



Compliance Plan 2024

The purpose of this document is to outline the authority and scope of the Compliance Program within Sentara Health Plans. This Plan and all components encompass all Sentara Health Plans lines of business including Commercial, Medicare Parts C and D, Managed Medicaid, and Qualified Health Plans. The overall objective of the Compliance Plan is to advance an organizational culture of ethics, integrity, and compliance with all applicable state and federal laws and regulations by implementing appropriate processes and work plans to ensure compliance.

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I. COMPLIANCE PLAN GOVERNANCE

It is the policy of Sentara Health Plans and AvMed (hereinafter collectively referred to as “SHP”) to comply with all laws governing its operations and to conduct business in keeping with legal and ethical standards. It is also the policy of SHP to deal with employees and consumers using the highest clinical and business ethics.

The SHP Compliance Plan is reviewed and approved annually by the Operational Compliance & Ethics Committee and the Board of Directors. The Compliance Plan is adopted as part of SHP’s Compliance Program to ensure an overall culture of compliance to prevent, detect and correct non-compliance, maintain HIPAA Privacy requirements and safeguards against actual or potential fraud, waste, and abuse.

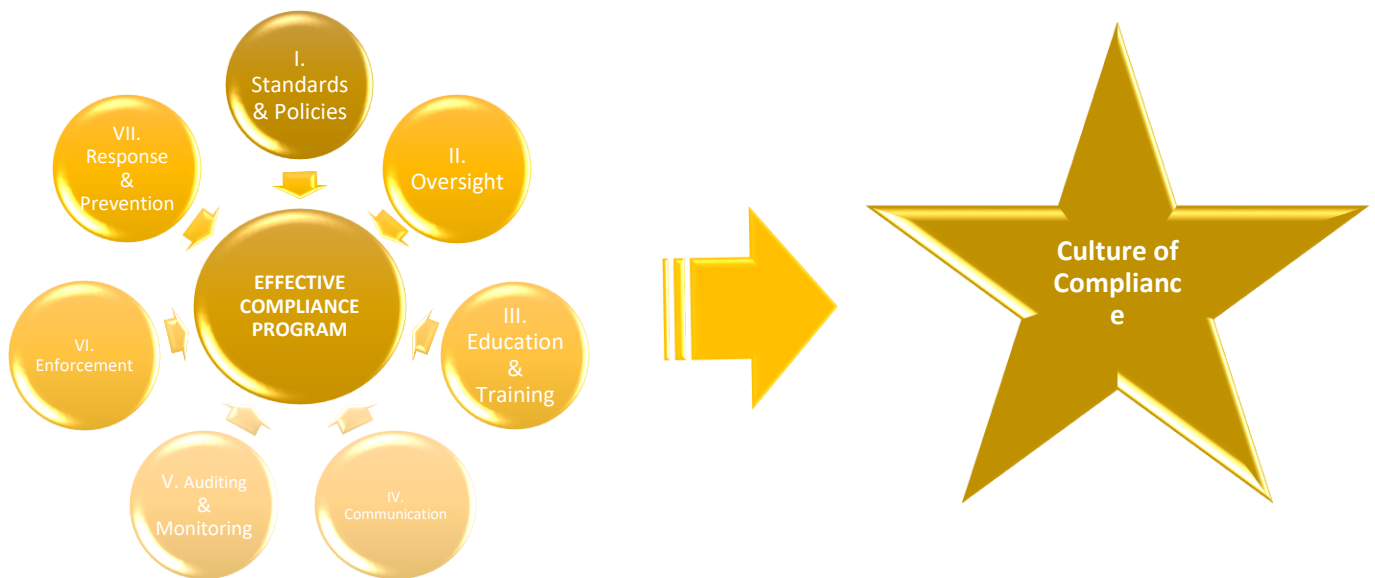
The Compliance Plan reinforces SHP’s commitment to an Ethical Code of Business Conduct and commitment to abide by and uphold the internal policies of SHP and the applicable federal and state regulatory obligations of its associates, Board members, partners, vendors, independent broker agents, and its first-tier entities, downstream entities, and related entities (FDRs).

SHP strives to maintain a corporate culture which promotes the prevention, detection, and resolution of violations of laws and unethical conduct. SHP supports the government in its goal to decrease monetary loss from false claims and has as its own goal the reduction of potential exposure to criminal penalties, civil damages, and administrative actions. SHP believes that a compliance program guides the Board of Directors, managers, employees, physicians and other health professionals in the efficient management and operation of the company and in improving the quality of its services.

