2019 General Compliance_External Training, Quiz and Key

1. 2019 General Compliance

1.1 Medicare Parts C and D General Compliance
2. Training Overview

2.1 Training Overview
2.2 Training Overview

This course provides training material on how to:

- Recognize how a compliance program operates
- Recognize how compliance program violations should be reported

This course consists of training material and a post-assessment. To successfully complete the course, you must:

- Review all training material
- Pass the post-assessment with a score of 80% or higher
2.3 Training Overview

Note: For paper versions of the training, the Key Terms and Acronyms resource is located at the end of this document.
2.4 Training Overview

Training Overview

Why Do I Need Training?

- Certain training requirements apply to people involved in Medicare Parts C and D.
- All employees of Medicare Advantage Organizations (MAOs) and Prescription Drug Plans (PDPs) (collectively referred to in this course as “Sponsors”) must receive training about compliance with the CMS program rules.
- Per Prime’s policy, General Compliance training must occur within 60 days of initial hire and at least annually thereafter.
2.5 Training Overview

Medicare Parts C and D
Learn more about Medicare Part C
Medicare Part C, or Medicare Advantage (MA), is a health insurance option available to Medicare beneficiaries, run by private, Medicare-approved insurance companies. These companies arrange for, or directly provide health care services to the beneficiaries who enroll in an MA plan. MA plans must cover all services that Medicare covers with the exception of hospice care. They provide Part A and Part B benefits and may also include prescription drug coverage and other supplemental benefits.

Learn more about Medicare Part D
Medicare Part D, the Prescription Drug Benefit, provides prescription drug coverage to Medicare beneficiaries enrolled in Part A and/or Part B who enroll in a Medicare PDP or an MA Prescription Drug (MA-PD) plan. Medicare approved insurance and other companies provide prescription drug coverage to individuals living in a plan’s service area.
2.6 Training Overview

Why Do I Need Training?

- Every year billions of dollars are improperly spent because of fraud, waste, and abuse (FWA). It affects everyone - including you. This training helps you detect, correct, and prevent FWA. You are part of the solution.

- Compliance is everyone’s responsibility. As an individual who provides health or administrative services for Medicare enrollees, every action you take potentially affects Medicare enrollees, the Medicare Program, or the Medicare Trust Fund.
2.7 Training Overview

Training Introduction
This training assists Medicare Parts C and D plan Sponsors’ employees, governing body members, and their first-tier, downstream, and related entities (FDRs) to satisfy their annual general compliance training requirements in the regulations and sub-regulatory guidance at:

- **42 Code of Federal Regulations (CFR) Section 422.503(b)(4)(vi)(C)**
- **42 CFR Section 423.504(b)(4)(vi)(C)**
- Section 50.3 of the Compliance Program Guidelines (Chapter 9 of the Medicare Prescription Drug Benefit Manual and Chapter 21 of the Medicare Managed Care Manual)

Completing this training in and of itself does not ensure a Sponsor has an “effective Compliance Program.” Sponsors and their FDRs are responsible for establishing and executing an effective compliance program according to the CMS regulations and program guidelines.
3. Lesson 1

3.1 Lesson 1: Compliance Program Training
3.2 Lesson 1: Compliance Program Training

Lesson 1: Compliance Program Training

Introduction and Learning Objectives
Lesson 1 outlines effective compliance programs. Upon completing Lesson 1, you should be able to correctly:

- Recognize how a compliance program operates
- Recognize how compliance program violations should be reported
3.3 Lesson 1: Compliance Program Training

Compliance Program Requirement
CMS requires Sponsors to implement and maintain an effective compliance program for its Medicare Parts C and D plans. An effective compliance program must:

- Articulate and demonstrate an organization's commitment to legal and ethical conduct
- Provide guidance on how to handle compliance questions and concerns
- Provide guidance on how to identify and report compliance violations
3.4 Lesson 1: Compliance Program Training

