

November 2019

## **Important Reminder for Medicare Advantage Providers Review Policies for Preventing Medicare Fraud, Waste and Abuse**

To serve our customers with the highest level of integrity and ethical business conduct, we're required by the Centers for Medicare & Medicaid Services (CMS) to share our standards of conduct with our first tier<sup>1</sup>, downstream and related entities (FDRs).

We're also required to ensure our FDRs adhere to these standards, and/or adopt and follow a code of conduct particular to their own organization. This should reflect a commitment to detecting, preventing and correcting noncompliance with Medicare requirements when delivering Medicare services. FDRs are also required to review general compliance and fraud, waste and abuse information, and if applicable, take specialized Medicare fraud, waste and abuse training. To help you get started, please see the information below.

### **Compass Code of Ethical Business Conduct**

- Please review our [Compass Code of Ethical Business Conduct](#), which contains the principles and values by which we operate.
- You may adopt our values and principles as your own or adopt a similar program for your practice. If you create your own program, be sure it includes, at a minimum, those elements described at 42 CFR §§ 422.503(b)(4)(vi)(A) and 423.504(b)(4)(vi)(A) of our Compass Code of Ethical Business conduct.

### **Compliance Information and Training**

Please review the general compliance information and training at [floridablue.com](http://floridablue.com)> Providers> Ethics and Compliance (top of the page). Our Ethics and Compliance section includes:

- Frequently asked questions about fraud, waste and abuse
- Links to CMS's Medicare Parts C and D Fraud, Waste and Abuse General Compliance Training
- The Office of Inspector General (OIG) and General Services Administration (GSA) exclusion lists

The Florida Blue Business Ethics, Integrity & Compliance Division will contact select providers by email in the coming months to follow up on their progress with these CMS requirements.

### **Confidential Reporting**

Our Compliance & Ethics [policy](#) includes a link to [EthicsPoint](#), a third-party vendor. EthicsPoint is a confidential, easy-to-use tool for you to contact the Florida Blue Business Ethics, Integrity &

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Compliance Division. Through EthicsPoint, you can ask questions or report fraud, waste and abuse, and choose to remain anonymous when filing a report.

### **If You Have Questions**

Please call our Business Ethics, Integrity & Compliance Division at 800-477-3736 ext. 56300 if you need more information or have questions. You may also call our Special Investigation Unit Fraud Hotline at 800-678-8355.

<sup>1</sup>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).

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