FRAUD, WASTE, AND ABUSE (FWA) POLICY

STATEMENT FROM HANNA INTERPRETING SERVICES LLC

Hanna Interpreting Services LLC (Hanna) has zero tolerance for the commission or concealment of acts of fraud, waste, or abuse. Allegations of such acts will be investigated and pursued to their logical conclusion, including legal action where warranted. All employees are responsible for reporting suspected instances of fraud, waste, and abuse in accordance with this Policy.

Hanna is responsible for the effectiveness and efficiency of its operations, including the protection of its assets from fraud, waste, and abuse. The executive staff has the primary responsibility for the implementation of internal controls to deter and detect fraud.

SCOPE

This policy applies to all Hanna employees and vendors. The provisions of this policy apply to any instance of fraud, waste, or abuse involving not only employees, but also external organizations and contractors doing business with Hanna.

COMMITMENT TO CONFIDENTIALITY AND ANONYMITY

When you report, please remember the following concerning confidentially and anonymity:

- Even if you report anonymously, once the report has been filed and the investigation begins, your co-workers or others who are familiar with the situation you are reporting may still be able to guess your identity.
- Whether you report anonymously or not, the Hanna will treat your report confidentially.
- It is not possible to guarantee absolute confidentiality in all circumstances. Disclosure to others inside or outside Hanna may be required by law in certain cases.

Please do not let these possibilities discourage you from reporting an incident.

WHISTLEBLOWER PROTECTION

Retaliation against an employee who in good faith filed a report of alleged fraud, waste, or abuse, or who participated in an investigation, is a violation of this Policy.

DEFINITIONS OF FRAUD, WASTE, AND ABUSE

Fraud

Intentionally submitting false information to the government or a government contractor in order to get money or a benefit.

Waste

Overutilization of services, or other practices that, directly or indirectly, result in unnecessary costs to the Medicare program. Waste is generally not considered to be caused by criminally negligent actions but rather the misuse of resources.

Abuse

Includes actions that may, directly or indirectly, result in unnecessary costs to the Medicare Program. Abuse involves payment for items or services when there is not a legal entitlement to that payment and the provider has not knowingly and/or intentionally misrepresented facts to obtain payment.

RESPONSIBILITIES

Employees & Subcontractors

Any Hanna employee or subcontractor who has knowledge of fraud, waste, or abuse, or who has good reason to suspect that such conduct has occurred, shall adhere to the procedures in this Policy.

When suspected fraudulent activity, waste, or abuse is observed by, or made known to, an employee or subcontractor, he/she shall immediately report the activity to his/her direct supervisor.

If the employee or subcontractor believes that the supervisor is involved with the activity, he/she shall immediately report the activity to the supervisor's manager as well as the General Manager of the Department/Office. If the employee or subcontractor believes that the supervisor's manager and/or the General Manager may be involved with the activity, he/she shall file a report via the Fraud, Waste, and Abuse Referral System (also known as the Fraud, Waste, and Abuse Hotline). See section of Policy titled "Filing a Report."

The employee or subcontractor shall not make any attempt to investigate the suspected activity prior to reporting it. Hanna shall coordinate investigations of fraud, waste, or abuse. Employees or subcontractors who intentionally fail to report a known violation or fail to satisfactorily implement corrective actions may be suspended or terminated.

An employee or subcontractor shall not destroy, or allow to be destroyed, any document or record of any kind that the he/she knows may be relevant to a past, present, or future investigation

Citizens and Customers

Hanna cannot compel citizens and customers (non-employees) to report suspected instances of fraud, waste, or abuse. However, Hanna strongly encourages them to do so.

Management's Responsibilities

Once management has been informed of suspected fraud, waste, or abuse (or if management itself suspects fraud, waste, or abuse), management shall either contact Hanna executive staff or file a report via the Fraud, Waste, and Abuse Referral System (also known as the Fraud, Waste, and Abuse Hotline) within two weeks of time. Conclusion of investigations of FWA must be done within a reasonable time after the activity is discovered.

FWA TRAINING REQUIREMENTS

Employees and subcontractors should review FWA training within 90 days of hire and annually thereafter. Trainees must certify that they have reviewed the CMS training modules incorporated into Hanna's Business Associate Agreement provided upon onboarding. Further documentation can always be requested by contacting Hanna at any time.

FWA SAFEGUARDS

Hanna and all Medicare Advantage Organizations are prohibited from using federal funds to pay for services, equipment or drugs prescribed or provided by a provider, supplier, employee or FDR excluded by the DHHS OIG or GSA. Medicare payment may not be made for items or services furnished or prescribed by an excluded provider, individual or entity.

Hanna must review the DHHS OIG List of Excluded Individuals and Entities (LEIE list) and the GSA Excluded Parties Lists System (EPLS) prior to the hiring or contracting of any new employee, temporary employee, volunteer, consultant, Board member, or FDR, and monthly thereafter, to ensure that none of these persons or entities are excluded or become excluded from participation in federal programs.

Monthly screening is essential to prevent inappropriate payment to providers, pharmacies, and other entities that have been added to exclusions lists since the last time the list was checked. After entities are initially screened against the entire LEIE and EPLS at the time of hire or contracting, sponsors need only review the LEIE supplement file provided each month, which lists the entities added to the list that month, and review the EPLS updates provided during the specified monthly time frame.