What is an Effective Compliance Program?
An effective compliance program fosters a culture of compliance within an organization and, at a minimum:
- Prevents, detects, and corrects non-compliance
- Is fully implemented and is tailored to an organization’s unique operations and circumstances
- Has adequate resources
- Promotes the organization’s Standards of Conduct
- Establishes clear lines of communication for reporting non-compliance

An effective compliance program is essential to prevent, detect, and correct Medicare non-compliance as well as FWA. It must, at a minimum, include the seven core compliance program requirements.
3.5 Lesson 1: Compliance Program Training

Seven Core Compliance Program Requirements

CMS requires an effective compliance program to include seven core requirements:

1. Written Policies, Procedures, and Standards of Conduct
   - These articulate the Sponsor's commitment to comply with all applicable Federal and State standards and describe compliance expectations according to the Standards of Conduct.

2. Compliance Officer, Compliance Committee, and High-Level Oversight
   - The Sponsor must designate a compliance officer and a compliance committee accountable and responsible for the activities and status of the compliance program, including issues identified, investigated, and resolved by the compliance program.
   - The Sponsor's senior management and governing body must be engaged and exercise reasonable oversight of the Sponsor's compliance program.

3. Effective Training and Education
   - This covers the elements of the compliance plan as well as preventing, detecting, and reporting FWA. Tailor this training and education to the different employees and their responsibilities and job functions.
3.6 Lesson 1: Compliance Program Training

Lesson 1: Compliance Program Training

Seven Core Compliance Program Requirements (continued)

4. Effective Lines of Communication
   • Make effective lines of communication accessible to all, ensure confidentiality, and provide methods for anonymous and good faith compliance issues reporting at Sponsor and FDR levels.

5. Well-Publicized Disciplinary Standards
   • Sponsor must enforce standards through well-publicized disciplinary guidelines.

6. Effective System for Routine Monitoring, Auditing, and Identifying Compliance Risks
   • Conduct routine monitoring and auditing of Sponsor’s and FDR’s operations to evaluate compliance with CMS requirements as well as the overall effectiveness of the compliance program.
   • Sponsors must ensure FDRs performing delegated administrative or health care service functions concerning the Sponsor’s Medicare Parts C and D program comply with Medicare Program requirements.

7. Procedures and System for Prompt Response to Compliance Issues
   • The Sponsor must use effective measures to respond promptly to non-compliance and undertake appropriate corrective action.
3.7 Lesson 1: Compliance Program Training

Compliance Training: Sponsors and Their FDRs

CMS expects all Sponsors will apply their training requirements and "effective lines of communication" to their FDRs. Having "effective lines of communication" means employees of the Sponsor and the Sponsor's FDRs have several avenues to report compliance concerns.
3.8 Lesson 1: Compliance Program Training

**Ethics: Do the Right Thing!**
As part of the Medicare Program, you must conduct yourself in an ethical and legal manner. It’s about doing the right thing!
- Act fairly and honestly
- Adhere to high ethical standards in all you do
- Comply with all applicable laws, regulations, and CMS requirements
- Report suspected violations
3.9 Lesson 1: Compliance Program Training

How Do You Know What Is Expected of You?
Now that you’ve read the general ethical guidelines on the previous slide, how do you know what is expected of you in a specific situation?

- Standards of Conduct (or Code of Conduct) state the organization’s compliance expectations and their operational principles and values. Organizational Standards of Conduct vary. The organization should tailor the Standards of Conduct content to their individual organization’s culture and business operations. Ask management where to locate your organization’s Standards of Conduct.
- Reporting Standards of Conduct violations and suspected non-compliance is everyone’s responsibility.
- An organization’s Standards of Conduct and Policies and Procedures should identify this obligation and tell you how to report suspected non-compliance.
3.10 Lesson 1: Compliance Program Training

Lesson 1: Compliance Program Training

What Is Non-Compliance?
Non-compliance is conduct that does not conform to the law, Federal health care program requirements, or an organization’s ethical and business policies. CMS identified the following Medicare Parts C and D high risk areas:

