



Compliance Basics: Fraud, Waste, & Abuse

2026

Course Introduction

Course Information:

This course, Compliance: Fraud, Waste, & Abuse has three modules with built-in interactions and a knowledge check at the end. You must score 80% or better on the knowledge check in order to get credit for the course.

Compliance Basics: Introduction and Objectives

Welcome to Compliance Basics Module 1. This module will introduce you to the foundational concepts of compliance and why it is crucial for our organization. We will explore the key regulatory requirements and standards that guide our daily operations, setting the stage for a deeper dive into specific compliance areas in the modules to come.

Module 1 Learning Objectives

By the end of this module you will be able to:

- Explain the purpose of the compliance program and the consequences of non-compliance.
- Identify the key elements of an effective compliance program.
- List the procedures for reporting and responding to compliance issues.

Understanding the Need

Why Have a Compliance Program?

Required by Law

- The Affordable Care Act (ACA) mandates we establish a compliance program as a condition of enrollment in Medicare, Medicaid, and the Children's Health Insurance Program.

Safeguards Our Mission

- A strong compliance program safeguards our reputation, our assets, and our focus on quality patient care.

Prevents and Addresses Misconduct

- A robust compliance program helps us prevent, detect, and proactively correct fraud, waste, and abuse.

What is Non-Compliance?

Non-compliance is conduct that **does not** conform to laws and regulations, state or federal health care program requirements, or to the organization's ethical and business policies.



This image displays examples of different risk areas associated with non-compliance.
This list is not exhaustive.

Why Compliance Matters

Compliance and ethical conduct reduces and mitigates risk, provides patients with safe and high-quality care, and saves costs. Each of us has a critical role in ensuring compliance. Because you provide health or administrative services for Privia Health or an affiliate, every action you take potentially affects you, your co-workers, our patients and our reputation.

In the next section we will explore the components of Privia's compliance program.

Preventing Non-Compliance

Written Policies and Procedures and Standards of Conduct

Privia Health and its affiliated entities maintain a comprehensive set of written standards to articulate our commitment to compliance and ensure lawful operations and ethical conduct. Privia's written standards provide a roadmap for our workforce members, outlining duties and responsibilities, developing workflow management, and implementing controls to mitigate risk to the organization.



Preventing Non-Compliance Cont.

Code of Conduct

Outlines our fundamental values and the behavioral expectations for all workforce members essential to fulfill the mission, vision, and core values of Privia Health. The Code guides us in carrying out daily activities with the highest standards of ethical conduct and in compliance with laws and regulations essential to fulfill the mission, vision, and core values of Privia Health.



Preventing Non-Compliance Cont.

Policies, Procedures, and Guidelines

Defines principles, rules, and provides detailed guidance and instructions on various operational tasks, mitigating potential risks.



Preventing Non-Compliance Cont.

Written Compliance Plans

Provides the framework to foster an organizational culture of compliance and ethical conduct, and to promote adherence to laws and regulations, Privia policies and procedures, and industry standards. These guidelines are not merely symbolic, they serve TWO essential functions:

Defining Responsibilities:	Preventing Non-Compliance:
Clarify job duties and expectations for proper execution.	Facilitate prevention and early detection of potential issues.



All Privia Health workforce members must familiarize themselves with and abide by the policies and procedures governing their roles and operations. Privia's policies and procedures may be found on PolicyStat. Our Code of Conduct may also be found on the Privia website.

Compliance Leadership and Oversight



Compliance Leadership and Oversight

Privia's Boards and Senior Leadership are committed to Privia's compliance program, understand its value, and are dedicated to its success.

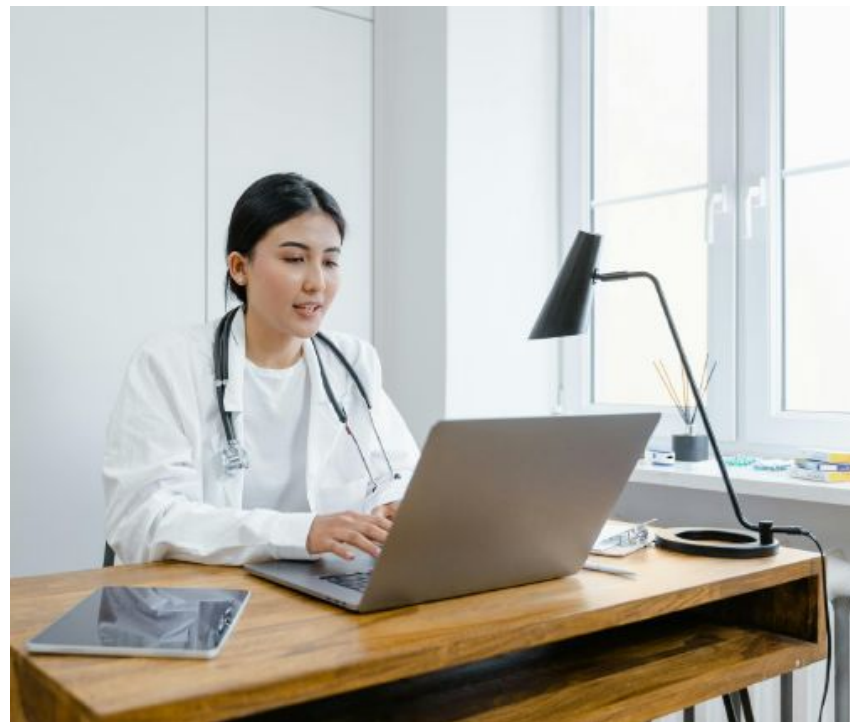
Compliance Leadership and Oversight Cont.

