

<b>Title: Compliance: Program Obligations</b>	
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<b>Approved by:</b> Administrative Policy Committee, BH System Operations Team, Chief Legal Officer/General Counsel, Ethics & Compliance Committee, PolicyTech Administrators 04/25/2019	
<b>Discrete Operating Unit/Facility:</b> Banner Baywood Medical Center Banner Behavioral Health Banner Boswell Medical Center Banner Casa Grande Medical Center Banner Churchill Community Hospital Banner Del E Webb Medical Center Banner Desert Medical Center Banner Estrella Medical Center Banner Fort Collins Medical Center Banner Gateway Medical Center Banner Goldfield Medical Center Banner Heart Hospital Banner Ironwood Medical Center Banner Lassen Medical Center Banner Payson Medical Center Banner Thunderbird Medical Center Banner—University Medical Center Phoenix Banner—University Medical Center South Banner—University Medical Center Tucson Community Hospital East Morgan County Hospital McKee Medical Center North Colorado Medical Center Ogallala Community Hospital Page Hospital Platte County Memorial Hospital Sterling Regional MedCenter Washakie Medical Center	Banner Corporate Banner Health Clinics Banner MD Anderson Cancer Center Banner Health Network Banner Home Care and Hospice Banner Imaging Services Banner Plan Administration Banner Pharmacy Services Banner Surgery Centers Banner Urgent Care Centers Occupational Health/Employee Services Post-Acute Care Services Research Rural Health Clinics University Physicians Health Plans

## I. Purpose/Population:

- A. **Purpose:** To establish and explain the Compliance Program obligations of Banner Health's (Banner) directors and officers, employees, medical staff members, and of individuals and organizations not employed by Banner who perform billing or coding functions for Banner or who provide direct patient care items or services on behalf of Banner and for whom Banner bills (excluding vendors or suppliers whose sole relationship with Banner is the sale or lease of medical supplies and equipment to Banner).
- B. **Population:** All Employees.

## II. Definitions:

- A. **Covered Persons:** For purposes of this policy "Covered Persons" shall include all Banner employees; and all individuals not employed by Banner who, either directly or indirectly, perform billing and coding functions for Banner or who provide direct patient care items or services on behalf of Banner and for whom Banner bills (excluding vendors or suppliers whose sole relationship with Banner is the sale or lease of medical supplies and equipment to Banner.)

## III. Policy:

- A. **Compliance Program Requirements for Banner "Covered Persons."**
- B. For purposes of this policy Covered Persons shall not include medical staff members whose only relationship with Banner is membership on a Banner medical staff. Obligations of such medical staff members are explained in Section C of this policy.
  - 1. **Read, Acknowledge and Follow Banner's Code of Conduct.** Every Banner Covered Person is expected to read, understand and follow Banner's Code of Conduct. New Banner Covered Person's will receive a copy of the Code of Conduct upon employment or affiliation with Banner Health, and are required to acknowledge their receipt of the Code by electronically or physically signing a Code of Conduct Acknowledgement Card which will be retained by the Banner facility with which the Covered Person is affiliated (e.g., in the employee file for all Banner employees.) The Code of Conduct must also be electronically or physically acknowledged annually by taking an online lesson titled "Banner Health: Code of Conduct" on the Banner Learning Center.
    - a. **Compliance Training.** Every Covered Person is required to complete assigned compliance training by the due date assigned.
    - b. **Orientation Training.** Newly employed Covered Persons will be assigned compliance orientation training with a due date that is 60 days from the start of employment date.
    - c. **Annual Training.** All employed Covered Persons will be assigned compliance training annually which must be completed by the Covered Person's annual performance assessment date or employment anniversary date.
  - 2. **Conduct Business in a Compliant Manner.** Every Covered Person is expected to conduct himself or herself in a manner that is consistent with Banner's Code of Conduct and compliance policies, and with legal and regulatory requirements that impact the employee's job.
  - 3. **Report OIG/GSA Sanction Status.** New Covered Persons must certify that they have not been excluded from participation in Federal health care or procurement programs by either the Office of Inspector General of the United States Department of Health and Human Services or the United States General Services Administration. All Covered Persons must immediately report to Banner any change in the employee's exclusion status.
  - 4. **Report Suspected Compliance Failures.** A Covered Person who suspects that activities occurring at Banner might violate Banner's Code of Conduct or a legal or

regulatory requirement, must report the suspected non-compliance to someone with authority to investigate and correct any discovered impropriety. This obligation to report suspected non-compliance can be met by reporting the problem to a manager, a Banner compliance officer or by calling Banner's ComplyLine.

