

MEDICARE 101

PART C COMPLIANCE

QUALITY REVIEW

Patricia Hokenson, RN, MSN
CMS Nurse Consultant

MEDICARE 101

PART C COMPLIANCE

Tools Utilized to Prepare for the CMS Audit

- Medicare Managed Care Manual

www.cms.hhs.gov

Medicare

Health Plans General Information

Medicare Managed Care Manual

MEDICARE 101

PART C COMPLIANCE

Tools Utilized to Prepare for the CMS Audit

- CMS Monitoring Guide with Sample Worksheets

www.cms.hhs.gov

Medicare

Health Plans General Information

2006 MA Audit Guide Version 4

MEDICARE 101

PART C COMPLIANCE

Chapters in Monitoring Guide

Chapter 4 Benefits & Beneficiary Protections

Chapter 5 Quality Assurance

Chapter 6 Provider Relations

Chapter 11 Contracts

Chapter 13 Organization Determinations

MEDICARE 101

PART C COMPLIANCE

CMS Site Visit Letter with Enclosure I

- Request for a MAO narrative and supporting documentation for each of the CMS audit review elements
- Methods of Evaluation (MOEs)
- Chapters 4, 5, 6, 11 and 13

MEDICARE 101 PART C COMPLIANCE

CHAPTER 13 ORGANIZATION DETERMINATIONS

MEDICARE 101

PART C COMPLIANCE

Chapter 13

Organization Determinations

4 Worksheets

WS-OP1 Adverse Standard Pre-Service
Organization Determinations

WS-OP2 Requests for Expedited Organization
Determinations

MEDICARE 101

PART C COMPLIANCE

Chapter 13

Organization Determinations

4 Worksheets

WS-OP4 Terminations of Services-Skilled Nursing Facility (SNF), Home Health Agency (HHA), Comprehensive Outpatient Rehab Facility (CORF)

WS-OP5 QIO Review of Termination of Services-SNF, HHA CORF Services

MEDICARE 101

PART C COMPLIANCE

Chapter 13

Organization Determinations

WORKSHEET: WS-OP1

Adverse Standard Pre-Service Organization
Determinations

- Timeliness and Notice of Denial of Medical Coverage (NDMC) compliance

MEDICARE 101 PART C COMPLIANCE

Chapter 13 Organization Determinations

WORKSHEET: WS-OP2

Requests for Expedited Organization
Determinations

- Timeliness and appropriate notices

MEDICARE 101

PART C COMPLIANCE

Chapter 13

Organization Determinations

WORKSHEET: WS-OP4

Terminations of Services-Skilled Nursing Facility (SNF), Home Health Agency (HHA), Comprehensive Outpatient Rehab Facility (CORF)

- Timeliness and Notice Compliance

MEDICARE 101

PART C COMPLIANCE

Chapter 13

Organization Determinations

WORKSHEET: WS-OP5 QIO Review of Termination of Services-SNF, HHA CORF Services

- Timeliness, appropriate notices, proof of effectuation if indicated

MEDICARE 101

PART C COMPLIANCE

CHAPTER 11

CONTRACTS

MEDICARE 101

PART C COMPLIANCE

Chapter 11 Contracts

1 Worksheet

Review of CMS audit review elements CN01-
CN09

WORKSHEET: WS-CN1 Contract Review

MEDICARE 101

PART C COMPLIANCE

CHAPTER 6

PROVIDER RELATIONS

MEDICARE 101

PART C COMPLIANCE

Chapter 6 Provider Relations

1 Worksheet

Review of CMS audit review elements PR01-PR07

WORKSHEET: WS-PR1
Credentialing/Recredentialing file review

MEDICARE 101

PART C COMPLIANCE

Chapter 6 Provider Relations

Identified Problems with Credentialing
Universe

- Health Services Delivery Table 2 (HSD-2)

MEDICARE 101

PART C COMPLIANCE

CHAPTER 4

BENEFITS AND BENEFICIARY

PROTECTIONS

MEDICARE 101

PART C COMPLIANCE

Chapter 4

Benefits and Beneficiary Protections

0 Worksheet

Review of CMS audit review elements AA01-
AA05, HA01, CC01-CC04, CF01, AD01, DG01

MEDICARE 101

PART C COMPLIANCE

Chapter 4

Benefits and Beneficiary Protections

AA01-AA05	Access and Availability
HA01	Health Assessment
CC01-CC04	Coordination of Care
CF01	Confidentiality
AD01	Anti-discrimination
DG01	Delegation

MEDICARE 101

PART C COMPLIANCE

CHAPTER 5

QUALITY ASSURANCE

MEDICARE 101

PART C COMPLIANCE

Chapter 5 Quality Assurance

0 Worksheet

Review of CMS audit review elements QY01-
QY07

MEDICARE 101

PART C COMPLIANCE

Chapter 5 Quality Assurance

Review of CMS audit review quality elements by the MAQRO (Review QIO)

- QY08 Chronic Care Improvement Program
- QY09 Quality Improvement Projects

MEDICARE 101

PART C COMPLIANCE

QUESTIONS??

QY08 and QY09 Requirements, Reporting and Evaluation

Laura Stewart, RN, MPA/HSA, CPHQ

Lumetra

**Medicare Advantage Quality Review
Organization (MAQRO)**

ICE Conference 12/3/2007



Discussion Topics

- **QY08 and QY09 Auditing Elements**
- **Evaluation Entity**
- **Reporting and Review Process**
- **Frequently Asked Questions from MAQRO 2007 reviews of Chronic Care Improvement Program (CCIP) and Quality Improvement (QI) Project Reports**
- **Resources**

QY08 and QY09

QY08

The Medicare Advantage Organization (MAO) must have a Chronic Care Improvement Program (CCIP)

