



Vivant Health

ANTIFRAUD PLAN

2024

INTRODUCTION

River City Medical Group, Inc. dba Vivant Health (Vivant) has developed an antifraud plan (the "Antifraud Plan") in compliance with Section 1348 of the California Health and Safety Code, the Centers for Medicare and Medicaid Service, and the United States Office of Inspector General, to facilitate the timely detection and investigation of suspected fraud, waste, and abuse ("FWA") and the implementation of necessary corrective actions to avoid any recurrence of any FWA.

The Antifraud Plan organizes and implements an antifraud strategy for RCMG that identifies and reduces costs to Vivant, its providers, subscribers, members, or enrollees (collectively, "Members") and others caused by fraudulent activities and protects consumers in the delivery of healthcare services through the timely detection, investigation, and prosecution of suspected FWA.

Vivant's Board of Directors and Compliance Committee are responsible for overseeing RCMG/Vivant's Antifraud Plan. Vivant's Compliance Officer is responsible for implementing the Antifraud Plan and will make quarterly reports to the Board of Directors and Compliance Committee regarding antifraud activities, to enable the Committee to monitor the Antifraud Plan and ensure that any necessary changes are implemented.

In instances where FWA is suspected, the Compliance Officer works in consultation with other management staff and outside counsel, where necessary, to investigate all allegations of FWA.

Inquiries concerning the Antifraud Plan may be directed to Vivant's Compliance Officer.

DESCRIPTION OF ANTIFRAUD PLAN

The Antifraud Plan includes, but is not limited to, the following requirements:

- (1) the designation of an organization with specific investigative expertise in the management of FWA investigations;
- (2) training of employees and contractors, including, but not limited to, contracted providers concerning the detection of health care FWA;
- (3) procedures of managing incidents of suspected FWA; and (4) procedures for referring suspected FWA to the appropriate government agency.

I. Management of FWA Investigations

Vivant may designate outside counsel with specific experience in FWA investigations to manage the investigation of a potential instance of FWA under the Antifraud Plan.

In addition, the Compliance Officer's duties include the following:

- Provides oversight, direction, enforcement, and assessment of a comprehensive Corporate Compliance Program, including FWA. The program includes training, monitoring, auditing and investigations for Hospital, Physician Group, Home Health Hospice and Managed Care contracted network.
- Develops, implements, and monitors internal controls, policies, and procedures to ensure compliance with applicable laws, regulations, and accreditation standards.
- Serves as the Health Information Portability and Accountability Act (HIPAA) Privacy Officer.
- Recommends and implements compliance initiatives, which match the health care regulatory environment.
- Consults with executives, legal counsel, risk management, and/or operations managers on compliance and FWA issues to proactively identify potential high risk compliance areas and develop corrective action plans as needed.
- Manages Vivant's Compliance Hotline according to government guidelines and in accordance with Vivant's policy and industry best practices, and communicate any matter deemed potentially illegal, unethical, or otherwise abusive or improper to the General Counsel and Board of Directors, as appropriate.
- Maintains and expands the visibility for the Corporate Compliance Program at all levels within Vivant.

II. Training to Detect Health Care FWA

Vivant recognizes the importance of properly educating and training employees and contractors to detect FWA. As part of its Antifraud Plan, Vivant requires employees and its contractors to receive the following training in the detection of health care FWA:

A. Training of Employees

All Vivant employees will receive FWA training from Vivant within three (3) business days of employment, or prior to handling protected health information, and annually thereafter. Training topics will include, but not be limited to, the following: general compliance issues, antifraud matters, and HIPAA/Privacy/Security.

The Compliance Officer and Human Resources shall ensure that each employee completes the FWA training within the requisite timeframe and maintain a log indicating completion and date of completion of training. Vivant will administer anti-fraud training. The Compliance Department, in collaboration with Human Resources, will track training to ensure that all employees have completed the anti-fraud training. In addition, the Compliance Officer shall

establish such other training and dissemination of information to all employees concerning the necessity of complying with all applicable laws and regulations, to keep employees abreast of current trends and issues relating to FWA on an ongoing basis through informational bulletins, newsletters, and discussions.

