

Title: CP 5001 Compliance Program		
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Approved by: PolicyTech Administrators , Meloney Broadway		
Discrete Operating Unit/Facility: Banner Health Insurance Division		BUHP/BMA Compliance

I. Purpose and Population:

- A. This policy applies to all Banner Medicaid and Medicare lines of business.
- B. Banner Medicaid and Medicare Plans are committed to the ethical and legal conduct of Banner Medicaid and Medicare Plans’ business operations. A key component of this culture of compliance is Banner Insurance Division’s Compliance Program and Fraud, Waste, and Abuse Plan (CP). Banner Insurance Division develops, implements, maintains, and updates an effective CP that meets all government program requirements. All employees, temporary employees, interns, volunteers, Banner Medicaid and Medicare Plans’ Governing Bodies, and Banner Medicaid and Medicare Plans’ First Tier, Downstream and Related Entities (FDRs) are required to make a commitment to adhere to Banner Insurance Division’s (BID) CP.

II. Definitions:

- A. Please refer to the link below for full definitions:
<https://bannerhealth.sharepoint.com/:x:/r/teams/PHSOToolKitforLeadersandStaff/Shared%20Documents/General/INS%20DIV%20POLICY%20PROCEDURE%20%20TOOLKIT/Policy%20and%20Procedure%20Definitions/Policy%20Definition.xlsx?d=wd487a861f67043ccba4edec928c1d02a&csf=1&web=1&e=2VkJoe>

III. Policy:

- A. Banner Medicaid and Medicare Plans have 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. Banner Medicaid and Medicare Plans apply principles outlined in these guidelines to all relevant decisions, situations, communications, and developments.

- B. The Compliance Program and Fraud, Waste, and Abuse (FWA) Plan 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
 - 8. FWA Plan

IV. Procedure/Interventions:

- A. Banner Insurance Division Compliance Program ensures the effective implementation and oversight of ethics and compliance activities for Banner Medicaid and Medicare Plans and is part of the Banner Health Corporate Ethics and Compliance Program.
- B. Banner Medicaid and Medicare Plans comply with all applicable Federal and State laws, rules and regulations including but not limited to 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. Banner Medicaid and Medicare Plans will maintain all applicable licenses and permits.
- C. Standards of Conduct, Policies, and Procedures.
 - 1. Code of Conduct: All Covered Persons are subject to BH's Code of Conduct and to BID's CP, as well as any other system-wide and Banner Medicaid and Medicare Plans' compliance policies and procedures. All employees and Business Partners must comply with these policies and procedures and ensure that any Banner Medicaid and Medicare Plans' policies and procedures are consistent with BH's compliance policies and procedures. Those who violate the Code of Conduct are subject to corrective action up to and including termination of employment or contract.
 - 2. Banner Medicaid and Medicare Plans' Compliance Policies: Banner Medicaid and Medicare Plans develop, communicate, and regularly update compliance policies and procedures, as necessary. The policies and procedures must be comprehensive, addressing a wide range of compliance-related topics, effective lines of communication, monitoring regulations and laws, annual risk assessment, audit and monitoring, corrective actions, and compliance attestation, and compliance-related human resources policies. Banner Medicaid and Medicare Plans' compliance policies are available at all times to employees and reviewed annually.