SHP Board of Directors has responsibility for the oversight of the Compliance Plan to ensure that SHP is upholding its commitment to compliant, lawful, and ethical conduct. This oversight requires the Board of Directors to be knowledgeable about, and either approve or delegate approval, of the content and operation of the Compliance Program, Code of Compliance, Compliance policies and procedures, and all applicable statutory and regulatory requirements. The Board of Directors has responsibility to review reports by the Compliance Officer and Compliance Committee on the activities and status of the Compliance Program, including issues of non-compliance identified, investigated, and resolved; Compliance Program outcomes and effectiveness; results of internal and external audits; exclusion list matches; hotline calls; root cause analyses and corrective actions; notices of non-compliance, warning letters, and formal sanctions; fraud, waste, and abuse goals and actions; and risk assessment and reduction activities

This Compliance Plan is designed with direct reference to and required compliance with the compliance elements recommended in the U.S. Office of Inspector General’s (OIG’s) Compliance Program Guidance, the compliance requirements of the Medicare Managed Care Manual Chapter 21 and the Prescription Drug Benefit Manual Chapter 9, and the compliance requirements of the Health Insurance Issuer Standards under the Affordable Care Act, including standards as they relate to Exchanges per 45 CFR Part 156.

All SHP entities that participate in the Federally Facilitated Marketplace (FFM) or the Virginia Insurance Marketplace (VIM), will follow all state and federal regulations to successfully participate in the FFM or VIM offering qualified health plans (QHP). SHP will establish and maintain internal policies, procedures, and operational guidance to comply with all specific FFM or VIM and QHP requirements.



II. COMPLIANCE PROGRAM GOALS

- A. SHP seeks to ensure compliance with all applicable Federal and state rules, laws, regulations, standards, applicable contracts, and policies that govern SHP's activities.
- B. SHP seeks to ensure the Board of Directors and the Audit & Compliance Committee of the Board of Directors is knowledgeable of the content, structure, and administration of SHP's Compliance Program and shall exercise reasonable oversight regarding the implementation and effectiveness of the Compliance Program.
- C. SHP seeks to implement the operation of the Compliance Plan by ensuring and assisting SHP employees in understanding and performing their legal and contractual responsibilities by:
 - a. Informing employees of their duty to adhere to this Compliance Plan, all laws governing the activities of SHP and all requirements of all government plans in which SHP participates.
 - b. Designating the SVP, Medicare Compliance Officer, QHP FFM Compliance Officer, the Director of Compliance, and the Operational Compliance & Ethics Committee to serve as resources to SHP employees regarding compliance matters.
 - c. Providing education and training to all SHP employees regarding compliance requirements.
 - d. Establishing mechanisms that permit and facilitate anonymous, good faith reporting of instances of suspected non-compliance with federal and/or state laws, government program requirements or company policies and procedures.
 - e. Communicating, educating, and demonstrating that retaliation against persons who make good faith reports of instances of suspected non-compliance is not tolerated.
 - f. Instituting a system of monitoring, auditing, inquiring, and investigating compliance matters.
 - g. Providing for consistent enforcement and discipline in appropriate instance of non-compliance; and
 - h. Developing processes to facilitate and improve compliance when deficiencies are identified.
- D. SHP seeks to ensure that requirements set forth in HIPAA and associated rules and regulations are met in an accurate and timely manner.
- E. SHP seeks to implement a comprehensive anti-fraud program to prevent, detect, and correct fraud, waste, and abuse.

III. STRUCTURE OF THE COMPLIANCE PROGRAM

A. ELEMENT 1: WRITTEN POLICIES, PROCEDURES AND STANDARDS OF CONDUCT

Code of Ethical Business Conduct

The Code of Conduct articulates SHP's commitment to conducting business in a lawful and ethical manner. All associates are expected to follow the standards set forth in the Code of Conduct, the Compliance Plan, and all applicable Federal and State laws. All SHP employees must read the Code of Conduct and sign an acknowledgement that they agree to abide by the Code of Conduct. A copy of the Code of Conduct is provided to all newly hired employees and is available to all employees to review on the Sentara Health website.

The Code of Conduct requires that all of SHP's business transactions be conducted in accordance with the management's general or specific directives. In support of this requirement, no employee shall make, file, or use any false, fictitious, or fraudulent statements or documents in connection with the delivery of, or payment for, health care benefits, items, or services. Additionally, no employee shall falsify, conceal, or cover up a material fact in the performance of their duties. All employees are expected to follow the business rules and procedures as published in corporate and departmental policies and procedures.

