POLICY and PROCEDURE

TITLE: CP 5221 Compliance Officer Responsibilities			
Version: 20	**Responsible Position: Senior** Director, Compliance	**Responsible Department:** Compliance	
Origination Date: 04/01/2008	**Last Review Date:** 04/27/2021	**Approval Date:** 06/17/2021	**Next Review Date:** 06/15/2022
Organization: Banner Health Insurance Division			
Population (Define): This policy applies to all Banner Medicaid and Medicare lines of business			
Policy Replaces: AD 203; AD 221; AD 221 SNP; CP 221; CP 221 SNP, CP 6221			

I. Purpose/Expected Outcome:

A. Banner Medicaid and Medicare Health Plan's Compliance Officers are responsible for ensuring Banner Medicaid and Medicare Health Plans employees understand the Compliance Program, regulations, remain compliant with these regulations, and have access to reporting non-compliant actions of other employees, members, providers and vendors.

II. Definitions:

A. Please refer to the link below for full definitions:
http://sharepoint/sites/hppandp/new/Lists/Definitions/PP%20Definitions.aspx

III. Policy:

A. Banner Medicaid and Medicare Health Plans has designated Compliance Officers responsible for the oversight, management, and administration of the development, implementation, and daily operational tasks for maintaining an effective Compliance Program.

IV. Procedure/Interventions:

A. The Compliance Officers serve in an independent role as the primary focal point for compliance activities, with the authority to review all documents and functions as they relate to fraud and abuse prevention, detection and reporting such as provider registration, prior authorization and contracts. These individuals have the primary responsibility of overseeing and monitoring the implementation of the Compliance Program and ensuring that all policies and procedures are accurate and implemented and integrated into Banner Medicaid and Medicare Health Plan's operations. Coordination and communication are key functions of the Compliance Officers.

B. The Medicaid Compliance Officer must reside in the State of Arizona, be a full- time employee of Banner Medicaid Health Plans , and report directly to Banner Medicaid and Banner- University Care Advantage (B-UCA) Health Plan's CEO, and has express authority to provide unfiltered, in-person reports to Banner Medicaid and B-UCA Health Plan's Governing Body at the Compliance Officer's discretion. The Board advises the Compliance Officer and assists in implementing the Compliance Program.

C. The Medicare Compliance Officer must be a full-time employee. Reports from the compliance officer must reach Banner Medicare Health Plan's senior-most leadership and this requirement refers to the direct reporting of information and not necessarily to a supervisory reporting relationship. The Compliance Officer has express authority to provide unfiltered, in-person reports to Banner Medicare Health Plans' Governing Bodies and CEOs at the Compliance Officer's discretion. The Medicare Compliance Officer may report issues directly to the Banner Medicaid Compliance Officer and/or the Compliance Committees, who then provide compliance reports directly to Banner Medicare Health Plans' Governing Bodies.

D. The Compliance Officers need not await approval of Banner Medicaid and Medicare Health Plan's Governing Bodies to implement needed compliance actions and activities.

E. Banner Medicaid and Medicare Health Plans may use delegated subcontractors for compliance activities such as monitoring, auditing and training; however, Banner Medicaid and Medicare Health Plans does not delegate compliance program administrative functions to Banner Medicaid and Medicare Health Plans subcontractors, including the role of Compliance Officers.

