



Accountable Care Organization (ACO) Compliance Plan for the Medicare Shared Savings Program

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Article I - Background

The ACO participates in the Medicare Shared Savings Program ("MSSP") and is governed by the MSSP requirements stated in 42 CFR Part 425 and other applicable state and federal regulatory standards. An ACO must meet all MSSP participation requirements to enter into a participation agreement with the Centers for Medicare and Medicaid Services ("CMS"). A compliance program meeting the criteria described in the MSSP regulations (42 CFR § 425.300) is a required component of MSSP participation.

This written document (the "Compliance Plan") was developed in cooperation with Privia Health Group, Inc. ("Privia") and describes how the Compliance Program elements are met for the ACO in accordance with MSSP regulations (42 CFR § 425.300). It also establishes how the Compliance Plan promotes regulatory compliance and prevents, detects and resolves non-compliant and illegal conduct, including fraud, waste and abuse (FWA) of government program funds by those participating in or otherwise providing services to the ACO.

Article II - Scope

The Compliance Plan is applicable to CMG ACO, LLC and all ACO Related Individuals, except as otherwise indicated. ACO Related Individuals are defined to include the following: ACO officers, directors, employees, ACO Participants (as defined in 42, CFR § 425.20), ACO Providers/Suppliers (as defined in 42, CFR § 425.20) or any other individual or entity providing functions or services related to ACO activities.

Article III - ACO Personnel

Privia Management Company, LLC, a subsidiary of Privia Health, LLC and Privia Health Group, Inc., may perform certain compliance functions or activities described in this Compliance Plan, where appropriate, on behalf of the ACO. Due to Privia's legal structure, compliance personnel may be employed by Privia Health, LLC.

Article IV - The Elements of our Compliance Program

The following sections describe the key elements of the ACO's Compliance Program to prevent, detect, and correct non-compliance.

Section 1. ACO Compliance Plan, Policies, and Code of Conduct

The ACO has adopted Privia Health Group, Inc's Code of Conduct (the "Code of Conduct"). The Code of Conduct and this Compliance Plan are at the core of the ACO's Compliance Program. This Compliance Plan was developed in accordance with the requirements of the MSSP as outlined in 42 CFR § 425.300 (a). To support this Compliance Plan, the ACO has developed written Compliance Policies and Procedures to clarify

ACO compliance processes and procedures. These documents are made accessible on [Privia Connect](#), the [ACO Compliance Website](#) and Privia's policy management system, PolicyStat. The [Code of Conduct](#) is also available on Privia Health's website. ACO Related Individuals may also request copies of these and other Compliance Program documents from the ACO's Compliance Officer (compliance@priviahealth.com).

Section 2. Oversight of the Compliance Program

The ACO Board and senior leadership are committed to the success of our Compliance Program. Key activities of the oversight of our Compliance Program are described below.

A. Compliance Officer

The ACO shall have a designated Compliance Officer who is responsible for the day-to-day direction and implementation of our Compliance Program. The Compliance Officer administratively reports to Privia's Chief Audit and Compliance Officer.

The designated Compliance Officer and Privia's Chief Audit and Compliance Officer will have direct access to the ACO Board and Compliance Committee (if applicable) without the need to report to any other individual at Privia. With direct access, the Compliance Officer and Privia's Chief Audit and Compliance Officer retains express, discretionary authority to communicate personally on any matter with the ACO Compliance Committee (if applicable) and/or the ACO Board.

Pursuant to CFR 42 § 425.300 (a)(1), the Compliance Officer and Privia's Chief Audit and Compliance Officer are neither legal counsel to the ACO nor to the existing parent organization and reports directly to the ACO's Board regarding compliance issues. The Compliance Officer may engage other ACO Related Individuals to assist with the oversight and management of the Compliance Program. The Compliance Officer is also referred to as the "Compliance Office."

B. Privia Health ACO Operational and Compliance Workgroup

The Privia Health ACO Operational and Compliance Workgroup supports the ACO Compliance Officer and helps ensure compliance for all Privia ACO entities, share best practices, promote consistency across Privia ACO entities, and review and approve ACO compliance policies for submission to the ACO Board/Board appointed sub-committee. Privia's ACOs elect an ACO Representative to join this Workgroup and attend meetings and inform and ensure ACO compliance regarding assigned tasks. This Workgroup meets at least quarterly.

