Santa Clara Family Health Plan™

COMPLIANCE GUIDE

First Tier, Downstream, and Related Entities

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Santa Clara Family Health Plan™

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I. The Santa Clara Family Health Plan Compliance Program

Introduction

Santa Clara Family Health Plan (SCFHP) is committed to maintaining a working environment that promotes compliance with all applicable federal and state laws. Such an environment can exist only if SCFHP employees, board members, volunteers, contractors, providers, vendors, and FDRs strive to comply with state and federal regulatory requirements, contractual obligations, and SCFHP's mission to its members.

Our Medicare compliance program helps us serve our members ethically

We're committed to practicing business in an ethical manner. Our Compliance Program helps us to:

- Detect, correct and prevent fraud, waste, and abuse (FWA) and potential non-compliance
- Deliver accurate information and timely decisions on services and benefits for our members, and
- Reinforce our commitment to compliance

We use external entities to bring our members cost-effective health care solutions

SCFHP offers a Medicare-Medicaid Plan (MMP) under the Centers for Medicare & Medicaid Services' (CMS) Financial Alignment Initiative that directly coordinates benefits and services for Medicare and Medi-Cal for eligible individuals. We contract with external entities and individuals as a cost-effective and efficient way of providing administrative and health care services on our behalf. Some of the services provided by external entities are services that we are required to perform under our 3-way contract with the CMS and the California Department of Health Care Services (DHCS). CMS refers to these entities as First Tier, Downstream and Related Entities (FDRs).

You will find specific requirements in this document

CMS also requires that SCFHP's FDRs fulfill specific Medicare compliance program requirements in this document. The Code of Federal Regulations (CFR) outlines these requirements, and they are further defined by CMS in its Compliance Program Guidelines in Chapter 21 of the Medicare Managed Care Manual (MMCM) and Chapter 9 of the Prescription Drug Benefit Manual. These requirements are combined into one chapter despite being represented in two separate CMS manuals.

Importance of following requirements

You received this guide because we've identified you as a First Tier Entity. This means that you must comply with these requirements and, in turn, you must hold your subcontractors (as downstream entities to SCFHP) and your related entities to the same regulatory and contractual standards.

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II. What is an FDR?

Definitions

SCFHP uses the current CMS definitions to define First Tier, Downstream, and Related Entities:

First Tier Entity is any party that enters into a written arrangement, acceptable to CMS, with an MA organization or Part D plan sponsor or applicant to provide administrative services or health care services to a Medicare-eligible individual under the MA program or Part D program. (See 42 CFR § 422.500 and 423.501.)

Downstream Entity is any party that enters into a written arrangement, acceptable to CMS, with persons or entities involved with the MA benefit or Part D benefit, below the level of the arrangement between an MA organization or applicant or a Part D plan sponsor or applicant and a First Tier Entity. These written arrangements continue down to the level of the ultimate provider of both health and administrative services. (See 42 CFR § 422.500 and 423.501.)

Related Entity means any entity that is related to an MA organization or Part D sponsor by common ownership or control and:

- Performs some of the MA organization or Part D plan sponsor's management functions under contract or delegation
- Furnishes services to Medicare enrollees under an oral or written agreement
- Leases real property or sells materials to the MA organization or Part D plan sponsor at a cost of more than $2,500 during a contract period (See 42 CFR § 422.500 and 423.501.)

FDRs providing health care services

The compliance program requirements described in this guide apply to health care providers contracted with SCFHP to participate in our network. This includes physicians, hospitals, and other provider types.

Here are the reasons why:

- Medicare Advantage regulations and CMS rules state that providers contracted with SCFHP to provide health care services to our MMP members are "First Tier entities[1]."
  - Chapter 21/9 of the manual identifies "health care services" as a type of delegated function that a third party can perform in relation to SCFHP's 3-way contract with CMS and DHCS. (Medicare Managed Care Manual (MMCM), Chapter 21, § 40, last bullet.)
- The CMS chart in MMCM, Chapter 21 § 40, indicates that entities providing health services and hospital groups are First Tier entities. Example: If SCFHP contracts with a hospital group (first tier entity), but doesn't have a direct contract with the hospital group's facilities and other providers, then the facilities and other providers are considered either Downstream Entities or Related Entities dependent on the ownership interests of the hospital group.