B. Training of Contractors

All of Vivant and RCMG's contractors will be required to demonstrate that they have completed FWA training acceptable to the Compliance Officer, or such contractors shall be required to receive FWA training from Vivant within ninety (90) days of commencement of their contract with Vivant. In addition, contractors shall receive on-going FWA program changes and updates in a timely manner. Contractors shall receive a copy of RCMG/Vivant's Antifraud Plan. Vivant will also distribute communications from time to time to its Contractors concerning applicable FWA deterrence, detection, and related issues.

C. Areas of FWA Training

FWA training includes an overview of health care FWA, a summary of the applicable FWA laws, training on how to identify potentially fraudulent claims (including indicators of fraud), examples of FWA activity that has been uncovered, and the procedure for referring suspected FWA activity to the Compliance Officer.

FWA training topics will include, but are not limited to, methods of detecting the following types of FWA:

Detection of FWA committed by RCMG/Vivant

- (1) Licensure/Credentialing: knowingly allowing inadequate credentialing of providers; contracting with unlicensed or sanctioned providers.
- (2) Kickbacks: accepting kickbacks in order to refer certain patients to a particular provider.
- (3) False Claims: billing for services that were never performed or were not medically necessary; knowingly billing for services inconsistent with Medicaid and/or health plan billing guidelines.

Detection of FWA committed by Contractors

- (1) Marketing: knowingly failing to comply with applicable Medicaid marketing and advertising guidelines or other licensing board's advertising guidelines.
- (2) Kickbacks: providers paying kickbacks to employees in order to be referred patients.
- (3) False Claims: billing for services that were never performed or were not medically necessary; knowingly billing for services inconsistent with Medicaid and/or health plan billing

guidelines.

(4) Licensure/Credentialing: knowingly misrepresenting license or credentialing status/information.

Detection of FWA committed by Members

(1) Enrollment: members claiming to be eligible for health coverage when they are not.

Identification of Possible Indicators of FWA

The FWA training will emphasize that certain circumstances may be indicative of fraudulent activity and should be reviewed further. Such circumstances include, but are not limited to, the following:

- Inconsistency between the services billed and the services rendered.
- A provider's advertisement of "free" services.
- An unusually high number of patients/patient visits in a given time frame.
- A provider's lack of supporting documentation for a claim selected for audit.
- A high dollar claim for services dates soon after effective date of coverage or just before the termination of coverage.

III. Procedures for Managing Incidents of Suspected FWA

Upon reports or reasonable indications of FWA, the Compliance Officer will promptly initiate steps to investigate the conduct in question to determine whether fraudulent activity has occurred as soon as possible and no later than 2 (two) weeks after the date the potential noncompliance is identified. The Compliance Officer will initiate an investigation with the assistance of the external FWA investigator, as necessary. If it is determined that FWA activity has occurred, the Compliance Officer, with external consultation and expertise as needed, will develop an appropriate response, as described below.

A. Discovery of Suspected Fraudulent Activities

Reporting Incidents of Suspected FWA – All Vivant employees and contractors are responsible for preventing, detecting, and reporting suspected FWA. If an employee or contractor detects any suspicious activity, he or she is required to notify the Compliance Officer. The person reporting FWA may make himself/herself known by reporting the suspected FWA in person or may report the suspected FWA anonymously via inter-office mail or U.S. Mail. The manager of

each department will be responsible for the early detection of FWA within his or her department. If FWA is suspected within a department, that department's manager is required to immediately notify the Compliance Officer or Corporate Compliance Hotline. Each manager's performance evaluation will be based in part on his or her efforts to detect FWA.

Implementation of a Monitoring and Audit Program – The Compliance Officer will implement a monitoring and audit program. At the discretion of the Compliance Officer, in consultation with the Board of Directors, that program may include both internal and external resources to provide the auditing and monitoring necessary. Through the use of ongoing auditing and monitoring, the Compliance Officer will investigate any changes from the baseline audit that may be indicative of FWA. Ongoing auditing and monitoring will enable Vivant to gather some of the information that will be needed to make annual reports to the Department of Managed Health Care as required by California Health and Safety Code Section 1348(c) and OIG as necessary.

As determined to be necessary by the Compliance Officer, the implementation of the monitoring and audit program may involve the following steps:

- Interviewing personnel involved in enrollment, credentialing, claims, marketing, and related areas to detect potential improper conduct.
- Reviewing medical and financial records and other source documents to support claims for reimbursement.
- Reviewing written materials and documentation prepared by the different departments within Vivant.

