# Table of Contents

Introduction 3  
I. Compliance Plan Governance 4  
II. Compliance Plan 4  
III. Compliance Program Elements 5  
   1. Code of Conduct and Written Policies and Procedures 5  
      Code of Conduct 5  
      Distribution of Code of Conduct and Compliance Policies and Procedures 6  
      Policies and Procedures 6  
   2. Compliance Officer, Compliance Committee, and Governing Body Oversight 6  
      Compliance Officer 6  
      Compliance Committee 7  
      Governing Body Oversight 7  
   3. Effective Training and Education 8  
      Compliance and FWA Training 8  
      Code of Conduct 8  
      Training and Education for FDRs 8  
   4. Effective Lines of Communication 9  
      Reporting Directly to the Compliance Officer or Compliance Department 9  
      Compliance and Ethics Hotline 9  
      Communication with the Board of Directors and Compliance Committee 10  
      Communication with Regulators 10  
      Educational Communications 10  
      Confidentiality and Non-Retaliation 10  
   5. Well-Publicized Disciplinary Standards 11  
   6. Effective System for Routine Monitoring, Auditing and Identification of Compliance Risks 11  
      Risk Assessment 12  
      Auditing 12  
      Corrective Actions 12  
   7. Responding to Detected Offenses 12  
   8. Delegation Oversight 13  
   9. Fraud, Waste and Abuse 13
Introduction

Troy Health understands that participation in government programs is a tremendous responsibility, and we take this commitment seriously. Our members rely on us to provide the care and services they need and to which they are entitled. Troy is committed to maintaining a working environment that promotes ethical values, exemplary behavior, and compliance with the letter and spirit of all applicable laws and regulations.

At Troy Health, we strive to have a highly effective Compliance Program. The responsibility for compliance and ensuring integrity in our actions and in our decision-making is everyone’s responsibility.

Healthcare is complicated and we operate in a highly regulated and increasingly challenging business environment. We must act with the highest standards and values – our members, our providers and our regulators expect that of us. This requires us to know the rules and requirements, remain vigilant, and always do the right thing.

Please use this Compliance Plan as a guide to help you understand your responsibilities and help you answer questions that you might have while conducting the important work that you do.

If you have a compliance or ethics concern, do not hesitate to act and report your concern. You may discuss with your leadership, or you may reach out to the Compliance Department. If you wish to remain anonymous, you may report through the Compliance and Ethics Hotline. All reports are investigated and are kept confidential to the extent permitted by law and addressed timely.

Please review this Compliance Plan and apply these concepts and requirements in your day-to-day work. As always, reach out if you have questions or concerns!
I. Compliance Plan Governance

The Compliance Plan is updated annually and is approved by the Troy Board of Directors. The Compliance Plan is a component of Troy’s overall Compliance Program and reinforces the Company’s commitment to comply with all applicable federal and state regulations as well as the Troy Code of Conduct. The Compliance Program is managed by the Troy Compliance Department, which also maintains the Troy Code of Conduct, a standalone document that accompanies this Compliance Plan. The Troy Code of Conduct is also approved by the Board of Directors. The Compliance Program and all components of the Compliance Plan are designed to promote a culture of integrity, ethical behavior, and compliance with applicable laws and regulations.

This Compliance Plan incorporates the federal and/or state requirements and related provisions, as provided by the Centers for Medicare & Medicaid Services (CMS) and other applicable regulatory bodies, related to the establishment and maintenance of an effective Compliance Program. The standards apply, as applicable, to Troy’s participation in the Medicare program and activities as a Medicare Advantage Organization (Part C), a Prescription Drug Plan Sponsor (Part D), and as a Dual-Eligible Special Needs Plan (D-SNP).

A key component of the Compliance Program is the Troy Compliance Committee, which is responsible to senior management, the Chief Executive Officer, and the Board of Directors for reviewing the effectiveness of the Troy Compliance Program through audits and monitoring, establishment of key compliance indicators in an effort to identify prospective compliance deficiencies, and to promote prompt and effective corrective actions where deficiencies are suspected or identified. The Chief Compliance Officer is responsible for escalating compliance deficiencies and ongoing issues of non-compliance to senior management, the Chief Executive Officer, and the Board of Directors.

