

October 2024

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

As a mission-driven company, Florida Blue strives to offer an affordable, high-quality health care network for our members and the communities we serve. Health care fraud, waste, and abuse (FWA) is bad for everyone and negatively impacts members, providers, and our communities. Your support to help us alleviate FWA is critical. We appreciate and continue to depend on you to identify and report fraud and any form of waste or abuse.

We comply with all Centers for Medicare and Medicaid Services (CMS) requirements and are committed to serving our members with the highest integrity and ethical business conduct. Every year, we share our standards of conduct with our first tier, downstream, and related entities¹ (FDR). CMS requires we ensure our FDRs adhere to these standards or adopt and follow a code of conduct particular to their organization. The code of conduct should reflect a commitment to detecting, preventing, and correcting noncompliance with Medicare requirements when delivering Medicare services.

FDRs are also required to complete general compliance and FWA training. To help support your compliance efforts, we are sharing the details 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) or our Compass Code of Ethical Business conduct.

Compliance Information

You may also access and review general compliance information under our [Ethics & Compliance](#) section (visit [FloridaBlue.com](https://www.floridablue.com), select Providers, and then Ethics & Compliance).

This section includes:

- Frequently Asked Questions for First Tier, Downstream, and Related Entities
- Medicare Compliance and FWA Training
- The Office of Inspector General (OIG) and General Services Administration (GSA) exclusion lists

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

Confidential Reporting

We are including a link to [EthicsPoint](#), a third-party vendor. EthicsPoint is a confidential, easy-to-use tool you can use to contact the Florida Blue Business Ethics, Integrity, and Compliance Division to ask questions or report compliance and ethics issues or concerns. When filing a report through EthicsPoint, you can choose to remain anonymous. You can also report insurance fraud and abuse by filing a report with Florida Blue's Special Investigation Unit (SIU). The reporting form can be found at [FloridaBlue.com/general/fraud-form](https://www.floridablue.com/general/fraud-form).

For questions, call our Business Ethics, Integrity, and Compliance Division at 1-800-477-3736, ext. 56300. You may also contact our SIU by emailing SpecInvestUnit@BCBSFL.com or calling our Fraud Hotline at 1-800-678-8355.

¹First 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).