Functional area representatives in each department will routinely report on key performance indicators indicative of FWA to provide instant feedback and allow for immediate correction or further investigation. Based on the routine reporting, corrective action plans or corrective improvement plans can be initiated to correct any non-compliant processes.

In addition to regular monitoring, the Compliance Officer will conduct routine audits of functional areas and spot audits of key performance indicators to ensure the information being reported is accurate. These routine audits/spot audits may be conducted by external sources as well.

B. Investigation to Determine Compliance or Noncompliance

The Compliance Officer, or his or her designee, will investigate all incidents of suspected FWA that are reported. The Compliance Officer, in consultation with Vivant's General Counsel, and external FWA investigator, as necessary, shall determine if an allegation of FWA warrants further investigation. The investigation will involve interviews and document review. In the case where employee FWA is suspected, the Compliance Officer will provide a determination whether the employee should be removed from his or her duties until the investigation is completed, and whether or not immediate steps should be taken to prevent the destruction of documents or other evidence relevant to the investigation. The Compliance Officer shall record the progress of the investigation, including the results of interview and document reviews. If

necessary, in his or her judgment, or, if a conflict of interest exists, senior leadership of Vivant, the Board of Directors, or an external investigator shall be involved in this process.

C. Appropriate Remedial Measures

If it is determined that fraudulent activity has occurred, the Compliance Officer will consult with the manager of the department in which the fraudulent activity has occurred to determine the appropriate action necessary to correct the matter. The following remedial measures will be taken, as applicable:

Deny/Recoup Payment – If the fraudulent activity involves payment to a provider or to a member, the payment will be denied if not yet made, and will be recouped if already made.

Terminate Contract/Discipline Employee Appropriately – If appropriate, contracts with providers/contractors will be terminated, and employees will be disciplined. Corrective action will be based upon the individual circumstances and the severity of the incidents. All employees will be disciplined similarly, regardless of their position within Vivant.

File Appropriate Reports – If fraudulent behavior constitutes a reportable offense, a report will be made to the appropriate entity. Examples include reports required by California Business & Professions Code Section 805, and reports required by the National Practitioner Data Bank.

Notify Appropriate Government Agencies – See Section IV, below.

Take Further Remedial Measures – In order to decrease the possibility that FWA will reoccur, the Compliance Officer will educate employees and Contractors regarding how to avoid the recurrence of any fraudulent activities that are discovered. In addition, the Compliance Officer will undertake additional investigations if it appears there may be a continuing or systemic pattern of fraud.

IV. Procedures for Referring Suspected FWA to the Appropriate Government Agency

Vivant is committed to aggressively investigating suspected FWA, and is committed to referring FWA for prosecution, as appropriate. The Compliance Officer will discuss the finding of FWA investigations with Vivant's General Counsel and external FWA investigator, as necessary, to determine whether or not a violation for federal or state law or health care program requirements has occurred whether or not, depending on the facts of the individual case, the conduct should be disclosed to a governmental agency, and, if so, to which agency.

Examples of reporting to governmental agencies include, but are not limited to the following:

- Providers that are found to be in violation of state licensing requirements will be reported to the appropriate state licensing board.
- Employees, providers, contractors, or enrollees who are found to be in violation of other state laws will be reported to the district Attorney's Office.
- Providers that are found to be in violation of a federal criminal, civil or administrative law related to a federal health care program will be reported to the Office of Inspector General, Department of Justice, or the Centers of Medicare and Medicaid Services, as appropriate.
- Employees, providers, contractors, or enrollees who are found to be in violation of other federal laws will be reported to the Department of Justice/U.S. Attorney's Office.