The Chief Audit and Compliance Officer	Privia's Chief Audit and Compliance Officer, a member of Privia's senior leadership team, is supported by a dedicated team that includes the Medical Group Compliance Officer, ACO Compliance Officer, Coding Compliance Officer, and other specialized staff to ensure appropriate processes are in place to monitor and oversee the implementation and operation of the compliance program.
Compliance Committee	A group of leaders who aid and support the Compliance Team in implementing, operating, and monitoring the Compliance Program.
Governing Board	The governing body of each Privia entity is knowledgeable about compliance program operations and exercises reasonable oversight of its operations.
Active Management	Compliance impacts every aspect of our operations and our senior leaders are expected to lead by example, be engaged, ensure individuals on their teams are appropriately trained, and exercise reasonable oversight to ensure compliance.

Leadership establishes and maintains the
tone for all aspects of our Compliance
Program.

Training and Education

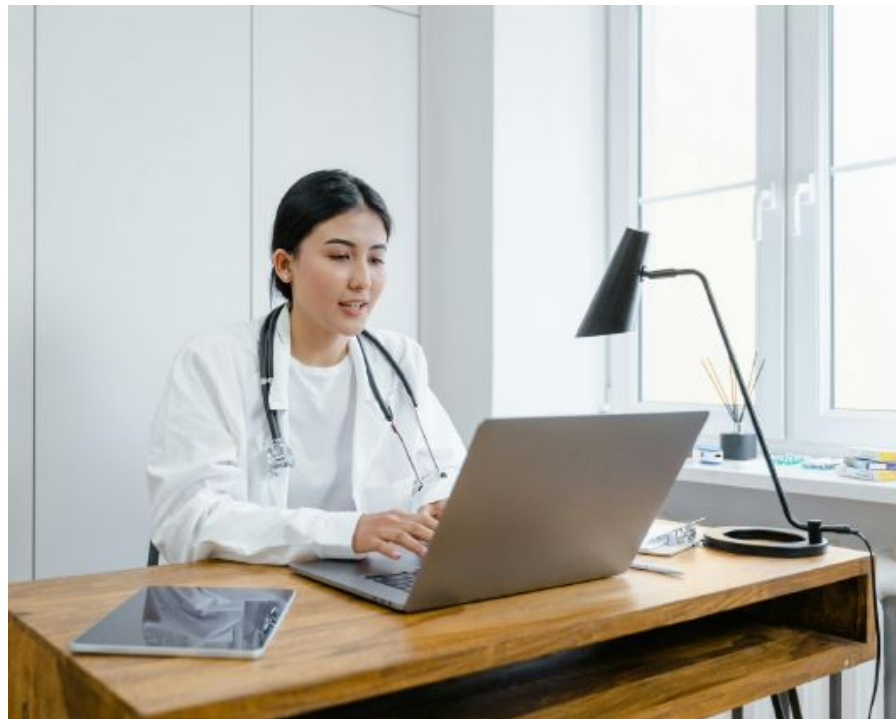
To ensure everyone understands the laws, regulations, policies and procedures applicable to our business, Privia provides training to all workforce members.



Training and Education: Compliance Basics

Compliance Basics

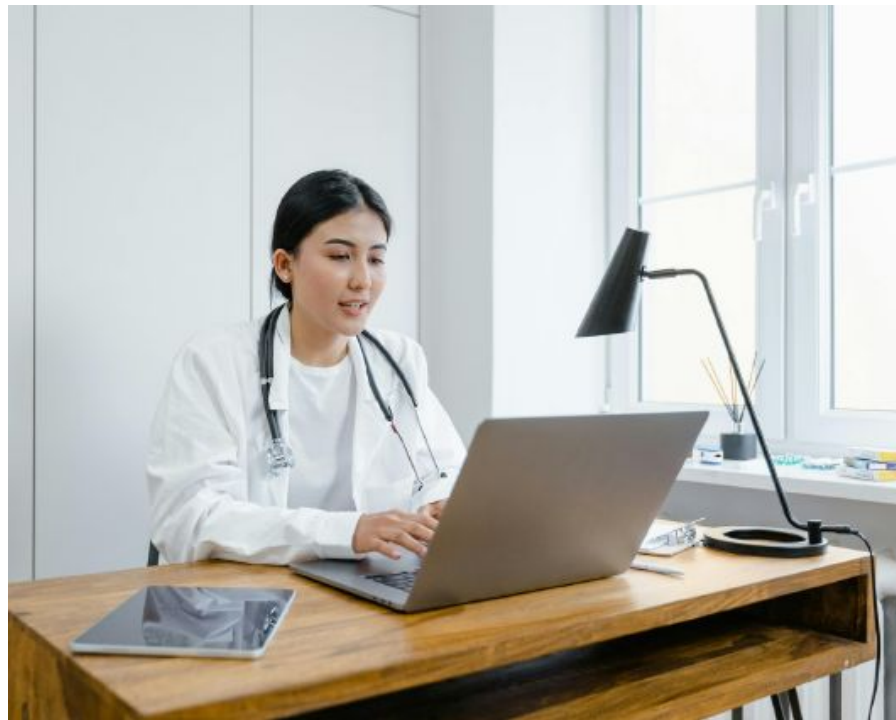
This training covers the elements of the compliance program and the prevention, detection, correction, and reporting of potential or actual fraud, waste and abuse.