- Agent/broker misrepresentation
- Appeals and grievance review (such as coverage and organization determinations)
- Beneficiary notices
- Conflicts of interest
- Claims processing
- Credentialing and provider networks
- Documentation and Timeliness requirements
- Ethics
- EDR oversight and monitoring
- Health Insurance Portability and Accountability Act (HIPAA)
- Marketing and enrollment
- Pharmacy, formulary, and benefit administration
- Quality of care

For more information, refer to the Compliance Program Guidelines in the Medicare Prescription Drug Benefit Manual and Medicare Managed Care Manual.
3.11 Lesson 1: Compliance Program Training

Lesson 1: Compliance Program Training

What Is Non-Compliance? (continued)

Know the Consequences of Non-Compliance

- Failure to follow Medicare Program requirements and CMS guidance can lead to serious consequences, including:
  - Contract termination
  - Criminal penalties
  - Exclusion from participating in all Federal health care programs
  - Civil monetary penalties
- Additionally, your organization must have disciplinary standards for non-compliant behavior. Those who engage in non-compliant behavior may be subject to any of the following:
  - Mandatory training or re-training
  - Disciplinary action
  - Termination
3.12 Lesson 1: Compliance Program Training

What Is Non-Compliance? (continued)

Non-Compliance Affects Everybody

Without programs to prevent, detect, and correct non-compliance, we all risk:

- Harm to beneficiaries, such as:
  - Delayed services
  - Denial of benefits

- Less money for everyone, due to:
  - High insurance copayments
  - Higher premiums
  - Lower Star ratings
  - Lower profits

- Other hurdles to care
  - Lower benefits for individuals and employers

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3.13 Lesson 1: Compliance Program Training

Non-compliance Affects Everybody
Without programs to prevent, detect, and correct non-compliance, we all risk:

- Harm to beneficiaries, such as:
  - Delayed services
  - Denial of benefits
  - Difficulty in using providers of choice
  - Other hurdles to care

- Less money for everyone, due to:
  - High insurance copayments
  - Higher premiums
  - Lower benefits for individuals and employers
  - Lower Star ratings
  - Lower profits
3.14 Lesson 1: Compliance Program Training

**Lesson 1: Compliance Program Training**

**How to Report Potential Non-Compliance**

**Employees of a Sponsor**
- Call the Medicare Compliance Officer
- Make a report through your organization’s website
- Call the Compliance Hotline

**FDR Employees**
- Talk to a Manager or Supervisor
- Call your Ethics/Compliance Help Line
- Report to the Sponsor

**Beneficiaries**
- Call the Sponsor’s Compliance Hotline or Customer Service
- Make a report through the Sponsor’s website
- Call the CMS Hotline at 1-800-Medicare

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**Don’t Hesitate to Report Non-Compliance**

When you report suspected non-compliance in good faith, the Sponsor cannot retaliate against you. Each Sponsor must offer reporting methods that are:
- Anonymous
- Confidential
- Non-retaliatory
Lesson 1: Compliance Program Training

What Happens After Non-Compliance Is Detected?
Non-compliance must be investigated immediately and corrected promptly.

Internal monitoring should ensure:
• No recurrence of the same non-compliance
• Ongoing CMS requirements compliance
• Efficient and effective internal controls
• Protected enrollees
Lesson 1: Compliance Program Training

What Are Internal Monitoring and Audits?

- **Internal monitoring activities** include regular reviews confirming ongoing compliance and taking effective corrective actions.

- **Internal auditing** is a formal review of compliance with a particular set of standards (such as policies, procedures, laws, and regulations) used as base measures.

![Diagram of monitoring and auditing cycle]

PREVENT

MONITOR

AUDIT

CORRECT

REPORT

DETECT

© Prime Therapeutics LLC. COMPLIANCE INITIAL
3.17 Lesson 1: Compliance Program Training

Summary

- Organizations must create and maintain compliance programs that, at a minimum, meet the seven core requirements. An effective compliance program fosters a culture of compliance.
- To help ensure compliance, behave ethically and follow your organization's Standards of Conduct. Watch for common instances of non-compliance, and report suspected non-compliance.
- Know the consequences of non-compliance, and help correct any non-compliance with a corrective action plan that includes ongoing monitoring and auditing.
3.18 Lesson 1: Compliance Program Training

Review
Now that you completed Lesson 1, let's do a quick knowledge check. Your Post-Assessment course score is unaffected by the following questions.
3.19 Lesson 1 Knowledge Check

You discover an unattended email address or fax machine in your office receiving beneficiary appeals requests. You suspect no one is processing the appeals. What should you do?