The Code of Conduct is reviewed on an annual basis for revisions that may result from a change in company policy or changes in applicable laws or regulations.

Policies and Procedures

SHP's Policies and Procedures represent its commitment to honest and responsible business conduct. Because risk areas are constantly evolving, SHPs policies and procedures are reviewed at least annually or more often as needed to incorporate changes in the law, changes in the company and changes in healthcare. Company policies are maintained in the Compliance 360 Policies & Procedures Module available on WaveNet.

B. ELEMENT 2: OVERSIGHT – DESIGNATION OF A COMPLIANCE OFFICER AND COMPLIANCE COMMITTEE

Oversight of the SHP Compliance Program is accomplished by designation of various roles within the compliance program.

Board of Directors

The Board of Directors (Board) is responsible for compliance within SHP and provides oversight of SHP's Compliance Program. The Board delegates compliance program oversight, authority, and accountability to the Audit & Compliance Committee of the Board, but the Board remains accountable for ensuring the effectiveness of SHP's Compliance Program. The Audit & Compliance Committee of the Board fulfills this oversight responsibility by reviewing routine

compliance reports from the Compliance Department and approving the annual compliance work plan.

The Board of Directors approved and adopted this Compliance Plan, resolved to allocate the resources required to implement it, and empowered the Senior Vice President, Compliance to take the actions necessary and appropriate to accomplish it, including the authority to investigate and resolve compliance issues that may be identified from time to time. The Board of Directors is knowledgeable about the content and operations of the Compliance Program and is accountable for reviewing the status of the Compliance Program. The Board is responsible for reasonable oversight with respect to the implementation and effectiveness of the Compliance Program. The Board fulfills this responsibility by delegating the oversight, authority, and accountability to ensure the goals of the Compliance Program are met to the Audit & Compliance Committee of the Board of Directors.

Compliance Officer

The Compliance Officer is responsible for providing leadership for the compliance function. The Compliance Officer has direct access to the SHP President, and the Chair of the Audit & Compliance Committee of the Board of Directors.

Operational Compliance & Ethics Committee

The Operational Compliance & Ethics Committee advises and supports the Compliance Department with respect to implementing a Compliance Program that promotes a culture of compliance and ethics through the seven Core Elements of an Effective Compliance Program. The Committee has a duty to identify, prioritize, monitor, promote and support operational compliance with all state, federal, contractual and company requirements utilizing sound ethical standards and maintain a robust Fraud, Waste, and Abuse Control Program.

The Operational Compliance & Ethics Committee meets on a quarterly basis and is chaired by the Director of Compliance. Membership of the Operational Compliance & Ethics Committee includes department leaders that have compliance requirements, and each department leader is responsible for reporting their departmental compliance metrics to the Operational Compliance & Ethics Committee.

C. ELEMENT 3: EDUCATION AND TRAINING

Training and education are an essential element of SHP's overall compliance program. Compliance education and training is not optional and refresher training occurs on an annual basis, or more frequently if training is updated because of changes in regulatory requirements or business needs. Training is provided through an online program that records and tracks completion.

SHP provides compliance education and training for all new associates, which must be completed within 30 days of a new employee's start date, as well as mandatory education and training for all associates on an annual basis to include:

- General Compliance
- Fraud, Waste, and Abuse (FWA)
- HIPAA
- Code of Ethical Business Conduct
- Conflicts of Interest

The Board of Directors are provided education and training on General Compliance and FWA within 90 days of appointment and annually thereafter.

Specialized compliance education and training programs are provided as requested or needed to address specific concerns or issues.

Compliance Awareness Week

Annually, Sentara Health Plans targets an entire week to deliver focused, all employee communications designed to build compliance, privacy, information security and ethics awareness. The weeklong schedule of activities includes creative education methods and other activities designed to increase awareness of compliance expectations.

D. ELEMENT 4: CODE OF CONDUCT

SHP works diligently to foster a culture of compliance throughout the organization. This is accomplished by regularly communicating to employees the importance of conducting their job duties in compliance with all regulatory requirements and reinforcing the expectation of ethical behavior. SHP has systems in place to receive, record, and respond to compliance inquiries or reports of potential acts of non-compliance from employees and vendors. Below are the key areas of the Compliance Department's communication approach.

