

POLICY and PROCEDURE

TITLE: CP 5001 Compliance Program			
Version: 16	Responsible Position: Director of Compliance	Responsible Department: Compliance & Audit	
Origination Date: 07/01/2006	Last Review Date: 05/01/2020	Approval Date: 06/05/2020	Next Review Date: 06/15/2021
Organization: Banner University Health Plan, BUHP Compliance (CP)			
Population (Define): This policy applies to all lines of business			
Policy Replaces: CP 217, AD1217A, CP1217A, S, M, CP 6001			

I. Purpose/Expected Outcome:

A. The Health Plan is committed to the ethical and legal conduct of Health Plan business operations. A key component of this culture of compliance is the Health Plan's Compliance Program (CP). The Health Plan develops, implements, maintains and updates an effective CP that meets all government program requirements. All employees, temporary employees, interns, volunteers, the Health Plan's Governing Bodies, and the Health Plan's First Tier, Downstream and Related Entities (FDRs) are required to make a commitment to adhere to the Health Plan's CP.

II. Definitions:

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

III. Policy:

- A. The Health Plan has adopted and implemented an effective compliance program, which includes measures that prevent, detect, and correct, Medicare and Medicaid Program non-compliance, as well as fraud, waste, and abuse. The Health Plan applies principles outlined in these guidelines to all relevant decisions, situations, communications, and developments.
- B. The Compliance Program must, at a minimum, include the following core requirements:
1. Written Policies, Procedures, and Standards of Conduct;
 2. Compliance Officer, Compliance Committee, and High-Level Oversight;
 3. Effective Training and Education;
 4. Effective Lines of Communication;
 5. Well Publicized Disciplinary Standards;
 6. Effective System for Routine Monitoring and Identification of Compliance Risks;
 7. Procedures and System for Prompt Response to Compliance Issues

IV. Procedure/Interventions:

- A. The Health Plan Compliance Program ensures the effective implementation and oversight of ethics and compliance activities for the Health Plan and is part of the Banner Health Corporate Ethics and Compliance Program.

- B. The Health Plan complies with all applicable Federal and State laws and regulations including the following:
 - 1. Title VI of the Civil Rights Act of 1964;
 - 2. Title IX of the Education Amendments of 1972 (regarding education programs and activities);
 - 3. The Age Discrimination Act of 1975;
 - 4. The Rehabilitation Act of 1973 (regarding education programs and activities), and the Americans with Disabilities Act; EEO provisions;
 - 5. Copeland Anti-Kickback Act;
 - 6. Davis-Bacon Act;
 - 7. False Claims Act;
 - 8. HIPAA/HITECH/Omnibus;
 - 9. Contract Work Hours and Safety Standards;
 - 10. Rights to Inventions Made Under a Contract or Agreement;
 - 11. Clean Air Act and Federal Water Pollution Control Act;
 - 12. Byrd Anti-Lobbying Amendment.
 - 13. The Health Plan shall maintain all applicable licenses and permits.

- C. The Compliance Program is supported by specific policies and procedures regarding standards of conduct as well as fraud, waste, and abuse. In addition, Health Plan Department's maintain policies and procedures which address contract compliance and include internal controls for prevention of fraud, waste and abuse.

- D. The Health Plan CEO designates Health Plan Compliance Officers. The Health Plan Compliance Officers are responsible to:
 - 1. Report directly to the Health Plan CEO;
 - 2. Have express authority to meet with the Health Plan's Governing Bodies (Board) at his/her discretion and ensure the Board is provided with regular updates regarding Health Plan compliance activities and is made aware of and engaged in Health Plan compliance activities.
 - 3. Have express authority to meet with the Banner Health Corporate Ethics and Compliance Officer at his/her discretion.
 - 4. Report potential fraud, waste, and abuse cases directly to government contractors.

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- a. For AHCCCS, provide reports to the AHCCCS Office of the Inspector General (OIG).
 - b. For Medicare, provide provider and member reports to MEDICS. Provide self-reports of potential fraud, waste and abuse discovered at the Health Plan level to CMS.
 5. Chair the Health Plan Compliance Committee.
 6. Assist with compliance training for all employees, members and providers.
 7. Maintain all Health Plan Compliance Program policies.
 8. Maintain a tracking system for compliance-related activities.
 9. Maintain an internal reporting procedure that is well known to all employees.
 10. Ensure a Compliance Program is created on an annual basis, submitted to the Compliance Committee for approval, disseminated to all employees.
 11. Annual training on the elements of the Compliance Program will be conducted for employees through the Banner Learning Center.
 - a. Alerts are sent to employees from the Banner Learning Center, informing them the Banner Learning Center module has been assigned to them.
 - b. Managers/Directors of employees that fail to complete the annual training by the due date are sent an email by Compliance.
 12. For AHCCCS: Attend the AHCCCS Compliance Officer Network Group Meetings.
 13. For Medicare: Ensure timely self-reporting to CMS of Medicare program non-compliance and participate in regularly scheduled meetings with the CMS Account Representative.
- E. The Compliance Program includes the designation of a Compliance Committee, which meets at least quarterly.
1. The Compliance Committee includes the following members:
 - a. Health Plan Medicaid Compliance Officer/Compliance Director
 - b. Health Plan Medicare Compliance Officer/Compliance Program Director
 - c. Population Health Services Organization (PHSO) AVP ASO Administrator
 - d. Health Plan Chief Executive Officer
 - e. Health Plan Sr. Director of Finance
 - f. PHSO Chief Operations Officer
 - g. Health Plan Chief Medical Officer
 - h. Health Plan Director of Pharmacy
 - i. Health Plan Medicare Administrative Director
 - j. Health Plan Medicaid Administrative Director
 - k. Health Plan Administrative Operations Sr. Director
 - l. Health Plan Director of Quality Improvement
 - m. PHSO IT Population Health Data Systems Sr. Director

