Compliance, Privacy & Code of Conduct Training

Including Compliance Plan, Incident Management & Confidentiality

LIBERTY DENTAL PLAN

CONFIDENTIAL

Agenda

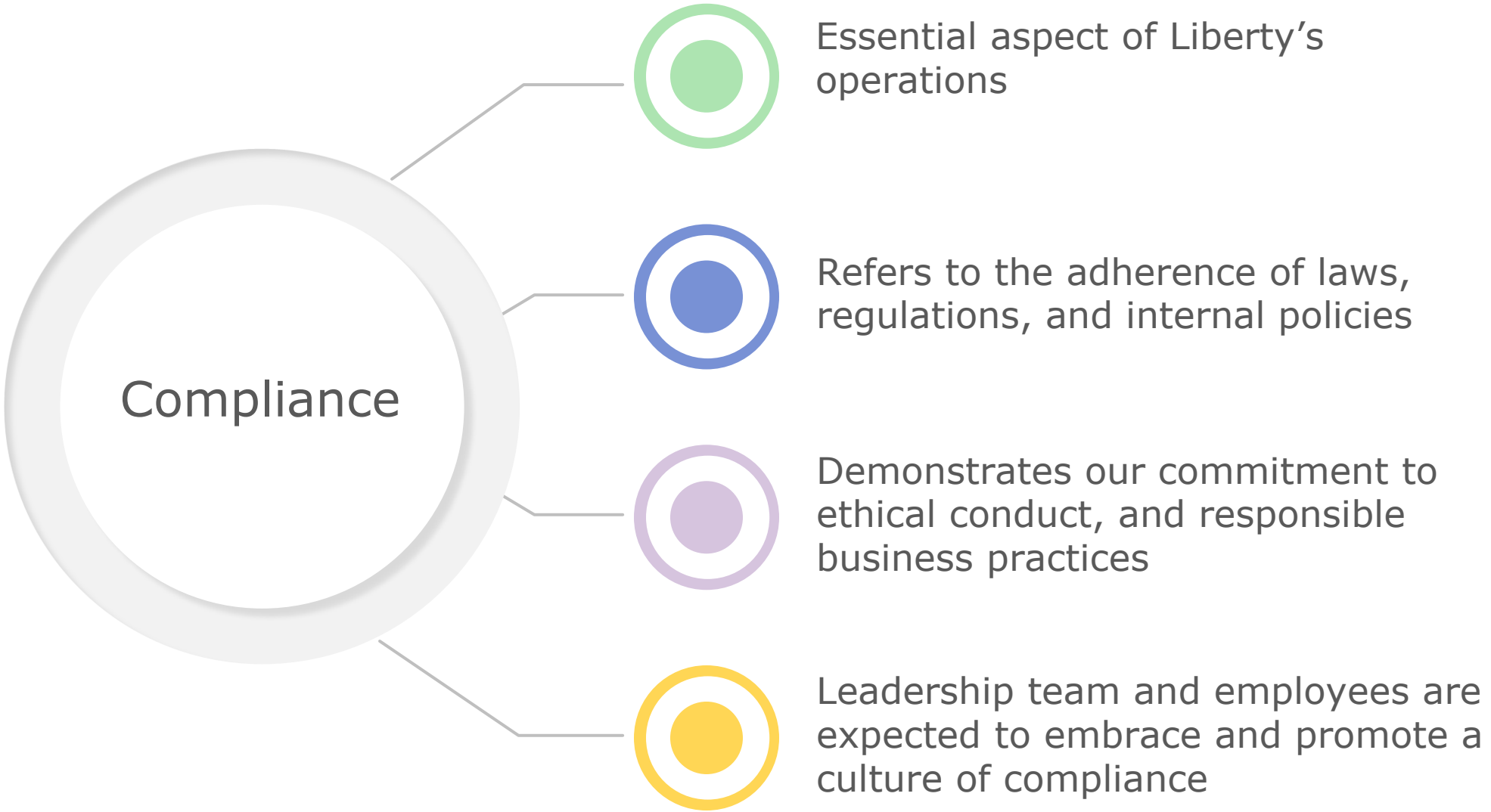
1. Objectives & Overview
2. Commitment to Compliance
3. Compliance in Action
4. Identifying Non-Compliance
5. Reporting & Whistleblower
6. Prevention & Correction
7. Conflict of Interests
8. Privacy & Confidentiality
9. Key Takeaways & Resources
10. CMS Compliance Training