Communicating Compliance Concerns

SHP strives to create an environment where employees can seek and receive prompt guidance on compliance issues they bring to the attention of the Compliance Department. Whenever an employee questions the compliant or ethical nature of a particular situation, the employee is encouraged to seek guidance from any number of sources, including:

- Policies & Procedures.
- Direct supervisor or manager.
- Compliance Department; and
- Compliance Hotline.

The Compliance Department maintains an open-door policy to encourage good faith reporting and Compliance staff are available at all times for any issues that may arise. Confidentiality will be ensured at the request of the associate.

Any employee aware of a violation of the Code of Conduct, the Conflict-of-Interest Policy, or any compliance requirements of SHP has an affirmative duty to report the violation to either their direct supervisor or manager, the Compliance Department, or the Compliance Hotline.

Non-Retaliation

SHP does not tolerate retaliation against employees who make good-faith reports or bring forward potential incidents of non-compliance. SHP's stance on non-retaliation is communicated through company policy and procedure, in the Code of Conduct and in required training materials.

Compliance Hotline

The Compliance Hotline is a confidential and toll-free resource available to all SHP employees, members, vendors, and providers to report violations, concerns, or questions relating to compliance concerns, suspected instances of Fraud, Waste, and Abuse, or suspected violations of federal or state laws and regulations. The Compliance Hotline is available twenty-four hours a day, seven days a week. Reports can also be made online. Reports made to the Compliance Hotline can be made anonymously and are never traced or recorded. A third-party vendor operates the Compliance Hotline to ensure confidentiality and anonymity. All reports to the Compliance Hotline are investigated by the Compliance Department.

COMPLIANCE HOTLINE

1-800-981-6667

OR EMAIL AT:

corp_compliance@sentara.com

E. ELEMENT 5: ENFORCEMENT AND DISCIPLINE

Enforcement of compliance is conducted through a variety of methods, including, but not limited to, dealing consistently and appropriately with violations, and implementing and revalidating corrective action plans. Non-compliant associates, including Directors or Managers who excuse or fail to prevent improper conduct, are subject to a range of disciplinary actions up to and including termination of employment. The Compliance Department works with Human Resources and the management of the applicable department to ensure disciplinary actions are fair and consistent in the effectuation of all acts of disciplinary action for non-compliance.

To discourage unethical or noncompliance behavior, all SHP employees are reminded of disciplinary guidelines in the initial and annual general compliance and FWA training.

F. ELEMENT 6: INTERNAL AUDITING AND MONITORING

Monitoring and auditing allow SHP to identify areas that require corrective action to achieve compliance with all appropriate regulatory requirements. This process of self-identification and corrective action, along with monitoring such actions to ensure their effectiveness, is a key element of the SHP Compliance Program. The following procedures are utilized to identify potential areas of non-compliance.

Risk Assessment

Risk assessment interviews are conducted with SHP associates throughout the year by members of the Enterprise-wide Risk Management Committee, which includes the Senior Vice President, Compliance, and the Director of Compliance. Urgent compliance concerns identified in risk assessments are immediately investigated by the Compliance Department. All compliance concerns expressed in risk assessment interviews are included in the Audit Services risk universe for risk ranking and potential audit on the Audit Services Audit Plan.

Internal Auditing and Monitoring

Internal auditing and monitoring are conducted by SHP operational departments to ensure compliance with federal and state laws and regulations by SHP associates and First-Tier, Downstream and Related Entities. The Compliance Department monitors departmental compliance requirements through review of compliance metrics reporting to the Operational Compliance & Ethics Committee and periodic auditing of compliance metrics. Instances of non-compliance require development of a corrective action plan to improve the compliance program.

Monitoring and Auditing of Delegated Entities

SHP contracts with various parties to administer and/or deliver services to its members on behalf of SHP. These entities must abide by specific SHP contractual and regulatory requirements. The various SHP departments are responsible for overseeing the ongoing compliance of these entities and ensuring that appropriate corrective actions are implemented on a timely basis.

Results of monitoring and auditing activities at delegates is reported to the First-Tier, Downstream, and Related Entities (FDR) Committee, which is a sub-committee of the Operational Compliance and Ethics Committee.

On an annual basis, SHP reviews the compliance programs of its delegates to ensure the compliance programs of delegates meet regulatory requirements, including but not limited to:

- Compliance education and training
- Code of Conduct
- Conflict of Interest
- Fraud, Waste & Abuse Program
- Federal and State Exclusions Screening

Auditing by Regulatory Agencies and External Parties

Regulatory audits provide an opportunity for SHP to confirm that ongoing compliance efforts are effective. In those instances where an audit finding indicates that a regulatory requirement has not been met, SHP performs a root cause analysis and develops corrective action plans to address the areas of non-compliance. SHP will cooperate with all federal and state agencies and external parties that may audit SHP. This includes providing auditors with access to requested information and records related to SHP's business processes and those of our third-party vendors.