C. ACO Board

As the governing body of the ACO, the Board has ultimate responsibility for oversight of the Compliance Program and its compliance with the requirements of the MSSP, including:

- Being responsible for oversight and strategic direction of the ACO, per 42 CFR § 425.106 (b)(1);
- Holding ACO management accountable for the ACO's activities, per 42 CFR § 425.106 (b)(1);
- Maintaining a transparent governing process, per 42 CFR § 425.106 (b)(2);
- Ensuring that the Board members act consistently with their fiduciary duty to the ACO, per 42 CFR § 425.106 (b)(3); and
- Executing or monitoring the ACO's functions, including without limitation, promoting evidence-based medicine and patient engagement, reporting on quality and cost measures, and coordinating patient care, per 42 CFR § 425.106 (a)(1).

The Compliance Committee ("Committee") and the Board will oversee the ACO's compliance functions. The Committee includes Privia and CMG ACO providers and is assisted by Privia staff and ACO Related Individuals from various departments, including the Compliance Office. The Committee assists and advises the Compliance Officer in overseeing the ACO's compliance with federal and state regulatory requirements, internal audits, reviews of compliance performance, internal controls for the prevention and detection of fraud, waste and abuse, and investigation and resolution of compliance issues. Additionally, results of CMS audits and ACO audits conducted by the Compliance Department are communicated to the ACO Board and Committee.

The Board and/or Committee receives a report (written and/or in person), at least quarterly or as deemed by the Board and/or Committee, from the Compliance Officer on compliance issues and the status of the ACO's Compliance Program, including the compliance work plan (unless such reporting would compromise an ongoing investigation or other confidential information). Minutes are recorded for each meeting, approved by the Board or Committee, as applicable, at the following meeting; copies of meeting minutes are retained by the ACO.

Per 42 CFR § 425.106 (c)(1), the ACO has established a mechanism for shared governance among ACO participants that formed the ACO and provides for meaningful participation in the composition and control of the Board for ACO participants or their designated representatives. The Board is

separate and unique to the ACO; and, in the interest of preserving fiduciary duty to the ACO, is not responsible for governing the activities of individuals or entities that are not part of the ACO.

Pursuant to 42 CFR § 425.106 (c)(3), at least seventy-five percent (75%) of the governing body's control shall be held by ACO participants. Pursuant to 42 CFR § 425.106 (c)(2), the Board also includes a Medicare beneficiary representative served by the ACO who: (1) is not an ACO provider or supplier; (2) does not have a conflict of interest with the ACO; and (3) has no immediate family member with a conflict of interest with the ACO.

The Board has adopted a Conflict of Interest policy in accordance with 42 CFR §425.106 (d) which requires, at a minimum, the following:

- The members of the Board annually disclose relevant financial interests;
- A process to identify and address conflicts of interest; and
- A process for addressing remedial action for members of the Board who fail to comply with the policy.

Section 3. Mechanisms to Identify and Address Compliance Issues Around the ACO's Operations and Performance

Pursuant to 42 CFR § 425.300 (a)(2), the ACO has implemented mechanisms to identify and address compliance issues related to the ACO's operations and performance.

A. Identifying Compliance Issues

1. Risk Assessment

The ACO Compliance Officer, in conjunction with ACO Operational Leaders, the Board/Committee, if applicable, and in consultation with Privia's Chief Audit and Compliance Officer, will review regulatory requirements, MSSP risk areas and timely developments in the ACO industry, governmental guidance or pronouncements, Ethics Line calls, issues raised by ACO Parties and ACO operations to identify compliance risks or areas of compliance focus for the upcoming year. The Compliance Officer will put together an annual compliance work plan, based on, but not limited to, the risk assessment that will set forth the initiatives, compliance goals, and audit and monitoring activity for the upcoming year.

2. Monitoring

a. General Monitoring

The ACO will ensure that specific MSSP regulatory requirements (including government interpretations, such as Office of Inspector General (OIG) Advisory

Opinions and other compliance priorities are monitored. Monitoring will vary according to specific risks, regulatory priorities and other administrative and/or operational variables. The ACO compliance work plan will identify specific areas to be monitored annually.

b. Participant Compliance Monitoring

The ACO approaches compliance as an ACO-wide endeavor extending to each ACO Related Individual. To this end, the ACO respects the autonomy of each ACO participant to conduct its own internal compliance activities and maintain its own compliance plan; provided, however, that each ACO Participant agrees to comply with all relevant ACO policies, including this Compliance Plan.

c. Exclusion Screening

ACO Participants must not knowingly hire, employ, or contract with an individual or entity that has been excluded from participation in any federal health care program. All ACO Participants must screen their workforce prior to hire and monthly thereafter. Workforce is defined as employees, volunteers, trainees, students, contractors and any other person or entity performing functions or providing services on behalf of the participant and/or the participant's care center. Participants are responsible for maintaining documentation substantiating all checks and resolution of any potential matches. Documentation must be retained and produced for audit upon request.