F. Banner Medicaid and Medicare Health Plan's Compliance Officers have the following responsibilities:
   1. Vested with the day-to-day operations of the compliance program and an employee of Banner.
   2. Define the Compliance Program structure, educational requirements, reporting and complaint mechanisms, response and correction procedures, and compliance expectations for all Staff and Business Partners.
   3. Oversee and monitor the implementation of the Compliance Program.
   4. Ensure Staff and Business Partners have access to and fully understand the Compliance Program.
   5. Answer Staff and Business Partner questions concerning compliance issues that are not readily answered in this Compliance Program.
   6. Ensure that the most current government policies and procedures are periodically reviewed and reflected and revised in the Compliance Program and Code of Conduct.
   7. Verify that all Banner Medicaid and Medicare Health Plan's policies reflect current and applicable regulations, statutes, and guidance.
   8. Ensure the annual Compliance Program is reviewed and approved by the Compliance Committees and reviewed by the Governing Bodies. Once approved, ensure distribution to all Staff and is made available to the Business Partners.
   9. Hold periodic meetings with Banner Medicaid and Medicare Health Plans' Management Teams to review the Compliance Program and ensure that compliance reports are provided regularly to Banner Medicaid and Medicare Health Plans' CEOs, Boards, and Compliance Committees. Reports should include the status of Banner Medicaid and Medicare Health Plan's Compliance Program implementation, the identification and resolution of suspected, detected, or reported instances of non-compliance, and Banner Medicaid and Medicare Health Plans' compliance oversight and audit activities.

10. Ensure procedures are in place to screen monthly for ineligible providers, Staff and Business Partners. These individuals must not appear in the LEIE, the GSA/SAM list of debarred individuals/contractors, CMS Preclusion List, or any other database directed by AHCCCS or CMS. Coordinate any resulting personnel issues with Banner Medicaid and Medicare Health Plans' Human Resources, Security, Legal or other departments as appropriate.
11. Develop and participate in educational and training programs that focus on compliance issues. Ensure that Staff and Business Partners, including the applicable Committee members, are informed and comply with applicable federal and state regulations, standards, sub-regulatory guidance and the Code of Conduct.
12. Ensure Compliance Program educational and training programs are provided to Staff and Business Partners providing health and administrative services to the Banner Medicaid and Medicare Health Plans.
13. Objectively and independently review and act on compliance issues and direct internal investigations and any subsequent corrective measures with all departments, Staff and Business Partners providing health and administrative services on behalf of Banner Medicaid and Medicare Health Plans.
14. Create policies, reporting procedures, programs, and communication materials that are well-defined and published which encourage all Staff and Business Partners to report program non-compliance and suspected FWA and other improprieties. This responsibility includes communication of non-retaliation policies and employee protection measures.
15. Create, periodically review and revise FWA policies and procedures to meet changing regulations and trends.
16. Respond to reports of potential and observed instances of FWA, coordinate internal research, and oversee the development and monitoring of the implementation of appropriate corrective or disciplinary actions as necessary.
17. Ensure that all government and operational materials and manuals which Staff and Business Partners use are current and are updated on a regular basis.
18. Interact with the operational units of Banner Medicaid and Medicare Health Plans in order to become aware of daily business activity.
19. Maintain the compliance reporting mechanism and closely coordinate with Internal Assurance, Compliance Auditors, and Staff.
20. Maintain documentation for each report of potential non-compliance or potential FWA received from any source, through any reporting method (e.g., ComplyLine, mail, or in-person).
21. Collaborate with other programs and payers and other organizations where appropriate, when a potential FWA issue is discovered that involves multiple parties.
22. Have the authority to interview employees and other relevant individuals regarding compliance issues.
23. Review company contracts and other documents pertinent to the Medicare and Medicaid programs or other government programs.
24. Review or delegate the responsibility to review the submission of data to CMS, AHCCCS, or other government programs to ensure it is accurate and in compliance with CMS, AHCCCS, or other government program reporting requirements.

25. Independently seek advice from legal counsel.
26. Report potential FWA to CMS, AHCCCS, its designee, other government programs, or law enforcement.
27. Conduct and/or direct audits of FDRs.
28. Conduct and/or direct audits of any area or function involved with Medicare Part C or D plans.
29. Recommend policy, procedure, and process changes.
30. Oversee the creation and monitoring of the implementation of corrective action plans (CAPs).
31. Immediately notify Banner Medicaid and Medicare Health Plans' Chief Executive Officers of any reportable event (self- disclosure). Work with Government Programs Staff to complete the self-disclosure to the appropriate governing agency.
32. Designated and recognized authority to access records and make independent referrals to the AHCCCS Office of Inspector General (OIG) and the Plan Program Integrity Medicare Drug Integrity Contractor (PPI MEDIC).
33. Regularly attend and participate in AHCCCS, Office of Inspector General work group meetings, CMS training, compliance meetings and fraud waste and abuse meetings.