G. ELEMENT 7: PROMPT RESPONSE TO DETECTED VIOLATIONS

OIG Exclusion and Medicare Preclusion

The first line of defense against non-compliant behavior and/or possible FWA is to ensure that new employees, vendors, providers, and Board members have not been debarred, excluded, precluded, or otherwise become ineligible for participation in federal and/or state healthcare programs. SHP conducts reviews prior to hire date, appointment date, or contract start date and monthly thereafter to ensure employees, temporary employees, providers (internal and external), independent broker agents, vendors, and Board members are not included on the Office of Inspector General's (OIG) list of excluded individuals/entities, the CMS list of precluded prescribers, or the GSA System for Award Management (SAM). If it is determined that any employee, provider, or vendor appears on any exclusion or preclusion list, SHP will take immediate action to terminate the employment/contract for that individual/entity.

Suspected Fraud and Compliance Investigations

SHP associates must report any instances of non-compliance and suspicions of fraud, waste, and abuse by one of the reporting mechanisms in section D: Element 4. All reports of suspected fraud, improper conduct, non-compliance, and/or fraud, waste, and abuse, are investigated promptly and thoroughly by the Special Investigation Unit (SIU). Anyone who reports suspected instances of FWA or non-compliance can elect to remain anonymous. If the allegation has been substantiated through investigation, the Compliance Department will coordinate a corrective action plan, including but not limited to, education and training, auditing, and monitoring, and/or disciplinary action, as well as timely reporting to appropriate governmental agencies. Any employee instances of conduct determined to be fraudulent will be reported to Human Resources.

Corrective Action Plans

When an incidence of noncompliance is discovered by a department, either within the department or with FDRs, the department is required to report the issue to the Compliance Department and the Operational Compliance & Ethics Committee. The department or FDR completes a root cause analysis and develops a corrective action plan to address the issue identified and improve the compliance program. The Compliance Department provides guidance for developing and monitoring corrective action plans through the policy "Compliance Department Corrective Action Plan (CAP) Process." The Compliance Department tracks and monitors corrective action plan implementation through departmental reporting to the Operational Compliance & Ethics Committee.

IV. HEALTH INSURANCE PORTABILITY AND ACCOUNTABILITY ACT (HIPAA) PRIVACY PROGRAM

The HIPAA privacy program sets the standards for associates in safeguarding confidential and protected health information. SHP is committed to complying with applicable laws, regulations and policies related to the privacy of health and individually identifiable information. All employees are required to complete training on the Privacy Program policies and required to perform their work duties with a conscious regard for the privacy rights of all SHP members.

Under the direction of the SHP Director of Compliance, the Privacy Program focuses on educating employees on their ongoing responsibility to protect member privacy and secure member information. The Compliance department manages and updates privacy policies and procedures, which are available to all SHP employees via the electronic repository.

V. FRAUD, WASTE & ABUSE (FWA) PLAN

SHP maintains a FWA Plan that demonstrates a commitment to prevent, detect and correct incidents that could lead to fraud, waste and/or abuse. The FWA Plan includes initial background checks for all potential employees, Board members, physicians, and First, Downstream, and Related Entities (FDRs) to review for felony convictions and Office of Inspector General (OIG) or General Services Administration (GSA) sanctions or exclusions. Upon hire or initiation of a contract, all individuals listed above must agree to comply with the *Sentara Health Code of Compliance* and complete all mandatory FWA training courses. FWA training must include laws and regulations related to Medicare FWA (False Claims Act, Anti-Kickback Statute, etc.). Employees (including temporary workers and volunteers), and governing body members must receive FWA training:

- Upon appointment of a new job or new product.
- When requirements, regulations or laws change.
- When employees are found to be noncompliant.
- As a corrective action to address a noncompliance issue.
- When an employee works in an area implicated in past FWA activities.

SHP uses several system edits and programmatic reviews of data designed to detect potential fraud. SHP maintains a FWA hotline for anonymous reporting and a Special Investigations Unit (SIU) that investigates all reports of potential fraud, waste and/or abuse. The SIU works with designated State and Federal agencies, the National Benefit Integrity Medicare Drug Integrity Contractor (“MEDIC”), and law enforcement to pursue individuals or organizations who may be involved in activities that fall under the FWA umbrella and will pursue prosecution of health care fraud and abuse. Fraudulent activity may involve an employee, member, subscriber, or health care provider who engages in inappropriate schemes, behaviors, false documentation, inappropriate prescriptions, or falsification of conditions to help an individual receive an otherwise uncovered service.