3. Banner Medicaid and Medicare Plans' Fraud, Waste and Abuse Policies: Banner Medicaid and Medicare Plans and all contracted entities are required to have policies and procedures in place that specify the duties that employees must perform in their day-to-day work in order to ensure that applicable regulations and laws are followed and to avoid fraud, waste, and abuse.
 4. Banner Medicaid and Medicare Health Plans' Operational Department Policies: Operational departments maintain policies and procedures which address contractual and regulatory compliance and include internal controls for prevention of fraud, waste, and abuse. Banner Medicaid and Medicare Plan's operational policies are available at all times to employees.
- D. Compliance Oversight and Structure.
1. Banner Medicaid and Medicare Plans' Boards delegated to oversee the Medicaid and Medicare lines of business are ultimately responsible for the Compliance Program, including ensuring adherence to all compliance policies and procedures. The Boards' oversight includes the following: 1) review and approve the Compliance Program; 2) review and recommend Compliance Program monitoring and auditing activities; and 3) assist with development strategies to promote compliance.
 2. Compliance Committee: The Compliance Officers establish Compliance Committees which meet at least quarterly. The Compliance Committees are comprised of high-level individuals with varying responsibilities within Banner Medicaid and Medicare Plans , such as operations, finance and contracting. The Compliance Committees are responsible for coordinating compliance efforts and advising the Compliance Officers. The Compliance Committees are responsible for:
 - a. The development, documentation and periodic review of an annual risk assessment, audit plan, compliance plan and internal monitoring plan designed to identify, assess, mitigate, and monitor operational processes most susceptible to non-compliance with laws, regulations, contractual obligations, and policies.
The development, documentation, and annual review of the CP to ensure it contains all required elements (including but not limited to CMS and AHCCCS) and to ensure the timely dissemination to all employees and FDRs.
 - b. The development, documentation, and periodic review of a training and education plan.
 - c. The development, documentation, and periodic review of corrective action plans,(CAPs) and department policies to address identified risk and potential noncompliance areas, including CAPs issued by BH's Ethics & Compliance.
Department as the result of a compliance audit.
 - d. Participate, when necessary, with compliance-related disciplinary actions ensuring consistent application and documentation.
 3. Compliance Officers: Banner Medicaid and Medicare Plans' Compliance Officers consults with the Chief Executive Officer (CEO), BH's Compliance Senior Director assigned to the Insurance Division and the BH CCO/VP of

Ethics & Compliance on an ongoing basis. In addition, the Compliance Officers regularly consult with and advise the applicable Compliance Committees and the applicable Board of Directors on the status, effectiveness, and any necessary modifications to the BID CP. The Compliance Officers have direct access to the applicable Board of Directors.

The Compliance Officers have unimpeded access to all documents relevant to the monitoring and auditing of the CP and assume the managerial and administrative tasks involved in developing, implementing, and maintaining the CP. All Covered Persons must fully cooperate with and assist the Compliance Officer as required in the exercise of his or her duties.

The Compliance Officers' duties include:

- a. Establishing and supervising programs designed to detect misconduct;
- b. Supervising the development, implementation, and annual maintenance of the CP which is submitted to the applicable Compliance Committees and Board of Directors for approval and disseminated to all employees;
- c. Establishing and supervising training and education about Banner Medicaid and Medicare Plans' compliance standards;
- d. Supervising and evaluating compliance-related monitoring and auditing activities and reviewing the monitoring plan of the operational areas;
- e. Implementing reporting mechanisms and investigating suspected misconduct;
- f. Chairing applicable Compliance Committees;
- g. Reporting the activities of the CP to the applicable Compliance Committees, Board of Directors, BH's Compliance Senior Director and the BH CCO/VP of Ethics & Compliance; and
- h. Carrying out or facilitating necessary corrective actions.

E. Effective Education and Training.

1. Education and Training Programs: Banner Health and Banner Medicaid and Medicare Plans develop and implement compliance-related training programs and materials, including general compliance training, fraud, waste and abuse training, code of conduct training, HIPAA privacy and security training, and raising compliance issues training. As needed, specialized training programs are developed for employees, providers, and Business Partners.
2. Training Methods: Training for may be delivered through MyHR/Workday, live or pre-recorded sessions or computer-based modules.

F. Effective Lines of Communication.

1. The Compliance Department regularly communicates the importance of complying with regulatory requirements and reinforcing Banner Medicaid and Medicare Plans' expectations of ethical and lawful behavior. Information communicated includes the Compliance Officers' names, office locations and contact information, laws, regulations, guidance, the Code of Conduct, and policies/procedures for Employees and when applicable, Business Partners.
2. Concerns can be reported to an Employee's supervisor, CEO or to a Compliance Officer via phone call, email, in-person report, mail, or fax.