5. **Alternative Methods for Compliance by Non-Employed Individuals and Organizations.** Individuals and organizations not employed by Banner may meet all or a portion of their compliance obligations outlined in Section III.B of this policy by contacting a Banner Compliance Officer and either (1) completing the processes outlined in this Section III.C in a Banner facility, or (2) obtaining certification from Banner's Vice President of Ethics and Compliance that the non-employed organization's own compliance program meets some or all of the requirements outlined above.

**C. Compliance Program Requirements for Banner Medical Staff.**

1. **Read, Acknowledge and Follow Banner's Code of Conduct.** Every member of a medical staff at any Banner facility must certify upon application for appointment or reappointment that they have received, read, understand and will comply with Banner's Code of Conduct. This certification shall be part of the application at every Banner facility.
2. **Report Changes in OIG/GSA Sanction Status.** Every member of a medical staff at any Banner facility must certify upon application for appointment or reappointment that they have not been excluded from participation in any Federal health care or procurement program by either the Office of Inspector General for the Department of Health and Human Services, or by the United States General Service Administration. Medical staff members must immediately notify a facility compliance officer or the Banner Compliance Department of any change in sanction status.
3. **Compliance Training.** All medical staff members are encouraged to participate in Banner compliance training opportunities.

**D. Manager's and Medical Director's Compliance Responsibilities.** In addition to the responsibilities outlined above for Banner employees, Banner's Managers and Medical Directors shall:

1. **Provide Compliance Leadership.** Every manager should provide compliance leadership by incorporating compliance in the normal operations of the department (e.g., by discussing compliance issues and developments at staff meetings, by incorporating compliance monitoring into department activities.)
2. **Report Significant Compliance Failures to a Banner Compliance Officer.** Managers must report any significant compliance failure that occurs in their area of responsibility to a Banner Compliance Officer or to an attorney in Banner's Legal Department. Compliance failures are significant for purposes of this policy if they appear to involve a violation of the Code of Conduct or any legal or regulatory requirement and any of the following is true:
  - a. The failure may have significant impact on Banner or on others who may be impacted by the failure;
  - b. The failure appears to be part of a pattern of failures;
  - c. The failure appears to have been fraudulent;
  - d. The failure cannot be fully addressed, halted or corrected by the manager; or
  - e. For any other reason, the manager believes that more senior members of Banner's management should be involved in investigating or correcting the failure.
3. **Enforcing Compliance Training Requirements.** Banner managers must enforce compliance training requirements by assuring that every Banner employee completes required training by assigned due dates. Training completion will be enforced in the following manner:

- a. **Performance Reviews.** When an employee fails to complete compliance training in a timely manner, their annual evaluation will be held until mandatory training is completed.
- b. **Discipline.** Employees who fail to complete training will be placed in Banner's formal disciplinary process.

E. **Sanctions.** A Banner employee who fails to comply with any applicable requirement of this policy may be subject to discipline in accordance with Banner's formal discipline process. Any Medical Staff Member or non-employed individual or organization who fails to meet the requirements of this policy may be subject to sanctions, up to and including termination of their relationship with Banner Health.

**IV. Procedure/Interventions:**

A. N/A

**V. Procedural Documentation:**

A. N/A

**VI. Additional Information:**

A. N/A

**VII. References:**

- A. [Banner Employee Handbook](#)
- B. Banner Management Guidelines

**VIII. Other Related Policies/Procedures:**

- A. Banner Health Code of Conduct ([Code of Conduct](#))
- B. Compliance: Prohibition Against Retaliation for Reporting Suspected Non-Compliance (#2749)

**IX. Keywords and Keyword Phrases:**

- A. Compliance
- B. Discipline

**X. Appendix:**

A. N/A