FDRs providing administrative services

The compliance program requirements also apply to entities with which we contract to perform administrative service functions relating to our 3-way contract with CMS and DHCS. Some examples of administrative service functions include, but are not limited to:

Call Center/Customer Service	Credentialing*	Grievance & Appeals
Claims Processing	Document storage services	Pharmacy Operations
Coverage Decisions (Parts C/D)	Fulfillment services	Risk Adjustment

Other examples of FDRs include independent sales agents/brokers, Field Marketing Organizations, Pharmacy Benefit Managers, Durable Medical Equipment (DME) suppliers or other vendors contracted with SCFHP to provide administrative and/or health care services for our MMP product. You can find more information in the manual, Chapter 21 § 40, including the Stakeholder Relationship Charts.

* Under our 3-way contract with CMS and DHCS, we're required to credential health care providers that participate in our network. We may contract with entities to perform these credentialing services on our behalf under a delegation agreement. CMS considers these delegated credentialing entities to be First Tier Entities (MMCM, Chapter 11, § 100.5).

[1] NOTE: Providers that applied to CMS for participation in the Medicare program are "deemed" to have met certain CMS requirements relating to compliance and FWA training.

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III. FDR Compliance Program and attestation

A. General overview

Regulatory requirements

It's important that SCFHP's FDRs comply with applicable laws, rules, regulations, and the contract between SCFHP and the FDR. While SCFHP maintains ultimate responsibility in ensuring compliance with Medicare and Medi-Cal regulations, as well as its 3-way contract obligations with CMS and DHCS, SCFHP also requires its FDRs to meet the same contractual standards. Our FDRs are responsible for complying with relevant operational and compliance program requirements as memorialized in the Medicare Managed Care Manual and the Medicare Prescription Drug Benefit Manual, as well as other relevant Medicare manuals. FDRs must also ensure that their Downstream and Related Entities, which they use for our SCFHP MMP product, also comply with applicable laws and regulations, including the requirements in this guide.

Compliance program requirements

Your organization and its Downstream and Related Entities must comply with SCFHP's compliance program requirements. This guide summarizes the compliance program requirements. Please review it to make sure you have internal processes to support your compliance with these requirements each calendar year. These compliance program requirements include, but are not limited to:

- Completion of new hire and annual general compliance and FWA training
- Annual distribution of the Standards of Conduct, Compliance Program, and compliance policies and procedures
- Conduct exclusion screenings prior to hire/contract/appointment and monthly thereafter
- Maintain reporting mechanisms for potential non-compliance and FWA
- Reporting FWA and compliance concerns to SCFHP
- Identify, report, attest to SCFHP on the use of offshore operations
- Compliance with all applicable state and federal laws, rules and regulations
- Regular reporting on performance of delegated functions, and
- Monitoring and auditing of FDRs

For tools that may help you meet these requirements, please see the Quick Reference Guide for FDRs at the end of this document.

What may happen if you do not comply with state or federal requirements?

If our FDRs fail to meet the compliance program requirements, it may lead to:

- Retraining opportunities
- Increased administrative interventions (e.g., monitoring, meetings, etc.)
- Issuance of a corrective action plan (CAP)
- Monetary penalties related to any performance guarantees
- Suspension or revocation of delegated functions, and/or
- Contract termination

Our actions in response to non-compliance are dependent on the severity of the compliance or FWA issue. If an FDR identifies areas of non-compliance (for example, issuing a CAP when non-compliant activities are

identified during your audit of a downstream entity), they must take prompt action to fix the issue and prevent it from happening again.

Attestation requirements

You must maintain evidence of your compliance with these compliance program requirements (for example, employee training records and certificates or score results of general compliance and/or FWA training completion) for no less than ten (10) years after the termination of SCFHP's 3-way contract with CMS and DHCS or the conclusion of any regulatory audits that may extend beyond the 10 years, whichever is later. Also, each year, an authorized representative from your organization must attest to the organization's compliance with the compliance program requirements described in this guide. The authorized representative is an individual who has responsibility directly or indirectly for all:

- Employees (including temporary employees, volunteers, interns, senior staff, board members)
- Contracted staff (e.g., consultants)
- Providers/practitioners, and
- Vendors who provide health care and/or administrative services for SCFHP's MMP

This could be your compliance officer, chief medical officer, practice manager/administrator, an executive officer, or similar positions.

