Banner Health: To Infinity and Beyond!

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Banner “In the Beginning of the Ledbetter Era”

• In 2006 there were 8 Corporate Compliance Team Members
• Facility Compliance Officers were Hospital Executive Team Members
• Compliance Action Line was manned by Master’s level social workers 24/7
• Hot Topic – “Hospitalist”
Banner “Today”

Banner Locations

Banner Locations
Banner Provider versus Payor Comparison

- Provider ‘Side’
- Payor ‘Side’

Provider ‘Side’ – Types of Services

29 Hospitals

300 Provider Practices
## Provider ‘Side’ - Types of Services

<table>
<thead>
<tr>
<th>44 Urgent Care Clinics</th>
<th>8 Ambulatory Surgery Centers</th>
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## Provider ‘Side’ - Types of Services

<table>
<thead>
<tr>
<th>Post Acute Care</th>
<th>Ancillary Services</th>
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Banner Health
Provider ‘Side’ - Categorized Services – Obligations and Risk Areas

- 1 - Provide for Timely and Appropriate Clinical Services
  - Clinical Services
  - Provider Directory
  - Quality Measures

- 2 - Provide Accurate and Timely Administrative Services
  - Vendor Contracts
  - Coding/Billing
  - Documentation
  - Medical Director
  - Peer Review

- 3 - Conduct Oversight Activities
  (to assure 1 & 2 are done correctly)
  - Compliance
  - FWA
  - External Audit
  - Privacy/Security
  - FDR Oversight
  - Audit Readiness

- 4 - [Manage Adequate Resources]
  (to perform first 3 elements)
  - Finance/Revenue
  - Human Resources
  - Information Technology

Payer ‘Side’
Payor ‘Side’ – Categorized Services – Obligations and Risk Areas

<table>
<thead>
<tr>
<th>Contractual Obligations</th>
<th>- 1 -</th>
<th>- 2 -</th>
<th>- 3 -</th>
<th>- 4 -</th>
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<tbody>
<tr>
<td></td>
<td>Arrange for Timely and Appropriate Clinical Services</td>
<td>Provide Accurate and Timely Administrative Services</td>
<td>Conduct Oversight Activities (to assure 1 &amp; 2 are done correctly)</td>
<td>[Manage Adequate Resources] (to perform first 3 elements)</td>
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<td>Risk Areas</td>
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<td></td>
<td>• Provider Network</td>
<td>• Payer Contracts</td>
<td>• Compliance</td>
<td>• Risk</td>
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<tr>
<td></td>
<td>• Non-Contracted Providers</td>
<td>• Claims/Encounters</td>
<td>• Accreditation</td>
<td>• Risk</td>
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<td>• Medical Management</td>
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<td>• Credentialing</td>
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<td>• Grievances and Appeals</td>
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Compliance Program Elements

- Compliance Personnel and Structure
- Compliance Documents
- Compliance Training and Education
- Auditing and Monitoring
- Response and Prevention
- Enforcement and Discipline
### Compliance Personnel and Structure

- Board of Directors
- System Compliance Committee
- Chief Compliance Officer
- Insurance Division

Boards of Directors

David Ledbetter

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### Provider ‘Side’ - Compliance Personnel and Structure

- Hospitals, Provider Practices, and Ancillary Services
- 2 Senior Compliance Director’s
  - Area Compliance Program Directors
    - Compliance Officers
      - 11 Dedicated Hospital Compliance Officers
      - 8 Dedicated Provider Group or Ancillary Services Compliance Officers
## Provider ‘Side’ - Compliance Personnel and Structure

- **Audit Team**
  - 1 Senior Compliance Director
    - 5 Compliance Program Directors
    - 15 team mates supporting these audit activities

- **Compliance Program Oversight**
  - 1 Senior Compliance Director
    - 1 Compliance Program Director

- Additionally, we have team members who provide business support, reporting, and administrative support.

## Payor ‘Side’ - Compliance Personnel and Structure

- **Senior Compliance Director**
  - 3 Compliance Program Directors
  - 1 Audit Director

- **Team Members**
  - 4 Compliance/FWA Team Members
  - 8 Audit Team Members
### Compliance Personnel and Structure

- Each Compliance Officer facilitates compliance committees for their designated area of oversight
  - Monthly or Quarterly Compliance Meetings
- External liaison with governmental entities
- Attend various Operational committees

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### Compliance Documents

- **Code of Conduct**
  - Restates Banner’s Mission, Vision, and Values, linking them to Standards of professional conduct
  - Upon Hire and Annual training
- **Policies and Procedures**
Compliance Training and Education

• Learning Center Modules
  ▪ Upon Hire and Annually thereafter
• In-person
  ▪ General Discussion or Issue Specific
• Ad hoc or ‘drive by’
• Compliance Week