1 Course Objectives

After completing this course, you should:

- Renew your commitment to the highest standards of professional and ethical conduct
- Know where to find the Code of Conduct, Compliance Plan, and Compliance Policies & Procedures
- Understand your responsibilities in reporting actual or suspected non-compliance
- Recognize disciplinary guidelines for non-compliant and/or fraudulent behavior
- Understand non-retaliation and discrimination policies
- Understand what constitutes as a conflict of interest and how to disclose
- Understand your responsibilities under HIPAA privacy and security regulations

1 Overview


Compliance
Essential aspect of Liberty’s operations
Refers to the adherence of laws, regulations, and internal policies
Demonstrates our commitment to ethical conduct, and responsible business practices
Leadership team and employees are expected to embrace and promote a culture of compliance

Liberty Risk Governance



Marzena Fercz
Chief Compliance Officer



Rushton James
Chief Information Security Officer



Kristina Vargas
Privacy Officer



Brad Buzzelli
Risk Officer



Heather Stearns
California Contract Compliance



Rebecca Nichols Gould
SIU & Florida Compliance Officer



Brooke Pellegrino
Nevada Compliance Officer



Ciarra Johnston
Oklahoma Compliance Officer

Did you know?

Liberty is regulated by federal & state regulations, and contract requirements.

Our policies, trainings, & processes are frequently audited to ensure compliance.

Your participation in Liberty's compliance program is essential to providing exceptional care to our members and stakeholders.

Liberty's Risk Governance team is a **dedicated resource to ensure compliance** with federal, state, and contractual requirements for all Liberty's markets and lines of business.

Compliance is <u>everyone's</u> responsibility

- Liberty has a formal and documented program in place to prevent, detect, and correct non-compliance, fraud, waste, & abuse, and privacy concerns.
- **If you suspect potential non-compliance, you must immediately report it!**
- You are protected from retaliation and intimidation for participating in the compliance program and reporting concerns in good faith.

2 Commitment to Compliance

Liberty Dental Plan is committed to the highest standards of professional and ethical conduct, and to full compliance with all federal and state laws/regulations, contractual requirements, and ethical standards.

When we act ethically and commit to doing the right thing, we build trust with our members, providers, stakeholders, and regulators. We must:

- Act fairly and honestly
- Adhere to high ethical standards
- Act with integrity, transparency, and accountability
- Comply with all applicable regulations and requirements
- Report suspected non-compliance or violations of any law or regulation
- Do the right thing!

2 Commitment to Compliance

Compliance and acting ethically is everyone's responsibility

Prevent – operate within ethical expectations to prevent non-compliance.

Detect – if you see it, report it. It is your responsibility to report any potential non-compliance.

Correct – correcting non-compliance to prevent reoccurrence.

Failure to follow federal, state, local requirements can lead to serious consequences, including:

- Contract termination
- Criminal penalties for both organization and offending individual
- Exclusions from participating in all federal health care programs
- Civil monetary penalties for both organization and offending individual

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2 Commitment to Compliance

Liberty is committed to compliance with all federal & state laws and regulations, contractual requirements, and ethical standards.

Code of Conduct
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Liberty's **Code of Conduct** is the foundation of Liberty's Compliance Program, which is designed to prevent and detect non-compliance, including privacy violations and Fraud Waste and Abuse; and to ensure that Liberty operates in accordance with the highest ethical, business, and legal standards.

Compliance Plan
LIBERTY DENTAL PLAN

Liberty's **Compliance Plan** and **Policies & Procedures** articulate our commitment to comply with all applicable Federal and State standards and describe compliance expectations outlined in the Code of Conduct.