ACO Participants' workforce must be screened against all the following lists, including all state lists:

OIG-List of Excluded Individuals/Entities (LEIE): <https://exclusions.oig.hhs.gov/>
System for Award Management (SAM): <https://sam.gov/content/home>

All applicable available State Medicare/Medicaid Exclusion Lists: refer to Appendix A
Resources for State Exclusion Lists not listed in Appendix A:

ProviderTrust: <https://www.providertrust.com/exclusion-sources/>
Streamline Verify: <https://streamlineverify.com/state-medicaid-list/>

3. Auditing

The Compliance Office shall conduct an audit to assess internal compliance with regulatory and contractual requirements pertinent to the ACO, as determined in the annual work plan, and to correct any identified issues.

B. Responding to and Addressing Compliance Issues

When a potential regulatory, legal or contractual violation is detected by or reported to the ACO, the Compliance Officer assures that the investigatory and resolution mechanisms outlined in this Compliance Plan are followed; that the Board and Committee are kept apprised as directed within this Compliance Plan; and that identified compliance issues are resolved and the resolution is documented according to the ACO Compliance Log policy, in a timely manner.

1. Investigation of Potential Compliance Issues

It is the ACO's policy to investigate all compliance concerns to determine if a violation has occurred. The Compliance Office reviews all reports received and fully investigates all ethics and compliance concerns. All reports are logged and a summary of reported concerns are provided to the ACO Board and Committee on a quarterly basis, or sooner if warranted.

Where applicable, the Compliance Office may refer certain reports to internal and external resources for investigation. The information provided will be shared only on a "need to know" basis with those responsible for resolving a concern. Appropriate corrective action will be taken to address and correct reported concerns.

Additional Ethics Line information and methods to report compliance issues are provided in Section 4 - Methods of Reporting.

2. Resolution of Compliance Issues

All compliance issues investigated must be resolved within a reasonable timeframe, based on the nature, severity, and complexity of the issue. The Compliance Officer and the Board and/or Board sub-committee will seek to resolve all compliance issues, as soon as possible following reporting. Any identified overpayment will be reported to CMS within 60 days of identification. The Compliance Officer, Committee, if applicable and Board have the authority to impose corrective actions they deem necessary in order to remediate compliance issues; any such actions will be in accordance with the ACO's Corrective and/or Disciplinary Action and Programmatic Corrections policy.

The Compliance Officer will log and monitor corrective action plans to ensure they are completed.

Any probable violations of law will be reported to an appropriate law enforcement agency. See Section 7 below.

3. Non-Retaliation or Intimidation

Privia and the ACO are committed to providing an environment free from retaliation or intimidation. There will be no retaliation or intimidation against any ACO Related Individual for good faith participation in the Compliance Program, including but not limited to, participation in internal monitoring and reporting processes, the reporting of suspected or actual violations of applicable laws, rules, regulations, accreditation standards, Privia Code of Conduct or policies or any other inappropriate behavior. The Compliance Officer shall be free to raise concerns to the Board and/or Committee without fear of retaliation.

4. Effectiveness of Reporting Mechanisms and Issue Management

The Compliance Office and the ACO will routinely evaluate the effectiveness of performance reporting mechanisms and issue management, taking into account insight and recommendations from ACO Related Individuals and the Board and/or Committee and revising and modifying as practical and appropriate, to ensure effectiveness.

5. Remedial or Disciplinary Action

Privia Associates

All ACO Related Individuals employed by Privia and/or the ACO ("Privia Associates") may be subject to possible disciplinary action, which will follow Privia's existing disciplinary Policies and Procedures, including those found in the Privia Employee Handbook. Such discipline will be applied in a uniform and consistent manner equally to all employees and may include discipline for the following:

1. Failure to perform any obligation or duty required of ACO Related Individuals related to compliance with any laws, regulations, the Compliance Plan, Code of Conduct or the ACO's Policies and Procedures; or
2. Failure of supervisory or management ACO Related Individuals to detect non compliance with applicable laws, regulations, the Compliance Plan, Code of Conduct or the ACO's Policies and Procedures where reasonable diligence on the part of the supervisor or manager would have led to the discovery of violations or problems.