QY09

The MAO must successfully complete annual Quality Improvement (QI) projects

QY08 and QY09 Review Entity

MAQRO

Medicare Advantage Quality Review Organization

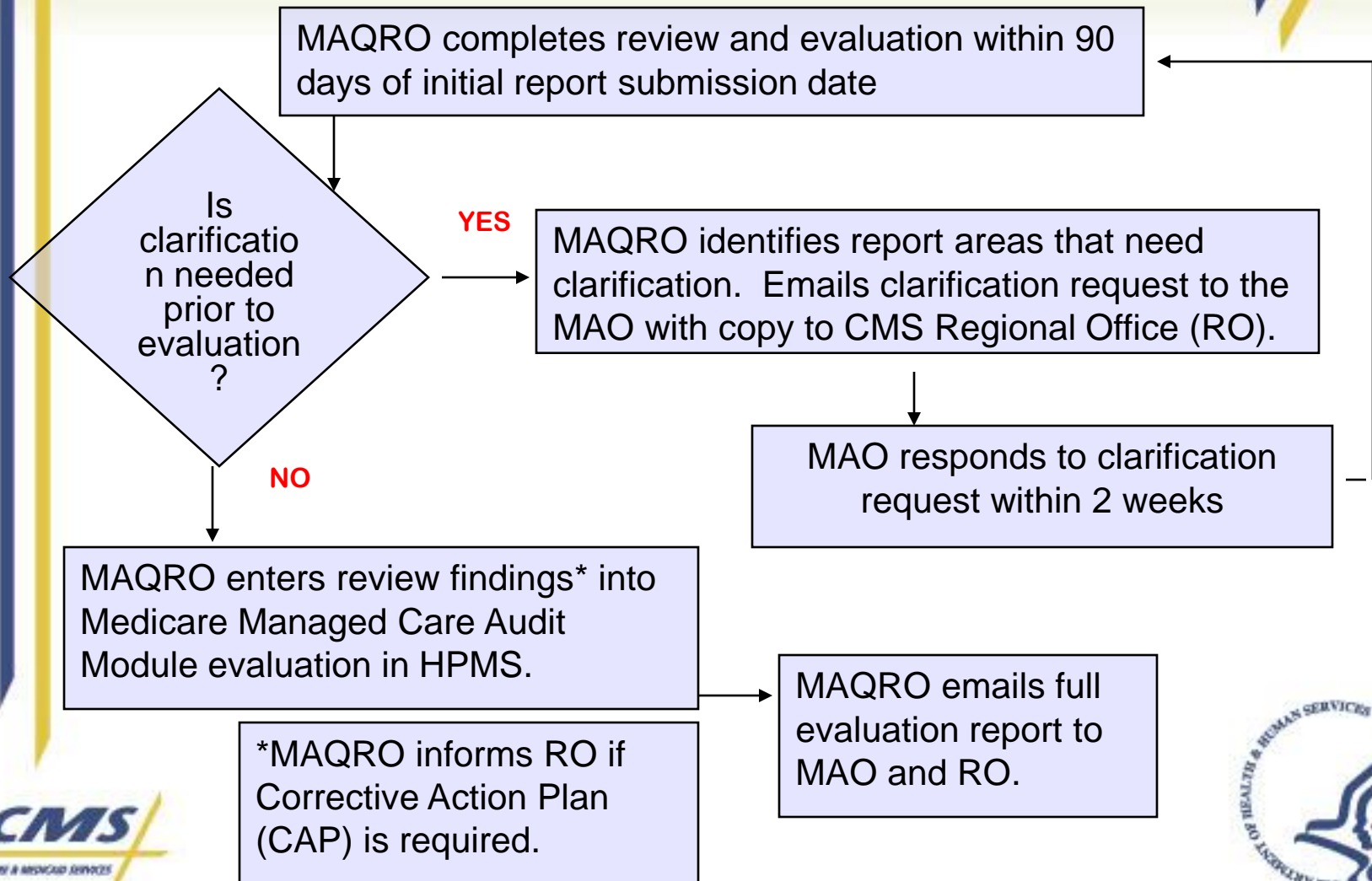
MAQRO

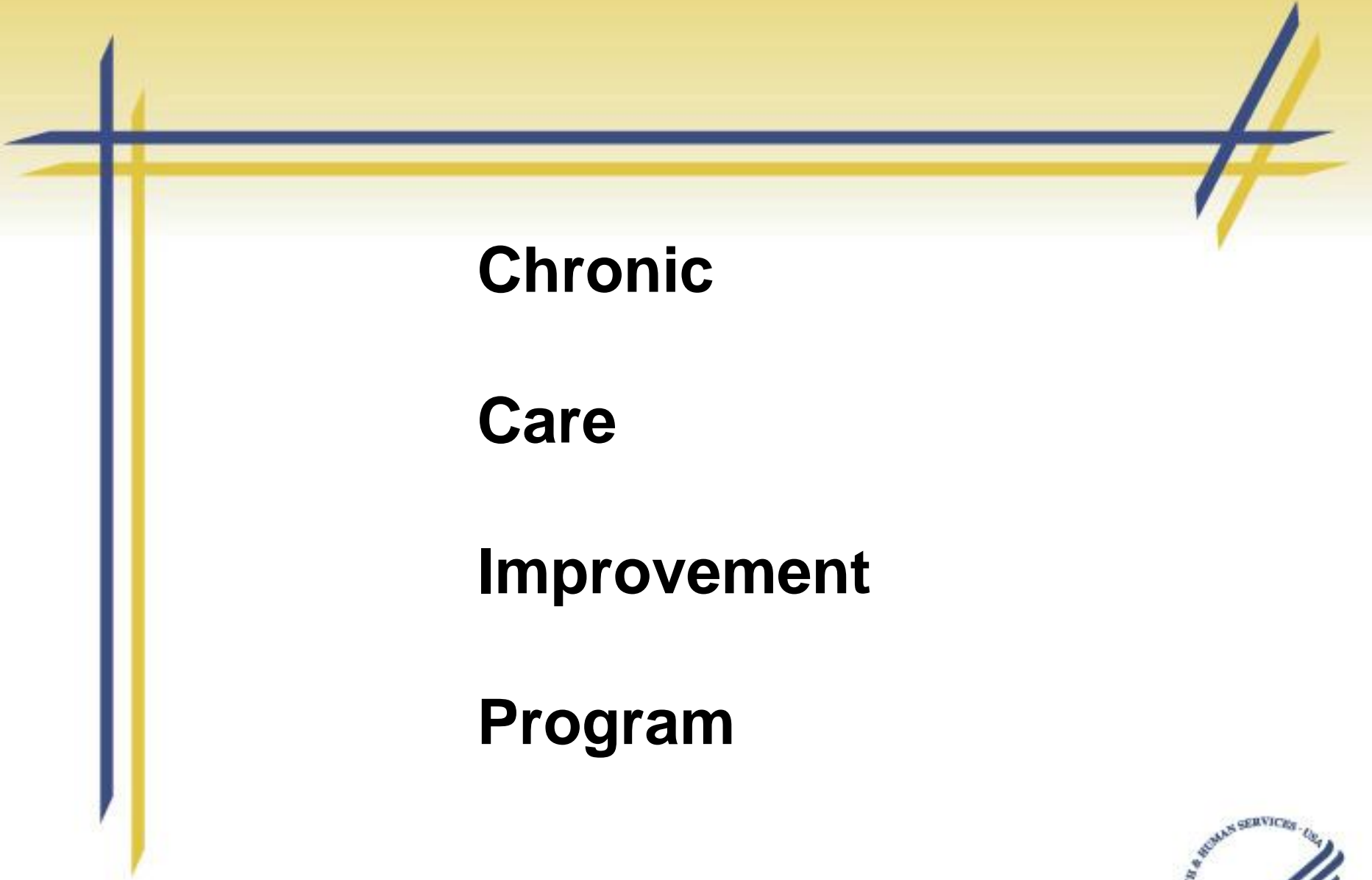
- **Three Quality Improvement Organizations (QIOs) have CMS MAQRO contract**
 - Delmarva
 - IPRO
 - Lumetra
- **With CMS, developed and piloted QI project methodology and evaluation beginning in 1999**
- **Began evaluation of CCIP reports in 2007**

Submitting QI and CCIP Reports to MAQRO

- Use CMS QI and CCIP report templates
- Report at the contract level
- CMS Regional Office (RO) informs MAO of which MAQRO is assigned the review
- Reports due to MAQRO (copy to RO) prior to CMS audit
- Submit reports for projects and programs initiated since January 1, 2006 or your last routine audit

MAQRO Evaluation Process





**Chronic
Care
Improvement
Program**

CCIP General Description

- **Designed to benefit enrollees with multiple or sufficiently severe chronic conditions**
- **Ideally, integrates both high-quality care management and disease management**

CCIP Requirements

- **Target condition(s) relevant to the MA population**
- **Establish criteria for participation**
- **Institute methods for identifying eligible participants**
- **Implement mechanisms for monitoring participant progress**
- **Define quantitative measures to assess program performance**

MAOs Have Flexibility in CCIP Design

MAQRO assesses whether:

- **MAO addresses all areas of the report template**
- **Consistency throughout the report**
- **Evidence of systematic processes**
- **Evidence that program is implemented (past the planning stage)**

CCIP Review Tool (Example)

CCIP reporting template:	Evaluation Concern:	Yes	No	Reviewer Comments/ Recommendations
C1 REQUIRED – Chap 5 MMCM	Has the plan established criteria for participation in the program			
C2	Is there consistency between the data and information sources described and the: –Criteria for inclusions (listed in C1) –Target population (listed in B1)?			
C5	Is there a process in place to inform MA members who are eligible for inclusion in the CCIP of their eligibility			
C7 REQUIRED – Chap 5 MMCM	Has the MAO implemented CCIP programs for conditions that are relevant to its population			

CCIP Review Elements

Evaluation Concern

Methods in place to identify members who meet the CCIP criteria for participation

Clarification often needed to assess:

- Ongoing process vs. use of Health Risk Assessments only
- Inconsistencies between data sources and targeted conditions
- Vague explanations of risk stratification
- Frequency of data mining

CCIP Review Elements

Evaluation Concern

Process in place to inform MA members who are eligible for inclusion in the CCIP of their eligibility

Clarification often needed to assess:

- Utilization of a systematic process (written materials, policy on notification time frames)
- Eligibility-specific notification vs. reliance on general health plan benefit and marketing information

CCIP Review Elements

Evaluation Concern

Is the CCIP targeting condition(s) that are relevant to the MA population

Clarification often needed to assess:

- Eligibility and participation rates by CMS contract, condition and stratification
- Prevalence rates and rationale for targeting the specified condition(s)

CCIP Review Elements

Evaluation Concern

Can the CCIP intervention (strategy) be reasonably expected to improve:

- Coordination of care
- Health status of participants

Clarification often needed to assess:

- Intervention strategy for each of the targeted diseases and each risk classification
- Staff roles and case loads
- Care-coordination activities
- Standardized processes (algorithms, counseling guidelines, communication forms)

CCIP Review Elements

Evaluation Concern

Does the MAO have a process in place to do periodic monitoring of the progress of its CCIP participants

Clarification often needed to assess:

- Individual participant monitoring: mode, frequency, data sources
- Elements/attributes monitored for each of the targeted conditions
- Monitoring process for participants in low-risk classification

CCIP Review Elements

Evaluation Concern

Are there quantitative measures of improvement that are assessed at least annually

Clarification often needed to assess:

- Program/population-level measures
- Numerator(s) and denominator(s) definitions
- Validity of MAO-defined quality indicators

CCIP Review Elements

Other Review Elements	Reviewers Consider:
Committee responsible for the CCIP	<ul style="list-style-type: none"> • Ongoing? • Link between CCIP workgroup, and QI Committee? • Management accountability?
Patient/Provider input	<ul style="list-style-type: none"> • Satisfaction surveys? • Formal process for conveying input to CCIP workgroup?
Monitoring of delegated entities	<ul style="list-style-type: none"> • Brief description required, if applicable • RO on-site audit includes delegation oversight • Accredited?

Using the CCIP Report Template



MAO may insert tables or graphs into the template.

Table Heading Examples:

Types/roles of staff

Staff Type	# of Staff	Role
------------	------------	------

Monitoring progress of participants

Monitoring Method	Frequency	Staff Role
-------------------	-----------	------------

Elements/attributes monitored for individual participants

Elements/Attributes	Primary Source(s)
---------------------	-------------------



Quality

Improvement

Projects

QI Project Requirements

- **Initiate one new project annually**
- **Focus on clinical and non-clinical areas**
- **Specify quality indicators to measure performance**
- **Collect valid and reliable data – baseline and periodic re-measurements**
- **Implement system interventions to improve performance**
- **Achieve improvement**

Variety of 06 and 07 Projects Topics Reported

- α Colorectal Screening
- α Polypharmacy
- α Fistula Rates in End Stage Renal Disease
- α Diabetes Management
- α Blood Pressure Control
- α Access to Ambulatory Care
- α Congestive Heart Failure Medication Adherence
- α Influenza and Pneumococcal Immunization
- α Drugs to be Avoided in the Elderly
- α Antidepressant Medication Management
- α Cholesterol Management

QI Project Topic

The selection process should be systematic and data-driven

Describe:

- **How the topic was determined to be relevant to the MA's *own* population**
- **How the topic was prioritized over other potential topics**

QI Project Time Frame

Project Year	Baseline Measurement	Remeasurement 1	Remeasurement 2	Remeasurement 3 (if required)
2007	2006	2007	2008	2009
2007	2007	2008	2009	2010

Quality Indicator Statement

- **Who** is being measured (e.g., proportion of diabetic members)?
- **What** is being measured (e.g., test, visit, procedure, and treatment such as retinal eye exams)?
- What is the **timeframe** for measurement (e.g., a one year reporting period)?

Quality Indicators

- **Must Be:**
 - ⇒ **Objective**
 - ⇒ **Clearly and unambiguously defined**
 - ⇒ **Based on current clinical knowledge or health services research**
- **If using MAO-defined indicators, ensure that they are valid by:**
 - ⇒ **Referring to QI Instructional Guide *and/or***
 - ⇒ **Consulting with State QIO or MAQRO**

QI Project Interim Evaluation

Review Element	Possible Compliance Designations			
	Not DUE	Full	Partial	Non-Compliance
Project Title, Type, Focus, Initiation		X		X
Topic Relevance		X	X	X
Quality Indicator		X	X	X
Design, Data Collection, Analysis	X	X	X	X
Population, Sampling	X	X	X	X
Interventions	X	X	X	X
Demonstrable Improvement	This Review Element is N/A for Interim Reporting			

QI Project Interim Evaluation

Review Element	Possible Compliance Designations			
	Not DUE	Full	Partial	Non-Compliance
Project Title, Type, Focus, Initiation		X		X
Topic Relevance		X	X	X
Quality Indicator		X	X	X
Design, Data Collection, Analysis	X	X	X	X
Population, Sampling	X	X	X	X
Interventions	X	X	X	X
Demonstrable Improvement	This Review Element is N/A for Interim Reporting			

Data Collection and Analysis

- **Population-based – no member of the target population can be systematically excluded from the sampling**
- **Describe efforts to ensure data validity and reliability**
- **Full compliance for methodology is given when audited HEDIS®, CAHPS®, or HOS data are used**

Interventions

- **Address system-level problems uncovered in analysis**
- **Implement in the first quarter after baseline measurement (ideally)**
- **Multiple interventions aimed at the quality indicator(s) are more effective**
- **Track number of providers and/or members reached by the intervention(s)**

Resources

- Medicare Managed Care Manual –
Chapter 5, Quality
 - √ Appendix B – Attributes of Projects
- QI Instructional Guide
- CCIP Instructional Guide

http://www.cms.hhs.gov/HealthPlansGenInfo/13_QualityinManagedCare.asp#TopOfPage

Contacts

CMS Central Office Government Task Leader:

Shaheen Halim, PhD:

Shaheen.Halim@cms.hhs.gov

MAQRO contacts:

- Delmarva – Jody Jobeck: jobeckj@dfmc.org
- IPRO – Janice Acar: JAcar@ipro.org
- Lumetra – Laura Stewart: lstewart@caqio.sdps.org



Compliance with the Medicare Advantage Program

A Health Plan Perspective

Mike Myers

President and CEO, GEMCare Health Plan, Inc.

Agenda


- Introduction – GEMCare Health Plan
- Medicare Advantage Program Objectives
- Continuous Improvement Process
- Compliance Plan/Program
- Oversight and Monitoring
- CMS Expectations

