

Title: CP 5108 Compliance Actions		
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Approved by: PolicyTech Administrators , Meloney Broadway		
Discrete Operating Unit/Facility: Banner Health Insurance Division		BUHP Compliance

I. Purpose and Population:

- A. This policy applies to all Banner Medicaid and Medicare lines of business.
- B. To provide a mechanism that returns Banner Medicaid and Medicare Plans to compliance in the event that Banner Medicaid and Medicare Plans employees, or departments conduct business that does not comply with AHCCCS or CMS, or other applicable requirements or regulations.

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=2VkLoe>

III. Policy:

- A. Banner Medicaid and Medicare Plans will ensure that all Banner Medicaid and Medicare Plans Employees and Departments comply with AHCCCS, CMS and Banner Medicaid and Medicare Plans rules, or other applicable regulations and requirements. Failure to comply with such requirements shall be identified as non-compliant and may result in the issuance of a corrective action to Banner Medicaid and Medicare Plans Employee or Department. Banner Medicaid and Medicare Plans Employee or Department must address the non-compliant activity and return the Banner Medicaid and Medicare Plans to compliance. This policy also includes external corrective action management when corrective action requests are received from CMS, AHCCCS or other regulatory or external entities.

- B. Corrective actions must be designed to correct the underlying problem, prevent future instances or continued noncompliance, and will include a root cause analysis and timeframes for specific achievements.
- C. Exceptions to the policy include any corrective action plans (CAPs) not issued by Compliance.

IV. Procedure/Interventions:

- A. Banner Medicaid and Medicare Plans may identify employees or departments who conduct Banner Medicaid and Medicare Plans business in a manner that is not compliant with AHCCCS, CMS, or other applicable regulations or requirements. Failure to meet AHCCCS and/or CMS or other rules, regulations or requirements will be identified as a non-compliant event (Event).
 - 1. An Event may be identified during normal business operations, and/or during a review, audit, discussion, monitoring or self-reported to Compliance.
 - 2. When an Event occurs, Banner Medicaid and Medicare Health Plan's Compliance Department will assess the Event to determine whether a corrective action will be issued to Banner Medicaid and Medicare Plans Employee or Department.
 - 3. A corrective action will be issued when the Event:
 - a. Is likely to result in a sanction by AHCCCS and/or CMS; or
 - b. Will likely result in receiving a corrective action plan from AHCCCS and/or CMS; or
 - c. A Compliance Department audit resulted in a score of 94% or lower.; or
 - d. A notice of non-compliance, sanction, corrective action plan or other type of action is issued to Banner Medicaid and Medicare Plans.
- B. Banner Medicaid and Medicare Plan's Compliance Department will issue a corrective action plan (CAP), as outlined in section A above within 10 business days of identification of the Event as described in section A - 3.
- C. AHCCCS, CMS or other regulatory agencies may also issue to Banner Medicaid and Medicare Plans a Sanction, CAP, Warning Notice (WN) or Notice of Non-Compliance (NONC). Any Banner Medicaid and Medicare Plans Department receiving notification of all compliance actions from an external party must notify Banner Medicaid and Medicare Plans Compliance Department.
 - 1. Banner Medicaid and Medicare Plans Employee or Department will create a formal CAP to address the Event. The CAP must be returned within 15 business days of issuance and contain all required elements including:
 - a. CAP Title
 - b. Description of the issue
 - c. How was the issue identified?
 - d. Root Cause
 - e. Impacted Business Area(s)/Location(s)
 - f. Responsible Business Area CAP Owner(s) Name & Title
 - g. Compliance Contact(s) Name & Title
 - h. Service Request Number and/or CounselLink Number
 - i. Target Start Date(s)
 - j. Target Completion Date(s)
 - k. Compliance Action Steps taken or will be taken to correct and prevent reoccurrence of the event.
 - 2. The CAP may include, but not be limited to the following interventions:
 - a. To modify existing processes and/or programs and implement new processes and/or programs.