IMPORTANT TIPS!

- Maintain all documentation that demonstrates what your organization has done in support of its delegated activities.
- SCFHP conducts FDR audits based on our Risk Assessment. Audits verify contractual, regulatory, and attestation elements.
- Failure to deliver all required supporting documentation to demonstrate compliance with administrative, operational, and compliance requirements will result in audit CAPs.

B. Fraud, waste, and abuse (FWA) training and general compliance training

You must ensure that your applicable employees and Downstream and Related Entities complete FWA and general compliance training. Your organization must ensure that employees (inclusive of temporary staff, volunteers, interns, consultants, senior staff, board members) and Downstream and Related Entities complete the training within 90 days of hire, appointment, or effective date of the contract.

Your applicable employees, as noted above, and Downstream and Related Entities assigned to provide administrative and/or health care services for our MMP product can access these trainings in one of three ways:

- Complete the modules on the CMS Medicare Learning network (MLN) website.
  - General compliance course: "Medicare Parts C and D General Compliance Training", and
  - FWA course: "Combating Medicare Parts C and D Fraud, Waste, and Abuse Training". Once completed, download and retain the certificate of completion. The certificates must be made available to SCFHP and/or CMS upon request and/or audit.
- Your organization can also download or print content of the CMS training modules from the MLN website to incorporate it into your training materials/system. The content of the CMS training modules **cannot** be changed to ensure the integrity and completeness of the training. Your organization must retain records of completion which must be made available to SCFHP and/or CMS upon request and/or audit.
- Your organization can develop its own training for general compliance and FWA. However, that training will need to be submitted to SCFHP's Compliance Officer for review and verification that it meets CMS' minimum standards for training content. All documentation associated with this type of training option must be available upon request and/or audit.

Training requirements

Regardless of the method used, the training must be completed:

- Within 90 days of initial hire, board appointment, or the effective date of contracting, and
- At least annually thereafter (within the 12-month period from the previous year's training)

We request that you confirm your compliance with these requirements as part of our annual attestation process. However, you must also maintain evidence of training completion. Evidence of completion may be in the form of certificates, attestations, training logs or other means determined by you to best represent fulfillment of your obligations. If you use training logs or reports as evidence of completion, they must include: (i) employee names, (ii) dates of employment, (iii) dates of completion, and (iv) passing scores.

Who should complete training?

Not every employee needs to take training. However, all employees, temporary staff, volunteers, interns, consultants, senior staff, and board members that support SCFHP's MMP product must receive general compliance and FWA training within 90 days of hire/contract/appointment and annually thereafter. Examples:

- Individuals responsible for the FDR's contract with SCFHP (e.g., senior vice president, departmental managers, chief medical officer, or pharmacy director)
- Individuals directly involved with developing and administering SCFHP's formulary and/or

medical benefits coverage policies and procedures

- Individuals with decision-making authority on behalf of SCFHP (for example, clinical decisions, coverage determinations, appeals and grievances, enrollment/disenrollment functions, processing of pharmacy or medical claims)
- Individuals responsible for claims processing
- Individuals providing information to SCFHP's members through oral or written communications (e.g., call center staff, fulfillment personnel)
- Individuals with job functions that are at risk for potential non-compliance and/or FWA

If you are unsure whether an employee is subject to the training requirements, review this chart or you can email ComplianceAdvice_MC@scfhp.com for help.

The only exception to this training requirement is if you/your organization is "deemed" to have met the FWA certification requirements through: (1) the provider enrollment process for participating in the Medicare Part A or Part B program, or (2) through accreditation as a supplier of durable medical equipment, prosthetics, orthotics, and supplies (DMEPOS). Those parties deemed to have met the FWA training through enrollment into the CMS Medicare program must still complete general compliance training.

