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Last Approved	09/2024	Area	Compliance
Effective	09/2024	Applicability	Privia Health and All Markets
Last Revised	09/2024		
Next Review	09/2025		

Fraud, Waste and Abuse Laws

1. Purpose:

Deterring fraud, waste and abuse (or timely identification and correction should it occur) is a priority for Privia Health Group, Inc. This policy provides guidelines to prevent fraud, waste and abuse and adhere to Privia's commitment that its activities are conducted ethically, with integrity, and in compliance with applicable laws, regulations and requirements (including participation requirements of Medicare, Medicaid, other federal payors and third parties).

2. Scope:

This policy applies to the officers, directors, and workforce of (1) Privia Health Group, Inc., its subsidiaries, and affiliates (collectively “Privia”), (2) any entity for which Privia is contractually obligated to manage such entity’s compliance program, including Non-Owned Medical Groups, and (3) Care Centers who access Privia’s Technology Platform (collectively, the "Applicable Entities").

3. Definitions:

- **Fraud** - acting knowingly and willfully to obtain something of value through intentional misrepresentation of concealment of material facts.
- **Waste** - incurring unnecessary costs as a result of deficient management, practices, systems or controls.
- **Abuse** - any practice that either directly or indirectly results in unnecessary costs.
- **Workforce** - employees, volunteers, trainees, students, and any other person whose conduct, while performing work for an Applicable Entity, regardless of whether, or by whom, they are paid and regardless of whether they are full-time, part-time, permanent or temporary.
- **CMPL** - Civil Monetary Penalties Law authorizes the Secretary of Health and Human Services to impose civil money penalties, an assessment, and program exclusion for various forms of

fraud and abuse involving the Medicare and Medicaid programs.

- **Designated Health Services** - certain services identified by CMS not personally performed by the referring physician, which may include clinical laboratory, physical and occupational therapy, outpatient speech-language pathology, radiology and certain other imaging services, radiation therapy services and supplies, durable medical equipment and supplies, parenteral an enteral nutrients, equipment and supplies, prosthetics, orthotics and prosthetic devices and supplies, home health, outpatient prescription drugs and inpatient and outpatient hospital services.
- **Referral** - Generally, the request by a physician for, or ordering of, any designated health service for which payment may be made by a federal or state health care program.
- **Remuneration** - Could be any benefit provided to a person to induce the recipient to refer, recommend, purchase, lease, or order goods or services. Remuneration can take many forms such as cash payments, free rent, expensive hotel stays and meals, and excessive compensation for medical directorships or consultancies.

4. Policy:

Privia is committed to ensuring that all individuals and entities covered by this policy comply with all applicable laws, including, but not limited to, the Anti-Kickback Statute, Stark Law, or any other applicable laws, regulations and requirements (including participation requirements of Medicare, Medicaid, other federal payors and third parties).

4.1. Fraud and Abuse Laws

False Claims Act (FCA)

The False Claims Act (31 U.S.C. §§ 3729) prohibits the submission of false or fraudulent claims to the government. Liability is established for any person who acts with deliberate ignorance or reckless disregard:

- submits or causes another to submit, a false or fraudulent claim for payment;
- makes or causes to be made, a false statement or record in connection with a claim for payment; or
- improperly avoids or decreases an obligation to repay the government (including refund of overpayments).

Each instance of an item or service billed to Medicare or Medicaid counts as a violation. No specific intent to defraud is required.

State Fraud and Abuse Laws

State fraud and abuse laws exist to similarly make it illegal for any person to knowingly:

- Present, or cause to be presented, false or fraudulent claims for payment or approval;
- Create or use false records material to a false or fraudulent claim; or
- Improperly avoid or reduce an obligation to pay money or property state or local governments or conspiring to do so.

Representatives of Privia must comply with applicable State and local Fraud Waste and Abuse laws.

Anti-Kickback Statute (AKS)

The Anti-Kickback Statute (42 U.S.C. § 1320a-7b) is a criminal law that prohibits knowingly and willfully soliciting, receiving, offering or paying remuneration to induce or reward patient referrals or the generation of business involving any item or service payable by the Federal health care programs (e.g., drugs, supplies, or health care services for Medicare or Medicaid patients).

- Applies to all sources of referrals, even patients
- The government does not need to prove patient harm or financial loss to the programs to establish an AKS violation.
- A physician can be guilty of violating the AKS even if they actually rendered the service and the service was medically necessary.

A. Safe Harbors

- Safe harbor regulations (42 CFR § 1001.952) describe various payment and business practices that although they potentially implicate the AKS are not treated as offenses under the statute. To be protected by a safe harbor, an arrangement must fit squarely in the safe harbor. (See the list of all safe harbor regulations in the attached "Safe Harbor Regulations".)

Stark (Physician Self-Referral) Law

The Stark Law (42 CFR. §411.350 – §411.389) prohibits physicians from referring patients to receive "designated health services" payable by Medicare or Medicaid from entities with which the physician or an immediate family member has a financial relationship, unless an exception applies. Financial relationships include both ownership/investment interests and compensation arrangements. The Stark law is a strict liability statute, which means proof of specific intent to violate the law is not required.

- Prohibits the submission, or causing the submission, of claims in violation of the law's restrictions on referrals.

Exclusion Statute

Pursuant to the Social Security Act Section 1128 (42 U.S.C. 1320a–7), The Office of Inspector General (OIG) will exclude individuals and entities convicted of the following types of criminal offenses from participation in all Federal health care programs:

- Medicare or Medicaid fraud;
- patient abuse or neglect; and
- felony convictions for unlawful manufacture, distribution, prescription or dispensing of controlled substances.

The OIG also has the discretion to exclude individuals and entities on several other grounds, including:

- misdemeanor convictions in connection with the unlawful manufacture, distribution, prescription. or dispensing of controlled substances;
- suspension, revocation or surrender of a license to provide health care for reasons bearing on

professional competence, professional performance or financial integrity;

- provision of unnecessary or substandard services;
- submission of false or fraudulent claims to a Federal health care program;
- engaging in unlawful kickback arrangements; and
- defaulting on a student loan or scholarship obligation.

4.2 Penalties

Criminal penalties, civil penalties, and administrative sanctions for violations include fines, jail terms and exclusion from participation in the Federal health care programs. In addition, violations of this policy may incur adverse consequences that may include termination of employment and or termination of any relationship with Privia.

Procedure:

To prevent fraud, waste or abuse, all employees of the Applicable Entities must adhere to all Fraud and Abuse laws (Federal and State). It is important that providers ensure accurate coding and billing and maintain accurate and complete medical records and documentation of the services they provide. Providers must also ensure the claims they submit for payment are supported by the documentation.

Any concerns related to potential fraud, waste or abuse must be promptly reported to the Compliance Department as follows:

- Compliance Department at compliance@priviahealth.com
- Directly to the Privia Chief Compliance Officer; or
- via our Ethics Line by phone (877.851.8048) or online (www.priviahealth.com/ethicsline).

The Compliance Department will conduct a thorough investigation into all reported allegations and will establish corrective actions accordingly.

Attachments

Safe Harbors Regulations.docx

Approval Signatures

Step Description	Approver	Date
Chief Audit & Compliance Officer Approval	Dana Fields: Chief Audit & Compliance Officer	09/2024

Legal Approval	Kristen Hall: SVP, Deputy General Counsel	09/2024
Compliance & Audit Leadership #1	Deanna Nicolozakes: Director, Compliance & PMG Compliance Officer	08/2024
	Nadine Ludovico: Compliance Manager	06/2024