Training and Education: Job-Specific Training or Targeted Training

Job-Specific Training or Targeted Training

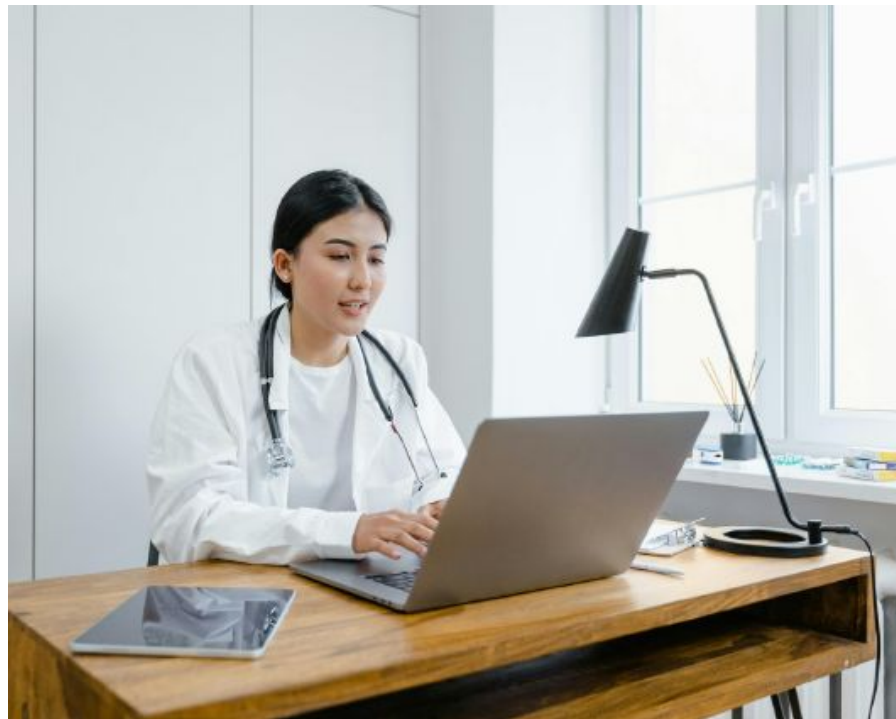
Depending on your role, you may be required to complete targeted training on specific topics, which may include billing, coding, documentation, medical necessity, beneficiary inducements, gifts, interactions with physicians and other sources or recipients of referrals of Federal Health Care program business, and sales and marketing practices.



Training and Education: HIPAA Training

HIPAA Training

This training focuses on protecting patient privacy (HIPAA stands for Health Insurance Portability and Accountability Act), and the laws governing the privacy and security of patients' Protected Health Information ("PHI").



Training and Education: Informal Training

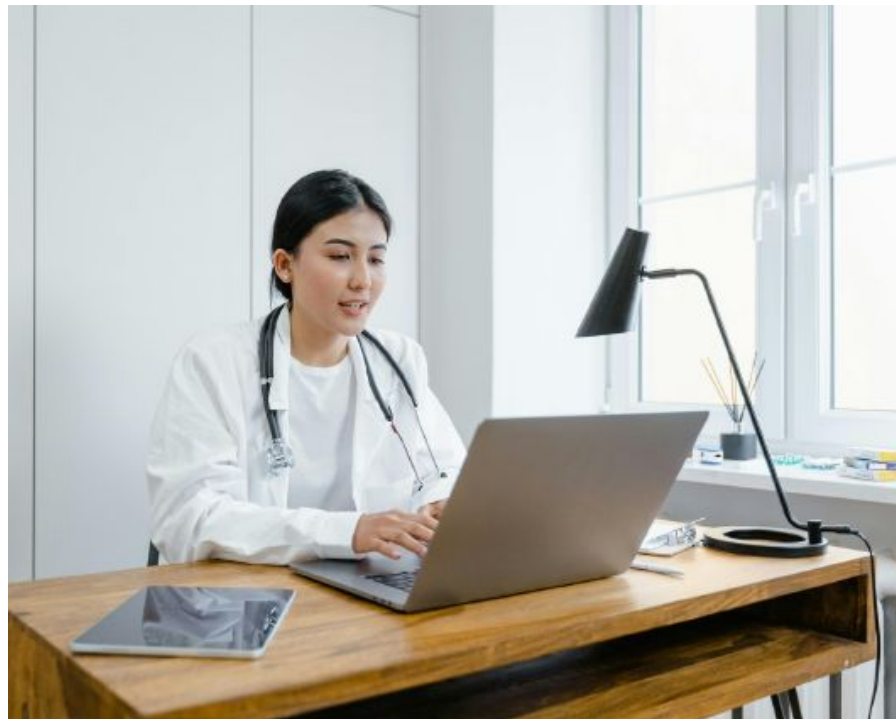
Informal Training

The Compliance Team may also provide information on compliance topics throughout the year through newsletters and various Privia meetings.