- b. To request IT system changes and if not possible, develop alternatives to correct.
 - c. To provide specialized and documented training for Banner Medicaid and Medicare Plans Employees or Departments.
 - d. To provide standardized and documented training to employees or departments via methods as appropriate to each situation.
 - e. To revise existing policies and procedures or create new policies and procedures.
 - f. To review existing desktops or create new desktops.
 - g. To implement internal monitoring/auditing.
 - h. Outreach (member/providers)
3. The CAP must include a timeline (Targeted Due Dates and Actual Completion Dates).
 4. Banner Medicaid and Medicare Plans' Compliance Department will review and approve/disapprove the CAP prior to implementation to ensure the CAP addresses the non-compliance.
 5. Banner Medicaid and Medicare Plans' Compliance Department will monitor the CAP implementation progress to ensure the CAP will be fully implemented within the timeline outlined.
 6. Banner Medicaid and Medicare Plans Employee or Department will be required to provide evidence to Banner Medicaid and Medicare Plans' Compliance Department that demonstrates implementation for the action step(s).
 - a. During the course of implementing the CAP, there may be unforeseen circumstances that cause a delay in meeting the CAP timeline. If the CAP cannot be completed within the agreed upon timeframe, Banner Medicaid and Medicare Plans Employee or Department shall request an extension and update the CAP to include a revised timeline and provide an explanation for the delay. Banner Medicaid and Medicare Plans Compliance Department must approve any CAP extensions.
 7. Banner Medicaid and Medicare Plans Employee or Department will notify Banner Medicaid and Medicare Plans' Compliance Department when the CAP is fully implemented and considered closed. This includes notifying Banner Medicaid and Medicare Plans' Compliance Department that a CAP issued by an external party is closed by that party. The internal CAPs will be re-assessed by Banner Medicaid and Medicare Health Plan's Compliance Department for return to compliance.
 8. Banner Medicaid and Medicare Plans' Compliance Department will close the CAP and collect and retain supporting documentation provided as evidence of implementation.
- D. Banner Medicaid and Medicare Plans' Compliance Department will monitor the status of the assigned CAPs until completion. The monitoring process may include, but not be limited to the following steps:
1. The Compliance Department will review the CAP Tracking Log to verify the status of all CAPs and follow-up as needed.
 2. The Compliance Department will meet with each department, as needed, to discuss the status of each CAP assigned to that department.
- E. Should Banner Medicaid and Medicare Plans Employee or Department continue to demonstrate non-compliance, additional action may be taken, including but not limited to:
1. Banner Medicaid and Medicare Plans employees may receive formal disciplinary action including, but not limited to verbal and written warnings or termination of employment with Banner Health in accordance with Banner Health Policy: Corrective Action Policy.
 2. Banner Medicaid and Medicare Plans Departments may be subject to focused and ongoing audits by the Compliance Audit Department and interventions may be implemented as determined by Banner Medicaid and Medicare Plans Leadership.

3. Banner University Health Plans' Compliance Department will prepare monthly and quarterly reports on the overall status of all CAPs via Banner University Health Plans (BUHP) Gauge Reporting. The Gauge Reports will be reviewed at the Quarterly Compliance Committee. In addition, the Compliance Audit Department will prepare a quarterly report on the overall status of all CAPs and will presented at the applicable quarterly Compliance Committees and Boards. Lastly, CAP updates are provided via the Monthly Operating Review Reporting.

V. Procedural Documentation:

- A. All active CAPs will be tracked for timely completion.
- B. Banner Medicaid and Medicare Plans' Compliance Department will collect and retain supporting documents provided which demonstrate a return to compliance.
- C. Banner Medicaid and Medicare Plans' Compliance Department will prepare a monthly and quarterly report on the overall status of all CAPs via the BUHP Gauge Reporting. The Gauge reports will be reviewed at the Quarterly Compliance Committee and on a quarterly basis by the Executive Team.
- D. Banner Medicaid and Medicare Plans' Compliance Audit Department will report CAP updates via the Monthly Operating Review Reporting.
- E. All CAPs will be presented at quarterly Compliance Committees and Boards.

VI. References:

- A. AHCCCS Complete Care Contract, Section D, Paragraph 36 and 58
- B. AHCCCS EPD Contract, Section D, Paragraph 33 and 64
- C. Medicare Advantage Coordinated Care Plan(s) contract; Article III, Element F – Compliance Plan
- D. Medicare Prescription Drug Plan contract; Article II, Element K - Effective Compliance Program
- E. Medicare Managed Care Manual, Chapter 21 and Prescription Drug Benefit Manual Chapter 9, Section 50.7.2 – Corrective Actions
- F. Banner Health Insurance Division Compliance Program and FWA Plan
- G. Banner Medicaid and Medicare Plan's Corrective Action Plan document

VII. Related Policies/Procedures:

- A. Banner Health Policy 262: Compliance: Program Obligations.
- B. Banner Health Policy 418: Corrective Action Policy.
 - C. Insurance Division Policy: CP 5001 Compliance Program
 - D. Insurance Division Policy: CP 5227 Monitoring and Auditing
- E. Insurance Division Policy: ND 5022 AHCCCS Notice of Non-Compliance for Vendors
- F. Insurance Division Policy: ND 5023 BUHP and BMA - Vendor Oversight Program
- G. Insurance Division Policy: ND 5024 Key Performance Indicator (KPI) Monitoring

VIII. Keywords and Keyword Phrases:

- A. Corrective Actions
- B. Compliance Action
- C. Sanction
- D. Non-Compliance