Florida Blue

October 2026

Strengthening Our Commitment to Compliance: Fraud, Waste, and Abuse Prevention Standards

Florida Blue's mission centers on delivering quality, accessible health care coverage to our members and the communities we serve. When fraud, waste, and abuse (FWA) occur, they compromise this mission and harm our members, providers, and the broader healthcare ecosystem. We value your support and diligence in identifying and reporting these concerns.

In alignment with the Centers for Medicare & Medicaid Services (CMS), Florida Blue requires all its providers to either adopt our FWA standards—which meet or exceed CMS guidelines—or implement a tailored code of conduct for your organization. Your chosen approach should demonstrate a clear commitment to preventing, identifying, and addressing noncompliance with CMS requirements.

We have outlined key resources and expectations below to support your compliance efforts.

Compass Code of Ethical Business Conduct

We encourage you to review the Compass Code of Ethical Business Conduct, which articulates the principles and values underlying our operations.

You have the flexibility to either adopt our framework or build your own program aligned with your practice's culture. If you develop an independent code, ensure it addresses the core elements outlined in 42 CFR §§ 422.503(b)(4)(vi)(A) and 423.504(b)(4)(vi)(A) or incorporates the principles reflected in our Compass Code.

Training and Compliance Resources

All providers must complete foundational compliance and FWA training. Access these materials through our Ethics and Compliance portal at FloridaBlue.com (navigate to For Providers > Ethics & Compliance). You will find:

- FAQs tailored to First Tier,[1] Downstream, and Related Entities
- Medicare Compliance and FWA Training modules
- Links to the Office of Inspector General (OIG) and General Services Administration (GSA) exclusion lists

Our business Ethics, Integrity, and Compliance Division will reach out to select providers via email over the coming months to assess your progress with these CMS requirements.

[1]First Tier Entity is any party that enters 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).

Reporting Channels

We rely on EthicsPoint, a confidential reporting platform, to help you contact our Business Ethics, Integrity, and Compliance Division with questions or to report compliance and ethics concerns. You can submit reports anonymously.

You can also report suspected fraud and abuse directly to Florida Blue's Special Investigation Unit (SIU) using the form at FloridaBlue.com/general/fraud-form.

Questions or Concerns?

- **Business Ethics, Integrity, and Compliance Division**: 1-800-477-3736, ext. 56300
- **Special Investigation Unit (email):** SpecInvestUnit@BCBSFL.com
- **Fraud Hotline:** 1-800-678-8355