These trainings are a vital component of an effective compliance program. Certain compliance training, including this training module, is a condition of employment or contracting with Privia and must be completed upon hire or onboarding and annually thereafter.



“Workforce” is defined as Privia employees, physicians and other providers, contractors, agents, care center staff, officers and directors of Privia Health, LLC and its subsidiaries and affiliates.



Detecting Non-Compliance

To encourage a culture of compliance, we have effective lines of communication that are accessible to all. Privia Health wants everyone to feel comfortable asking questions and reporting concerns in good faith.



Detecting Non-Compliance Cont.

You are obligated to report any potential incidents of noncompliance or activities that may lead to non-compliance.

TO REPORT A SUSPECTED VIOLATION

- Call or text the secure Ethics Line confidentially, 24/7 at (877)851-8048
- Complete the secure web form confidentially, 24/7 at PriviaHealth.com/ethicsline
- Email the Compliance Department: compliance@priviahealth.com
- Contact the Legal Department: legal@priviahealth.com
- Contact the Chief Audit and Compliance Officer, Dana Fields: dana.fields@priviahealth.com
- Talk to Us: You may always contact your supervisor, any manager, or the Compliance and/or Legal Departments to report concerns or misconduct. We have an open-door policy!

When reporting a concern, please provide as many details as possible so we can find the best solution.

Auditing and Monitoring

We must conduct routine monitoring and auditing of our operations to evaluate compliance with laws and regulatory requirements, as well as the overall effectiveness of the compliance program. This is accomplished through:

Routine and Ad-hoc Audits	Routine and ad-hoc audits help identify areas at risk for noncompliance such as billing and coding.
Periodic Risk Assessments	Risk Assessments, including a review of risks identified by the Office of Inspector General, to identify areas that are at a high risk for noncompliance, fraud, waste or abuse.
Routine Monitoring of Ongoing Risks	We must routinely monitor ongoing risks, the effectiveness of controls, and risk remediation. Examples of routine monitoring activities include screening of the OIG and state exclusion lists monthly and performing a review of policies and procedures annually.

Now that we have covered preventing and detecting non-compliance, let's explore how to correct these issues.

Correcting Non-Compliance: Responding to detected Offenses & Developing Corrective Actions

What Happens When Issues are Detected?

When compliance issues are detected, we must take the problem seriously and work to find a solution.

Performing the Investigation

1

Performing the Investigation

Our Compliance Team, with help from experts if needed, will:

- Interview the person(s) involved in or possessing knowledge of the suspected non-compliant conduct.
- Review relevant documents and rules, regulations, and policies.
- Protect important information and prevent destruction of evidence related to the investigation.
- Keep accurate documentation of the investigation and findings.

Taking Action

2

Taking Action

If we find a problem, we fix it. This includes determining and addressing the root cause, enforcing disciplinary policies and procedures, and creating and implementing new policies and internal controls to prevent the recurrence of misconduct.

Reporting Important Issues

3

Reporting Important Issues

If credible evidence of misconduct is substantiated, and the Compliance Officer and/or General Counsel has reason to believe that the misconduct may violate criminal, civil, or administrative laws, Privia will promptly notify the appropriate government authority.

Refunding of Overpayments

4

Refunding of Overpayments

If an overpayment occurred as a result of the misconduct, it will be refunded promptly in accordance with the law.

Summary

This process helps us make things right and prevent problems from happening again.

Enforcing Standards

- For our Compliance Program to be effective, we must establish appropriate consequences for non-compliant behavior, as well as incentives for compliance.
- Privia values its commitment to the Code of Conduct and will take appropriate action if a workforce member violates the Code of Conduct, policies and procedures, or laws and regulations.
- Leadership has a responsibility to impose consequences for non-compliant behavior in an appropriate and consistent manner, and incentivize ethical conduct to encourage a culture of compliance.
- Violations of the Code of Conduct, policies and procedures and/or laws and regulations may result in disciplinary action to the individual, up to and including termination.

Compliance Violations: Result in Serious Consequences

Potential Consequences for Individuals	Potential Consequences for Privia
• Termination of employment • Imposition of financial penalties • Imprisonment • Exclusion from participating in federal healthcare programs	• Substantial financial fines • Reputational damage and negative media coverage • Exclusion from participation in federal healthcare programs • Imposed compliance “settlements” with regulatory agencies, such as Corporate Integrity Agreements (CIAs). CIAs are mandatory compliance programs which require ongoing regulatory oversight and monitoring, and additional financial implications.

When Non-Compliance is Detected

Once non-compliance has been detected, it must be promptly corrected, including refunding the government if necessary. Correcting the problem saves the government money and ensures Privia is in compliance with regulatory requirements. Internal monitoring and audits will continue to verify the corrective action is completed, policies and procedures are followed, and no recurrence of the same non-compliant conduct.