Compliance
Policies & Procedures

You receive Liberty's Code of Conduct, Compliance Plan, and policies and procedures upon new hire/contracting and annually thereafter. You can also access them any time at:

- Compliance & Privacy Policies (Sharepoint intranet) - Business Area Sites > Clients > Quality Management > Policies and Procedures. Employees can also search in the Bridge.
- Code of Conduct & Compliance Plan - Compliance intranet & Liberty website > Provider Resource Library

Liberty's Board of Directors provides oversight over the compliance program.

Marzena Fercz is Liberty's Chief Compliance Officer who ensures its implementation.



Marzena Fercz
Liberty Dental Plan
Chief Compliance Officer

3 Compliance in Action

How do we act ethically and within the boundaries of the law, regulation, and contractual requirements?



- ☑ Knowing and following the expectations outlined in Liberty's Code of Conduct.
- ☑ Reporting violations of non-compliance to your supervisor and/or Compliance.
- ☑ Adhering to Liberty's policies and procedures and complying with all laws and regulations.
- ☑ Acting with integrity, transparency, accountability, fairness, and honesty.
- ☑ Asking questions if unclear about any requirements.

Liberty's Code of Conduct, policies and procedures, and trainings are in place to help you know how to act ethically and in accordance with federal, state, and contractual requirements.

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3 Compliance in Action

If you are confronted with a situation that you are unsure how to handle, use these questions to guide your actions:

- Am I following approved company policies?
- Can I defend my actions to my leader, co-worker, stakeholders, and public?
- Will my actions give the appearance of being illegal or unethical?
- Am I appropriately protecting information about the company from disclosure to external or internal parties?
- Am I living up to my personal code of behavior?

Phrases that may signal a problem

- Nobody will ever know
- Everyone does it
- Don’t contact compliance
- It doesn’t matter how it gets done as long as it gets done
- If they don’t ask, don’t tell

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4 Identifying Non-Compliance

Non-compliance is any conduct that does not conform with State and Federal law, program requirements, contract requirements, Liberty's Code of Conduct, and/or business policies.

Areas of risk include (but are not limited to):

- Billings
- Payments
- Ordered services
- Medical necessity
- Quality of Care
- Governance
- Mandatory reporting
- Claims processing

- Credentialing & network adequacy
- Provider and contractor oversight
- Contract compliance
- Cost reporting
- Underutilization
- Marketing
- Member notices
- Medically necessary services



Call to Action!

If you see a potential compliance risk in your area of business, report it to your supervisor, and/or to Compliance at compliancehotline@libertydentalplan.com.

Compliance will work with you and/or your team to evaluate and assess what action we can take towards resolution!

4 Identifying Non-Compliance

Example



"A member wants to receive a procedure not medically necessary or covered by the insurance. A Dentist Assistant knows the procedure would be covered by the insurance for treatment of a specific diagnosis and adds this diagnosis to the insurance claim to ensure the procedure is covered."

Explanation

Knowingly entering inaccurate information in a record to ensure compensation is fraud and is a crime under the Federal False Claims Act. If you know or suspect fraud is occurring, you must report it immediately to management or Compliance.



"The mailroom where we send out denial letters has been having issues. We have not told anyone, even though outgoing mail has been delayed for at least 2 days. This should not be an issue, right?"

This is an issue because denial letters have sensitive timelines. Delays in mailing should be reported immediately.

4 Identifying Non-Compliance

Example



"My co-worker changed a date on an authorization request to avoid getting in trouble for being late. I know this is wrong, but it only happened once, so I won't say anything."

Explanation

Covering up unethical behavior is wrong. While you intended to protect your coworker, you allowed harm to occur to the member and are violating the Code of Conduct.



"A member needed a dentist's office visit on December 29th, but his insurance would not be effective until January 1st. My co-worker wanted to help the patient and changed the date of service in the medical record to January 2nd to ensure the patient's insurance covers the visit."