A. Reporting by Employees, Members, Providers and Others

Employees – Upon employment and through annual training, employees are instructed to report all instances of non-compliance, including FWA, with any related standard when that employee has a reasonable and good-faith belief that such non-compliance exists. If an employee discovers or suspects, in good faith, that another employee is committing a fraudulent or improper act, the employee discovering or suspecting the FWA or improper act is instructed to contact their supervisor or manager and complete a fraud reporting form and forward it to Vivant's Compliance Department. Employees may contact the Human Resources Department in the event that the employee feels that the facts of the alleged incident would not allow him or her to contact Vivant's Compliance Department. Employees may also always use the following methods:

- Calling the anonymous FWA Compliance Hotline which is available twenty-four (24) hours a day at (916) 228-4318.
- Sending an email to compliance@vivanthealth.com
- Sending a letter to:
River City Medical Group, Inc. dba Vivant Health c/o Compliance Officer
7311 Greenhaven Drive, Suite 145
Sacramento, CA 95831
- Contact the Compliance staff directly or report your concerns directly to the Compliance Officer in person.

Potential serious FWA Issues of program noncompliance may be referred to CMS using the following methods:

Report to HHS Office of Inspector General:

- Phone: 1-800-HHS-TIPS (1-800-447-8477) or TTY 1-800-377-4950
- Fax: 1-800-223-8164
- Email: HHSTips@oig.hhs.gov
- Online: Forms.OIG.hhs.gov/hotlineoperations/index.aspx

For Medicare Parts C and D:

- Investigations Medicare Drug Integrity Contractor (I MEDIC) at 1-877-7SafeRx (1-877-772-3379)

For all other Federal health care programs:

- CMS Hotline at 1-800-MEDICARE (1-800-633-4227) or TTY 1-877-486-2048
- Medicare beneficiary website: [Medicare.gov/forms-help-and-resources/report-fraud-and-abuse/help-fight-Medicare-fraud](https://www.Medicare.gov/forms-help-and-resources/report-fraud-and-abuse/help-fight-Medicare-fraud)

Contractors/Providers – Contractors and providers will be instructed to contact the Network Management Department or the Compliance Officer with any concerns related to fraud. This will be communicated to all contractors and providers in the provider manual.

Others - Anyone who has a general or specific inquiry about FWA or improper conduct, or the potential regulatory or legal implications of certain business activities or policies, may contact the Compliance Officer for any possible compliance matter and may use the anonymous FWA Compliance Hotline at (916) 228-4318. The hotline is a resource that is available twenty-four (24) hours per day, seven (7) days per week (24/7), and three-hundred, sixty-five (365) days per year. All of Vivant's related hotline calls, the investigation and resolution will be reported quarterly to the Board of Directors and the Compliance Committee.

B. Anti-Retaliation

Retaliation against employees who have reported suspected FWA or improper conduct will not be tolerated. Any employee who attempts to or encourages others to retaliate against an individual who has reported a violation, or who fails to cooperate with an investigation of a violation, will be subject to disciplinary action up to and including termination of employment under applicable the Human Resources policies and guidelines.

If an employee believes, in good faith, that their supervisor is involved in fraudulent activity or improper conduct and they have concerns about possible retaliation for reporting to their supervisor, they may report the suspected FWA or improper conduct to the Compliance Officer, or to the FWA Compliance Hotline.

C. Reporting to Health Plans

If it is determined there is a FWA violation, the Compliance Officer will report to all health plan partners no later than twenty-four (24) hours upon determination.

D. Reporting and Conflict of Interest Concerns

If it is determined during the initial assessment of a FWA allegation that a conflict may exist, or the allegation of FWA involves senior leadership, the Compliance Officer will contact Vivant's General Counsel and the external FWA investigator to review the allegation and determine if an external special investigation is necessary. If the Compliance Officer is involved in the allegation, senior leadership will work with Vivant's General Counsel to use an external fraud investigator to lead the investigation and report to the Board of Directors.

E. Remedial Measures

If recurring FWA issues are detected, targeted education will be conducted to inform employees, contractors, and providers of this concern and to encourage compliance. Vivant newsletters are another education method that will be utilized as necessary to educate employees, contractors, and providers.

A continuing pattern of FWA is defined as an instance of FWA that has occurred more than once. If this is detected, the Compliance Officer will utilize an external FWA investigator as necessary to address the specific FWA pattern.

ANTIFRAUD PLAN OVERSIGHT

Vivant's Board of Directors and the Compliance Committee are ultimately responsible for overseeing the Antifraud Plan. The Compliance Officer is responsible for implementing the Antifraud Plan and will make quarterly reports to the Board of Directors regarding antifraud activities, to enable the Board of Directors to monitor the Antifraud Plan and ensure that any necessary changes are implemented.