Troy makes this Compliance Plan available to all entities to which it applies, including employees, consultants, the Board of Directors, as well as contractors and First-Tier, Downstream and Related (FDR) entities. The Chief Compliance Officer reserves the right to amend and update components of the Compliance Program at any time to make changes based on regulatory guidance, enhancements to the Program to improve effectiveness, or for any other reason as the Chief Compliance Officer deems appropriate.

II. Compliance Plan

This Compliance Plan serves as an outline for Troy’s overall Compliance Program. The Compliance Program is the framework and foundation by which Troy articulates its commitment to comply with state and federal laws, regulations, and Troy policies and procedures. Troy’s Compliance Program is structured around the elements of an effective ethics & compliance program as recommended in the Department of Health and Human Services Office of Inspector General’s (OIG) Compliance Program Guidance publications and the Federal Sentencing Commission’s Guidelines to ensure that Medicare Part C and Part D practices are conducted properly and to ensure compliance with applicable federal and state statutory and regulatory obligations. These compliance obligations include, but are not limited to, the following:
• Federal and state False Claims Acts
• Anti-Kickback Statute
• Prohibition on inducements to beneficiaries
• Health Insurance Portability and Accountability Act (HIPAA)
• Code of Federal Regulations – including 42 C.F.R. § 400, 403, 411, 417, 422, 423, 438, 1001 and 1003
• All sub-regulatory guidance produced by the Centers for Medicare & Medicaid Services (CMS) or other applicable regulatory entity, such as manuals, training materials, and sub-regulatory guidance
• Applicable civil monetary penalties and exclusion statutes
• North Carolina General Statute Chapter 58
• Applicable state laws and contractual commitments

An effective Compliance Program contributes to this commitment in the following ways:
• Promoting a culture of integrity, ethical conduct, and compliant behavior
• Establishing Troy’s commitment to regulatory compliance and legal conduct
• Identifying, investigating, reporting, and preventing non-compliance and illegal activities
• Providing regulatory distribution and oversight to ensure awareness and recognition of the applicable laws and regulations to which Troy is bound.
• Providing compliance-related training and education regarding internal compliance activities and controls to promote compliance with state and federal laws, rules, and regulations as well as internal policies and procedures used to define and ensure compliant activities and operations
• Providing a working environment that encourages employees to identify risks, concerns and problems within the organization without fear of retaliation, directly addresses problems, and fairly disciplines non-compliant behavior

III. Compliance Program Elements

The seven elements of an effective compliance program provide the framework for establishing a well-defined compliance program. The Troy Compliance Program is structured to support compliance with the OIG seven elements, plus an additional two elements that are important enough to require special focus and attention.

1. Code of Conduct and Written Policies and Procedures

Troy’s Compliance Plan, Code of Conduct, and the body of corporate policies and procedures outline what we must do, how we should conduct ourselves, and provide the overarching values by which the Company operates.
**Code of Conduct**

Troy has adopted a Code of Conduct provides the basic principles governing our business activities and relationships. The Code of Conduct is not only based on the laws, rules and regulations that apply to our work, it is based on our company mission, vision, and values. All employees of Troy must adhere to, and comply fully with, the Code of Conduct. Each one of us is accountable for understanding, and complying with the Code of Conduct, and for reporting, internally, any possible violations of the Code of Conduct of which we become aware. While the specific provisions of the Code of Conduct cannot address every circumstance, it outlines the basic principles that should guide Troy’s operations and activities: good judgment, personal honesty and sound business ethics.

**Distribution of Code of Conduct and Compliance Policies and Procedures**

The Code of Conduct is supplemented by this Compliance Plan and Compliance policies and procedures. The Code of Conduct is made available to:

- The Board of Directors at the time of appointment and annually thereafter
- Each employee, officer, temporary employee, and consultant within 90 days of hire, when updated, and annually thereafter.

First-Tier, Downstream, and Related Entities receive the *Code of Ethical Business Conduct and Medicare Compliance Program Requirements for First-Tier, Downstream and Related Entities (FDRs)* upon the execution of an agreement with the Company and annually thereafter.

**Policies and Procedures**

Each department is required to develop, implement and maintain current policies and procedures specific to its functions and area of responsibility. Policies should be developed with a firm understanding of the regulatory requirements and written in an easy-to-understand manner for their employees. These policies must address the laws, regulations, rules and contractual requirements specific to the area of responsibility. Policies and procedures are made available to employees upon hire, when updated and annually thereafter.

Policies and procedures are updated annually or upon changes in regulatory or internal requirements. Completed policies must be submitted to the Compliance Department for review and approval.

