and contractor attendee will be required to sign and date a statement that reflects the employee’s knowledge of and commitment to the standards of conduct.

This attestation will be retained in the employee’s personnel file. For contracted consultants, the attestation should become part of the contract and remain in the file that contains such documentation. Further, any employee handbook delineating or expanding upon these standards of conduct will be regularly updated as applicable statutes, regulations and federal health care program requirements are modified.



B. Format of the Training Program

A variety of teaching methods, such as interactive training, will be implemented so that all affected employees are knowledgeable about The Smile Way Group's standards of conduct and procedures for alerting senior management or the Compliance Officer to problems and concerns. Targeted training will be provided to corporate officers, managers and other employees whose actions affect the accuracy of the claims submitted to governmental agencies. All training materials will be designed to take into consideration the skills, knowledge and experience of the individual trainees, and when necessary, available in different languages to educate a culturally diverse staff.

Attendance and participation at training programs are a condition of continued employment and failure to comply with training requirements may result in disciplinary action, including possible termination of employment. Adherence to the provisions of the Compliance Program, such as training requirements, will be a factor in the evaluation of each employee. The Compliance Department will retain adequate training records of all employees of The Smile Way Group, including periodic re-education for all personnel.

V. EFFECTIVE LINES OF COMMUNICATION

An open line of communication between the Compliance Officer and all personnel of The Smile Way Group is important to the successful implementation of the Compliance Program and the reduction of any potential compliance concerns. Personnel must seek clarification from the Compliance Officer in the event of any confusion or question regarding a policy, practice, or procedure. Questions and responses may be documented and dated and, if appropriate, shared with other staff so that standards, policies, practices and procedures can be updated and improved to reflect any necessary changes or clarifications.

Written confidentiality and non-retaliation policies have been developed to encourage communication and the reporting of compliance concerns. Employees may report compliance concerns in person, by phone, or via the compliance helpline or e-mail. Employees are permitted to report matters on an anonymous basis. Anonymous reports may be made via The Smile Way Group Compliance Helpline.

The Compliance Officer will require personnel to sign compliance attestations at least annually or as needed (see Exhibit C) and at the personnel's exit interview, following resignation or termination (see Exhibit D).

The Compliance Officer will keep a log of all compliance reports, including the nature of any investigation, results, and corrective actions, to the extent warranted.

Compliance concerns raised by employees who may have participated in illegal or unethical conduct raise numerous complex legal and management issues that should be examined on a case-by-case basis. The Compliance Officer may seek guidance from legal counsel regarding such issues, as needed.

VI. COMPLIANCE INVESTIGATIONS

The Compliance Officer or their delegate will investigate each compliance complaint. The investigation process includes, but is not limited to, record review, personnel or third-party interviews, and audits or monitoring efforts.



If an investigation of an alleged violation is undertaken and the Compliance Officer believes the integrity of the investigation may be at stake because of the presence of employees under investigation, those subjects may be removed from their current work activity until the investigation is completed (unless an internal or government-led undercover operation known to the organization is in effect).

The Compliance Officer will take appropriate steps to secure or prevent the destruction of documents or other evidence relevant to an investigation.

VII. AUDITING AND MONITORING

An ongoing evaluation process is critical to a successful compliance program. The Smile Way Group will regularly monitor its compliance with applicable laws, and results will be reported regularly to senior SAP officers and DPP owners. Findings of non-compliance will be further analyzed to determine the scope and breadth of any problems.

In the case of outsourced billing activities, even if the overpayment detection and return process of a billing vendor is working and is being monitored by the billing company's audit or coding divisions, the Compliance Officer must be made aware of any overpayments, violations or deviations that may reveal trends or patterns indicative of a systemic problem.

VIII. BACKGROUND SCREENING

All employees must meet all federal health care program requirements, payer requirements, and school district contractual requirements regarding criminal history and sanctions exclusions or debarment. For all employees who have discretionary authority to make decisions that may involve compliance with the law or compliance oversight, the organization will conduct a background investigation, including a reference check, as part of every such employment application. The application will specifically require the applicant to disclose any criminal conviction, as defined by 42 U.S.C. §1320a-7(i), or exclusion action. Prior to engagement of any employee or contractor, and at least quarterly thereafter, Smile America Partners will query the exclusions database of the Office of Inspector General of the U.S. Department of Health and Human Services (<https://exclusions.oig.hhs.gov>), the General Service Administration's System for Award Management (<https://www.sam.gov>) and state provider exclusion lists. The Smile Way Group will prohibit the employment, contract, or other engagement of any individual or entity that has been convicted of a criminal offense related to health care or listed as debarred, excluded or otherwise ineligible for participation in federal health care programs (as defined at 42 U.S.C. § 1320a-7b(f) and 42 C.F.R. § 1001.2) (including Medicaid). In addition, pending the resolution of any criminal charges or proposed debarment or exclusion, individuals subject to such an action should be removed from direct responsibility for, or involvement in, any federal health care program. Similarly, with regard to current employees or independent contractors, if resolution of the matter results in conviction, debarment or exclusion, then organization will, at a minimum, remove the individual from any responsibility for or involvement with any federal health care program.