Non Privia Associates

ACO Related Individuals who are not Privia Associates are expected to adhere to the ACO Code of Conduct and all applicable Compliance Program requirements. After an appropriate investigation, if the Compliance Officer concludes that the Code of Conduct or applicable laws or regulations have been violated, then the Compliance Officer will inform the ACO's senior management and the ACO Board and/or Committee as appropriate. The ACO will determine appropriate discipline, remedial processes and penalties, up to and including termination of participation.

Section 4 - Methods of Reporting

In accordance with 42 CFR § 425.300 (a)(3), the ACO provides ACO Related Individuals with methods of reporting which are publicized through Policies and Procedures, mandatory annual compliance training and the [ACO Compliance Website](#). Compliance concerns can be reported to:

- The ACO Compliance Officer: (stephanie.clark@priviahealth.com);
- Privia's Chief Audit and Compliance Officer: (dana.fields@priviahealth.com);
- Compliance Office: (compliance@priviahealth.com);
- Each Privia's employee's immediate supervisor;
- Any member of Privia's Executive Team;
- Privia's Legal Department (legal@priviahealth.com);
- ACO's confidential and anonymous Compliance and Ethics Line: 877-851-8048, or
- Privia's ComplianceLine Platform: priviahealth.com/ethicsline

All ACO Related Individuals who are aware of or suspect acts of FWA or violations of the ACO Compliance Plan or Code of Conduct are required to report such acts or violations. There is no retribution for reporting credible instances of improper or unlawful conduct. Failure to report suspected unethical or unlawful conduct is harmful to the integrity of the ACO and is a potential violation of the Compliance Plan.

Reporting Concerns Anonymously

To report concerns anonymously, ACO Related Individuals may call the Privia Compliance and Ethics Line at 877-851-8048 which will generate a report to the ACO Compliance Officer. To ensure confidentiality, Privia has engaged an outside firm to manage and support the Ethics Line. This reporting method is available twenty-four (24) hours a day, seven (7) days a week, three hundred sixty-five (365) days a year. The Ethics Line phone number is published on Privia Connect, the [ACO Compliance Website](#), the intranet, in the [Code of Conduct](#), in applicable compliance program policies and, as applicable, in newsletters or information provided to ACO Related Individuals.

At any time, ACO Related Individuals may seek clarification or advice from the Compliance Office with regard to the Compliance Program or any compliance questions or issues. Questions and responses will be tracked by the Compliance Office.

Federal/State Reporting

ACO Related Individuals may report suspected FWA activity to government authorities.

- HHS Office of Inspector General (OIG) Hotline: 800-447-8477
 - TTY: 800-377-4950
 - Online: <https://oig.hhs.gov/fraud/report-fraud/>
 - Mail: U.S. Department of Health and Human Services
Office of the Inspector General
Attn: OIG Hotline Operations
P.O. Box 23489
Washington, DC 20026

State regulatory reporting agencies are identified in Appendix A.

Section 5 - Compliance Training

A. Participation

In accordance with 42 CFR § 425.300 (a)(4), ACO Related Individuals and the ACO Board will complete mandatory compliance training upon hire or contracting and annually thereafter as a condition of employment, participation or contracting with the ACO. The Compliance Officer may decide, in his or her discretion, to allow contractors and participants to offer their own compliance training that meets the requirements outlined in this Plan.

The ACO provides each ACO Related Individual with access to the ACO's Compliance Plan, Policies and Procedures, and Code of Conduct electronically or in hard copy upon hire or contracting and upon request thereafter. The Code of Conduct complements the ACO's Compliance Program by laying out principles regarding ethical and responsible business practices that guide ACO Related Individuals for purposes of preventing and detecting violations of laws and regulations as well as violations of internal Policies and Procedures.

B. Delivery

The compliance training may be presented in any manner that the Compliance Officer determines to be effective. This may include electronic or computer based training, hard copy/paper document

training, in-person classroom-based training, live web-conference (webinar) training, web-based self study or teleconference training. If the ACO uses computer-based training, it shall make available appropriately qualified and knowledgeable staff or trainers to answer questions or provide additional information to individuals receiving such training. Compliance training is required to be completed within 30 days of hire (or go-live for new Care Centers) and annually thereafter. To ensure completion of compliance training for ACO Related Individuals, the Compliance Office will generate reporting to present completion progress to ACO Leadership, the Board, and/or the Board sub committee. The Compliance Office will advise and make recommendations regarding escalating past due training assignments.