The Compliance Department develops, implements, and maintains written P&Ps to support the compliance functions of the organization. The Compliance policies and procedures are detailed and specific to describe the operation of the Compliance Program.

**2. Compliance Officer, Compliance Committee, and Governing Body Oversight**

The successful implementation and effective operation of the Compliance Program requires the dedicated commitment and diligent engagement and oversight throughout the organization including, but not limited to, key roles and responsibilities by the Board of Directors, the Compliance Officer, Compliance Committee and the Executive Team.
Compliance Officer

The Chief Compliance Officer is responsible for the implementation and effectiveness of the Compliance Program and plays a key role in the compliance of the organization. This includes implementing and overseeing the day-to-day activities of the Compliance Program. The CCO reports directly to the Chief Executive Officer and to the Board of Directors on the activities and status of the Compliance Program. The CCO chairs the Compliance Committee, the FDR Oversight Committee, and acts as the Medicare Compliance Officer.

The Chief Compliance Officer reports to the Board of Directors not less than quarterly and has authority to report matters directly to the Board at any time.

Compliance Committee

The role of the Compliance Committee is to implement and oversee the Compliance Program and to participate in carrying out the provisions of this Compliance Plan. The Compliance Committee meets at least quarterly, or more frequently as necessary, to enable reasonable oversight of the Compliance Program.

Compliance Committee membership shall comprise the Chief Compliance Officer, Executive Team members, management staff including representatives from Operations, Medical Management, Pharmacy, and other areas as deemed appropriate by the Chief Compliance Officer.

The primary responsibilities of the Compliance Committee include, but are not limited to:

- Review and monitor the effectiveness of the Compliance Program, including monitoring key performance metrics, evaluating business operations, and overseeing corrective actions
- Determine effective strategy and/approach to promote compliance and detect potential violations and advise the Compliance Officer accordingly
- Oversee the Fraud, Waste and Abuse program
- Ensure the implementation of a system to solicit, evaluate and respond to complaints and problems
- Review and address reports identifying areas at which the Company is at risk for program non-compliance and FWA and ensure that corrective action pans are implemented and monitored for effectiveness
- Ensure a process to provide effective oversight and monitoring of FDRs providing delegated functions
- Maintain written notes, records and minutes (as appropriate) of Compliance Committee meetings reflecting reports made to the Compliance Committee and decisions made on the issues raised

Governance Body Oversight

The Board of Directors, as the governing body, is responsible for exercising reasonable oversight of the implementation and effectiveness of the Compliance Program. It is responsible for approving the Code of Conduct and this Compliance Plan, understanding the Compliance Program structure, understanding the audit results of internal and external audits, reviewing periodic updates from the Chief Compliance Officer, understanding the ramifications of federal enforcement activities, and assessing the effectiveness of the Compliance Program.
The Chief Compliance Officer is responsible for compliance oversight and activities including oversight of the FWA program. The Chief Compliance Officer, in conjunction with the Compliance Committee, are accountable for the oversight and reporting responsibilities set forth in this Compliance Plan. The Board of Directors remains accountable for ensuring the effectiveness of the Compliance Program and ensuring its efficient and successful implementation.

3. Effective Training and Education

Training and education are critical components of a Compliance Program. Troy requires all employees, consultants, FDRs, officers and members of the Board of Directors to complete training upon hire or appointment, as applicable, and annually thereafter. Required elements include compliance training, FWA, HIPAA, Code of Conduct and applicable statutes, regulations, and compliance requirements.

Troy utilizes a variety of training methods including, but not limited to, web-based training, webinars, and in-person training. Trainings are updated as requirements or procedures change or tailored to a specific training need.

The Chief Compliance Officer is responsible for ensuring the completion of annual compliance and FWA training. The Chief Compliance Officer coordinates with Human Resources to ensure the delivery and completion of training for new hires, and to ensure records of completion are documented and maintained, as required by law or regulation.

Compliance and FWA Training

Troy has established a Compliance and FWA training program, which is designed to train employees and members of the Board of Directors about the Compliance requirements, the Troy Compliance Program and laws that govern our healthcare business related to potential fraud, waste, and abuse. Employees of FDRs and Downstream Entities must complete the CMS web-based General Compliance and FWA training. Compliance training is a requirement for all employees to complete within 90 days of hire and annually thereafter.