In some cases, an organization or individual may be excluded altogether from participating in Medicare, Medicaid, or any other federal or state healthcare program. This generally occurs when the Department of Health and Human Services (DHHS) Office of Inspector General (OIG) does not believe that the

organization or individual is trustworthy enough to adhere to federal and state healthcare program requirements and avoid fraudulent and abusive practices.

Any Hanna employee, owner, or FDR found on the OIG List of Excluded Individuals/ Entities (LEIE) may have their job duties altered as necessary to preclude those individuals from having any involvement with state or federal programs, or have their employment or contract terminated. OIG's LEIE includes all health care providers and suppliers that are excluded from participation in federal health care programs, including those health care providers and suppliers that might also be on the EPLS. In addition to health care providers (that are also included on the OIG LEIE) the EPLS includes non-health care contractors.

USE OF DATA ANALYSIS

Hanna utilizes multiple methodologies to perform effective monitoring in order to prevent and detect FWA through the use of data analysis. We utilize personnel specifically trained to identify unusual patterns suggesting potential errors and/or potential fraud and abuse. Data analysis includes monitoring billing and utilization to detect unusual patterns. We also analyze data to detect potential FWA, including inappropriate billing and overpayments

Additionally our Part C and D data analysis is used to identify potential errors that pose the greatest risk for potential FWA to the Medicare program including identifying overutilization, problem areas with data submission or finance, and to identify potential problem areas with FDRs.

INVESTIGATIONS

The Compliance Officer is responsible for leading, tracking and closing all investigations, recommends corrective actions or changes that need to be made. To the extent that the monitoring activities reveal conduct which could potentially constitute violations of the Hanna Code of Conduct, Medicare Compliance and FWA Plan, failure to comply with applicable state or federal law, and other types of misconduct, Hanna has an obligation to investigate the conduct in question immediately to determine whether any such violation has occurred, take action to discipline the person or persons involved, and correct the problem.

It is expected that all employees, owners and FDRs will cooperate with investigation efforts. Any suspected noncompliance or FWA report through the Compliance Hotline or any other mechanism is sent to the Compliance Officer for tracking, investigation and corrective or disciplinary action as necessary and applicable. All incidents receive a response (unless anonymous).

The extent of the investigation will vary depending upon the concern. The assigned department will document responses to requests for information in investigations conducted and forward the findings to the Compliance Officer who will include a summary of the results in the Compliance Program Status Report. Under no circumstance is retaliation for discussing a compliance concern acceptable, which

includes questions and concerns an employee discusses with an immediate manager, oversight authority, or Compliance Officer.

Issues reported that are not compliance related will be addressed by the assigned investigating department (i.e., reported issues constituting non-compliance with the Employee Handbook, applicable employment law, or other Hanna HR policies, will be addressed by Human Resources). Processes and procedures have been documented and are to be followed for investigation and documentation of compliance issues.

REMEDIATION

The Compliance Officer develops a remediation plan when a compliance violation is detected. The plan is designed to prevent a recurrence of the violation. Remediation plans are developed on a case-by-case basis and may include:

- Additional or modified training and education
- Corrective action
- Development of new policies, processes and procedures
- Revision to existing policies, processes and procedures
- Revision of the Compliance Plan
- Additional monitoring and auditing
- Reporting to clients and/or outside agencies

The Compliance Officer is involved in the development of all remediation plans that

- Result from a significant compliance violation
- Affect multiple business units or shared services departments
- Involve revisions or additions to the Compliance Plan or company-wide policies and procedures

NBI MEDIC

Medicare Drug Integrity Contractors (MEDIC) are organizations that CMS contracts with to perform specific program integrity functions for Parts C and D under the Medicare Integrity Program. The MEDIC's primary role is to identify potential fraud and abuse in Medicare Part C and Part D. There is currently one National Benefit Integrity (NBI) MEDIC.

NBI MEDICs will investigate referrals from sponsors, develop the investigations, and make referrals to appropriate law enforcement agencies or other outside entities when necessary. The NBI MEDIC will keep the sponsor apprised of the development and status of the investigation. If the NBI MEDIC determines a referral to be a matter related to noncompliance or mere error rather than fraud or abuse, the matter will be returned to CMS and/or the sponsor for appropriate follow-up. Hanna's Compliance Officer upon completion of review of cases involving potential fraud or abuse may determine a need to report an incident that meet any of the following criteria to the NBI MEDIC:

- Suspected, detected or reported criminal, civil, or administrative law violations
- Allegations that extend beyond the Parts C and D plans, involving multiple health plans, multiple states, or widespread schemes
- Allegations involving known patterns of fraud
- Pattern of fraud or abuse threatening the life or well-being of beneficiaries
- Scheme with large financial risk to the Medicare Program or beneficiaries

FILING A REPORT

Please keep the following in mind when reporting via the hotline:

- If possible, report the issue to your supervisor or manager first.
- You must be able to provide adequate information to support an investigation. Mere speculation does not suffice.
- Your report must be made in good faith. An employee who knowingly makes a false
- or bad faith complaint will be subject to disciplinary and/or legal action.

How to report potential noncompliance:

Suspected Fraud, Waste, & Abuse or other noncompliance may be reported by:

- Anonymously Emailing:
  - Hanna's Vendor Relations Department at HR@hannais.com
  - Username: hannais.compliancy@gmail.com, Password: anon0000
- Calling
  - Medi-Cal (800) 822-6222
  - Medicare (800) 447-8477 or (800) HHS-TIPS