- Contact law enforcement
- Nothing
- Wait to confirm someone is processing the appeals before taking further action
- Contact your supervisor
- Contact your compliance department (via compliance hotline or other mechanism)

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A sales agent, employed by the Sponsor’s FDR, submitted an application for processing and requested two things:
1. To back-date the enrollment date by one month, and
2. To waive all monthly premiums for the beneficiary.
What should you do?

- Refuse to change the date or waive the premiums but decide not to mention the request to a supervisor or the compliance department
- Make the requested changes because the sales agent determines the beneficiary’s start date and monthly premiums
- Tell the sales agent you will take care of it but then process the application properly (without the requested revisions)—you will not file a report because you don’t want the sales agent to retaliate against you
- Process the application properly (without the requested revisions)—inform your supervisor and the compliance officer about the sales agent’s request
- Contact law enforcement and CMS to report the sales agent’s behavior

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Published by Articulate® Storyline www.articulate.com
You work for a Sponsor. Last month, while reviewing a CMS monthly report, you identified multiple individuals not enrolled in the plan but for whom the sponsor is paid. You spoke to your supervisors who said don't worry about it. This month, you identify the same enrollees on the report again. What should you do?

1. Decide not to worry about it as your supervisor instructed—you notified your supervisor last month and now it’s his responsibility
2. Although you know about the Sponsor’s non-retaliation policy, you are still nervous about reporting—to be safe, you submit a report through your compliance department’s anonymous tip line to avoid identification
3. Wait until the next month to see if the same enrollees appear on the report again, figuring it may take a few months for CMS to reconcile its records—if they are, then you will say something to your supervisor again
4. Contact law enforcement and CMS to report the discrepancy
5. Ask your supervisor about the discrepancy again

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<td>Ask your supervisor about the discrepancy again</td>
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You are performing a regular inventory of the controlled substances in the pharmacy. You discover a minor inventory discrepancy. What should you do?

- Call local law enforcement
- Perform another review
- Contact your compliance department (via compliance hotline or other mechanism)
- Discuss your concerns with your supervisor
- Follow your pharmacy’s procedures

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3.20 Lesson 1: Compliance Program Training

Completion of Lesson 1: Compliance Program Training
Now that you have learned about compliance programs, it's time to assess your knowledge.
4. Post-assessment

4.1 Post-assessment
4.2 Post-assessment

Post-assessment
- There are 10 questions in the quiz.
- You must score 80% or higher to pass.
- Once you begin the quiz, you must finish the quiz for it to register as completed.
- You have 3 attempts to pass, and then you will have to retake the course.
  - To retake, you must exit the course, reenter the course, and answer NO to the following question: “Would you like to resume your presentation where you left off?”
Question 1 of 10

Compliance is the responsibility of the Compliance Officer, Compliance Committee, and Upper Management only.

- True
- False

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<td>X</td>
<td>False</td>
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Question 2 of 10

Ways to report a compliance issue include:

- A. Telephone hotlines
- B. Report on the Sponsor’s website
- C. In-person reporting to the compliance department/supervisor
- D. All of the above

Correct  |  Choice
---|---
A. Telephone hotlines
B. Report on the Sponsor’s website
C. In-person reporting to the compliance department/supervisor
D. All of the above
### Question 3 of 10

**What is the policy of non-retaliation?**

- [ ] A. Allows the Sponsor to discipline employees who violate the Code of Conduct
- [ ] B. Prohibits management and supervisor from harassing employees for misconduct
- [X] C. Protects employees who, in good faith, report suspected non-compliance
- [ ] D. Prevents fights between employees

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These are examples of issues that can be reported to a Compliance Department; suspected FWA, potential health privacy violation, and unethical behavior/employee misconduct.