3. Concerns can also be reported via the BH ComplyLine:
 - a. BH systemwide anonymous ComplyLine to ask compliance questions or report compliance concerns (1-888-747-7989 or online at
 - b. <https://bannerhealthcomplyline.ethicspoint.com>
 - c. Compliance Department ensures that the existence and availability of the ComplyLine is publicized.
 - d. Calls to the ComplyLine will not be traced and will be treated confidentially.
 - e. Staff and business partners may remain anonymous if they choose and to the extent allowed by law.
 - f. No caller will be subject to retaliation for bringing forth a good faith concern. Anyone who attempts to retaliate against an employee who has in good faith made a call to the ComplyLine will be subject to corrective action.
- G. Well Publicized Disciplinary Standards.
 1. The BID CP and BH Code of Conduct, articulates:
 2. expectations for reporting compliance issues and how Employees and Business Partners will be assisted in issue resolution;
 3. the requirement that Employees and Business Partners identify noncompliance and unethical behavior; and
 4. stipulates BH and BID's policy on non-retaliation for reporting suspected noncompliance. Employees and Business Partners are required to comply with the BID CP and the BH Code of Conduct or a comparable one, and to report any situation where Employees or Business Partners believes illegal, unethical, or noncompliant conduct may have occurred.
 5. Enforcement: The Compliance Officer or designee is responsible for investigating and remediating any identified systemic problems. In consultation with BH Human Resources (HR), the Compliance Officer enforces appropriate corrective action against employees and Business Partners who have violated internal compliance policies, applicable laws, regulations, or health care program requirements. Employees are subject to discipline via HR policy. Business Partners would be subject to corrective action including, but not limited to financial penalties, sanctions and termination as outlined in their contract.
 6. Sanction Screenings: Banner Medicaid and Medicare Plans utilize BH's system-wide OIG/LEIE (List of Excluded Individuals and Entities), and the System for Award Management (SAM) screening procedure to ensure the non-employment or retention of any sanctioned/excluded individual or organization. BH also screens individuals against the CMS Preclusion List. In addition, the Banner Medicaid and Medicare Plans submit additional monthly lists for non-employees. BID requires Business Partners to screen all employees and downstream entities monthly.
- H. Effective System for Routine Monitoring and Identification of Compliance Risks.
 1. Auditing Activities: Banner Medicaid and Medicare Plans conduct an annual risk assessment and based upon the results, develop a compliance audit plan, internal monitoring plan and a compliance plan for the upcoming year. All compliance-related audits, performed by the Compliance Audit Team, are under the direction of the BH Compliance Audit Director. Audits may also be conducted at the direction of the BH Compliance Audit Director, or designee, for purposes of investigating incidents or systemic