C. Training Content

The Compliance Officer is responsible for overseeing the development, implementation and review (at least annually) of the compliance training materials. Topics covered in compliance training includes information on the following areas:

- ACO Compliance Plan Requirements
- ACO Compliance Program Documents and Policies
- Compliance with HIPAA Privacy and Security Rules
- Data Use Agreement
- Fraud, Waste and Abuse Laws
- Methods to Report Suspected or Actual Compliance Issues
- Medically Necessary and Appropriate Care
- High-Risk Beneficiaries
- Beneficiary Choice
- Marketing Communications
- Benefit Enhancements
- Beneficiary In-Kind Health Incentives
- Beneficiary Notifications
- Other Requirements: Required Processes, Data Submission and Record Retention

The Compliance Officer will also establish specific training and education programs, as needed, for those ACO Related Individuals whose job functions create unique legal concerns.

D. Documentation

Relevant training documentation, which may include electronic documentation, shall be maintained in the Compliance Program files in accordance with the ACO's Retention of Documents policy.

Documentation shall include:

1. All materials used in connection with the compliance training (e.g., course descriptions and course materials) whether conducted as an in-house training program, an external workshop or using computer-based training methods.
2. Record of ACO Related Individuals, participants and providers/suppliers participation in the compliance training upon hire or contracting and annually thereafter, including date of such training.

Section 6. Reporting Violations of the Law

The ACO is required to report violations and probable violations of law to an appropriate law enforcement agency as defined in 42 CFR § 425.300 (a)(5). The Compliance Officer has the authority to report misconduct to CMS, its designee, and law enforcement. The Compliance Officer evaluates all compliance events reported to the ACO and determines, in conjunction with Privia's Chief Audit and Compliance Officer, and the ACO's legal counsel when needed, whether such events qualify as probable violations of law. In the event such probable violations are detected, the Compliance Officer, Privia's Chief Audit and Compliance Officer, and Legal Counsel will coordinate the process for reporting the event to the proper law enforcement agency.

Article V - Review and Updates to the Compliance Plan

This Compliance Plan was developed under the direction of the Compliance Officer, reviewed by Privia's Chief Audit and Compliance Officer, reviewed by the Privia Health PQN Operational and Compliance Workgroup, and reviewed and approved by the ACO governing body ("Board").

In accordance with 42 CFR § 425.300 (b)(2), the ACO updates the Compliance Plan annually and as needed to reflect changes in laws and regulations. It is anticipated that CMS will monitor and update ACO requirements as needed. The ACO will review those updated requirements and make appropriate changes to its Compliance Plan.

The ACO shall evidence the adoption and/or review and approval of this Compliance Plan in the ACO Board Minutes.



Article VI - Compliance Officer Contact Information

If you have any questions about the ACO Compliance Plan please contact Stephanie Clark, Director, Compliance and ACO Compliance Officer at stephanie.clark@priviahealth.com or Dana Fields, Chief Audit and Compliance Officer at dana.fields@priviahealth.com.

Appendix A - State Regulatory Reporting Agencies

State Regulatory Reporting Agencies	
California	<p>California Department of Health and Human Services (DHCS): https://www.dhcs.ca.gov/</p> <p>Report FWA: https://oag.ca.gov/dmfea</p> <p>Attorney General: https://oag.ca.gov/</p> <p>Suspended and Ineligible Provider List https://mcweb.apps.prd.cammis.medi-cal.ca.gov/references/sandi</p>
Connecticut	<p>Connecticut Department of Social Services: https://portal.ct.gov/dsshome?language=en_US</p> <p>Report FWA: https://portal.ct.gov/DSS/Quality-Assurance/To-Report-Fraud-or-Abuse-of-Programs/Contact</p> <p>Attorney General: https://portal.ct.gov/AG</p> <p>Quality Assurance Administrative Actions List: https://portal.ct.gov/dss/quality-assurance/quality-assurance-administrative-actions-list</p>
District of Columbia	<p>DC Department of Human Services: https://dhs.dc.gov/</p> <p>Report FWA: https://dhcf.dc.gov/page/reporting-fraud-waste-and-abuse-01</p> <p>Attorney General: https://oag.dc.gov/</p> <p>Excluded Parties List: https://ocp.dc.gov/page/excluded-parties-list</p>
Florida	<p>Florida Department of Children and Families: https://www.myflfamilies.com/</p> <p>Report FWA: https://www2.myflfamilies.com/service-programs/public-benefits-integrity/fraud/report-fraud.shtml</p>