Summary

As we wrap up the first module of this course, you should now be able to do the following:

Explain the purpose of the compliance program and the consequences of non-compliance.

Identify the key elements of an effective compliance program. List the procedures for reporting and responding to compliance issues.

In Module 2, we will look closely at fraud, waste, and abuse and how we can prevent it.

Introduction to Fraud, Waste, & Abuse (FWA)

Module 2 Learning Objectives:

By the end of this module you will be able to:

- Define Fraud, Waste, and Abuse (FWA).
- Identify examples of FWA.
- Identify key laws and regulations related to FWA and the consequences of violations of the FWA rules and regulations.
- Implement prevention strategies.

In the next section, we will take a closer look at the definitions of fraud, waste, and abuse.

What is Fraud, Waste, and Abuse?

Definitions	
Fraud	Fraud is when someone knowingly deceives, conceals, or misrepresents with the intent to obtain something of value through intentional misrepresentation or concealment of material facts.
Waste	Waste includes the incurring of unnecessary costs as a result of deficient management, practices, or controls; such as overusing services.
Abuse	Abuse describes actions that may, directly or indirectly, result in unnecessary costs to federally funded programs.

Examples of Fraud, Waste & Abuse: Fraud

Fraud

- Knowingly billing for services not furnished or supplies not provided, including billing Medicare for appointments that the patient failed to keep
- Knowingly altering claim forms or medical records to receive a higher payment
- Accepting bribes and kickbacks from vendors in exchange for using their products and services



Fraud

Examples of Fraud, Waste & Abuse: Waste

Waste

- Ordering excessive lab tests
- Conducting excessive office visits or writing excessive prescriptions (over utilization)
- Prescribing more medications than necessary for the treatment of specific conditions



Waste

Examples of Fraud, Waste & Abuse: Abuse

Abuse

- Unknowingly billing for unnecessary medical services
- Unknowingly misusing codes on a claim, such as upcoding or unbundling codes
- Unknowingly charging excessively for services or supplies



Abuse

Differences in Fraud, Waste, & Abuse

One of the primary differences is **intent** and **knowledge**. Fraud requires intent to obtain payment and knowledge that the actions are unethical or unlawful. Waste and abuse may involve obtaining an improper payment or creating unnecessary costs to the Medicare program, but ***do not require the same intent or knowledge.***

However, an allegation of waste and abuse can escalate into a fraud investigation if a pattern of intent is determined.

It is important to remember that knowledge includes what you **“should have known.”** That is why it is important to **educate ourselves** on the risks, laws, rules, and regulations of our business.

In the next lesson we will look at the legal framework surrounding fraud, waste, and abuse.

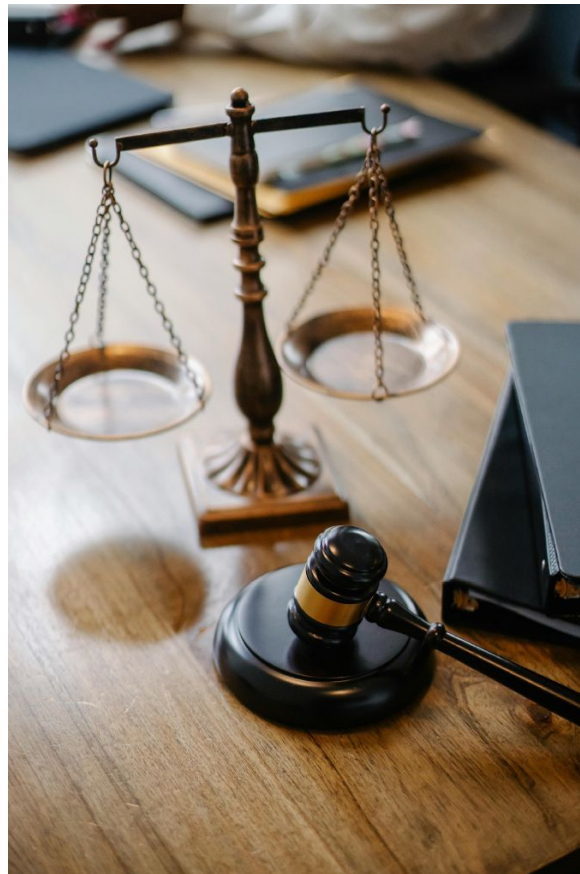
Legal Framework

Fraud, Waste, & Abuse Laws

Agencies like the Department of Justice (DOJ), the Office of Inspector General (OIG), and Centers for Medicare and Medicaid Services (CMS) are charged with interpreting and enforcing the laws and regulations related to fraud, waste, and abuse. Because we serve and treat patients in federal healthcare programs, knowing and understanding these laws and how they apply is crucial to your role at Privia.

To effectively detect fraud, waste, and abuse, you must have a working knowledge of the following key laws:

- Physician Self-Referral Law (Stark Law)
- False Claims Act
- Criminal Health Care Fraud Statute
- Anti-Kickback Statute
- Exclusion from Federal Healthcare Programs
- Civil Monetary Penalties Law



Physician Self-Referral Law | Stark Law

The Physician Self-Referral Statute, or Stark Law, forbids doctors from referring Medicare/Medicaid patients for designated health services to entities where they (or their close family) have financial relationships, unless an exception applies and its requirements are satisfied. This includes ownership or investment interests or paid positions. The Stark law is a strict liability law, meaning intent to violate the law is not required.