All Sentara Health Plans employees and directors play a vital role in the Sentara Health Plans fraud prevention program and are required to report suspected fraud, waste and/or abuse through the channels provided.

Delegated Entities, Vendors, Agents and First Tier, Downstream & Related Entities (FDRs)

Subcontractors, vendors, agents, and consultants who represent SHP are expected to adhere to the Compliance Program; all local, state, and federal laws governing operations; conduct its affairs with the moral, legal, and ethical standards of our industry; and to support the government's efforts to reduce healthcare fraud, waste, and abuse. Compliance validation may be achieved through audits and monitors based on identified risks and the development of corrective action plans, if necessary. Communication reports are submitted and maintained by appropriate departmental managers.

Compliance Training for FDRs

All first tier, downstream and related entities that provide services to Medicare Advantage (Parts C & D) and Medicaid enrollees are required to complete compliance and fraud, waste, and abuse training. Contracted providers and FDRs have the option of taking the SHP Compliance and Fraud, Waste and Abuse Compliance training on-line via the SHP provider website, request a hardcopy version of the training, or complete CMS' online training or conduct their own training. Although some FDRs may be deemed to have met the requirements for the Medicare FWA training due to their enrollment into the Medicare Program, these deemed individuals must still receive general compliance training and specialized compliance training in connection with their job responsibilities. Proof of this training must be supplied if requested by SHP.

Sentara Health Plans Fraud, Waste and Abuse Hotline and Email Box

The SHP Fraud, Waste and Abuse Hotline is a confidential, toll-free resource available to employees, members, and providers twenty-four (24) hours a day, seven (7) days a week to report violations, or raise questions or concerns relating to fraud, waste, and abuse. A 24 (twenty- four) hour confidential email box is also available for this same purpose. Employees, members, providers, and FDRs may call or email:

Sentara Health Plans Fraud, Waste and Abuse Hotline
1-866-826-5277 or www.compliancealert@sentara.com

These calls and emails may be made/sent anonymously. These communications are never traced or recorded. Anyone can make a report without fear of intimidation or retaliation.

SHP tracks calls to the SHP Fraud, Waste and Abuse Hotline and email complaints to ensure proper investigation and resolution of reported matters and to identify patterns and opportunities for additional training and/or corrective action. All calls to the SHP Fraud, Waste and Abuse Hotline are investigated by the SHP Special Investigations Unit (SIU).

SHP educates employees about the Sentara Health Plans Fraud Hotline and email box through:

- Fraud, Waste and Abuse Training.
- The employee intranet website.
- Posters displayed in common work areas.
- Sentara Health Plans Policies and Procedures.
- Newsletters and emails.

Members and Providers are educated regarding the Sentara Health Plans Fraud Hotline and email box through:

- The Sentara Health Plans internet website.
- The Fraud, Waste and Abuse Compliance training for Providers and FDRs.
- Provider Newsletters and Updates.

The Sentara Health Plans Medicare Advantage Member Explanations of Benefits (EOBs)
The Sentara Health Plans Fraud, Waste and Abuse Hotline is a confidential, toll-free resource available to employees, members, and providers twenty-four (24) hours a day, seven (7) days a week to report violations, or raise questions or concerns relating to fraud, waste, and abuse. A 24 (twenty- four) hour confidential email box is also available for this same purpose. Employees, members, providers, and FDRs may call or email:

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These calls and emails may be made/sent anonymously. These communications are never traced or recorded. Anyone can make a report without fear of intimidation or retaliation.

SHP tracks calls to the SHP Fraud, Waste and Abuse hotline and email complaints to ensure proper investigation and resolution of reported matters and to identify patterns and opportunities for additional training and/or corrective action. All calls to SHP Fraud, the SHP Special Investigations Unit (SIU) investigate Waste & Abuse hotline.

Members and Providers are educated regarding the SHP Fraud, Waste and Abuse Hotline and email box through:

- The Sentara Health Plans internet website.
- The Fraud, Waste, and Abuse Compliance training for providers and FDRs.
- Provider Newsletters and updates; and
- The SHP Medicare Advantage Member Explanations of Benefits (EOBs).