For training requirements and information about deemed status see:

- 42 CFR § 422.503 (b)(4)(vi)(C)
- 42 CFR § 423.504 (b)(4)(vi)(C)
- MMCM, Chapter 21 § 50.3

C. Standards of Conduct, Compliance Program, and compliance policies distribution

You must give your employees Standards of Conduct, Compliance Program, and compliance policies and procedures

Your organization must also provide either SCFHP's Standards of Conduct , Compliance Program, and compliance policies and procedures or your own comparable code of conduct/compliance policies and procedures to all applicable employees and Downstream and Related Entities who provide administrative and/or health care services for our MMP product. Your Standards of Conduct, Compliance Program, and compliance policies and procedures must contain all the elements set forth in MMCM, Chapter 21, Section 50.1 and articulate your organization's commitment to comply with federal and state laws, ethical behavior and compliance program operations. You must distribute Standards of Conduct, Compliance Program, and compliance policies and procedures:

- Within 90 days of hire, board appointment, or the effective date of contracting
- Whenever there are updates to the Standards of Conduct, Compliance Program, or compliance policies and procedures, and
- Annually thereafter

Evidence of your distribution of the Standards of Conduct, Compliance Program, and compliance policies and procedures must be retained. You can find the Standards of Conduct, Compliance Program, and compliance policies and procedures requirements in:

- 42 CFR § 422.503 (b)(4)(vi)(A)

- 42 CFR § 423.504 (b)(4)(vi)(A)
- MMCM, Chapter 21, § 50.1

D. Exclusion screenings

Federal law prohibits Medicare, Medicaid, and other federal health care programs from paying for items or services provided by a person or entity excluded from participation in these federal programs. Therefore, before hiring, appointment, or contracting, and monthly thereafter, each FDR must check exclusion lists from the Office of Inspector General (OIG), the List of Excluded Individuals/Entities (LEIE) and the General Services Administration's System for Award Management (SAM) Excluded Parties List System (EPLS). This is to confirm that employees, temporary employees, volunteers, consultants, board members, and Downstream and Related Entities performing administrative and/or health care services for SCFHP's MMP product are **not excluded** from participating in federally-funded health care programs. You can use these two websites to perform the required exclusion list screening:

- OIG List of Excluded Individuals and Entities (LEIE)
- GSA's System for Award Management (SAM)

Also, FDRs must maintain evidence they checked these exclusion lists. You can use logs accompanied by screenshots of the screening result in each of the above systems or other records to document that you've screened each employee and Downstream and Related Entity in accordance with CMS requirements. Be sure to retain evidence of the initial and monthly screening that was conducted including date of occurrence, the results of the screening, and any actions taken if sanctioned individuals or entities were identified. Your organization must immediately report any newly identified excluded individuals/entities that require firing or contract termination to SCFHP's Compliance Officer.

You must perform exclusion list screenings

You're not alone. We're also required to check these exclusion lists before hiring, appointment, or contracting with any new employee, temporary employee, volunteer, consultant, board member, or FDR, and monthly thereafter. We cannot check these exclusion lists for your employees and Downstream and Related Entities. Accordingly, to ensure we are compliant with CMS' requirement, you **must** confirm that your permanent and temporary employees, volunteers, consultants, board members, and Downstream and Related Entities that provide administrative and/or health care services for our MMP product are not on these exclusion lists.

You must act if an employee or Downstream or Related Entity is on the exclusion list

If any of your employees, temporary employees, volunteers, consultants, board members, or Downstream and Related Entities are on one of these exclusion lists, you must immediately remove them from direct or indirect work on SCFHP's MMP product and notify us immediately.

The exclusion list requirements are noted in § 1862(e)(1)(B) of the Social Security Act, 42 CFR §§ 422.503(b)(4)(vi)(F), 422.752(a)(8), 423.504(b)(4)(vi)(F), 423.752(a)(6), 1001.1901, and further described in the MMCM, Chapter 21 § 50.6.8.

E. Reporting FWA and compliance concerns to SCFHP

There are several ways to report suspected or detected non-compliance or potential FWA. Don't worry – your reports are confidential. You can find this information in SCFHP's reporting mechanism flyer. You can share

the flyer with your employees and Downstream and Related Entities. You can also keep it as a reference tool and use your own internal processes for reporting and collecting these issues. If you choose to use your own processes, make sure you report it to SCFHP. You can also refer to our Standards of Conduct for information on our reporting guidelines.

You must adopt and enforce a zero-tolerance policy for retaliation or intimidation against anyone who reports suspected misconduct, potential non-compliance or FWA in good faith. You must also have reporting mechanisms in place that protect the confidentiality of the information and anonymity of the individual reporting the issue in good faith.

SCFHP's Compliance Officer is based at our offices in San Jose, California. Questions or concerns for the Compliance Officer and/or SCFHP's compliance subject matter experts can be sent to ComplianceAdvice_MC@scfhp.com.