What are designated health services?

Designated health services include the following:

- Clinical Laboratory Services
- Physical Therapy, Occupational Therapy and Outpatient Speech-Language
- Pathology Services
- Radiology and Certain Other Imaging Services
- Radiation Therapy and Supplies
- Durable Medical Equipment and Supplies
- Parenteral and Enteral Nutrients, Equipment and Supplies
- Prosthetics, Orthotics and Prosthetic Devices and Supplies
- Home Health Services
- Outpatient Prescription Drugs
- Inpatient and Outpatient Hospital Services

Physician Self-Referral Law | Stark Law Cont.

Entities involved in improper referrals must repay all Medicare and Medicaid payments associated with the improper relationship. Additionally, they face hefty fines and may be excluded from participation in federal healthcare programs.

The fines currently range from **\$31,670** to **\$211,146** which represent a slight increase from last year based on the Department of Health and Human Services (HHS) 2026 adjustments:

- **Per Violation (Claim):** The penalty for presenting a claim for a service that the entity "knows or should know" is prohibited is now approximately **\$31,670**.
- **Circumvention Schemes:** The penalty for entering into a cross-referral scheme specifically designed to bypass the law is now approximately **\$211,146**.

Physician Self-Referral Law | Stark Law Cont.

Analyzing an Arrangement for Stark Law



The **Physician Self-Referral Statute** provides for “safe harbors” and exceptions to the Anti-Kickback and Stark Laws, but you must fit squarely within the requirements. If you have any questions or concerns related to your financial relationships and the Stark Law, please contact Privia Health’s Legal department at legal@priviahealth.com.

False Claims Act

False Claims Act	
Protects	The False Claims Act protects the government from being overcharged or sold shoddy goods or services by prohibiting the submission of false or fraudulent claims to the government. Claims may be false if the service is not actually rendered to the patient, is provided but already covered under another claim, is miscoded, or is not supported by the medical record. This is why accurate and thorough documentation in the medical record is so important.
Penalizes	False claims result in criminal penalties including fines, imprisonment, or both. Physicians and entity leaders and administrators have gone to prison for submitting or causing the submission of false health care claims.
Punishes	You can be punished if you act with deliberate ignorance or reckless disregard. You do not have to intend to defraud the government to violate the FCA. In other words, you can't simply hide your head in the sand and avoid liability. This is why we must understand Federal Program rules and conduct audits to verify compliance

False Claims Act Cont.

False claims include claims where the service is:

- Not rendered
- Upcoded
- Not medically necessary
- Performed by unlicensed or underprivileged individuals
- Not supported by the patient's medical record
- Already covered under another claim
- Not provided with accepted clinical standards
- A claim resulting from violation of the Anti-kickback Statute or Stark Law
- An identified overpayment may also be considered a false claim if not returned within the required timeframe.

Whistleblowers

The False Claims Act provides protection and a strong financial incentive for whistleblowers to report fraud. When a whistleblower reports concerns to persons within their organization, who have the authority to take corrective action, and those persons fail to take action, the whistleblower may sue the organization or individuals on behalf of the government and collect up to 30 percent of the money the government collects. Whistleblowers are often ex-business partners, office staff, competitors, or even patients.

Financial Exposure Under the FCA

If an entity is found liable under the False Claims Act, civil penalties are only one piece of the puzzle. The full penalty structure includes:

- **Per-Claim Penalties: \$14,308 to \$28,619** assessed for every single individual false invoice, bill, or medical claim submitted to the government.
- **Treble Damages:** The defendant must pay **three times the actual financial loss** sustained by the government.
- **Legal Fees:** The defendant is typically required to pay the **attorney's fees and expenses** of the whistleblower (known as the relator) who brought the case.
- **How the penalties stack up:** Because the civil penalties apply to each individual claim rather than the overall scheme, they accumulate rapidly.
 - For example, if a medical clinic submits 500 fraudulent Medicare claims, the baseline per-claim penalty fine alone can range between **\$715,400 and \$14.3 million**, entirely separate from the actual triple damages owed.

Criminal Health Care Fraud Statute

The Criminal Health Care Fraud Statute prohibits knowingly and willfully executing, or attempting to execute a scheme or lie about the delivery of, or payment for, health care benefits, items, or services to either:

- Defraud any healthcare benefit program
- Get (by means of false or fraudulent pretenses, representations, or promises) the money or property owned by or, under custody or control of, a health care benefit program.

Penalties for violating the Criminal Health Care Fraud Statute may include fines, imprisonment, or both.

Anti-Kickback Statute

The Federal Anti-Kickback Statute prohibits the exchange of remuneration to reward past or future referrals in healthcare. Offering or receiving gifts or anything of value in exchange for patient referrals is illegal.

This includes obvious forms of payment, like cash, but also more subtle remuneration in the form of cost-sharing waivers or subsidies, opportunities to earn fees, below fair market value items, space, equipment, and services (e.g. free rent, free clerical staff).