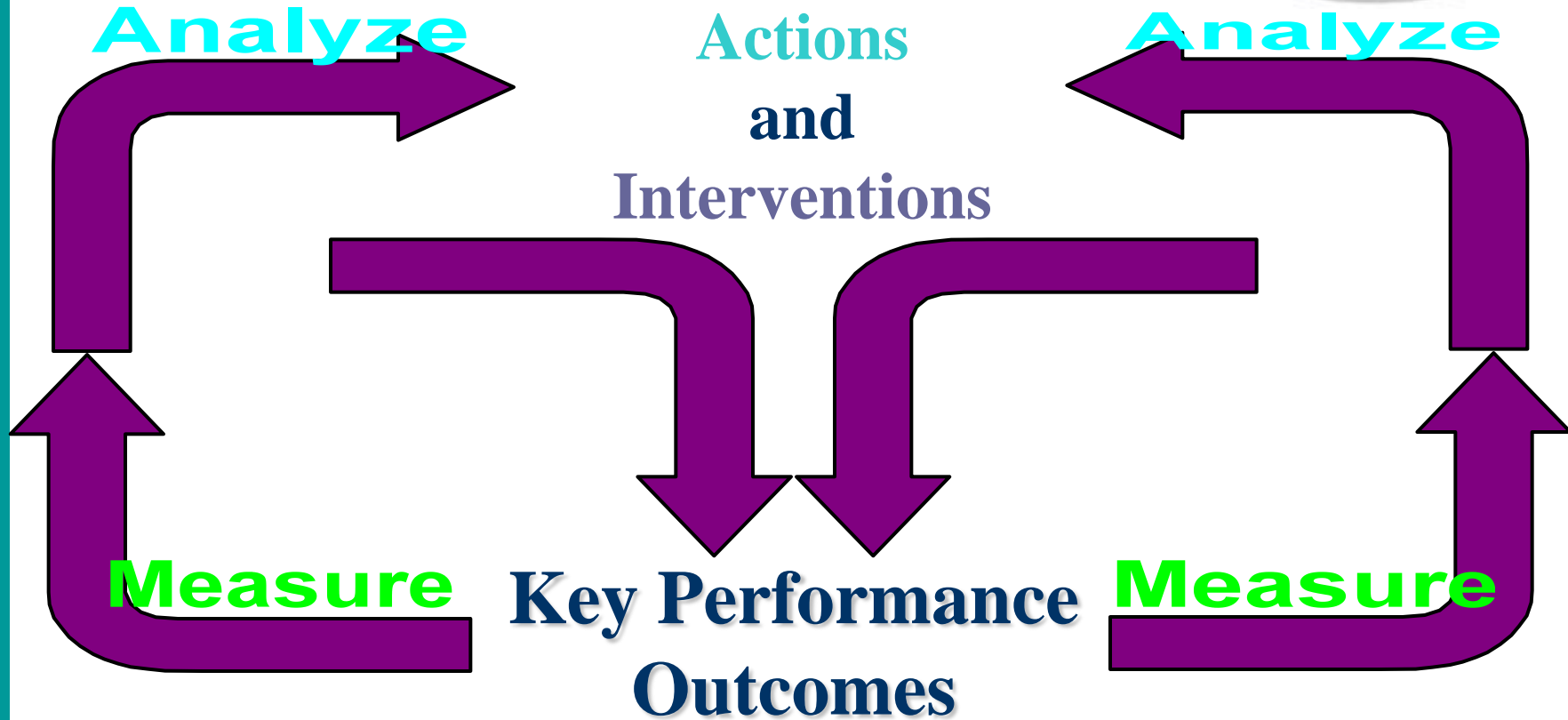


GEMCare Health Plan, Inc.

- GEMCare Health Plan is a for profit, Knox Keene licensed Medicare Services Health plan, owned by Golden Empire Managed Care, A Medical Group Inc, and Managed Care Systems, LP.
- Knox Keene Licensed in February 2006
- Signed Medicare Contracts September 2006
- Commenced Operations January 2007
- Membership is over 5400 as of November 2007

Medicare Advantage “Program Objectives”

- CMS is a business partner, not the “compliance police”
- An organizational commitment to MA Program Compliance
-  **No silos**
 - Interdepartmental Communication/Education and Training
- Outcomes Orientation
 - Audit – Audit - Audit
 - Continuous Improvement Process



Continuous Improvement Process

Compliance Plan/Program

- Oversight & Monitoring
- Fraud & Abuse Detection & Reporting
- Education & Communication

Oversight & Monitoring

- Functional Area Self Reporting & Internal Audit
 - Medicare Monitoring and Review Guide
- Member and Marketing Material Review and Submission
- Sales Monitoring and Allegation Follow-up

Fraud & Abuse Detection & Reporting

- Fraud “800” Hotline and Private E-mail
- Education & Training
- Member Complaints

Education, Communication & Training

- Intranet
- MOCC
- Regulatory Requirements
 - Internal
 - Provider Network
 - Provider Communication
- Sales & Marketing
- Members

Oversight Monitoring Tool OMT

Oversight and Monitoring Tool Purpose

- GEMCare Health Plan created the Oversight & Monitoring Tool [OMT] as a means of monitoring its Compliance with the established regulations set forth by CMS.
- The OMT was built around the concept of monthly self-reporting by Functional Team Members of GHP and providing CMS “real time” access to the plan’s performance

OMT Keys to Success

- Organizational commitment to MA program compliance
- IT/IS resources and commitment
- User training and adoption
- Follow up and CIP

Reporting Schedule

The Reporting Schedule is used to inform users as to when they should report KPI and element compliance. Automated emails containing the list of outstanding KPIs and/or elements are sent to every user prior to the due dates.

https://gemcarehealthplan/omt/Documents/OMT_Reporting_Calendar.xls - Microsoft Internet Explorer

File Edit View Insert Format Tools Data Go To Favorites Help

Address https://gemcarehealthplan/omt/Documents/OMT_Reporting_Calendar.xls

A10 Review Preliminary Snapshot

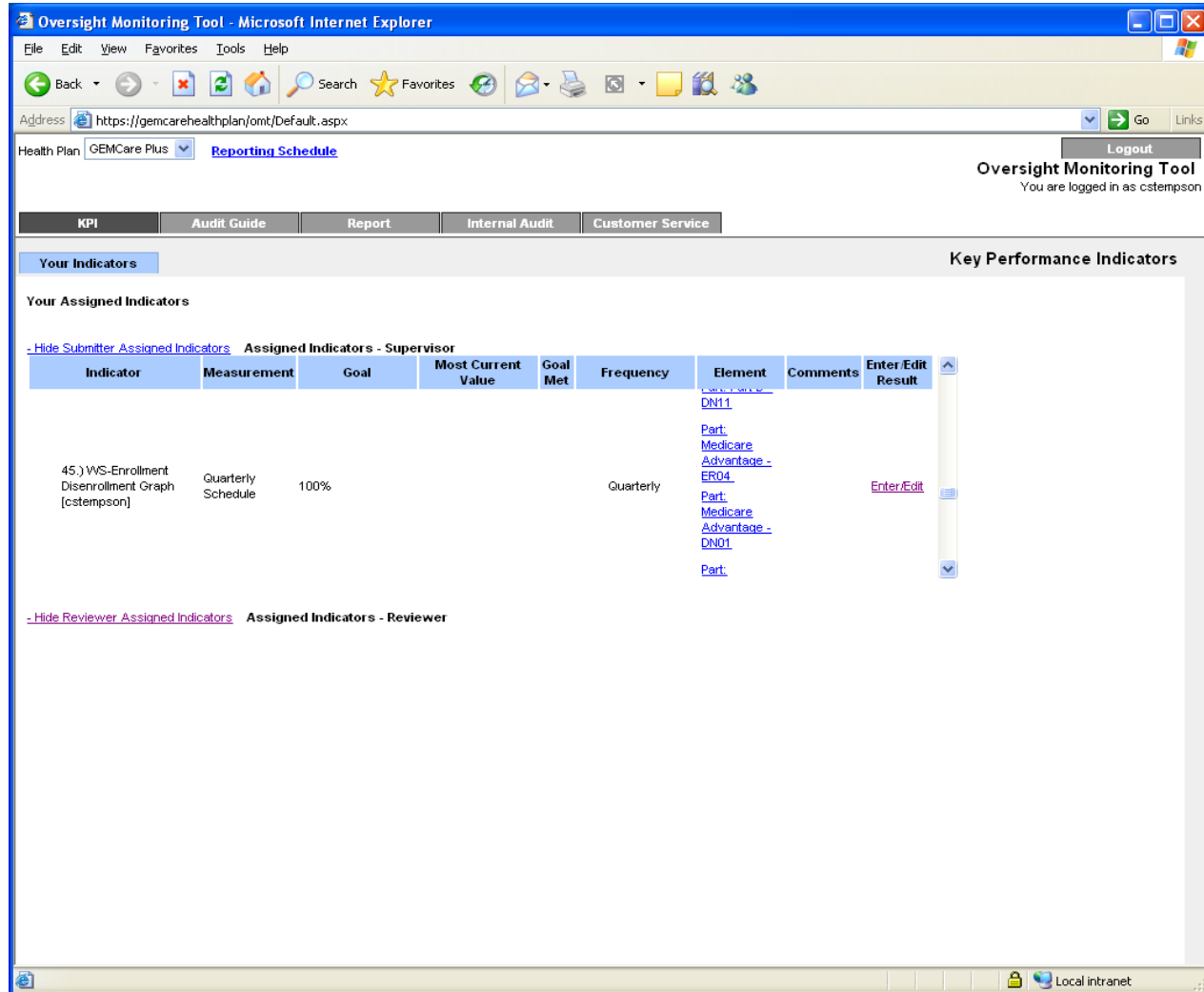
	A	B	C	D	E	F	G	H	I	J	K
1	COMPLIANCE - OMT REPORTING CALENDAR 2007										
2		April 07	May 07	June 07	July 07	Aug 07	Sept 07	Oct 07	Nov 07	Dec 07	
3		11th	9th	6th	11th	8th	5th	10th	7th	5th	
4	KPI Submissions	11th	9th	6th	11th	8th	5th	10th	7th	5th	
5	KPI Review Completed	13th	11th	8th	13th	10th	7th	12th	9th	7th	
6	KPI Compliance Review	16th	14th	11th	16th	13th	10th	15th	12th	10th	
7	Audit Guide Element Review	13th	11th	8th	13th	10th	7th	12th	9th	7th	
8	Audit Guide Element Review Completed	19th	16th	13th	19th	15th	12th	17th	14th	12th	
9	Audit Guide Element Compliance Review	20th	18th	15th	20th	17th	14th	19th	16th	14th	
10	Review Preliminary Snapshot	23rd	21st	18th	23rd	20th	17th	22nd	19th	17th	
11											
12											
13											
14		COMPLIANCE - MOCC Meetings 2007									
15		April 07	May 07	June 07	July 07	Aug 07	Sept 07	Oct 07	Nov 07	Dec 07	
16	MOCC Meetings	24th	23rd	27th	25th	22nd	26th	24th	28th	19th	
17											
18											
19											
20											
21											
22											
23											
24											
25											
26											
27											
28											
29											
30											
31											
32											
33											
34											
35											
36											
37											
38											
39											
40											
41											
42											
43											