- errors or reports of suspected non-compliance. The AHCCCS required provider audits are performed by the HP Compliance Auditor under the Medicaid Compliance Officer.
2. Monitoring Activities: All BH departments that support Banner Medicaid and Medicare Plans are responsible for continuously monitoring activities to ensure compliance with all applicable laws and regulations as well as BH and Banner Medicaid and Medicare Plans' policies and procedures. Formal monitoring activities are developed, under the direction and supervision of the operational area and provided to the Compliance Committees quarterly. When issues and concerns are identified, they must be reported to the applicable Compliance Officer. In addition, the Compliance Officers will maintain a compliance plan to document the activities they are responsible for related to closing gaps and mitigating risks.
- I. Procedures and System for Prompt Response to Compliance Issues.
 1. Response: The Compliance Officer or designee is responsible for developing and supervising a system to respond to any allegations of improper or illegal activities involving the Banner Medicaid and Medicare Plans' violation of the BID CP, unethical conduct, or incidents of potential fraud, waste, and abuse. When applicable a corrective action plan will be issued.
 2. When appropriate, CMS, AHCCCS, OIG, the I- MEDIC, or law enforcement of probable violations of law, fraud, waste and abuse cases, compliance concerns and aberrant findings.
 - J. Fraud, Waste and Abuse (FWA) Plan
 1. P & P: FWA Policies and Procedures that reference state and federal regulations that are clear, concise, and well-defined and reviewed/updated at least annually.
 2. Awareness: Employees and Business Partners are communicated the importance of preventing, detecting, investigating, reporting, and correcting FWA through BID CP and training.
 3. Screening: Ensure employees and Business Partners are fit for employment/contracting the health care industry.
 4. FWA Detection: Detection methods include annual risk assessment, monitoring and auditing, publicizing communication channels to employees and Business Partners, Providers and members and regularly communicating to employees and Business Partners.
 5. FWA Research/Correction: Review in a timely and reasonable manner any potential misconduct, including but not limited to, activities associated with treatment, payment, operations, delivery of services, or prescription drug items as outlined in their various contracts. This includes any misconduct by Employees or Business Partners. Should FWA be suspected, the Compliance Department is responsible for coordinating the review.
 6. FWA Reporting and Tracking: BID requires any Employees or Business Partner who suspects inappropriate FWA behavior to report the suspicion to the Compliance Department. Instances of suspected FWA shall be reported to AHCCCS and may be reported to Medicare.

V. Procedural Documentation:

- A. The Compliance Officers are able to perform all required components of the position.
- B. The Compliance Program and FWA Plan is updated annually to ensure it contains 100% of government program required elements.
- C. The Compliance Program and FWA Plan is disseminated annually to 100% of Banner Insurance Division employees and FDRs.
- D. 100% of Banner Insurance Division employees attest to following the code of conduct and receive information on the compliance program elements in the MyHR Workday Learning Code of Conduct training (Contained in the Corporate Compliance Training Module) and the Insurance Division Compliance Program and FWA Plan 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 and Medicare Prescription Drug Benefit Manual Chapter 9; Section 50.2.1
 - 2. Medicare Advantage Coordinated Care Plan(s) contract; Article III, Element
 - 3. F - Compliance Plan.
 - 4. Medicare Prescription Drug Plan contract; Article II, Element K - Effective Compliance Program
- C. 42 CFR 422.503 (b)(4)(vi)
- D. 42 CFR 423.504(b)(4)(vi)

VII. Related Policies/Procedures:

- A. Insurance Division Policy – CP 5018; Fraud, Waste and Abuse
- B. Insurance Division Policy – GP 3101 A; Disclosure of Ownership Information and Control
- C. Insurance Division Policy – CP 5033; Sanction Screening
- D. Insurance Division Policy – CP 5108; Compliance Actions
- E. Insurance Division Policy – CP 5023; Code of Conduct
- F. Insurance Division Policy – CP 5221; Compliance Officer Responsibilities
- G. Insurance Division Policy – CP 5227; Monitoring and Auditing
- H. Insurance Division Policy – ND 5019; FWA FDR Awareness
- I. Insurance Division Policy – CP 5020; FWA Employee Awareness
- J. Insurance Division Policy – CP 5025; Training Material Preparation Documentation and Tracking
- K. Insurance Division Policy – CP 5801; Employee Commitment to Member Confidentiality and Non-Disclosure
- L. Insurance Division Policy – CP 5024; Conflict of Interest
- M. Insurance Division Policy – CP 5228; Annual Risk Assessment
- N. Insurance Division Policy – CP 5004 Reporting Compliance Issues
- O. Insurance Division Policy – CP 5006 Health Plan Privacy and Security Safeguards
- P. Insurance Division 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 HIPAA Sanctions # 2284

VIII. Keywords and Keyword Phrases:

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