The Anti-Kickback Statute applies to both payers and recipients of kickbacks. Simply asking for a kickback could violate the law. Many physicians and providers have faced penalties for accepting benefits from vendors, pharmaceutical, and device manufacturers in exchange for product loyalty.

Anti-Kickback Statute Cont.

Kickbacks are illegal because they seriously harm federal healthcare programs and patients. They can lead to:

- Unnecessary services and treatments
- Inflated healthcare costs
- Biased medical decisions
- Patients being steered to certain providers and not in the best interest of the patient
- Unfair competition in the healthcare market

Violating the Anti-Kickback Statute has severe consequences, including possible felony charges, fines up to \$100,000, imprisonment up to 10 years, and exclusion from federal healthcare programs.

Exclusion From Federal Healthcare Programs

The OIG has the legal authority to exclude individuals/entities from participation in Medicare, Medicaid, and other federal healthcare programs.

Exclusion means individuals and entities cannot be paid, directly or indirectly, for items or services rendered—a serious consequence often referred to as a “financial death sentence” for healthcare providers.

By law, Privia and its subcontractors must verify that all employees, physicians, board members, contractors, and vendors are **NOT** excluded from participation in government programs prior to employment, appointment, or initiating services.

Civil Monetary Penalties Law

The Civil Monetary Penalties Law addresses fraudulent and abusive conduct in healthcare. Depending on the type of violation, federal law authorizes significant financial penalties that are adjusted annually for inflation. These fines can exceed \$100,000 per violation, plus an assessment of up to three times the amount claimed or received through improper conduct.

The Office of the Inspector General (OIG) may seek civil monetary penalties for a wide variety of abusive conduct, including:

- Arranging services or items from an excluded individual or entity
- Presenting a claim for medically unnecessary services
- Failing to grant the OIG timely access to records
- Knowing of and failing to report an overpayment
- Making false claims
- Paying to influence referrals
- Beneficiary inducements or anything of value that will influence a patient's decision on provider or supplier of items and services payable by federal or state healthcare program dollars

In the next section we will explore ways to prevent fraud, waste, and abuse.

Preventing Fraud, Waste, & Abuse

Follow these guidelines for prevention:

- Look for suspicious activity.
- Conduct yourself in an ethical manner.
- Ensure accurate and timely documentation and billing.
- Comply with policies and procedures, the Code of Conduct, applicable laws, regulations and CMS requirements.
- Report all compliance concerns at compliance@priviahealth.com

If you have a question, ask!



We all play a role in preventing fraud, waste, and abuse.

Reporting and Correcting Fraud, Waste, & Abuse

Everyone **MUST** report suspected fraud, waste, or abuse. This is clearly expressed in our Code of Conduct, Whistleblower Policy, and Fraud, Waste, and Abuse Policies.

Privia **will not** retaliate against you for reporting in good faith. Report any concerns related to fraud, waste, or abuse to the Compliance Department.

The Compliance Team will investigate and determine the appropriate response.



Reporting and Correcting Fraud, Waste, & Abuse Cont.

If fraud, waste, or abuse is detected, it must be promptly corrected. Correcting the problem saves the government money and ensures Privia is in compliance with government requirements.

Privia's Correction Process:



Summary

Now that you have completed Module 2, you should be able to do the following:

- 1 Define fraud, waste, and abuse (FWA).
- 2 Identify examples of FWA.
- 3 Identify key laws and regulations related to FWA and the consequences of violations of the FWA rules and regulations.
- 4 Implement strategies to prevent FWA.

Now let's take a closer look at your compliance role and responsibilities as a member of the Privia workforce.

Your Compliance Role and Responsibility

Objectives

By the end of this module, you will be able to:

- List specific compliance responsibilities within your role.
- Describe situations warranting a compliance concern report.
- Explain Privia's policy and federal laws that protect employees from retaliation when reporting compliance concerns in good faith.
- Identify available channels for reporting concerns.
- List resources for those experiencing or witnessing retaliation.

In the next section, we will begin to explore your responsibilities in your role.

Core Values: Understanding Your Compliance Role

It's essential to understand the rules and act responsibly. Flip the cards below to see what that means for you.

Know Your Responsibilities	Understand the scope of your job and always follow Privia's Code of Conduct, policies, and procedures. Stay informed on any changes that affect your work.
Be Informed and Prepared	Complete all required compliance training and any additional training relevant to your role. This knowledge will help you understand and follow Privia's policies and procedures, applicable laws, and regulations and conduct business ethically.
Recognize Risks	Be aware of potential risks in your work area – physical, privacy and security-related, or those involving fraud, waste, and abuse. Your vigilance helps us prevent problems.
Ask	If you have a question about Privia's Code of Conduct, policies, or procedures, ask your supervisor or manager. You may also contact the Compliance Department for assistance.
Check Your Work	Take responsibility for doing your job accurately. Double-check information, especially emails and sensitive data, before accessing, sending, or disclosing.
Speak Up!	Report potential fraud, waste, abuse, and other compliance concerns you may encounter. Know your options for reporting, including your supervisor, the Compliance Team, and the Ethics Line.



Do the right thing!

As we continue exploring your roles and responsibilities for compliance, we will explore reporting obligations in the next section.

Fulfilling Your Compliance Role

Responsibility is key!