Knowingly entering inaccurate information in a record to ensure compensation is fraud and is a crime under the Federal False Claims Act. If you know or suspect fraud is occurring, you must report it immediately to management or Compliance.

4 Identifying Non-Compliance

Did you know that changing documents without approval could be non-compliance? At Liberty, every external-facing document has an intended purpose. Understanding that purpose is critical for all employees before making any revisions to a finalized document or data set.

Why is Document Integrity Important?

Liberty's ability to function as a company is dependent upon the integrity of all business areas. Our relationships with clients, providers, and members are all based on the credibility we have established over time. This credibility shows that we operate with high levels of accuracy, transparency, and reliability.

How Do I Retain Document Integrity?

Obtaining approval from Senior Leadership to ensure the changes are:

- necessary
- aligned with the expectations of internal and external stakeholders, and
- consistent with the overall purpose of the document.

Unauthorized revisions can negatively affect Liberty but can also have consequences for employees and their supervisors. Consequences can include disciplinary actions up to, and including, termination.

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5 Reporting Non-Compliance

Reports of suspected non-compliance, fraud, waste, and abuse and privacy concerns may be made anonymously and are kept confidential to the extent allowed by law.



Compliance Hotline
888-704-9833
Available 24 hours, 7 days a week



Compliance Web Inquiry
www.libertydentalplan.com/About-Liberty/Compliance
Available 24 hours, 7 days a week



Compliance Email
compliancehotline@libertydentalplan.com
Available 24 hours, 7 days a week



Mail
Liberty Dental Plan, Attn: Compliance Officer
1730 Flight Way, Suite 125, Tustin, CA 92782



Compliance Fax
714-389-3529
Available 24 hours, 7 days a week



Report Directly
Make a report directly with your supervisor, Human Capital, SIU (siu@libertydentalplan.com), Compliance, Privacy (privacy@libertydentalplan.com) or Chief Compliance Officer

All persons who report compliance issues and who participate in the compliance program in good faith are protected against intimidation and retaliation.

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5 Reporting Non-Compliance

Reports related to **privacy violations** or **concerns** can also be reported directly through Liberty's Incident Management System (IMS); or directly to Liberty's Privacy Officer.

SharePoint Homepage > Incident Reporting (connect to VPN) or to privacy@libertydentalplan.com

Call to Action!

Liberty has strict reporting requirements for privacy violations – as soon as you discover a suspected or actual privacy concern – **you must immediately report it**!

Reporting is not optional – it is everyone's responsibility; and failure to report suspected or actual privacy incidents, including PHI breaches, can result in disciplinary action, including termination.

Guidelines for Reporting

- Provide detailed information about your concern, including what member information was impacted, if any.
- Submit any supporting documentation.
- If you know, share why the incident occurred.
- Share your contact, so we can follow-up for more information.

Examples of What to Report

- Confidential information sent to the wrong recipient or shared with an unauthorized person.
- Lost or stolen laptop or data.
- Inappropriate access to or disposal of confidential data.

If you are not sure if you need to report, ask your manager or Privacy Officer (privacy@libertydentalplan.com).

5 Whistleblower & Non-Retaliation Policy

If you seek advice, raise a concern, or report misconduct, you are doing the right thing!

Liberty will not tolerate any form of retaliation against anyone who, in good faith, raises a concern, reports an actual or potential violation of law, the Code or Liberty policy, or who participates in an investigation.

Anyone who violates Liberty's non-retaliation and non-intimidation policy is subject to disciplinary action, up to and including termination.



Call to Action!

If you are retaliated against or see retaliation is occurring, report it to your supervisor, Human Capital, and/or to Compliance at compliancehotline@libertydentalplan.com.

All persons who report compliance issues are protected against intimidation and retaliation.

6 Disciplinary Procedures

Liberty established disciplinary standards & implemented procedures to 1) address violations, and 2) encourage good-faith participation in the Compliance Program.