F. Offshore operations and CMS reporting

To help make sure we comply with applicable federal and state laws, rules and regulations, you are required to obtain permission to perform offshore services or to use an individual or entity (offshore entity) to perform services for SCFHP's MMP when the individual or entity is physically located outside the United States or one of its territories (that is, American Samoa, Guam, Northern Marianas, Puerto Rico and Virgin Islands). The approval is made by SCFHP's Compliance Officer in advance of outsourcing the services to the offshore location and in writing for the use of such offshore individual or entity.

Notify us immediately if you plan to use an offshore entity

If you perform services offshore or use an offshore entity to perform services involving the receipt, processing, transferring, handling, storing, or accessing of SCFHP member protected health information (PHI) and we must approve the arrangement, SCFHP is then required to submit an attestation to CMS. Therefore, you must immediately notify your SCFHP relationship manager or SCFHP's Compliance Officer if you engage in offshore services yourself or through an offshore entity. Use this form for reporting any offshore functions to SCFHP.

One example provided by CMS of offshore services that trigger this attestation requirement is "offshore subcontractors that receive radiological images for reading because beneficiary PHI is included with the radiological image and the diagnosis is transmitted back to the US"

G. Specific Federal and State compliance obligations

Based on the services that your organization performs for SCFHP's MMP, you may be subject to other federal and state laws, rules, and regulations that aren't described in this guide. If you have questions about other requirements for the services that your organization performs, consult with your SCFHP relationship manager or contact SCFHP's Compliance Officer. SCFHP expects your organization to be compliant with all applicable federal and state laws, rules and regulations.

H. Monitoring and auditing of FDRs

CMS requires organizations such as SCFHP to develop a strategy to monitor and audit our FDRs. This helps ensure that our FDRs comply with all applicable laws and regulations and that our First Tier Entities understand that they are **required** to monitor and audit the compliance of their internal business units and Downstream and Related Entities. Therefore, if you choose to subcontract with other individuals/parties to provide administrative and/or health care services for SCFHP's MMP, you must make sure that these Downstream and Related Entities abide by all laws and regulations that apply to you as a First Tier Entity.

This includes ensuring:

- Contractual agreements contain all CMS-required provisions,
  - For providers,
  - For administrative services,
- They comply with the compliance program requirements described in this guide, and
- They comply with any applicable Medicare and/or Medi-Cal operational requirements

Not every subcontractor is considered a Downstream Entity. Only those entities who provide administrative or health care services under SCFHP's 3-way MMP contract may be Downstream or Related Entities. Review this chart to help you determine who is a Downstream and Related Entity for your organization. If you have additional questions, feel free to contact us for assistance at ComplianceAdvice_MC@scfhp.com.

Additionally, your organization must conduct oversight (that is, auditing and monitoring) to test and ensure that your operational business units and Downstream and Related Entities are compliant. You must retain evidence of monitoring and auditing completed, ensure root cause analysis is conducted for any deficiencies, implement corrective actions or take disciplinary actions such as contract termination (as necessary to prevent recurrence of non-compliance), and validate that all remediation actions taken to correct non-compliance or FWA have been effective in preventing them from recurring.

Expect routine monitoring and audits

We routinely monitor and audit our FDRs, based on the Risk Assessment SCFHP conducts each year for the delegated functions your organization manages on behalf of SCFHP. This helps us ensure compliant administration of our 3-way contract with CMS and DHCS to offer our MMP, as well as applicable laws and regulations. Each FDR must cooperate and participate in these monitoring and auditing activities. If an FDR performs its own audits, those will be subject to review under SCFHP's compliance program effectiveness audit that is a part of its delegation audit process. Also, FDRs must routinely monitor and/or audit their Downstream and Related Entities if they are used for SCFHP's MMP. If we determine that an FDR doesn't comply with any of the requirements in this guide, we'll require the FDR to develop and submit a CAP using this CAP form. We can help the FDR address the identified compliance issues.