Mandatory training topics include, but are not limited to, general compliance training; Health Insurance Portability and Accountability Act (HIPAA) and privacy; fraud, waste and abuse; information security and training, and records and information management. Employees, contractors, and agents must complete the required training. Adherence to the Compliance Program requirements, including the annual training and Code of Conduct, shall be a condition of continued employment.

Code of Conduct

Troy’s training program includes the distribution of the Troy Code of Conduct to employees, contractors, officers and members of the Board of Directors, and are required to sign an attestation acknowledging receipt, review and understanding of the Code of Conduct within 90 days of date of hire, appointment, or commencement of a contract. Completion of the Code of Conduct includes the Conflict of Interest Statement and the disclosure of any conflicts of interest that might impair, or appear to impair, the ability to fairly serve Troy and its members, or to participate in Federal healthcare programs.

Training and Education for FDRs

First-Tier Entities must provide general compliance and FWA training to all employees and Downstream Entities assigned to provide administrative and/or health care service for Troy Health Medicare Parts C
and D programs. The training must be completed within 90 days of initial hire or the effective date of contracting, and at least annually thereafter. FDRs must retain evidence of training completion in accordance with applicable record retention requirements.

4. Effective Lines of Communication

Troy employs multiple mechanisms to ensure effective lines of communication between the Chief Compliance Officer and all levels of employees, contractors, temporary employees, FDRs and members of the Board of Directors. These established mechanisms allow for providing guidance on regulatory requirements and Troy's Compliance Program to all employees, contractors, consultants, FDRs, and the Board of Directors, the reporting of improper conduct, suspected non-compliance, as well as allegations of fraud, waste or abuse or any other impropriety. Troy expects reporting of issues to be able to occur without the involvement of the supervisor or other personnel and the fear of potential retaliation or retribution.

These lines of communication will be accessible to all, including FDRs, and allow for anonymous and confidential, good faith reporting of potential compliance issues or suspicions of fraud, waste or abuse or other improprieties.

The Chief Compliance Officer is responsible for communicating these mechanisms to the employees, contractors, officers, FDRs and the Board of Directors. Such communication includes sharing information by the Chief Compliance Officer during the All-Employee meetings, on the Troy website, in the Compliance Newsletter, during meetings, and as part of compliance trainings.

Reporting Directly to the Compliance Officer or Compliance Department

The Chief Compliance Officer is available to receive reports of suspected or actual non-compliance or FWA issues on a confidential basis (to the extent permitted by applicable law or circumstances) from employees, members, FDRs or members of the Board of Directors. The Chief Compliance Officer may be contacted by telephone, written correspondence, email, or by a video conference. Reports may be made directly to Troy's Compliance Department by email or written correspondence for confidential reporting.

Compliance and Ethics Hotline

All Troy employees, consultants, contractors, officers and members of the Board of Directors are required to report known or suspected violations of law, regulation or regulatory requirement, or the Code of Conduct, without fear of retaliation. Reports may be made anonymously if desired.

Troy maintains a Compliance and Ethics Hotline, available 24 hours a day, 7 days a week, to receive anonymous reports on a confidential basis via telephone or online. The Compliance and Ethics Hotline is available to all employees, contractors, consultants, members, FDRs and members of the Board of Directors. Reports to the Compliance and Ethics Hotline are evaluated and addressed on a timely basis.

**Troy Compliance and Ethics Hotline**
Phone: (844) 977-0475
Online reporting: troymedicare.ethicspoint.com
Email: compliance@troymedicare.com
Mail: Troy Health Compliance
Communication with the Board of Directors and Compliance Committee

The Chief Compliance Officer will maintain open lines of communication with the CEO and Board of Directors regarding activities of the Compliance Committee and Compliance Department. This includes, but not limited to, the following:

- Compliance Program and Compliance Work Plan
- Auditing and Monitoring results
- Responses to detected offenses
- Compliance or ethics issues
- Compliance Committee minutes

The Chief Compliance Officer will keep the Board of Directors apprised and seek its guidance on compliance or ethics issues that represent potential risk to the organization.