	<p>Attorney General: https://www.myfloridalegal.com/</p> <p>Agency for Health Care Administration Sanctioned Providers: https://apps.ahca.myflorida.com/dm_web/(S(5l1f2musqtbvbkotx52l242u))/default.aspx</p>
Georgia	<p>Georgia Department of Human Services: https://dhs.georgia.gov/</p> <p>Report FWA: https://dhs.georgia.gov/contacts/office-inspector-general</p> <p>Attorney General: https://law.georgia.gov/</p> <p>DCH List of Excluded Individuals: https://dch.georgia.gov/office-inspector-general/georgia-oig-exclusions-list</p>
Maryland	<p>Maryland Department of Human Services: https://dhs.maryland.gov/</p> <p>Report FWA: https://www.ola.state.md.us/fraud/ola-fraud-hotline</p> <p>Attorney General: https://www.marylandattorneygeneral.gov/</p> <p>Maryland MMA Providers and Other Entities Sanctioned List: https://health.maryland.gov/mmcp/provider/Pages/sanctioned_list.aspx</p>
Montana	<p>Department of Public Health & Human Services: https://dphhs.mt.gov/</p> <p>Report FWA: https://dphhs.mt.gov/montanahealthcareprograms/fraudandabuse</p> <p>Attorney General: https://dojmt.gov/our-attorney-general/</p> <p>DPHHS Excluded or Terminated Medicaid Providers: https://dphhs.mt.gov/MontanaHealthcarePrograms/TerminatedExcludedProviders</p>
North Carolina	<p>Department of Health and Human Services: https://www.ncdhhs.gov/</p> <p>Report FWA: https://medicaid.ncdhhs.gov/meetings-notices/office-compliance-program-integrity-ocpi</p>

	<p>Attorney General: https://ncdoj.gov/</p> <p>Excluded Providers: https://medicaid.ncdhhs.gov/providers/excluded-providers</p>
Ohio	<p>Department of Job and Family Services: https://jfs.ohio.gov/</p> <p>Report FWA: https://jfs.ohio.gov/help-center/report-fraud</p> <p>Attorney General: https://www.ohioattorneygeneral.gov/</p> <p>Medicaid Provider Excluded and Suspension List: https://medicaid.ohio.gov/resources-for-providers/enrollment-and-support/provider-enrollment/provider-exclusion-and-suspension-list</p>
Tennessee	<p>Department of Human Services: https://www.tn.gov/humanservices.html</p> <p>Report FWA: https://www.tn.gov/finance/looking-for/fa-fraudinfo.html</p> <p>Attorney General: https://www.tn.gov/attorneygeneral.html</p> <p>Tennessee Program Integrity (Terminated Provider List): https://www.tn.gov/tenncare/fraud-and-abuse/program-integrity.html</p>
Texas	<p>Health and Human Services: https://www.hhs.texas.gov/</p> <p>Report FWA: https://oig.hhs.texas.gov/report-fraud-waste-or-abuse</p> <p>Attorney General: https://www.texasattorneygeneral.gov/</p> <p>Texas Exclusion Database: https://oig.hhsc.state.tx.us/oigportal2/Exclusions</p>
Virginia	<p>Department of Social Services: https://www.dss.virginia.gov/</p> <p>Report FWA: https://www.osig.virginia.gov/program-areas/citizen-services/state-fraud-waste-and-abuse-hotline/</p> <p>Attorney General: https://www.oag.state.va.us/</p> <p>State Exclusion List: Virginia does not maintain a state exclusion list.</p>

Washington	<p>Department of Social and Health Services: https://www.dshs.wa.gov/</p> <p>Report FWA: https://www.dshs.wa.gov/ffa/office-fraud-and-accountability</p> <p>Attorney General: https://www.atg.wa.gov/</p> <p>Provider Termination and Exclusion List: https://www.hca.wa.gov/billers-providers-partners/become-apple-health-provider/provider-termination-and-exclusion-list</p>
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