IX. DISCIPLINARY POLICY

All employees and contractors (as appropriate) must carry out their duties for The Smile Way Group in



accordance with the Program. Any violation of applicable law, or deviation from appropriate ethical standards, may subject an employee to disciplinary action, which may include oral or written warning, disciplinary probation or suspension, reduction in salary, demotion or dismissal from employment. These disciplinary actions may also apply to an employee's supervisor (or a staff member's department chief) who directs or approves the employee's improper actions or is aware of those actions but does not act appropriately to correct them, or who otherwise fails to exercise appropriate supervision.

The Smile Way Group will not retaliate against personnel or professionals who raise good faith concerns regarding potential non-compliance with applicable laws or this policy. Federal law provides protection for employees, contractors and agents from retaliation.

X. RESPONDING TO DETECTED OFFENSES AND CORRECTIVE ACTION

Detected but uncorrected misconduct can seriously endanger The Smile Way Group's entire mission, reputation and legal status. Upon conclusion of an audit or investigation, the Compliance Officer and/or Compliance Committee, with appropriate input from any other appropriate individuals, will determine the necessary follow-up action or corrective action plans to be taken, and will determine which individuals will have responsibility for such action. Corrective action plans may include revisions to procedures, policies, and systems when appropriate to prevent recurrence of non-compliant behavior.

Reporting Obligations

A. Billing Misconduct

Management companies that provide billing services, such as SAP, play a critical role in the restitution of overpayments to appropriate payers and resolving underpayments and denials. SAP, on behalf of itself and each DPP, will track and analyze any overpayments, underpayments, refunds and denials. Internal audits will be conducted periodically with respect to all such payments, and the Compliance Officer shall have access to the results of any and all such audits.

SAP will take appropriate corrective action, including prompt identification of any overpayment to the provider and the affected payer and the imposition of proper disciplinary action, if applicable. Failure to notify authorities of an overpayment within 60 days could be interpreted as an intentional attempt to conceal the overpayment from a governmental authority, thereby establishing an independent basis for a criminal or civil violation with respect to the billing company, as well as any individuals who may have been involved.

If the Compliance Officer, Compliance Committee, or a management official discovers credible evidence of misconduct related to billing services and, after reasonable inquiry, has reason to believe that the misconduct may violate criminal, civil or administrative law, then The Smile Way Group will take prompt and appropriate action, which may include reporting the existence of misconduct to the relevant government authorities. When appropriate, prompt reporting will demonstrate the organization's good faith and willingness to work with governmental authorities to correct and remedy the problem. In addition, reporting such conduct will be considered a mitigating factor by the Office of Inspector General or United States Department of Justice in determining administrative sanctions (e.g., penalties, assessments and exclusion), if the reporting company becomes the target of an investigation.



B. Provider Misconduct

If The Smile Way Group finds evidence of misconduct (e.g., inaccurate claim submission) on the part of any health care services provider, and, after reasonable inquiry, has reason to believe that the misconduct may violate criminal, civil or administrative law, the organization will take prompt and appropriate action, including to inform the billing company to refrain from the submission of questionable claims on behalf of such provider. The organization will notify the provider in writing of such a determination. This notification should include all claim-specific information and the rationale for such a determination.

If The Smile Way Group discovers credible evidence of the provider's continued misconduct, including any fraudulent or abusive conduct, the organization will take prompt and appropriate corrective action, which may include one or more of the following: (a) informing the billing company to refrain from submitting any false or inappropriate claims; (b) terminating the provider contract; and/or (c) reporting the misconduct to the appropriate federal and state authorities.

C. Other

The Compliance Officer will report to the Compliance Committee, the Compliance Steering Committee, the Board of Directors, or other appropriate persons any prosecutions, administrative actions, or investigations involving professional staff, or any employee or other workforce member of The Smile Way Group, charging or alleging (a) a felony; (b) any crime against or by The Smile Way Group entities or involving embezzlement or larceny; (c) a threat to patient safety; or (d) violation of any law relating to performance in a governmental program or regulation by a public body. The Compliance Officer, together with the Board of Directors, will determine the necessity of self or other reports to appropriate government agencies.

XI. REPORTS AND RECORDKEEPING

The Compliance Officer will submit to the Board of Directors an annual report of its activities. The Compliance Committee, Compliance Steering Committee, or Compliance Officer, as applicable, will report more frequently to the Board as may be appropriate in the circumstances. All Compliance Program-related submissions to the Compliance Committee, Compliance Steering Committee, and/or the Board of Directors must be marked "Confidential".

All files of inquiries will be marked "Confidential" and maintained by the Compliance Officer on a confidential basis. They will not be disclosed except: (a) to members of the Committees and/or the Board; (b) to members of management or management representatives having a need to know; and (c) as may be required by law or order of a court of competent jurisdiction, as determined by legal counsel.

• **CODE OF CONDUCT ACKNOWLEDGMENT** •

I certify that I have reviewed The Smile Way Group's Code of Conduct and understand it represents mandatory policies of the organization.