Communication with Regulators

Troy will maintain open communication with regulatory authorities. Specifically:

- The Chief Compliance Officer, or his/her designee, is Troy’s primary point of contact with regulatory authorities. Normal, ongoing communication with regulators will be routed through the Chief Compliance Officer, or his/her designee.
- Individual departments may have such direct communication with regulatory authorities as appropriate to fulfill responsibilities and obligations under the CMS contract. For example, Enrollment may be required to contact CMS or its contractor regarding retroactive transactions; Information Technology may need to contact the CMS Help Desk regarding the transmission of data.
- For escalated issues such as investigations, litigation, interaction with enforcement authorities or any situation that poses similar risk to the organization, communication will be governed by, as appropriate:
  - Company policy, if applicable policy exists
  - Direction from senior management, including the CEO, General Counsel, or the Chief Compliance Officer
  - Advice of outside counsel

Educational Communications

The Chief Compliance Officer directs the content of the monthly Troy Compliance Newsletter, which is used to educate employees on compliance-related information. The Newsletter is also shared with the Board of Directors monthly.

Confidentiality and Non-Retaliation

Every effort will be made to keep reports confidential to the extent permitted by applicable law and circumstances, but there may be some instances where the identity of the individual making the report will have to be disclosed. Troy prohibits retaliation against any employee for reporting in good faith a possible violation of the Code of Conduct or of a law, rule, or regulation. This non-retaliation policy
extends to FDRs and Troy members. The non-retaliation policy applies to individuals who, in good faith, participate in compliance investigations, Troy self-evaluations, audits, and remedial actions.

5. Well-Publicized Disciplinary Standards

Troy leadership expects the conduct of its employees to be governed by the highest ethical standards, good judgment, and consideration of others, and is expected to comply with applicable laws, regulations, CMS requirements, Troy policies, the Troy Compliance Program, Code of Conduct and any other applicable Company policy or protocol. These expectations are outlined in the Code of Conduct and in the Troy disciplinary policies. The disciplinary standards and policies are made available to each employee and are available on the Troy website and in the internal policy and procedure repository.

The actions listed below are provided as examples and for guidelines only. Nothing in this Compliance Plan or other Compliance policies should be construed as preventing or limiting Troy from taking appropriate disciplinary action, including immediate termination, in any circumstance where Troy, in its sole discretion, deems such action appropriate.

Examples of the types of infractions or violations for which disciplinary or corrective action will be taken include:

- Non-compliance with applicable laws, regulations and policies
- Encouraging or assisting another to engage in non-compliance
- Failure to report non-compliance
- Knowingly submitting a false, malicious or frivolous report of non-compliance against another employee
- Failure to satisfy the education and training requirements of the Troy Compliance Program
- Failure of a supervisor to assure that their subordinates understand the requirements of the program
- Retaliation against an employee, agent or contractor who reports in good faith a concern relating to potential non-compliance

Nothing in this policy or other Compliance policies is intended to alter the “at-will” nature of the employment relationship between Troy and its employees as set forth in Troy’s employment policies, procedures and related documentation.

6. Effective System for Routine Monitoring, Auditing and Identification of Compliance Risks

The Troy Compliance Program will monitor and audit the functions and operations of the organization, to evaluate compliance with applicable laws, regulations and policies to detect potential issues, problems or violations. The Compliance Work Plan will be coordinated, overseen, and executed by the Chief Compliance Officer.

Disciplinary actions shall be administered on a fair and equitable basis, appropriate to the seriousness of the violation and consistent with Troy’s policies and procedures. Depending on the severity of the violation, steps in the disciplinary progression may be omitted if appropriate to take more immediate corrective measures, up to and including termination.
The Compliance Committee is responsible for the oversight of Troy’s monitoring and auditing initiatives and will receive regular reports regarding performance, detected offenses and other non-compliance, audit results, etc. The Chief Compliance Officer is responsible for submitting regular reports of monitoring and auditing activities to the Executive Team, Compliance Committee and the Board of Directors.

Risk Assessment

An effective monitoring and auditing program begins with an internal risk assessment. The Chief Compliance Officer will conduct a formal baseline assessment of the Company’s critical compliance, and fraud, waste and abuse operational functions. Each operational function is assessed for the types and level of risks presented by the operational function to the Medicare program, Troy’s members, and the Company.

A monitoring and auditing work plan is developed based on the results of the annual risk assessment and sets forth the audits to be performed, the schedule and whether any FDRs are involved.

Auditing

The Troy Compliance Department will conduct or facilitate operational audits, and as appropriate, audits of First-Tier Entities to evaluate compliance with applicable laws, regulations and policies to detect potential issues, problems or violations. Compliance audits will be conducted using established methodology (typically CMS Program Audit methodology). Focused audits may be conducted resulting from risk assessment data, regulatory concerns, member feedback or complaints, incident reporting or other credible sources.