Sheet1 / Sheet2 / Sheet3

Unknown Zone

Key Performance Indicators (KPI)

KPI's are used to monitor key aspects of compliance. Their reporting frequencies are specified by the Compliance officer.



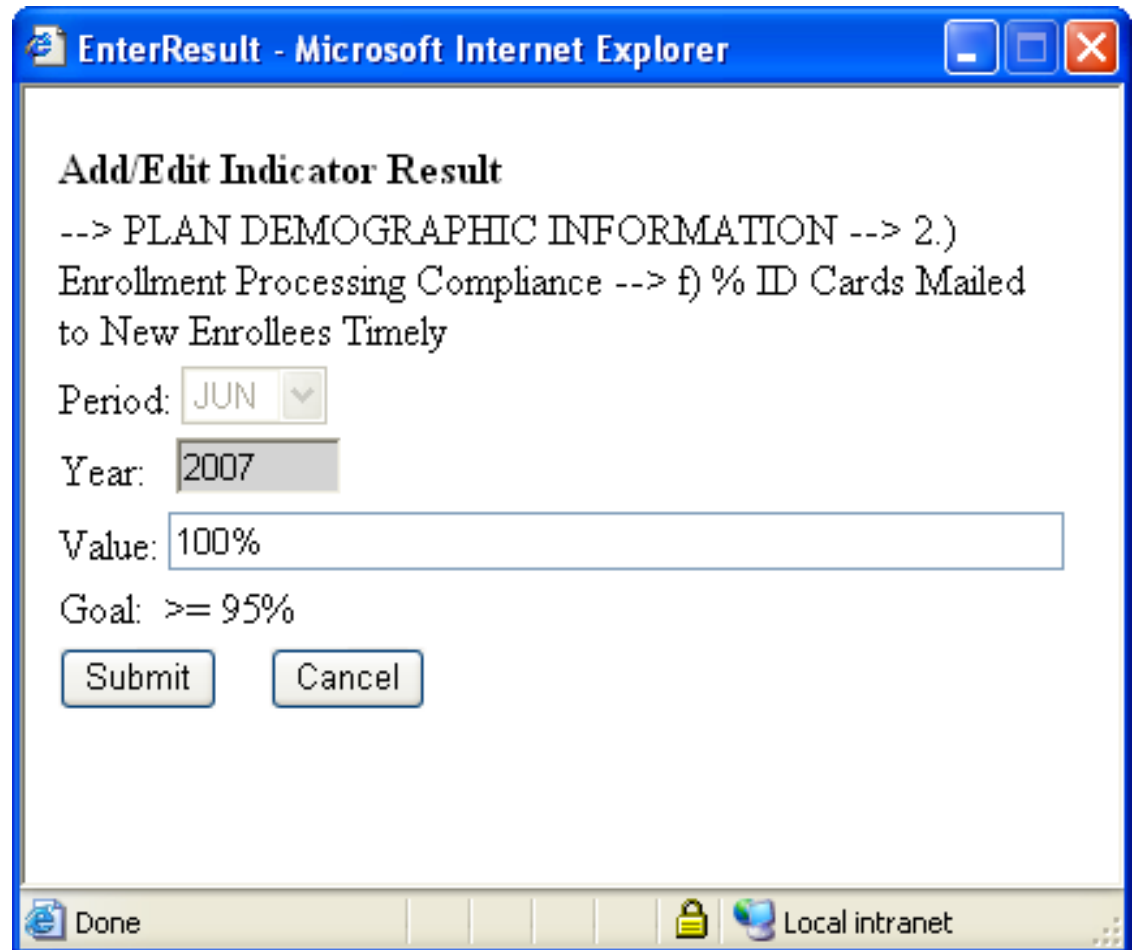
The screenshot shows the 'Oversight Monitoring Tool' web application. The browser window title is 'Oversight Monitoring Tool - Microsoft Internet Explorer'. The address bar shows 'https://gemcarehealthplan/omt/Default.aspx'. The page includes a navigation menu with 'KPI', 'Audit Guide', 'Report', 'Internal Audit', and 'Customer Service'. The main content area is titled 'Your Indicators' and 'Key Performance Indicators'. It displays a table of 'Assigned Indicators - Supervisor'.

Indicator	Measurement	Goal	Most Current Value	Goal Met	Frequency	Element	Comments	Enter/Edit Result
45.) WS-Enrollment Disenrollment Graph [cstempson]	Quarterly Schedule	100%			Quarterly	Part: Medicare Advantage - ER04 Part: Medicare Advantage - DND1 Part:		Enter/Edit

Below the table, there is a section for 'Assigned Indicators - Reviewer' which is currently empty.

KPI Reporting

The submitters input the values.
Reviewers must approve the results before the results are considered valid and reported.



EnterResult - Microsoft Internet Explorer

Add/Edit Indicator Result

--> PLAN DEMOGRAPHIC INFORMATION --> 2.)
Enrollment Processing Compliance --> f) % ID Cards Mailed to New Enrollees Timely

Period: JUN ▼

Year: 2007

Value: 100%

Goal: >= 95%

Submit Cancel

Done Local intranet

Corrective Action Plan (CAP)

Any issue that requires continuous improvement will have a CAP. The CAP is only closed once the issue is resolved.

Oversight Monitoring Tool - Microsoft Internet Explorer

Address: <https://gemcarehealthplan/omt/Default.aspx>

Health Plan: GEMCare Plus [Reporting Schedule](#) [Logout](#)

Oversight Monitoring Tool
You are logged in as cstempson

KPI Audit Guide Report Internal Audit Customer Service

Browse Search Active CAPs Active Worksheets Print Help

CAPs For Unspecified [Back to Previous Page](#)

[Click Here for CAP Template](#)

[Click Here for Help on Adding CAPs](#)

Description	URL	Part	Chapter	Guide Element	Created By	Updated By	Date Last Upd	Reviewed (Yes/No)	Approved	Approve/Reject By	Date Approved	Date Due	Note
Edit DN2 JUNE2007	Document	Medicare Advantage	CHAPTER 02 ENROLLMENT AND DISENROLLMENT	DN02	cstempson	cstempson	7/3/2007 11:45:00 AM	Del Villar, Jennifer					
Edit CAPER1UNIVERSEMAY07	Document	Medicare Advantage	CHAPTER 02 ENROLLMENT AND DISENROLLMENT	ER01	cstempson	talvarez	6/27/2007 8:52:00 AM	Del Villar, Jennifer	Yes	talvarez	6/27/2007 8:54:00 AM	06/14/2007	
Edit CAPER-1 MMR TO TRR MAY 2007	Document	Medicare Advantage	CHAPTER 02 ENROLLMENT AND DISENROLLMENT	ER01	cstempson	talvarez	6/27/2007 8:59:00 AM	Del Villar, Jennifer	Yes	talvarez	6/27/2007 9:01:00 AM	07/14/2007	