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- n. Health Plan ALTCS Administrator
 - o. Corporate Compliance Senior Director
 - p. Complete Care Administrator
 - q. Medicare Administrator
 - r. PHSO Chief Network Performance Officer
 - s. PHSO CHSO
 - t. PHSO CVPO
 - u. Additional Health Plan Department Directors as appropriate.
2. The Health Plan Compliance Committee is responsible for:
 - a. The development, documentation and periodic review of a risk assessment and auditing plan designed to identify, assess, mitigate and monitor operational processes most susceptible to non-compliance with laws, regulations, contractual obligations and Health Plan policies.
 - b. The development, documentation and annual review of the Health Plan Compliance Program to ensure it contains all government program required elements (including but not limited to CMS and AHCCCS) and to ensure the timely dissemination to all Health Plan employees and FDRs. At a minimum, the Compliance Program must address the following elements:
 - i. Written Policies, Procedures, and Standards of Conduct;
 - ii. Compliance Officer, Compliance Committee, and High-Level Oversight;
 - iii. Effective Training and Education;
 - iv. Effective Lines of Communication;
 - v. Well Publicized Disciplinary Standards;
 - vi. Effective System for Routine Monitoring and Identification of Compliance Risks;
 - vii. Procedures and System for Prompt Response to Compliance Issues
 3. The development, documentation and periodic review of a training and education plan to provide job specific education addressing identified risk and potential non-compliant areas.
 4. The development, documentation and periodic review of corrective action plans (CAPs) and department policies to address identified risk and potential non-compliance areas, including CAPs issued by the Compliance Department as the result of a compliance audit.
 5. Compliance- related disciplinary action ensuring that it is documented and consistently applied.
- F. For AHCCCS, the Health Plan must notify AHCCCS of any CMS compliance issues related to HIPAA transaction and code set complaints or sanctions.

V. Performance and Outcome Measures:

- A. The Compliance Officers are able to perform all required components of the position.
- B. 100% of required Compliance Committee meetings are attended by a quorum of the Compliance Committee membership.
- C. The Compliance Program is updated annually to ensure it contains 100% of government program required elements.
- D. The Compliance Program is disseminated annually to 100% of Health Plan employees and FDRs.
- E. 100% of Health Plan employees attest to following the code of conduct and receive information on the compliance program elements in the Banner Learning Center Code of Conduct training and the HP Compliance Program training. FDRs attest to having read and understood the annual compliance program.

VI. References:

- A. For AHCCCS: AHCCCS Complete Care Contract; Section D; Paragraph 58 – Corporate Compliance. ALTCS Contract; Section D; Paragraph 64 – Corporate Compliance.
- B. For Medicare:
 - 1. Medicare Managed Care Manual – Chapter 21
 - 2. Prescription Drug Benefit Manual, Chapter 9
- C. 42 CFR 422.503 (b)(3)(vi)
- D. 42 CFR 423.504(b)(4)(vi)(b)

VII. Related Policies/Procedures:

- A. Health Plan Policy – CP 5018; Fraud, Waste and Abuse
- B. Health Plan Policy – GP 1101 A; Disclosure of Ownership Information and Control
- C. Health Plan Policy – CP 5033; Sanction Screening
- D. Health Plan Policy – CP 5108; Compliance Actions
- E. Health Plan Policy – CP 5023; Code of Conduct
- F. Health Plan Policy – CP 5221; Compliance Officer Responsibilities
- G. Health Plan Policy – CP 5227; Monitoring and Auditing
- H. Health Plan Policy – CP 5019; FWA FDR Awareness
- I. Health Plan Policy – CP 5020; FWA Employee Awareness
- J. Health Plan Policy – CP 5025; Training Material Preparation Documentation and Tracking
- K. Health Plan Policy – CP 5801; Employee Commitment to Member Confidentiality and Non-Disclosure
- L. Health Plan Policy – CP 5024; Conflict of Interest
- M. Health Plan Policy – CP 5228; Annual Risk Assessment

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- N. Health Plan Policy – CP 5004 Reporting Compliance Issues
- O. Health Plan Policy – CP 5006 Health Plan Privacy and Security Safeguards
- P. Health Plan Policy – CP 5015 Compliance Process for Researching Allegations of Non-Compliance
- Q. Banner Health Policy - Mandatory Compliance Training and Education #286
- R. Banner Health Policy - Compliance: ComplyLine# 182
- S. Banner Health Policy - Compliance: Federal and State Exclusion Review #194
- T. Banner Health Policy - Compliance: Prohibition Against Retaliation for Protected Activities #437
- U. Banner Health Policy – Conflict of Interest - # 732
- V. Banner Health Policy Compliance Reporting and Investigating Potential Compliance Issues # 264
- W. Banner Health Policy Records Retention and Destruction # 739
- X. Banner Health Policy Corrective Action Policy # 418
- Y. Banner Health Policy Compliance Program Obligations #262
- Z. Banner Health Policy HIPAA Sanctions # 2284

VIII. Keywords and Keyword Phrases:

- A. Compliance Program
- B. Code of Conduct
- C. Compliance Committee
- D. Compliance Officers.