

## Banner Health: To Infinity and Beyond!

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**&**

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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”



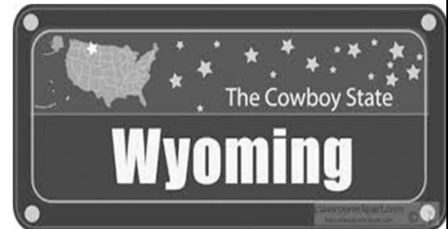
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## Banner "Today"



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## Banner Locations



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## Banner Provider versus Payor Comparison

- Provider 'Side'



- Payor 'Side'



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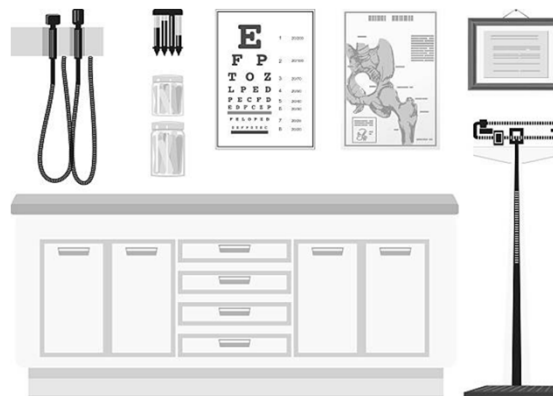
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## Provider 'Side' – Types of Services

### 29 Hospitals



### 300 Provider Practices



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## Provider 'Side' - Types of Services

### 44 Urgent Care Clinics



### 8 Ambulatory Surgery Centers



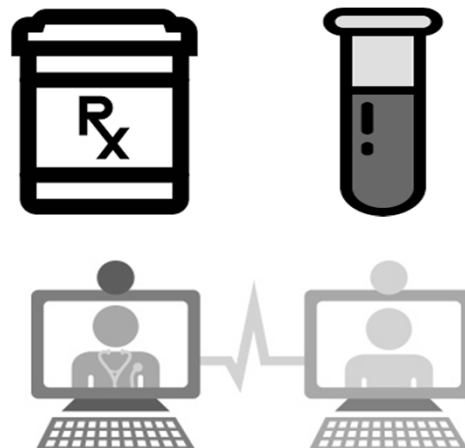
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## Provider 'Side' - Types of Services

### Post Acute Care



### Ancillary Services



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## Provider 'Side' - Categorized Services – Obligations and Risk Areas

	- 1 -	- 2 -	- 3 -	- 4 -
<b>Obligations</b>	<b>Provide for Timely and Appropriate Clinical Services</b>	<b>Provide Accurate and Timely Administrative Services</b>	<b>Conduct Oversight Activities</b> <i>(to assure 1 &amp; 2 are done correctly)</i>	<b>[Manage Adequate Resources]</b> <i>(to perform first 3 elements)</i>
<b>Risk Areas</b>	<ul style="list-style-type: none"> <li>• Clinical Services</li> <li>• Provider Directory</li> <li>• Quality Measures</li> </ul>	<ul style="list-style-type: none"> <li>• Vendor Contracts</li> <li>• Coding/Billing</li> <li>• Documentation</li> <li>• Medical Director</li> <li>• Peer Review</li> </ul>	<ul style="list-style-type: none"> <li>• Compliance</li> <li>• FWA</li> <li>• External Audit</li> <li>• Privacy/Security</li> <li>• FDR Oversight</li> <li>• Audit Readiness</li> </ul>	<ul style="list-style-type: none"> <li>• Finance/Revenue</li> <li>• Human Resources</li> <li>• Information Technology</li> </ul>