Auditing and Monitoring

• Annual Enterprise Risk Assessment
  ▪ OIG Work Plan
  ▪ Evaluate Areas of Risk across the system
  ▪ Risk Rate each item identified
• Develop an Audit Plan
• Approved by the Systems Compliance Committee and Board of Directors
• Annual Risk Assessments for each section of the Insurance Division
• From that:
  – Develop Audit plans
    ▪ Audits
    ▪ CAPs
  – Develop Compliance work plans
    ▪ Training, monitoring, policies, processes, exercises, etc.
• Approved by compliance committee, board or governmental entity depending on the contract requirement
Auditing and Monitoring

• Monitoring Activities
  ▪ Reasons
    ✓ OIG Guidance
    ✓ Corrective Action Plan
    ✓ Identified Area of Concern
    ✓ Risk assessment results

• Monitoring Activities are service line specific
• Exclusion screening
• HIPAA liaison

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Auditing and Monitoring - FDRs

Medicare Advantage Plans

Banner (FT)

Contractors (DE)
## FDR Oversight – MAO audits of Banner Health

- Multiple MAOs
- All different
- Range from very sophisticated to . . .
- Some require just an attestation
- Some require documents provided for a desk audit, for example:
  - List of subcontractors
  - List of employees involved in a specific activity such as credentialing
  - Individual employee training records
  - Individual employee eligibility screening
    - Before and after hire

## FDR Oversight – MAO Audits of Banner Health

- Often have to negotiate time periods
- Helpful to have someone to ask questions of when issues are unclear
- Electronic systems have problems
- Attestations can be worded in a way that to sign would create a false attestation
- Recently have seen a ‘national’ attestation being floated
Downstream Entity Oversight – Banner’s turn

- This is **totally** new to Downstream Entities
- Policy and procedure
- Process:
  - Determine if is a Downstream Entity (DE) ***
  - Risk assess
  - Contact the Banner internal owner first
  - Send DE an introductory letter, compliance and offshore attestations and ‘Guide’
  - Really focus on being cooperative (its what we want from the MAOs)
  - Work with them to get completed document or other activities

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Downstream Entity Oversight – Banner’s turn

- Determination of whether is an FDR or a ‘vendor’ under Medicare Advantage
  - Unclear at this time for certain entities
  - Have developed a checklist but still end up with negotiations
  - Have used outside counsel for review with large arrangements
## Downstream Entity Checklist – the easy part

- First assess using the clear CMS data:
  - All healthcare services
  - Sales/Marketing
  - Utilization Management
  - Quality Improvement
  - Applications processing
  - Enrollment/disenrollment/membership
  - Claims processing/administration/coverage adjudication
  - Appeals/Grievances
  - Licensing/Credentialing
  - PBM
  - Hotline Operations
  - Customer Service
  - Bid preparation
  - Outbound Enrollment Verifications
  - Provider Network Management
  - Administration – such as Medical Directors

## Downstream Entity Checklist – less easy part

- When that doesn’t work review for:
  - What function does the entity do:
    - Does it directly impact MA members/patients?
    - What involvement does the entity have with MA members/patients?
  - Does the entity have access to PHI/PII? What do they have access to?
  - Does the entity have decision-making power or does it follow Banner’s direction?
  - Can the function harm members/patients?
  - Does the function permit opportunity to commit Fraud, Waste or Abuse?

- Decision tree:
  - 4 or more yeses – Downstream Entity
  - 2/3 or yes to last 3 items – refer to Sr. Director
  - 1 or 0 - Vendor
The DE oversight process

- Risk Assess the Downstream Entities
  - 2 versions: provider and non-provider
  - Rank Factors
    - Regulatory Exposure
    - Legal/Regulatory History
    - PHI/PII/Sensitive information access
    - Financial Commitment
    - Services seen as high risk by OIG
    - Offshore
    - Compliance issues

- Attestation or Audit
  - Highest risk get first look, start with attestation
  - Follow up: clarification, discussions, CAPs

- Most Downstream Entities are clueless about these obligations . . .

Response and Prevention

- Disclosure Program
  - Anonymous Hotline
- Non-retaliation Policy
- Identified Area of Concern
  - Response
    - Billing and Coding Corrections, if applicable
    - Corrective Action Plan
    - Disciplinary Action, if warranted

- Prevention
  - Training and Education
  - Monitoring
### Enforcement and Discipline

- Employee Handbook
- Collaborative review and decisions with operations, Human Resources, Legal, and Compliance

### Provider versus Payer ‘Side’

- Provider compliance focused
  - Accurate and Timely Documentation
  - Accurate and Timely Billing
  - Are we providing Services in Accordance with our Contracts
- Payor compliance is more process focused
  - Accurate and Timely Notifications to Members
  - Accurate Provider Information
  - Timely Claims Payment
  - Accurate data going to government in correct formats
Banner Health

You’ve Got a Friend in Me!

Banner Health

Thank You!