Done Local intranet

CAP Form

https://gemcarehealthplan/omt/Documents/CAP_CAR_OMT_Template.doc - Microsoft Internet Explorer

File Edit View Insert Format Tools Table Go To Favorites Help

Address https://gemcarehealthplan/omt/Documents/CAP_CAR_OMT_Template.doc

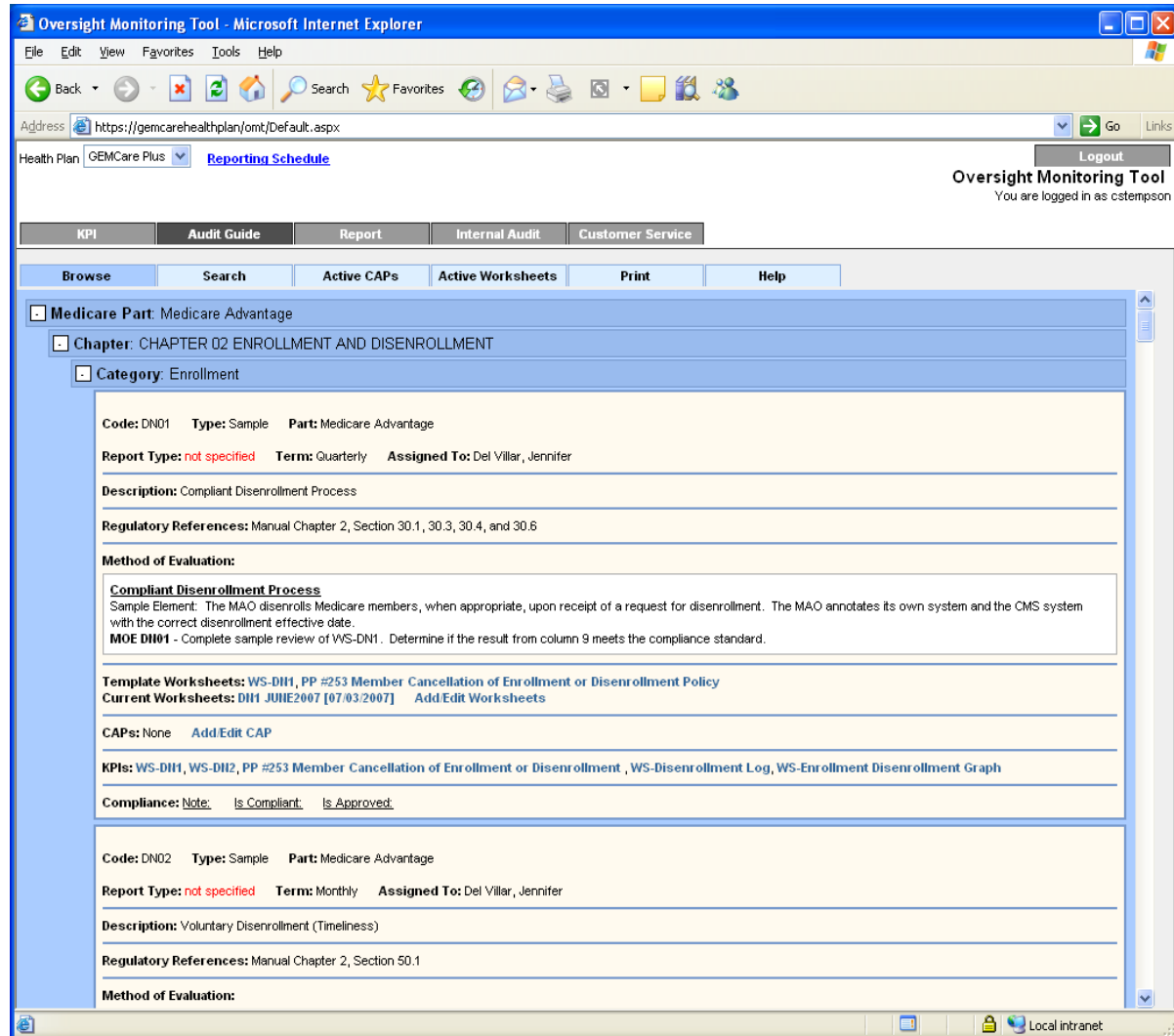
GEMCare Health Plan, Inc.

Compliance & Internal Audit Corrective Action Plan

Element No:	Reporting Period:
Responsible Person (Stakeholder):	Origination: <input type="checkbox"/> Element <input type="checkbox"/> Internal Audit & No. _____ <input type="checkbox"/> HIPAA <input type="checkbox"/> Investigations <input type="checkbox"/> KPI <input type="checkbox"/> Other
Corrective Action Recommendation (CAR): [Completed by Compliance Dept.]	
Corrective Action Plan (CAP): [Completed by Stakeholder]	
Supporting Documentation:	
Target Completion Date:	
<input checked="" type="checkbox"/> Approve <input type="checkbox"/> Reject	
Teresa Ramos, Compliance Officer	

Audit Guide

The Audit Guide specifies rules of compliance as set forth by CMS.



Oversight Monitoring Tool - Microsoft Internet Explorer

File Edit View Favorites Tools Help

Address <https://gemcarehealthplan/omt/Default.aspx>

Health Plan: GEMCare Plus [Reporting Schedule](#) [Logout](#)

Oversight Monitoring Tool
You are logged in as cstempon

KPI Audit Guide Report Internal Audit Customer Service

Browse Search Active CAPs Active Worksheets Print Help

Medicare Part: Medicare Advantage

Chapter: CHAPTER 02 ENROLLMENT AND DISENROLLMENT

Category: Enrollment

Code: DN01 **Type:** Sample **Part:** Medicare Advantage

Report Type: not specified **Term:** Quarterly **Assigned To:** Del Villar, Jennifer

Description: Compliant Disenrollment Process

Regulatory References: Manual Chapter 2, Section 30.1, 30.3, 30.4, and 30.6

Method of Evaluation:

Compliant Disenrollment Process
Sample Element: The MAO disenrolls Medicare members, when appropriate, upon receipt of a request for disenrollment. The MAO annotates its own system and the CMS system with the correct disenrollment effective date.
MOE DI01 - Complete sample review of WS-DN1. Determine if the result from column 9 meets the compliance standard.

Template Worksheets: WS-DI1, PP #253 Member Cancellation of Enrollment or Disenrollment Policy
Current Worksheets: DI1 JUIIE2007 [07/03/2007] [Add/Edit Worksheets](#)

CAPs: None [Add/Edit CAP](#)

KPIs: WS-DI1, WS-DI2, PP #253 Member Cancellation of Enrollment or Disenrollment, WS-Disenrollment Log, WS-Enrollment Disenrollment Graph

Compliance: [Note](#) [Is Compliant](#) [Is Approved](#)

Code: DN02 **Type:** Sample **Part:** Medicare Advantage

Report Type: not specified **Term:** Monthly **Assigned To:** Del Villar, Jennifer

Description: Voluntary Disenrollment (Timeliness)