## Payer 'Side'



**Banner**  
University Health Plans  
Banner - University Family Care



**Banner**  
Health Network



**Banner**  
Plan Administration



**Banner**  
Network Colorado



## Payor 'Side' – Categorized Services – Obligations and Risk Areas

	- 1 -	- 2 -	- 3 -	- 4 -
Contractual Obligations	<b>Arrange for Timely and Appropriate Clinical Services</b>	<b>Provide Accurate and Timely Administrative Services</b>	<b>Conduct Oversight Activities</b> <i>(to assure 1 &amp; 2 are done correctly)</i>	<b>[Manage Adequate Resources]</b> <i>(to perform first 3 elements)</i>
Risk Areas	<ul style="list-style-type: none"> <li>• Provider Network</li> <li>• Provider Directory</li> <li>• Provider Contracts</li> <li>• Non-Contracted Providers</li> <li>• Quality Measures</li> </ul>	<ul style="list-style-type: none"> <li>• Payer Contracts</li> <li>• Vendor Contracts</li> <li>• Coding/Billing</li> <li>• Claims/Encounters</li> <li>• Medical Management</li> <li>• Credentialing</li> <li>• Grievances and Appeals</li> </ul>	<ul style="list-style-type: none"> <li>• Compliance</li> <li>• FWA</li> <li>• Audit</li> <li>• Accreditation</li> <li>• Privacy/Security</li> <li>• FDR Oversight</li> <li>• Audit Readiness</li> </ul>	<ul style="list-style-type: none"> <li>• Finance/Revenue</li> <li>• Human Resources</li> <li>• Information Technology</li> </ul>
Risks	<ul style="list-style-type: none"> <li>• Risk</li> <li>• Risk</li> </ul>	<ul style="list-style-type: none"> <li>• Risk</li> <li>• Risk</li> </ul>	<ul style="list-style-type: none"> <li>• Risk</li> <li>• Risk</li> </ul>	<ul style="list-style-type: none"> <li>• Risk</li> <li>• Risk</li> </ul>



## 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 plans
    - Audits
    - CAPs
  - 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

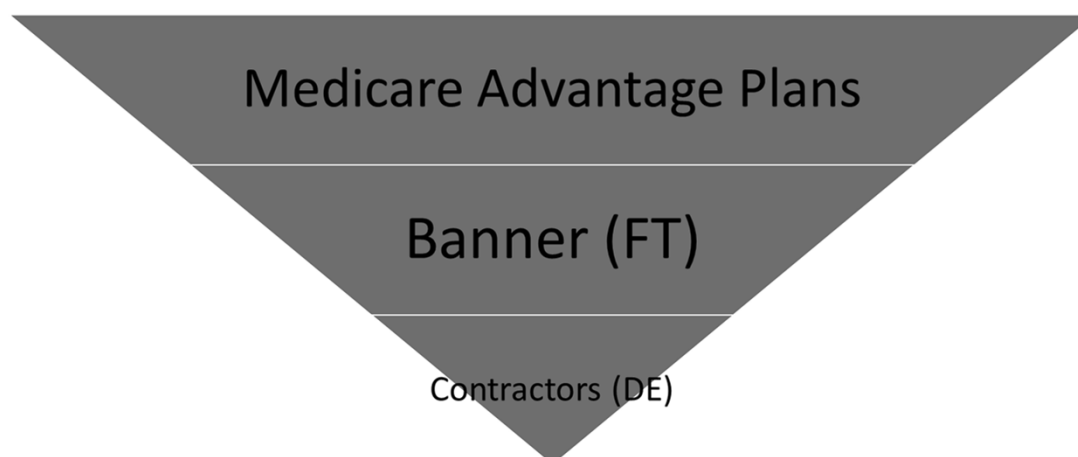
- ✓OIG Guidance
    - ✓Corrective Action Plan
    - ✓Identified Area of Concern
    - ✓Risk assessment results



- Monitoring Activities are service line specific
- Exclusion screening
- HIPAA liaison



## Auditing and Monitoring - FDRs



## 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 (its what we want from the MAOs)
  - Work with them to get completed document or other activities



## 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



## Downstream Entity Checklist – the easy part

- First assess using the clear CMS data:
  - All healthcare services
  - Sales/Marketing
  - Utilization Management
  - Quality Improvement
  - Applications processing
  - Enrollment/disenrollment/membership
  - Claims processing/administration/coverage adjudication
  - Appeals/Grievances
  - 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
    - Services seen as high risk by OIG
    - 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





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You've Got a Friend  
in Me!

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Thank You!

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