Disciplinary Standards may be imposed for:

- Failure to comply with Liberty's policies and procedures, Code of Conduct, or state and federal laws, rules & regulations, including those related to privacy and security laws and regulations.
- Failure to correct foreseeable compliance violations.
- Failure to report suspected problems or violations.
- Encouraging, directing, or facilitating/permitting, non-compliant behavior.
- Refusing to participate in an investigation.
- Intimidation or retaliation against anyone who reports a violation or participates in an investigation.
- Intentionally making false compliance reports or bad faith reports.

Disciplinary Actions could include, but not limited to:

- Mandatory training or retraining
- Written or verbal counseling
- Termination
- Criminal penalties
- Exclusion from participating in all Federal health care programs
- Civil monetary penalties

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6 Correcting & Preventing Non-Compliance

Liberty promptly responds to compliance issues as they are raised by immediately investigating and correcting the issue.

In addition, Liberty conducts a variety of activities to prevent the recurrence of issues, and to evaluate and ensure compliance with requirements, including:

- ☑ Conducting an annual risk assessment & work plan.
- ☑ Ongoing auditing and monitoring.
- ☑ Maintaining a Special Investigation Unit (SIU) to detect and investigate fraud, waste, and abuse.
- ☑ Providing delegated third-party oversight.
- ☑ Effectuating a New Requirements program to ensure appropriate review and implementation.

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 (for example, policies, procedures, laws, and regulations) used as base measures.

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7 Conflict of Interests

A conflict of interest is any interest or activity that could compromise the professional & ethical impartiality of a Liberty employee or representative by influencing their ability to make decisions and conduct business free from influence or obligation.



Conflicts of Time

Do your commitments outside of Liberty compete with your job responsibilities at Liberty?

Example: holding a secondary job that affects your primary role at Liberty.

Personal/Familial

Do you have personal relationships that could potentially influence your decision-making at Liberty?

Example: contracting with a vendor only because of familial ties/spouse works at the company.

Professional

Do you have any professional obligations that could potentially influence your decisions or actions with or at Liberty?

Example: engaging in secondary/freelance work for a direct competitor.

Financial

Could your personal or financial interest(s) benefit from decisions you make at Liberty?

Example: a dentist recommending treatments based on what makes them more money, instead of what is best for the member.

Liberty employees and those conducting business on Liberty's behalf must disclose any potential conflicts of interest to Liberty at coi@libertydentalplan.com when those conflicts are discovered and renew annually.

7 Conflict of Interests

Liberty's Code of Conduct establishes general responsibilities of all Liberty employees and representatives*. Any variance from these rules and responsibilities that could give the appearance of impropriety should be examined.

Call to Action!

If you are a new employee, **you must disclose** any outside employment or potential conflicts **upon hire**.

Once hired, employees must disclose promptly and receive prior approval **prior to engaging** with the potential conflict.

During the annual conflict of interest renewal process, all employees must also redisclose any previously approved disclosures.

Disclosures must be made to compliance by contacting: coi@libertydentalplan.com.

All Liberty employees and representatives* must abide by Liberty's Conflict of Interest policy



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Policies and Procedures: CONFLICTS OF INTEREST

☒ MEDICAID	☒ DUALS	☒ MEDICARE	☒ COMMERCIAL

Responsible Department: Compliance

Approved By:
Cherag Sarkari, DDS
Chief Dental Officer

Kristina Rovirosa
Chief Quality & Experience Officer
Kristina Rovirosa, RN, BSN

Issue Date: 11/15/2018

Approval Date: 11/1/2024

**a representative is any person or entity acting on Liberty's behalf, and includes all employees, partners, directors, officers, board members, and contractors.*

8 Confidentiality & Privacy

As an employee, provider, or contractor of Liberty, you are responsible for safeguarding member protected health information (PHI) in accordance with law, regulations, and contractual requirements.

PHI refers to any information that relates to an individual's health or dental status, medical history, or treatment.

Regulation

HIPAA requires the **protection of PHI** & the implementation of proper safeguards as this plays a critical role in member care & healthcare operations.



HIPAA

- Privacy Rule
- Security Rule
- Breach Notification Rule
- Omnibus Rule
- Enforcement Rule
- HITECH Act

Note: to learn more about HIPAA privacy regulations, click each rule above.

