



CareMore Health Compliance

GENERAL COMPLIANCE TRAINING FOR PROVIDERS

February 20, 2026





- Training covers essential CareMore compliance principles
- Learn about general compliance requirements for providers
- Understand the company's commitment to ethical conduct
- Last revision date for this module was February 2026

Why This Training Matters

- Compliance training is a mandatory CMS requirement
- Training must occur within 90 days of the contract and annually
- Understand your unique and essential role as a provider
- You will learn to prevent, detect, and report wrongdoing
- This module provides resources for compliance questions

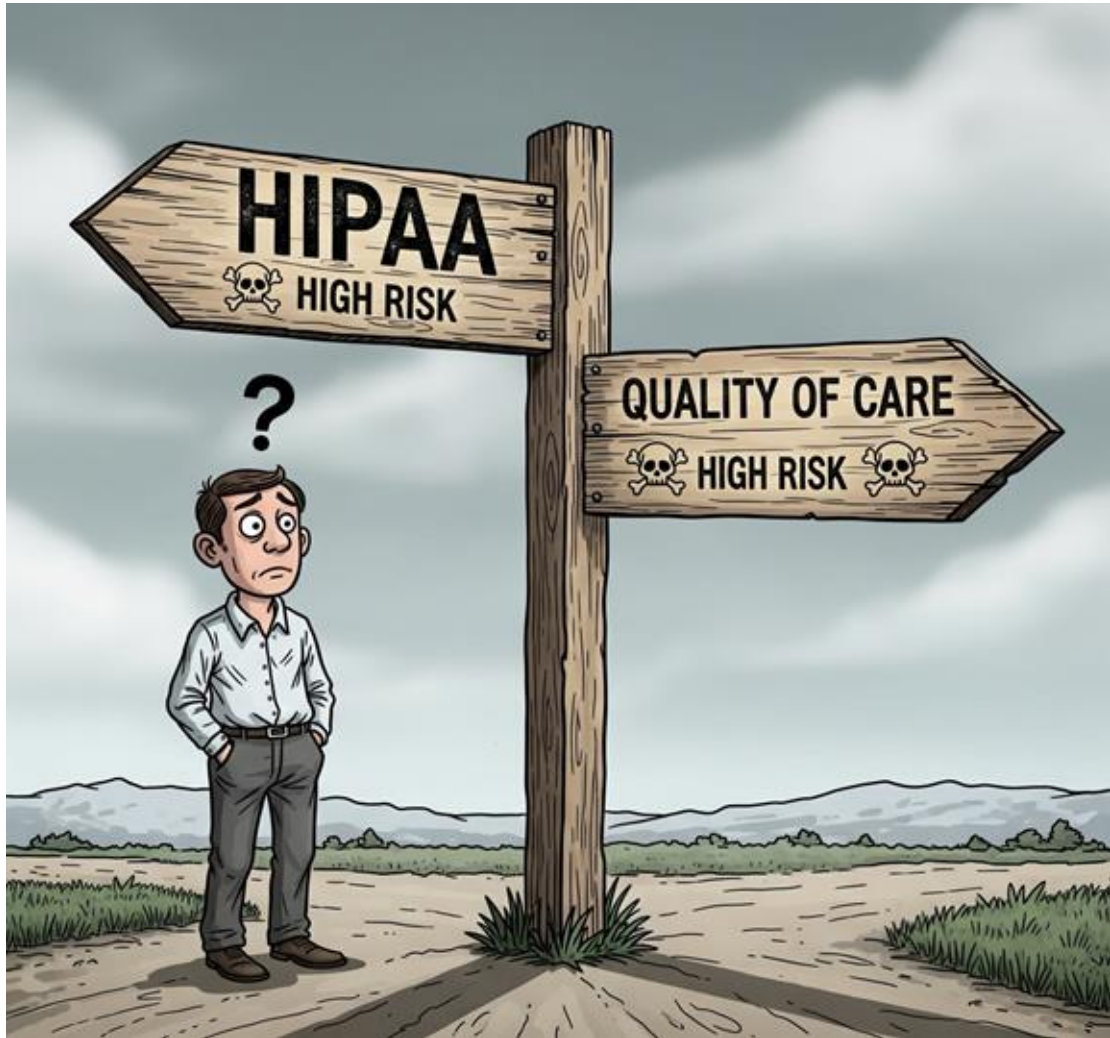


CareMore Values and Code

- Integrity means always doing the right thing with excellence
- CareMore's Leadership redefines what is always possible
- Being committed, connected, and invested in our Community
- Diversity requires keeping both open hearts and minds
- Agility allows us to deliver today and transform tomorrow



Understanding Non-Compliance



- Conduct violating laws and federal requirements is non-compliant
- Non-compliance also violates CareMore's business policies
- High-risk areas include HIPAA Credentialing and Provider Networks, Beneficiary Notices, Marketing, and Quality of Care
- Documentation accuracy, claims, and conflicts are also concerns

