



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




The image displays six state banners arranged in two rows. The top row includes Arizona (Grand Canyon State), Colorado, and Wyoming (The Cowboy State). The bottom row includes Nebraska (nebraska.gov), Nevada (The Silver State), and California. Each banner features the state name and a representative graphic. The Banner Health logo is at the bottom right.

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Banner Provider versus Payor Comparison

- Provider 'Side'
- Payor 'Side'




The 'Provider Side' shows an illustration of four healthcare professionals. The 'Payor Side' shows a heart-shaped word cloud with terms like 'HEALTH', 'INSURANCE', 'cost', 'risk', and 'medicine'. The Banner Health logo is at the bottom right.


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Provider 'Side' – Types of Services

29 Hospitals



300 Provider Practices




The image shows a hospital building on the left and medical office equipment (stethoscope, EKG, chart, scale) on the right. The Banner Health logo is at the bottom right.


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Provider 'Side' - Types of Services

44 Urgent Care Clinics




8 Ambulatory Surgery Centers







Provider 'Side' - Types of Services

Post Acute Care




Ancillary Services





Provider 'Side'- Categorized Services – Obligations and Risk Areas

	- 1 -	- 2 -	- 3 -	- 4 -
Obligations	<p>Provide for Timely and Appropriate Clinical Services</p> <ul style="list-style-type: none"> • Clinical Services • Provider Directory • Quality Measures 	<p>Provide Accurate and Timely Administrative Services</p> <ul style="list-style-type: none"> • Vendor Contracts • Coding/Billing • Documentation • Medical Director • Peer Review 	<p>Conduct Oversight Activities <i>(to assure 1 & 2 are done correctly)</i></p> <ul style="list-style-type: none"> • Compliance • FWA • External Audit • Privacy/Security • FDR Oversight • Audit Readiness 	<p>[Manage Adequate Resources] <i>(to perform first 3 elements)</i></p> <ul style="list-style-type: none"> • Finance/Revenue • Human Resources • Information Technology
Risk Areas				



Payer 'Side'

Banner University Health Plans
Banner - University Family Care

Banner Health Network

Banner Plan Administration

Banner Network Colorado

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Payor 'Side' – Categorized Services – Obligations and Risk Areas

	- 1 - Arrange for Timely and Appropriate Clinical Services	- 2 - Provide Accurate and Timely Administrative Services	- 3 - Conduct Oversight Activities <small>(No source 1 & 2 are done correctly)</small>	- 4 - [Manage Adequate Resources] <small>(No perform first 3 elements)</small>
Contractual Obligations	<ul style="list-style-type: none"> Provider Network Provider Directory Provider Contracts 	<ul style="list-style-type: none"> Payer Contracts Vendor Contracts Coding/Billing Claims/Encounters Medical Management Credentialing Grievances and Appeals 	<ul style="list-style-type: none"> Compliance PWA Audit Accreditation Privacy/Security FDR Oversight Audit Readiness 	<ul style="list-style-type: none"> Finance/Revenue Human Resources Information Technology
Risk Areas	<ul style="list-style-type: none"> Non-Contracted Providers Quality Measures 			
Risks	<ul style="list-style-type: none"> Risk Risk 	<ul style="list-style-type: none"> Risk Risk 	<ul style="list-style-type: none"> Risk Risk 	<ul style="list-style-type: none"> Risk Risk

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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

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Compliance Personnel and Structure

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




David Ledbetter




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




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

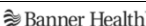
- Learning Center Modules
 - Upon Hire and Annually thereafter
- In-person
 - General Discussion or Issue Specific
- Ad hoc or 'drive by'
- Compliance Week



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




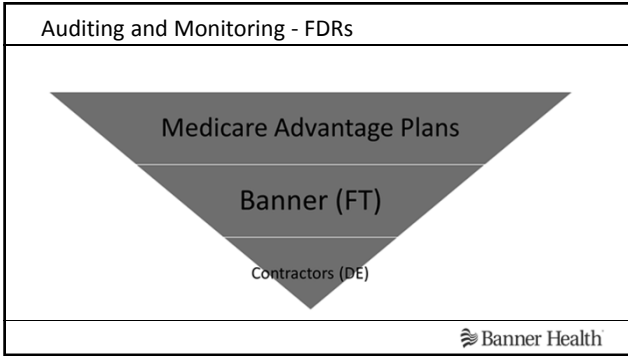


Auditing and Monitoring

- 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







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

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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

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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




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



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You've Got a Friend
in Me!



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<p style="text-align: center;">Thank You!</p>