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Confidentiality & Privacy

Health Insurance Portability Accountability Act

HIPAA is a federal law enacted to:

- Protect the privacy and security of a member's personal and health information;
- Provide for the physical and electronic security of personal health information;
- Simplify billing and other transactions with Standardized Code Sets and Transactions; and
- Specify rights of members to approve access/use of their medical information.

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Confidentiality & Privacy

Health Information Technology for Economic and Clinical Health

The HITECH Act acts as an addendum HIPAA, giving the U.S. Department of Health and Human Services (HHS) broader jurisdiction to penalize medical practices for not securely handling personal health information (PHI).

- Applies to all electronic "unsecured PHI"
- Increased enforcement & fines for breaches
- Establishes criminal penalties for individuals or employees of a covered entity

Breach Notification Requirements

HITECH requires Liberty to provide notification of breaches:

- **Immediately** to the Federal Government if more than 500 individuals affected
- **Annual** notification if less than 500 individuals are affected
- **Timely** to major media outlets, as appliable
- **Timely** listing on a public website, as applicable
- **Timely** individual notification to members

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Confidentiality & Privacy

PHI refers to any information that relates to an individual's health or dental status, medical history, or treatment.

1. **Names**
2. **Address** (including subdivisions smaller than state, e.g.: street address, city, county, precinct, zip code, and geocodes)
3. **Dates** (other than year) directly related to an individual, including birth date, admission or discharge date, date of death
4. **Phone numbers**
5. **Fax numbers**
6. **E-mail addresses**
7. **Social Security numbers**
8. **Medical record numbers**
9. **Health plan beneficiary numbers**
10. **Account** or **Member numbers**
11. **Certificate/license numbers**
12. **Vehicle identifiers** and **serial numbers**, including license plate numbers
13. **Device identifiers** and **serial numbers**
14. **Web Uniform Resource Locators** (URLs)
15. **Internet Protocol** (IP) address numbers
16. **Biometric identifiers**, including finger, retinal and voice prints
17. **Full face photographic images** and any comparable images e.g., X-rays
18. **Any other unique identifying numbers**, **characteristics**, **symbols,** or **codes**

Confidentiality & Privacy

HIPAA gives members rights over their health information and use of their PHI.

Members have the right to:

- **Privacy**
- **Make a complaint**
- **Receive an accounting of any external releases**
- **Obtain a paper copy of the Notice of Privacy Practices on request**
- **Request restrictions on release of their PHI**
- **Receive confidential communications**
- **Inspect and copy medical records (access)**
- **Request amendment to medical records**



Regulation

Liberty must adhere to:

- Minimum Necessary
- Appropriate Disclosure
- Secure Transmission
- Best Practices

Note: see next slides for additional information on each

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Confidentiality & Privacy

Minimum Necessary Standard

Protected health information **should not be used or be disclosed when it is not necessary** to satisfy a particular purpose or to carry out a function.

Never put (or leave) PHI in the subject line of an email.

If sender includes member ID in subject line, remove before responding.

Only provide what is necessary to fulfill a specific request or purpose.

Don't provide the entire medical record if only dates are requested.

Keep distribution of PHI to only those who need to know.

Don't include PHI on emails or correspondence w/large distribution groups (many people copied).

Redact PHI when not necessary to fulfill requests.

If department needs a copy of claim to validate amount billed, redact all PHI not related to request (e.g., DOB, diagnosis, etc.).

Confidentiality & Privacy

Use or Disclosure of Health Information

Acceptable	Unacceptable
To the **individual;** or **written authorization** is required to release health information	**Impermissible Use** or **Disclosure****
Dentists may share information with a referring dentist regarding "members in common" without an authorization	**Theft** or **Loss of Member Data** (e.g., identify theft, stolen/lost laptop, incorrect disposal)
All emergency requests for health information should be documented in the member's medical record	**Misuse of Data** (e.g., misdirected mail, email, or fax; providing more information than needed; inappropriate access)

**Impermissible Use or Disclosure means the acquisition, access, use, or disclosure of confidential information or PHI in a manner not permitted under HIPAA (or other applicable confidentiality law) that may or may not compromise the security or privacy of the confidential information or PHI.