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Once a corrective action plan begins addressing non-compliance or FWA committed by a Sponsor’s employee or FDR employee, ongoing monitoring of the corrective actions is not necessary.

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<td>True</td>
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<td>X False</td>
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Question 6 of 10

Medicare Parts C and D plan Sponsors are not required to have a compliance program.

- True
- False

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<td>True</td>
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Question 7 of 10

At a minimum, an effective compliance program includes four core requirements.

☐ True

☐ False

<table>
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Question 8 of 10

Standards of Conduct are the same for every Medicare Part C and D Sponsor.

☐ True
☐ False

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Question 9 of 10

Correcting non-compliance ________________.

- A. Protects enrollees, avoids recurrence of the same non-compliance, and promotes efficiency
- B. Ensures bonuses for all employees
- C. Both A. and B.

Correct | Choice
---|---
X | A. Protects enrollees, avoids recurrence of the same non-compliance, and promotes efficiency
  | B. Ensures bonuses for all employees
  | C. Both A. and B.
Question 10 of 10

What are some of the consequences for non-compliance, fraudulent, or unethical behavior?

- A. Disciplinary action
- B. Termination of employment
- C. Exclusion from participation in all Federal health care programs
- D. All of the above

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</table>
4.5 Prime Therapeutics’ Reporting Methods

To report a suspected compliance concern:
- Phone: 612.777.5523
- Email: compliance@primetherapeutics.com

To report suspected fraud, waste, or abuse directly to Prime:
- Phone: 800.731.5269
- Email: fraud hotline@primetherapeutics.com

To report suspected Federal Employee Program (FEP) violations or raise questions or concerns about FEP fraud, waste, or abuse:
- FEP hotline: 844.765.9990
- FEP email: fepreportfraud@primetherapeutics.com

To anonymously report a suspected compliance concern or report suspected fraud, waste, or abuse:
- Anonymous phone: 300.474.9551
- Anonymous email: reports@lighthouse-services.com
- Anonymous website: http://www.lighthouse-services.com/Prime

You can also find this information on PrimeToday (http://www.primetoday.info/compliance_report.aspx)

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[Suppressed information]
4.6 Thank you for completing the course!
Acronyms

CFR: Code of Federal Regulations
CMS: Centers for Medicare & Medicaid Services
FDR: First-tier, Downstream, and Related Entity
FEP: Federal Employee Program
FWA: Fraud, Waste, and Abuse
HHS: U.S. Department of Health & Human Services
HIPAA: Health Insurance Portability and Accountability Act
MA: Medicare Advantage
MA-PD: Medicare Advantage Prescription Drug
MAO: Medicare Advantage Organization
OIG: Office of Inspector General
PDP: Prescription Drug Plan

Key Terms

Internal Auditing: Internal auditing is a formal review of compliance with a particular set of standards (for example, policies, procedures, laws, and regulations) used as base measures.

Internal Monitoring Activities: Internal monitoring activities include regular reviews confirming ongoing compliance and taking effective corrective actions.

Medicare Part C: Medicare Part C, or Medicare Advantage (MA), is a health insurance option available to Medicare beneficiaries, run by private, Medicare-approved insurance companies. These companies arrange for, or directly provide health care services to the beneficiaries who enroll in an MA plan. MA plans must cover all services that Medicare covers with the exception of hospice care. They provide Part A and Part B benefits and may also include prescription drug coverage and other supplemental benefits.

Medicare Part D: Medicare Part D, the Prescription Drug Benefit, provides prescription drug coverage to Medicare beneficiaries enrolled in Part A and/or Part B who enroll in a Medicare Prescription Drug Plan (PDP) or an MA Prescription Drug (MA-PD) plan. Medicare approved
insurance and other companies provide prescription drug coverage to individuals living in a plan’s service area.

**Non-compliance:** Non-compliance is conduct that does not conform to the law, Federal health care program requirements, or an organization’s ethical and business policies

**Standards of Conduct (or Code of Conduct):** The Standards of Conduct state the organization’s compliance expectations and their operational principles and values.