G. Routine Communication/Access to the Compliance Officer
    1. An open line of communication between the Compliance Officers and personnel is critical to the success of the Compliance Program.
        a. Employees are expected to report anything that violates the laws or regulations relating to AHCCCS, CMS or any other State or Federal law. Banner Medicaid and Medicare Health Plans employees are required to report any concerns to a supervisor, the Compliance Officers or Banner Medicaid and Medicare Health Plans' CEOs. Any employee or agent who is either aware of a violation of the law or regulation and does not report it, or who is not aware of a violation of a law or regulation that the individual should have detected, is subject to disciplinary action, up to and including termination of employment.
        b. Banner Medicaid and Medicare Health Plans employees can first discuss their questions or concerns with a supervisor. If they feel uncomfortable discussing the issue with a supervisor or believe the supervisor has not properly addressed the concerns, they can contact the Compliance Officers or Banner Medicaid and Medicare Health Plans' CEOs.
    2. Banner Medicaid and Medicare Health Plans employees seeking advice from the Compliance Officers have the option to remain anonymous and all inquiries are confidential subject to the limitations imposed by law.
    3. Banner Medicaid and Medicare Health Plans employees may make a report without fear of retaliation. Retaliation is prohibited against those who, in good faith, report inappropriate activities. Good faith is defined as a full, fair, accurate and timely disclosure.
    4. Banner Medicaid and Medicare Health Plans maintains a toll-free hotline for individuals to ask questions or raise concerns in a confidential manner. If an employee or agent makes an anonymous report, they are provided with a reference number for future

contact. The reported concern is then forwarded to Banner Medicaid and Medicare Health Plans' Compliance Officers for investigation.

H. Compliance Committee Oversight
   1. The Senior Director, Compliance (Medicaid Compliance Officer), convenes and chairs the Compliance Committee in which the development, documentation, and periodic audit/review of internal controls and training of risk areas are reviewed. The Compliance Committee meets at least quarterly to ensure that compliance and compliance-related activity are consistently applied. The Corporate Compliance Director (Medicare Compliance Officer) is a committee member.
   2. The Compliance Committee oversees the Compliance Program, advises the Compliance Officers, and assists in implementing the Compliance Program. The Compliance Committee has the following responsibilities regarding compliance activities:
      a. Ensure that Banner Medicaid and Medicare Health Plans have established effective processes to detect, correct, and prevent noncompliance.
      b. Evaluate the industry environment, the legal requirements with which it must comply, and the specific risk areas.
      c. Ensure that Banner Medicaid and Medicare Health Plans have a system for Staff and Business Partners to ask compliance questions, raise concerns, and report potential cases of FWA and non-compliance in a timely manner confidentially or anonymously (if desired), without fear of retaliation.
      d. Ensure that Banner Medicaid and Medicare Health Plans have appropriate, up-to-date compliance policies and procedures which address Compliance Program components.
      e. Periodically review the training plans and ensure that training and education are effective and appropriately completed.
      f. Work with the appropriate departments to develop standards of conduct and policies, in order to promote adherence to the Compliance Program.
      g. Recommend, monitor, and review the effectiveness, in conjunction with appropriate departments, of the development of internal systems and controls designed to ensure compliance with Banner Medicaid and Medicare Health Plans' standards, policies and procedures as a part of daily operations.
      h. Develop strategies to promote compliance with the Compliance Program and detect any potential violations.
      i. Approve a system to solicit, evaluate, and respond to complaints and problems.
      j. Review and address reports of monitoring and auditing, including departmental compliance dashboards, in areas where Banner Medicaid and Medicare Health Plans are at risk for program non-compliance or potential FWA and ensure corrective action plans (CAPs) are implemented and monitored for effectiveness.
      k. Assist in the creation, implementation, and monitoring of effective corrective and preventive action plans.
      l. Develop innovative ways to implement appropriate corrective and preventive action.
      m. Schedule an annual audit to determine the performance of the Compliance Program.
      n. Comply with applicable regulations regarding self-reporting of identified compliance issues to appropriate state and federal authorities.

