

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	02/27/2025		
Last Review Date	02/22/2024		
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. 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

2/26/2024

9F2E17E4D88A41A
Steve Higginbotham, CEO

DocuSigned by:

Craig Thomas

2/26/2024

068E7D1B7A624EC
Craig Thomas, CCO & SVP HR