Important Reminder to Medicare Advantage Providers

Review Policies for Preventing Medicare Fraud, Waste and Abuse

A good reputation is priceless. We believe that doing what is right is not only “the right thing to do,” but is good for business too. Simply put, doing what is right builds trust, and trust is what helps set a business apart from its competitors. This is why for more than 70 years, Florida Blue (Blue Cross and Blue Shield of Florida, Inc.) has had a deep commitment to conducting business ethically, honestly and in compliance with the law. We expect everyone with whom we do business, including first tier, downstream and related entities (FDRs), to conduct business ethically, honestly and in compliance with the law.

In order to continue to serve our customers in a manner that reflects the highest level of integrity and ethical business conduct, we are required by the Centers for Medicare & Medicaid Services (CMS) to share our standards of conduct and education and training with our FDRs. We are also required to ensure FDRs adhere to these standards and meet education and training requirements, and/or that FDRs adopt and follow a code of conduct particular to their own organization. This should reflect a commitment to detecting, preventing and correcting non-compliance with Medicare requirements in the delivery of Medicare services. General compliance training, and if applicable, specialized Medicare fraud, waste and abuse training should be completed.

We encourage you to review our Compass Code of Ethical Business Conduct which contains our Fraud, Waste and Abuse policies and adopt them as your own or adopt a similar program for your practice, and comply, at a minimum, with those elements described at 42 CFR §§ 422.503(b)(4)(vi)(A) and 423.504(b)(4)(vi)(A). You will find our Compass Code of Ethical Business Conduct along with frequently asked questions and training on our website at www.floridablue.com under the Compliance Resources link in the Toolbox section. This information can also be found in the Toolbox section under the Providers tab at www.floridablue.com. We will check with you in the summer and fall of 2015 to determine your progress with this CMS requirement.

In addition, we included a link to EthicsPoint in the Compliance Resources section of our website, which provides you with a confidential, easy-to-use tool to contact the Florida Blue Business Ethics, Integrity & Compliance Division to ask questions or report fraud, waste and abuse.

If you have questions, please contact our Business Ethics, Integrity & Compliance Division at (800) 477-3736 ext. 56300. You may also contact our Special Investigation Unit Fraud Hotline at (800) 678-8355.

First Tier Entity is any party that enters into a written arrangement, acceptable to CMS, with a Medicare Advantage Organization or Part D plan sponsor or applicant to provide administrative services or health care services to a Medicare eligible individual under the MA program or Part D program. (See, 42 C.F.R. § 423.501).