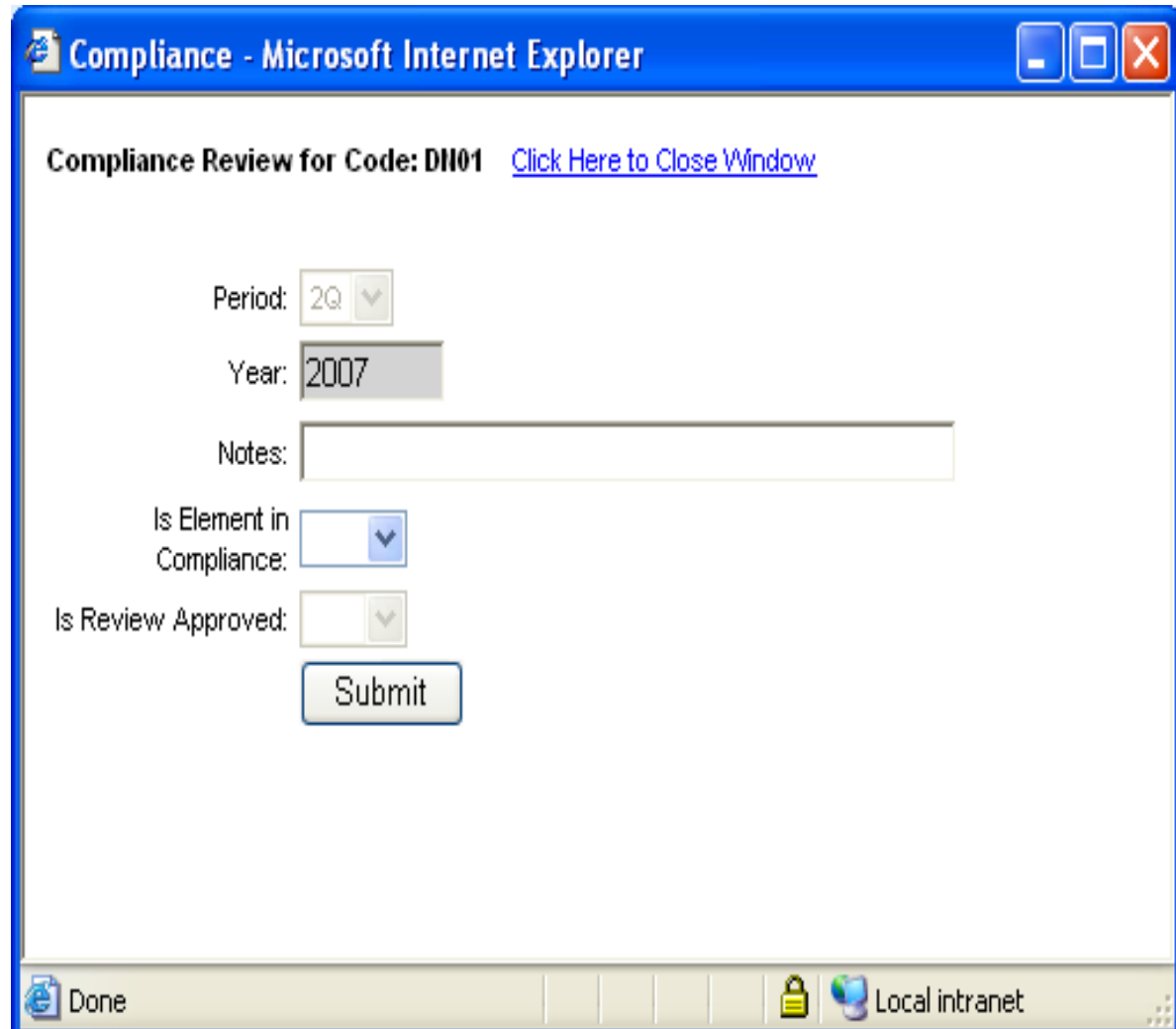
Regulatory References: Manual Chapter 2, Section 50.1

Method of Evaluation:

Local intranet

Element Reporting

Users assigned to elements are responsible for reporting elements compliance according to set reporting frequencies. For example, DN01 is reported quarterly.



Compliance - Microsoft Internet Explorer

Compliance Review for Code: DN01 [Click Here to Close Window](#)

Period: 2Q

Year: 2007

Notes:

Is Element in Compliance:

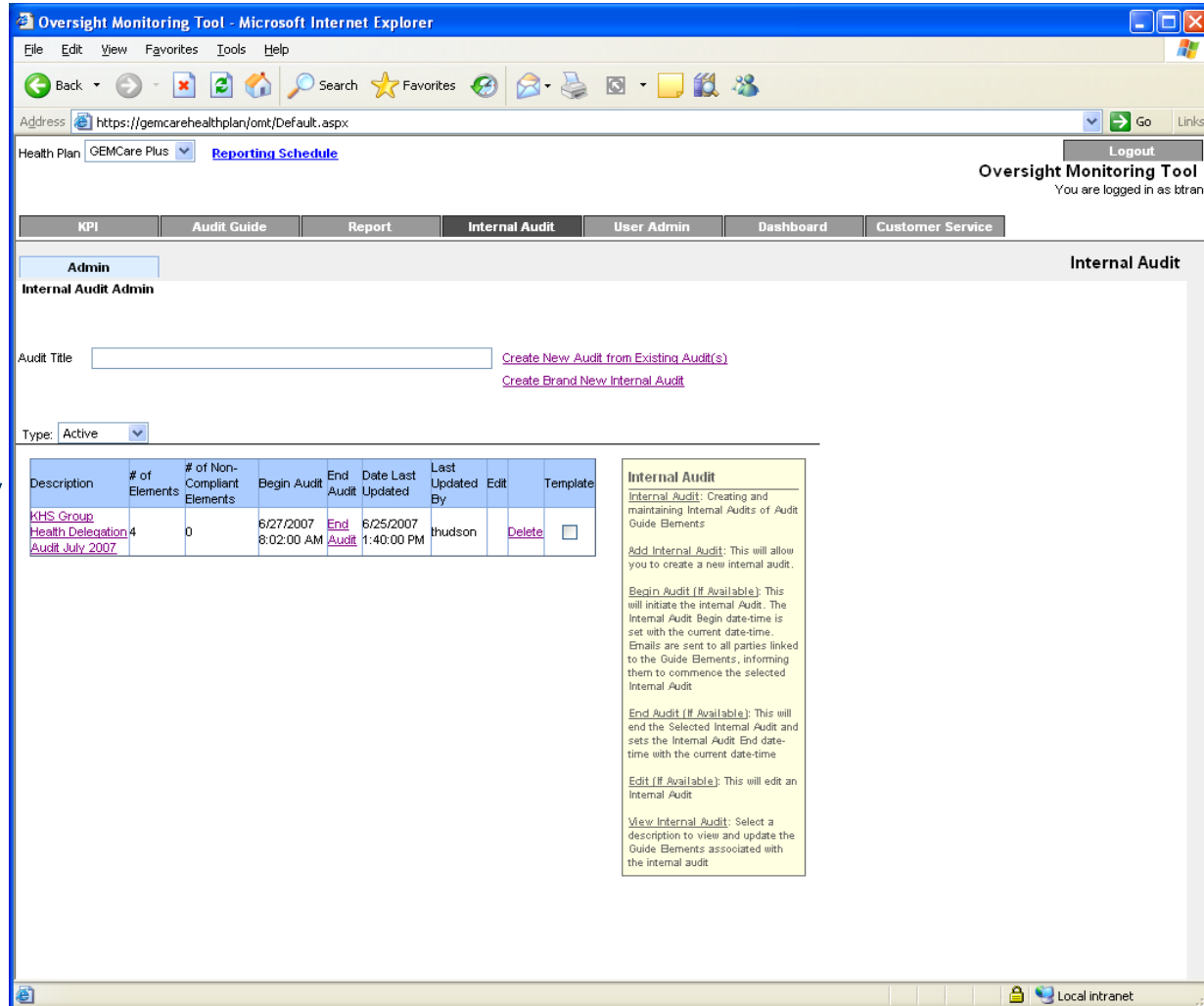
Is Review Approved:

Submit

Done Local intranet

Internal Audit

The Internal Audit module is used by the Compliance team to verify the accuracy of items reported in the OMT.



Oversight Monitoring Tool - Microsoft Internet Explorer

Address: <https://gemcarehealthplan/omt/Default.aspx>

Health Plan: **GEMCare Plus** | [Reporting Schedule](#)

Logout
Oversight Monitoring Tool
You are logged in as btran

KPI | Audit Guide | Report | **Internal Audit** | User Admin | Dashboard | Customer Service

Admin | Internal Audit

Internal Audit Admin

Audit Title: [Create New Audit from Existing Audit\(s\)](#)
[Create Brand New Internal Audit](#)

Type: Active

Description	# of Elements	# of Non-Compliant Elements	Begin Audit	End Audit	Date Last Updated	Last Updated By	Edit	Template
KHS Group Health Delegation Audit July 2007	4	0	6/27/2007 8:02:00 AM	End Audit	6/25/2007 1:40:00 PM	thudson	Delete	<input type="checkbox"/>

Internal Audit

Internal Audit: Creating and maintaining Internal Audits of Audit Guide Elements

Add Internal Audit: This will allow you to create a new internal audit.