Fraud and Non-Compliance Examples

- Patient fraud includes using another person's insurance card
- Provider fraud involves billing for services never performed
- Documenting on a patient's chart who was never seen
- Upcoding is inflating diagnosis to increase reimbursement
- Billing for unnecessary medical services is also non-compliant
- Mistakes can be costly, like the \$2.5M faxing error at Mount Sinai St. Luke



Compliance Roles and Responsibilities

- CareMore's compliance program has seven essential elements
- Providers must prevent violations and complete all training
- Your role includes detecting inaccurate billing and coding
- Immediately report compliance concerns to providercompliance@caremore.com
- Cooperate with audits



Conflict of Interest (COI)



- Conflicts of Interest influence your decisions at CareMore
- Disclose any relationships that could influence your work by emailing: providercompliance@caremore.com
- Financial, business, or personal relationships must be reported
- Report immediately when your responsibilities or relationships change
- Do not refer patients to companies where you have interest

Protecting Patient Privacy

- Protected Health Information includes names, health status or information that could be used to identify an individual that links to their health status
- This includes information regarding past, present or future physical or mental health conditions
- Disclose the minimum amount of patient data necessary
- Avoid looking at family or friend medical records
- Never leave computers unlocked with patient data visible
- Always shred or properly dispose of all patient records
- Patients can ask to see or get a copy of their medical records and health information



Documentation and Coding Accuracy

- Complete documentation of records in 24-48 hours after the visit
- Select codes that accurately reflect documented services provided
- Never use default coding for any service or diagnosis
- Accurate ICD-10-CM codes are vital for Medicare Risk Adjustment
- Telehealth risk adjustment requires simultaneous audio and video

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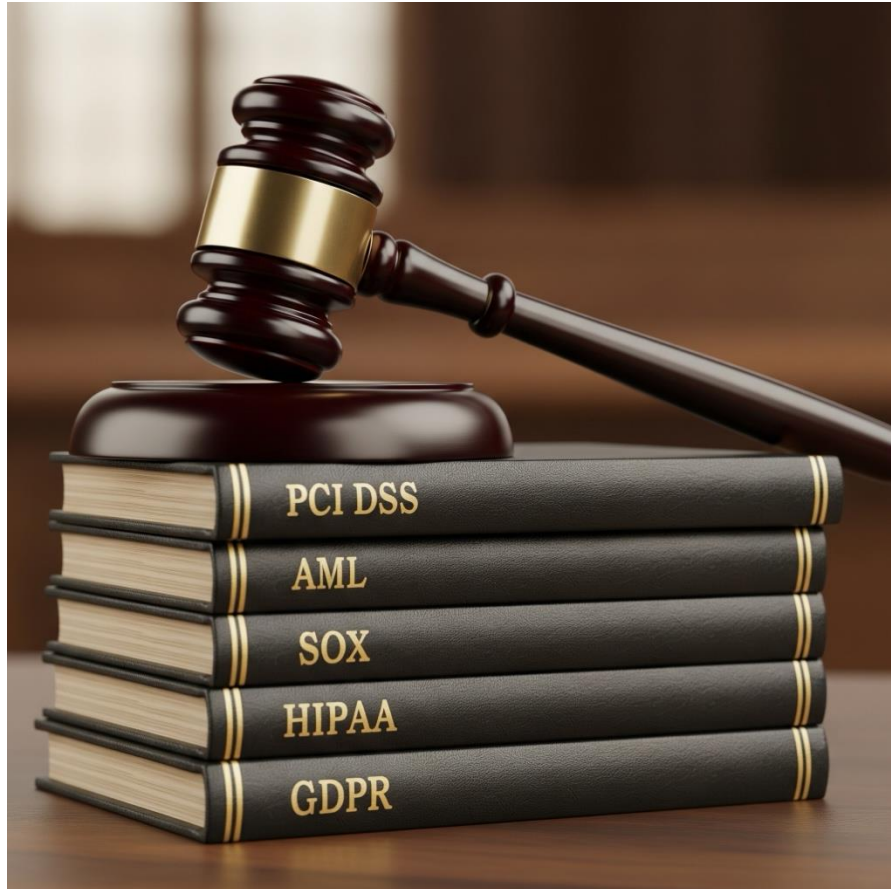
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 General Hospital Clinic
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Key Laws to Know



- False Claims Act penalizes knowingly submitting false claims
- Anti-Kickback Statute prohibits rewards for patient referrals
- Stark Law restricts physician referrals to affiliated entities
- Exclusion Statute allows OIG to ban fraudulent providers

Fraud, Waste, and Abuse

- Fraud involves intentional deception to achieve unlawful gain
- Waste is inefficiently using resources by ordering excessive items
- Abuse includes charging excessively inconsistent with sound business practice
- Understanding FWA is essential for comprehensive compliance training



No Balance Billing

- 1) Providers cannot bill members for the payment difference
- 2) Contract termination is a consequence for unauthorized billing
- 3) Billing Members is prohibited, also known as balance billing
- 4) Unauthorized charges must be returned to the member



Report Compliance Concerns

- CareMore has a strict Non-Retaliation Policy for reporting
- Report compliance concerns by emailing: providercompliance@caremore.com





Thank you!