The auditing schedule includes the semi-annual TPA audits required under North Carolina General Statute GS § 58-56-26.

Corrective Actions

Corrective actions may be initiated as a result of monitoring and auditing findings, regulatory body compliance or enforcement actions, investigations, or other avenues available to identify issues of non-compliance or violations of applicable laws, regulations and policies. Corrective actions may be requested of internal operational areas or from FDRs. Corrective actions are initiated and documented by the Troy Compliance Department.

Corrective actions are designed to address the underlying root cause for and the impacts of the non-compliance including addressing impacts to Troy members and the Medicare program, process or system failures, or other risks to the Company.

In some instances, identified issues of non-compliance may require voluntary self-disclosure to the governing regulatory entity, such as to CMS, HHS-OIG, OCR, or DOJ. The decision to self-disclose is determined by members of the Executive Team and the Chief Compliance Officer.

7. Responding to Detected Offenses

Upon report or reasonable indication of suspected non-compliance, the Chief Compliance Officer, in conjunction with management, will promptly initiate steps to investigate the conduct in question to
determine whether a material violation of applicable law, regulations, policies, or the Code of Conduct, has occurred. If the suspected non-compliance is confirmed, the Chief Compliance Officer and management must take steps to correct the problem or violation.

The Troy Compliance Program includes established and implemented procedures for preventing, detecting and correcting non-compliance with applicable laws, regulations, Troy policies and CMS program requirements. These include promptly responding to compliance issues and reports, investigating potential compliance problems identified through monitoring and auditing, and correcting such problems promptly and thoroughly to reduce negative impacts to Troy members, the Medicare program, and to the Company.

8. Delegation Oversight

Troy takes full responsibility for the performance of all delegated entities (FDRs). As part of the Troy Compliance Program, the Company must have appropriate oversight of the FDRs to ensure they comply with applicable laws, regulations and CMS program requirements. All FDRs must have an effective compliance program. This oversight is a combined effort with the Troy Compliance Department and Troy Operations. The Chief Compliance Officer chairs the FDR Oversight Committee to monitor key performance metrics, discuss any FDR compliance issues or corrective action plans, compliance requirements, auditing and monitoring results, and compliance risk.

9. Fraud, Waste and Abuse

Troy is strongly committed to the detection, correction and prevention of fraud, waste and abuse at the plan level as well as within its FDRs. Employees receive guidance on their role in detecting and combating fraud, waste and abuse. Troy maintains ultimate responsibility for adhering to and fully complying with applicable federal and state laws, regulations, and CMS program requirements related to the delivery of Medicare benefits, including the compliance requirements found at 42 CFR § 422.503(b)(4)(vi), and 42 CFR § 423.504(b)(4)(vi)(H). Troy will work in an appropriate manner and with its FDRs to detect and prevent FWA. This includes the responsibility to review CMS Fraud Alerts and taking appropriate action, including but not limited to, reviewing paid claims and member impact.

Self-disclosure is an important consideration in detecting and preventing FWA and maintaining program integrity. Troy will review and consider any situations or violations that may rise to the level of self-disclosure to the appropriate governing regulatory entity. In doing so, Troy may receive the benefits of voluntary self-disclosure found in the False Claims Act and the Federal Sentencing Guidelines. Self-disclosure may offer the opportunity to minimize the potential cost and disruption of a full-scale regulatory audit and investigation, to negotiate a fair monetary settlement, and to potentially avoid an OIG permissive exclusion preventing Troy from doing business with the federal healthcare programs.

Laws and regulations pertaining to FWA:

- 42 CFR § 422.503(b)(4)(vi),
- 42 CFR § 423.504(b)(4)(vi)(H)
- Health Care Fraud Statute
- Anti-Kickback Statute – 42 U.S.C. § 1320a-7(b)
- Exclusion Statute - 42 U.S.C. § 1320a-7
- Civil Monetary Penalties Law - 42 U.S.C. § 1320a-7a
- Patient Access and Medicare Protection Act
• Physician Self-Referral Law (Stark Law) - 42 U.S.C. § 1395nn
• Federal Sentencing Guidelines
• HIPAA/HITECH – 45 CFR Part 164
• Medicare Managed Care Manual, Chapter 21 - Compliance Program Guidelines and Prescription Drug Benefit Manual, Chapter 9 - Compliance Program Guidelines

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