

POLICY/PROCEDURE TITLE	Compliance Department Documentation Policy		
POLICY/PROCEDURE NUMBER	CC-124		
DEPARTMENT	Compliance		
Original Issue Date	9/8/2023		
Next Scheduled Review Date	5/22/2025		
Last Review Date	5/23/2024		
Revision Date History	5/2024 item #7 now maintained in iSolved		
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 iSolved)
 - 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:

Steve Higginbotham

7/23/2024

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Steve Higginbotham, CEO

DocuSigned by:

Craig Thomas

7/23/2024

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Craig Thomas, CCO & SVP HR