o. Ensure audits of the Compliance Program focus on at-risk areas and information that may affect payments from AHCCCS and Medicare. Monitoring techniques may include sampling protocols that permit the Compliance Officers to identify and review variations from an established baseline. Any deviations are reported immediately, and steps are taken to correct the problem. Banner Medicaid and Medicare Health Plans' Compliance Officers in conjunction with Government Programs will report any deviations that could affect AHCCCS immediately to AHCCCS and those that could affect CMS immediately to CMS.
p. Assist with the creation and implementation of the compliance risk assessment and of the compliance monitoring and auditing work plan.
q. Support the Compliance Officers' needs for sufficient Staff and resources to carry out the Compliance Officers' duties.
r. Ensure Banner Medicaid and Medicare Health Plans has a method for members to report potential FWA.
s. Provide regular and ad hoc reports on the status of compliance with recommendations to the Banner Medicaid and Medicare Health Plans' Governing Bodies.

V. Performance and Outcome Measures:

A. The Compliance Officers monitor the performance of all responsibilities as required by state and federal law, rule, regulation, policy and requirements.
B. Compliance Program Effectiveness Audit results.

VI. References:

A. AHCCCS Complete Contract; Paragraph 58 – Corporate Compliance
B. AHCCCS EPD Contract; Paragraph 64 – Corporate Compliance
C. AHCCCS Contractors Operations Manual, Policy 103
D. Medicare Managed Care Manual – Chapter 11; Section 20
E. Medicare Managed Care Manual – Chapter 21; Section 50.2.1
F. Medicare Prescription Drug Benefit Manual – Chapter 9, Section 50.2.1
G. CY 2020 -Insurance Division Compliance Program and Fraud Waste and Abuse Plan
H. 42 CFR 422.503 and 422.504

VII. Related Policies/Procedures:

A. Insurance Division Policy: CP 5018 Fraud, Waste and Abuse
B. Insurance Division Policy: CP 5003 New Employee Orientation and Training
C. Insurance Division Policy: CP 5001 Compliance Program
D. Insurance Division Policy: CP 5227 Monitoring and Auditing
E. Insurance Division Policy: CP 5019 Fraud, Waste and Abuse – FDR Awareness
F. Insurance Division Policy: CP 5018 Fraud, Waste and Abuse – Employee Awareness
G. Insurance Division Policy: CP 5230 Custodian of Records
H. Insurance Division: ND 5003 Provider Notification and Communication Methods
I. Insurance Division Policy: ND 5002 New Provider Orientation
J. Insurance Division Policy: ND 3112 A Provider Office Visits

K. Insurance Division Policy: QM 5009 QM/PI Committee
L. Insurance Division Policy: CP 5033 Sanction Screening
M. Insurance Division Policy: CP 5228 Annual Risk Assessment
N. Insurance Division Policy: CP 5004 Reporting Compliance Issues
O. Insurance Division Policy: CP 5023 Code of Conduct
P. Banner Health Policy: 262 Compliance Program Obligations
Q. Banner Health Policy: 264 Compliance Reporting and Investigating Potential Compliance Issues
R. Banner Health Policy: 194 Federal and State Exclusion Review
S. Banner Health Policy: 182 ComplyLine
T. Banner Health Policy: 437 Prohibition Against Retaliation for Protected Activities

VIII. Keywords and Keyword Phrases:

A. Compliance Officer
B. Compliance Program