These monitoring and auditing requirements are noted in:

- 42 CFR § 422.503(b)(4)(vi)(F) for MA
- 42 CFR § 423.504(b)(4)(vi)(F) for Part D
- MMCM, Chapter 21 § 50.6.6

Develop procedures and systems for prompt response to compliance issues

A key component of an effective compliance program is the ability to promptly respond to compliance issues as they are raised. During your organization's regular monitoring and auditing activities, you may become aware of potential non-compliance or FWA that may require additional action. Your organization must be able to demonstrate that it has established and implemented procedures and a system for promptly responding to compliance issues, including investigating the issues, correcting the problems promptly and completely to reduce the potential for recurrence, and ensuring ongoing compliance with CMS requirements. At a minimum, your organization must also:

- Initiate a reasonable inquiry as quickly as possible, but not later than 2 weeks after the date the

potential noncompliance or potential FWA issue was identified,

- Self-report instances of FWA and noncompliance involving SCFHP's MMP to SCFHP immediately,
- Undertake appropriate corrective actions,
- Maintain thorough documentation of all deficiencies identified and corrective actions taken, and
- Validate that the corrective actions were effective in preventing recurrence of the non- compliance or FWA

These requirements are noted in:

- 42 C.F.R. § 422.503(b)(4)(vi)(G) for MA
- 42 CFR § 423.504(b)(4)(vi)(G) for Part D
- MMCM, Chapter 21 §§ 50.7.1 and 50.7.2

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Quick reference guide

General compliance and FWA training	
General compliance training	Organizations can use the CMS general compliance training module on the CMS Medicare Learning Network (MLN). It can be completed on the MLN, after registration. It is titled Medicare Parts C and D General Compliance Training. Organizations can download it and incorporate the module, unmodified, into their existing training materials/systems.
FWA training	Organizations can use the CMS FWA training module on the MLN. It can be completed on the MLN, after registration. It is titled "Combating Medicare Parts C and D Fraud, Waste, and Abuse Training." Organizations can download it and incorporate the module, unmodified, into their existing training materials/systems.
Proof of training completion	CMS requires FDRs to maintain evidence of training completion. FDRs must retain this evidence for 10 years. The CMS MLN certificate is evidence of completion. Organizations may use this sample log to document employees' completion of training if the organization has no process in place. Organization's Downstream and Related Entities can also use this log to document their employees' training completion.
Standards of Conduct and compliance policies & procedures	
Which code should be used?	Organizations are encouraged to distribute SCFHP's Standards of Conduct to employees.
Which compliance policies are applicable?	SCFHP's Standards of Conduct, Compliance Program and associated compliance policies and procedures are available for review.
What information should be provided to employees?	Organizations may use this sample announcement template to share SCFHP's Standards of Conduct, Compliance Program, and compliance policies and procedures with employees and Downstream Entities.
Exclusion list screenings	
How is the OIG site accessed?	Organizations must complete OIG exclusion list screenings before hiring/ appointment/contracting and monthly thereafter for all employees, temps, volunteers, interns, providers, vendors and Downstream and Related Entities. If your organization does not have a tracking process, see this sample screening log.
How is the SAM site accessed?	Organizations must complete the SAM exclusion list screenings before hiring/appointment/contracting and monthly thereafter for all employees, temps, volunteers, interns, providers, vendors, and Downstream and Related Entities. See the sample screening log for tracking linked in the above section for OIG screening.
Reporting mechanisms	
How is noncompliance or potential FWA reported to SCFHP?	Organizations must report suspected or detected non-compliance or potential FWA that impact SCFHP directly to SCFHP. The reporting options flyer should be shared throughout your organization so that employees know how to report concerns.
Monitoring and oversight	
Which subcontractors are Downstream and Related Entities?	Not every subcontractor is a Downstream or Related Entity. This flow chart contains examples of Downstream and Related Entities.
What type of oversight of Downstream and Related Entities should be done?	Organizations must conduct oversight of your Downstream and Related Entities. An FDR attestation may help your Downstream and Related Entities self-assess and report the status of their compliance to you.

How will the organization know if it is in compliance with Medicare and SCFHP compliance requirements?	Organizations can use this sample tool to informally assess their compliance with the Medicare compliance program requirements. The organization can also modify the tool to assess compliance of Downstream and Related Entities.
What is required regarding Offshore operations?	Organizations must obtain SCFHP's permission to use an offshore individual or entity to perform services that involve the processing, transferring, handling, storing, or accessing of SCFHP member PHI. Use this form to request permission. Submit it to your SCFHP relationship manager, or ComplianceAdvice_MC@scfhp.com.