45 CFR 164.502, 45 CFR 164.506, 45 CFR 164.508, 45 CFR 164.510, 45 CFR 164.512, 45 CFR 164.514, 45 CFR 164.530, 42 CFR 457.1110, 45 CFR 160 Subpart C

Confidentiality & Privacy

Verifying Member and Authorized Representative

Before releasing PHI to a caller, Liberty staff members
must validate all required elements + 2 alternate elements.

Identifying Element	Member/ Primary	Family Member /Dependent	Personal Representative/ POA*
Caller's Name	R	R	R
Member's Name	R	R	R
Date of Birth	A	A	A
Member Number/ID	A	A	A
Phone Number	A	A	A
Social Security Number	A	A	A

R = Required
A = Alternate

Before releasing any information to a family member or personal representative, always check:

- ***Is there a notation in the system indicating to not release information to anyone other than the member? If so, do not release information.***
- ***Are we authorized to release to the caller? (i.e., legal/appointed guardian of a minor or authorization on file)***

Please DO NOT provide PHI to a caller FIRST and ask if it is correct. Always authenticate first.

Confidentiality & Privacy

Electronic Transmission of PHI

Under HIPAA, PHI may be shared electronically (ePHI), but only if transmission is adequately protected.

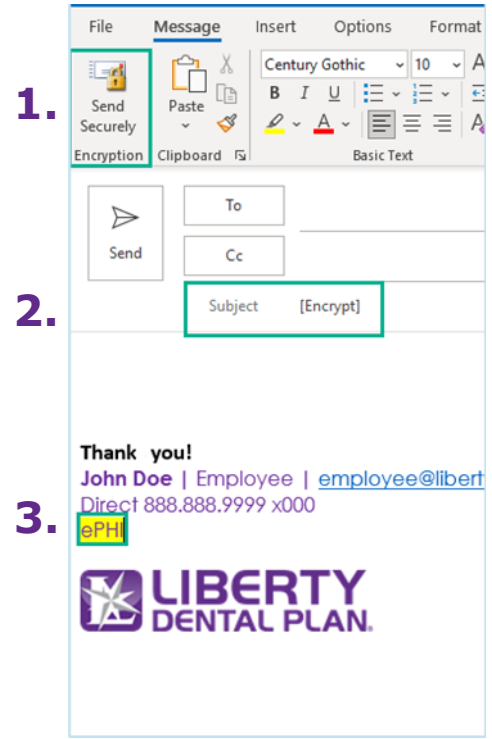
One way PHI can be transmitted is through e-mail. Liberty uses encryption to protect PHI and requires that all emails containing ePHI be encrypted before transmission to any external sources.

When sending emails containing PHI, double check that:

- You selected the **appropriate and accurate recipients** (keep your point of contact information up to date)
- The word "**encrypt**" **is spelled correctly** in the subject line of the email.
- If you are sending PHI in a password protected e-mail, **send the password separately from the document**.

3 Ways to Email Securely

1. Use the **"Send Securely"** button in your e-mail to encrypt before sending.
2. Use the word **"[Encrypt]"** in the subject line of your e-mail.
3. Place the word **"ePHI"** in your signature.



8 Confidentiality & Privacy

Best practices to protect PHI!



- Keep PHI out of plain view
- Refrain from discussing PHI within earshot of others who do not need to know
- Do not print or save PHI to your desktop
- Communicate when you no longer have a business need to access sensitive or confidential information
- Do not click on suspicious links
- Include Minimum Necessary PHI needed to answer requests or to fulfill a task
- Do not include PHI in file name, subject line, or body of email
- Follow security safeguards
- Be mindful of who can see your screen - adjust so that others will not see any PHI
- Lock screen when not in use
- Before replying all, confirm contents and recipients BEFORE sending to ensure accuracy
- Encrypt emails containing PHI
- Destroy PHI properly (e.g., shredding (not in a trashcan!))
- Use strong passwords and change routinely

Confidentiality & Privacy

Verbal Awareness & Incident Disclosures

Members may perceive normal operations as violating their privacy – when instead, these may be considered as incidental disclosures under HIPAA.