I agree to abide by the Code of Conduct.

Signature

Printed Name

Title

Date

Please check your employing entity name:

- SAP:** ReachOut Healthcare America Ltd. dba Smile America Partners
- AZ:** Arizona Mobile Dental, PC dba Big Smiles
- CA:** Elliot Paul Schlang, DDS, Professional Corporation dba Big Smiles
- GA:** Shurett Dental Group, P.C. dba Shurett Dental Group
- GA:** Mark Shurett, DDS, PC dba Help A Child Smile
- IL:** Elliot P. Schlang, D.D.S. P.C. dba Smile Illinois
- IN:** Elliot P. Schlang DDS, Dental Outreach PLLC dba Indiana Dental Outreach
- KS:** Nevin K. Waters D.D.S., PA dba Big Smiles
- KY:** Big Smiles Kentucky PSC dba Big Smiles
- MA:** Elliot P. Schlang DDS Big Smiles Massachusetts P.C. dba Smile Massachusetts
- MD:** S.K. Pesis D.D.S., Big Smiles Maryland, PC dba Smile Maryland
- MI:** Michigan Dental Outreach, P.C. dba Michigan Dental Outreach
- MO:** Nevin K. Waters D.D.S., P.C. dba Big Smiles
- NC:** Theodore F. Mayer, DDS P.A. dba Smile North Carolina
- NY:** Big Smiles Dental New York, PLLC
- NY:** Smile New York Outreach, LLC
- OH:** Elliot P. Schlang DDS, Dental Outreach PLLC dba Ohio Dental Outreach
- PA:** Big Smiles Pennsylvania P.C. dba Smile Pennsylvania
- UT:** Big Smiles Utah, P.C. dba Big Smiles
- VA:** Big Smiles Virginia PC dba Smile Virginia
- WA:** Michael LaCorte Dentistry, PC dba Big Smiles
- WV:** Elliot P. Schlang DDS, Inc. dba Smile West Virginia

• **SUBCONTRACTOR CERTIFICATION AND** •
AGREEMENT OF COMPLIANCE

I certify that I am a duly authorized officer of the independent contractor named below (“Contractor”). On behalf of Contractor and its officers, directors, employees and agents, I certify that I have received and read The Smile Way Group’s Code of Conduct, and fully understand the requirements set forth in that document. I certify that Contractor will act in full accordance with the Code of Conduct. These rules and policies include The Smile Way Group’s commitment to comply with all applicable federal and state laws, and their commitment to conduct its business in compliance with the highest ethical standards.

I certify that Contractor and its employees, agents, or subcontractors have not been convicted of a criminal offense related to health care or listed as debarred, excluded or otherwise ineligible for participation in federal health care programs (as defined at 42 U.S.C. § 1320a-7b(f) and 42 C.F.R. § 1001.2) (including Medicaid). I agree to notify The Smile Way Group immediately if Contractor or its employees, agents, or subcontractors are convicted, debarred, excluded, or deemed ineligible.

The Smile Way Group’s Code of Conduct will be incorporated into and made a part of Contractor’s agreement with any entity comprising The Smile Way Group and will survive termination of that agreement for any reason. Any failure of Contractor to comply with the rules and policies set forth in The Smile Way Group’s Compliance Policy Manual or Code of Conduct, or to report known or suspected violations of those rules and policies, may result in immediate termination of the agreement with Contractor.

Contractor

Representative Name (Print)

Title

Signature

Date

• COMPLIANCE CERTIFICATION •

- I am not aware of any compliance issues, including billing compliance issues, which have not been reported to the Compliance Officer.
- I am aware of the following compliance issues, which have not yet been reported to the Compliance Officer:

Examples of compliance issues include, but are not limited to:

- Billing for services or items not provided;
- Offering, paying, soliciting or receiving any kickback, bribe or rebate;
- Intentionally submitting incorrect, misleading or fraudulent information to any payer;
- Failing to maintain customer confidentiality in accordance with applicable federal and state laws as part of the billing and claims submission process; or
- Any activity that is non-compliant with The Smile Way Group's policies.

I understand that failing to sign or providing false information on this form may result in disciplinary action (including termination of employment).

Employee Name (Print)

Employee Signature

Date

• EXIT INTERVIEW •
COMPLIANCE CERTIFICATION

- I am not aware of any compliance issues, including billing compliance issues, which have not been reported to the Compliance Officer.
- I am aware of the following compliance issues, which have not yet been reported to the Compliance Officer:

Examples of compliance issues include, but are not limited to:

- Billing for services or items not provided;
- Offering, paying, soliciting or receiving any kickback, bribe or rebate;
- Intentionally submitting incorrect, misleading or fraudulent information to any payer;
- Failing to maintain customer confidentiality in accordance with applicable federal and state laws as part of the billing and claims submission process; or
- Any activity that is non-compliant with The Smile Way Group's policies.

I understand that failing to sign or providing false information on this form may result in disciplinary action (including termination of employment).

Employee Name (Print)

Employee Signature

Date