By following guidelines, staying vigilant, and reporting concerns, you help maintain a safe and compliant work environment. Please seek help when you have questions.

When we fulfill our compliance role, we:

- Protect confidential information
- Prevent fraud, waste and abuse
- Provide quality patient care
- Ensure our services align with standards
- Act ethically and with integrity
- Do the right thing!

Reporting Obligations

All workforce members must report compliance concerns.



Privia's expectation of each workforce member is to report any event, incident, situation, or conduct that they believe, in good faith, violates, or potentially will violate an applicable law or regulation, Privia's Code of Conduct, policies, or procedures.

Reports should be made in a timely manner.

It's a risk to Privia when compliance concerns go unreported; the health, financial, and emotional impact can be far-reaching.

How to Report Compliance Concerns

Privia offers multiple ways to report – use the one you're most comfortable with:

- Your Supervisor or Manager
- Compliance Department: compliance@priviahealth.com
- Legal Department: legal@priviahealth.com
- People Operations (HR): hr@priviahealth.com
- Privia's Chief Audit & Compliance Officer, Dana Fields: dana.fields@priviahealth.com.
- Ethics Line (877) 851-8048
- [*www.priviahealth.com/ethicsline*](http://www.priviahealth.com/ethicsline)

*Anonymous reporting available



When Reporting, Be Prepared

When reporting, be prepared:

- The 5 W's: Who, What, When, Where, Why
- Stick to the facts!

Don't Make Excuses!

Some people may try to justify not reporting compliance concerns. They may be thinking:

- “It’s none of my business.”
- “It takes too long to report it.”
- “Someone else will report it.”

If you find yourself coming up with excuses for not reporting concerns, consider the impact of not reporting.

- Federal laws, state laws, and our policies require us to take immediate action to reduce harm to patients and our workforce.

We take **ALL** concerns seriously. Every report helps protect Privia and our patients.

Non-Retaliation and Non-Intimidation Policy

How are you protected when you report a compliance issue?

- Privia policy and federal law protect you from any retaliation for reporting concerns in good faith.
- Retaliation or intimidation against whistleblowers is strictly prohibited.
- Violators of this policy will face disciplinary action up to and including termination.
- If you experience retaliation after reporting a concern, report it immediately to the Compliance Team.

Summary

Module 3 highlighted your essential role in upholding compliance at Privia Health. You're responsible for adhering to policies, reporting concerns, and completing training. Privia protects you from retaliation if you report compliance concerns in good faith, as guaranteed by company policy and federal law.

Retaliation of any kind is strictly prohibited. If you experience or witness retaliation, you have several reporting options: your supervisor, Human Resources, the Compliance Hotline, or Privia's Compliance Officer.

Remember, your active participation in maintaining compliance is crucial for the ethical and legal integrity of our organization.

Summary Cont.

Objectives

After completing Module 3 | Your Compliance Role and Responsibility, you should now be able to:

- List specific compliance responsibilities within your role.
- Describe situations warranting a compliance concern report.
- Explain Privia's policy and federal laws that protect employees from retaliation when reporting compliance concerns in good faith.
- Identify available channels for reporting concerns.
- List resources for those experiencing or witnessing retaliation.



Compliance matters at Privia.

Integrity guides every decision we make.

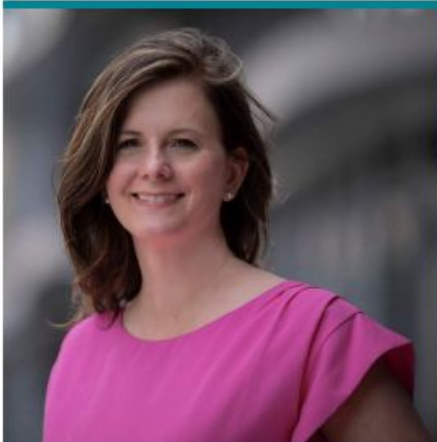
In this course, you gained the essential knowledge and skills to uphold ethical and legal standards in your role. You learned the critical importance of a robust compliance program in mitigating risks, protecting your organization's reputation, and ensuring adherence to laws and regulations. You now know how to identify and report compliance issues, with a special focus on fraud, waste, and abuse (FWA).

The key elements of an effective compliance program, proactive prevention strategies, and your individual compliance responsibilities are all clearer. You also learned about Privia's commitment to protecting employees who report compliance concerns, fostering a culture of transparency and accountability. By understanding and applying these principles, you contribute to a workplace where ethical behavior and legal compliance are paramount.

After completing this course you should be able to:

- Explain the purpose of the compliance program and the consequences of noncompliance.
- Identify the key elements of an effective compliance program.
- List the procedures for reporting and responding to compliance issues.
- Define FWA.
- Identify examples of FWA.
- Identify key laws and regulations related to FWA and the consequences of violations of the FWA rules and regulations.
- Implement prevention strategies.
- List specific compliance responsibilities within your role.
- Describe situations warranting a compliance concern report.
- Explain Privia's policy and federal laws that protect employees from retaliation when reporting compliance concerns in good faith.
- Identify available channels for reporting concerns.
- List resources for those experiencing or witnessing retaliation.

Questions?



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