# 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”

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## Banner “Today”

[Banner Health Logo]
Banner Locations

Banner Provider versus Payor Comparison

• Provider ‘Side’
• Payor ‘Side’

Provider ‘Side’ – Types of Services

29 Hospitals
300 Provider Practices
Payer ‘Side’

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

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

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 Plan
  ▪ Audit
  ▪ CAP
  – 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
Auditing and Monitoring - FDRs

Medicare Advantage Plans

Banner (FT)

Contractors (FE)

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 (this 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

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### Downstream Entity Checklist – the easy part

- First assess using the clear CMS data:
  - All healthcare services
  - Sales/Marketing
  - Utilization Management
  - Quality Improvement
  - Orthopedic
  - Home Health
  - Eligibility
  - Enrollment/Disenrollment/membership
  - Claims processing/administration/coverage adjudication
  - Appeals/Review
  - 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
    • Enterprise Commitment
    • Current or High risk by risk
    • 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

You’ve Got a Friend in Me!
Thank You!