Potential Member Concerns:

- Being asked to **state out loud** certain types of **confidential or personal information**
- **Overhearing conversations** about PHI by staff performing their job duties
- **Being asked about their private information** in a "loud voice" in public areas

Protecting Privacy: Verbal Exchanges
Be mindful of how you communicate and share confidential information with those that have a need to know the information or when conducting business.

Ask yourself: "*What if it was my information being discussed in this place or in this manner?*"

Incidental disclosures and HIPAA

Incidental disclosures are permitted if there are reasonable safeguards in place and disclosure cannot be reasonably prevented. This may be commonly misunderstood by members!

"Incidental": a use or disclosure that cannot reasonably be prevented, is limited in nature and occurs as a by-product of an otherwise permitted use or disclosure. §164.502(c)(l)(iii)

Confidentiality & Privacy

Verbal Awareness & Incident Disclosures

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"Incidental": a use or disclosure that cannot reasonably be prevented, is limited in nature and occurs as a by-product of an otherwise permitted use or disclosure. §164.502(c)(l)(iii)

9 Key Takeaways

Thank you for completing Liberty's General Compliance, Privacy & Code of Conduct training!

Compliance is <u>everyone's</u> responsibility

Prevent – operate within ethical expectations to prevent non-compliance.

Detect – if you see it, report it. It is your responsibility to report any potential non-compliance.

Correct – correcting non-compliance to prevent reoccurrence.

Compliance Program

- Liberty has a formal and documented program in place to prevent, detect, and correct non-compliance.
- You can find these documents on the intranet and on Liberty's website (Providers).
- Marzena Fercz is Liberty's Chief Compliance Officer.

Report Non-Compliance

- Report issues or concerns or potential conflicts of interest to your supervisor or Compliance at compliancehotline@libertydentalplan.com or at 888-704-9833.
- You are protected from retaliation or intimidation when reporting concerns in good faith.

9 Resources

- Title XVIII of the Social Security Act
- Medicare regulations governing Parts C and D found at 42 C.F.R. §§ 422 and 423 respectively
- Patient Protection and Affordable Care Act (Pub. L. No. 111-148, 124 Stat. 119)
- Health Insurance Portability and Accountability Act (HIPAA) (Public Law 104- 191)
- False Claims Acts (31 U.S.C. §§ 3729-3733)
- Federal Criminal False Claims Statutes (18 U.S.C. §§ 287)
- Anti-Kickback Statute (42 U.S.C. § 1320a-7b(b))
- The Beneficiary Inducement Statute (42 U.S.C. § 1320a-7a(a)(5))
- Civil monetary penalties of the Social Security Act (42 U.S.C. § 1395w-27 (g))
- Physician Self-Referral ("Stark") Statute (42 U.S.C. § 1395nn)
- Fraud and Abuse, Privacy and Security Provisions of the Health Insurance Portability and Accountability Act, as modified by HITECH Act
- Prohibitions against employing or contracting with persons or entities that have been excluded from doing business with the Federal Government (42 U.S.C. §1395w-27(g)(1)(G))
- Fraud Enforcement and Recovery Act of 2009
- All sub-regulatory guidance produced by CMS and HHS such as manuals, training materials, HPMS memos, and guides.

CMS Training

Liberty incorporates the Centers for Medicare & Medicaid Services' (CMS) Medicare Part C & D General Compliance Training into Liberty Compliance Training program.

CMS created this training module to assist Medicare Part C plan Sponsors' employees, governing body members, and their first-tier, downstream, and related entities (FDRs) to satisfy their annual general compliance training requirements under 42 CFR § 422.503(b)(4)(vi)(C) and Section 50.3 of Compliance Program Guidelines.