Begin Audit (If Available): This will initiate the internal Audit. The Internal Audit Begin date-time is set with the current date-time. Emails are sent to all parties linked to the Guide Elements, informing them to commence the selected Internal Audit

End Audit (If Available): This will end the Selected Internal Audit and sets the Internal Audit End date-time with the current date-time

Edit (If Available): This will edit an Internal Audit

View Internal Audit: Select a description to view and update the Guide Elements associated with the internal audit

Local intranet

The Dash Board contains snapshots of the OMT. The Compliance Issues section (See Figure on the right) shows outstanding items such as CAPs, non-compliant elements, and non-reported elements.

Oversight Monitoring Tool - Microsoft Internet Explorer

Address: https://gemcarehealthplan/omt/Default.aspx

Health Plan: GEMCare Plus | Reporting Schedule

Logout | Oversight Monitoring Tool | You are logged in as cms

Audit Guide | Dashboard | Customer Service

Compliance Issues | Worksheet History | Reported Elements | Help

Compliance Issues

Print This Image

OMT Dashboard

General Use: The OMT Dashboard give you the ability to see quick metrics concerning compliance of KPIs and what CAPs are currently begin followed.

Active CAPs: The Active CAPs grid displays Correct Action Plans that were active during specified date range.

None-Compliant Elements: The None-Compliant Elements grid displays Guide Elements that were non-compliant during specified date range.

None-Compliant KPIs: The None-Compliant KPIs grid displays Key Performance Indicators that were non-compliant during date range specified.

Internal Audit: The Internal Audit grid displays internal audits that were conducted during specified date range.

From Start of Snap Shot: May 2007 Reporting Period Ending 6/3/2007
 To End of Snap Shot: May 2007 Reporting Period Ending 7/2/2007

Reporting Notes:

Comments	Date
	07/02/2007

Active CAPs:
 Origination:

Origination	Part	Chapter	Code	Description	Approved	Stake Holder	Closed	Notes	Date Due
Element	Medicare Advantage	CHAPTER 02	ENROLLMENT AND DNO2	Disenroll Timely	04/05/2007		06/20/2007	Notes	04/04/2007
Element	Medicare Advantage	CHAPTER 02	ENROLLMENT ANDER01	CAPER-1 MMR TO TRR MAY 2007	06/27/2007	Del Villar, Jennifer		Notes	07/14/2007
Element	Medicare Advantage	CHAPTER 02	ENROLLMENT ANDER04	Medicaid	03/01/2007		06/20/2007	Notes	04/01/2007
Element	Medicare Advantage	CHAPTER 02	ENROLLMENT ANDER04	File Audits	03/01/2007	Del Villar, Jennifer		Notes	04/01/2007
Element	Medicare Advantage	CHAPTER 02	ENROLLMENT ANDER04	Verification Calls	03/01/2007	Del Villar, Jennifer		Notes	04/01/2007

Non-Compliant Elements:

Part	Chapter	Code	Assigned User	Period

Non-Reported Elements:

Part	Chapter	Code	Assigned To	Period

Internal Audit:

Description	# of Elements	# of Non-Complaint Elements	Begin Audit	End

Done | Local Intranet

Worksheet History

The Worksheet History section contains all worksheets submitted during the specified reporting period

Oversight Monitoring Tool - Microsoft Internet Explorer

Address: https://gemcarehealthplan/omt/Default.aspx

Health Plan: GEMCare Plus | Reporting Schedule

Dashboard

Compliance Issues | **Worksheet History** | Reported Elements | Help

Worksheets by Users

From Start of Snap Shot: May 2007 Reporting Period Ending 6/3/2007
To End of Snap Shot: May 2007 Reporting Period Ending 7/2/2007

50 documents returned

Part	Chapter	Category	Code	GuideElement	Date	Added By	WorkSheet
Medicare Advantage	CHAPTER 02 ENROLLMENT AND DISENROLLMENT	Enrollment	DN01	Compliant Disenrollment Process	6/14/2007 3:55:00 PM	ctestmpson	DN1_MAY2007
Medicare Advantage	CHAPTER 02 ENROLLMENT AND DISENROLLMENT	Enrollment	DN02	Voluntary Disenrollment (Timeliness)	6/14/2007 3:58:00 PM	ctestmpson	DN1&2_MAY2007
Medicare Advantage	CHAPTER 02 ENROLLMENT AND DISENROLLMENT	Enrollment	DN03	Voluntary Disenrollment (Notice Content)	6/14/2007 3:57:00 PM	ctestmpson	DN1&2_MAY2007
Medicare Advantage	CHAPTER 02 ENROLLMENT AND DISENROLLMENT	Enrollment	DN04	Refund of Premium	6/14/2007 3:59:00 PM	ctestmpson	DN 1.3&4_MAY2007
Medicare Advantage	CHAPTER 02 ENROLLMENT AND DISENROLLMENT	Enrollment	DN05	Involuntary Disenrollment for Non-Payment of Premium (Optional)	6/14/2007 3:58:00 PM	ctestmpson	DN3_MAY2007
Medicare Advantage	CHAPTER 02 ENROLLMENT AND DISENROLLMENT	Enrollment	DN06	Involuntary Disenrollment for Move Out of Service Area	6/14/2007 4:00:00 PM	ctestmpson	DN4_MAY2007
Medicare Advantage	CHAPTER 02 ENROLLMENT AND DISENROLLMENT	Enrollment	DN07	Complaint Retroactive Disenrollment Requests	6/14/2007 4:00:00 PM	ctestmpson	DN4_MAY2007
Medicare Advantage	CHAPTER 02 ENROLLMENT AND DISENROLLMENT	Enrollment	ER01	Correct Enrollment Election	6/14/2007 3:40:00 PM	ctestmpson	ER 1-3_MAY2007
Medicare Advantage	CHAPTER 02 ENROLLMENT AND DISENROLLMENT	Enrollment	ER02	Enrollment Election Receipt- Dated	6/14/2007 3:41:00 PM	ctestmpson	ER 1_MAY2007
Medicare Advantage	CHAPTER 02 ENROLLMENT AND DISENROLLMENT	Enrollment	ER03	Enrollment Effective Date (Timeliness)	6/14/2007 8:26:00 AM	ctestmpson	ER1_MAY2007
Medicare Advantage	CHAPTER 02 ENROLLMENT AND DISENROLLMENT	Enrollment	ER04	Enrollment Election Completion Process	6/14/2007 3:42:00 PM	ctestmpson	ER1&ER2_MAY2007
Medicare Advantage	CHAPTER 02 ENROLLMENT AND DISENROLLMENT	Enrollment	ER05	Enrollment Acknowledgement (Timeliness)	6/14/2007 3:43:00 PM	ctestmpson	ER1_MAY2007
Medicare Advantage	CHAPTER 02 ENROLLMENT AND DISENROLLMENT	Enrollment	ER07	Denial of Enrollment Prior to Transmission to CMS (Timeliness)	6/14/2007 3:43:00 PM	ctestmpson	ER1&ER2_MAY2007
Medicare Advantage	CHAPTER 02 ENROLLMENT AND DISENROLLMENT	Enrollment	ER08	Denial of Enrollment Prior to Transmission to CMS (Notice Content)	6/14/2007 3:44:00 PM	ctestmpson	ER1&ER2_MAY2007
Medicare Advantage	CHAPTER 02 ENROLLMENT AND DISENROLLMENT	Enrollment	ER09	Final Notice of Enrollment/CMS Rejection (Timeliness)	6/14/2007 3:41:00 PM	ctestmpson	ER1&3_MAY2007
Medicare Advantage	CHAPTER 02 ENROLLMENT AND DISENROLLMENT	Enrollment	ER10	Final Notice of Enrollment/CMS Rejection (Notice Content)	6/14/2007 3:44:00 PM	ctestmpson	ER1&ER3_MAY2007

Reported Elements

The Reported Elements section contains all elements reported during the specified reporting period.

Oversight Monitoring Tool - Microsoft Internet Explorer

Address: https://gemcarehealthplan/omt/Default.aspx

Health Plan: GEMCare Plus Reporting Schedule

Audit Guide Dashboard Customer Service

Compliance Issues Worksheet History Reported Elements Help

Reported Guide Elements

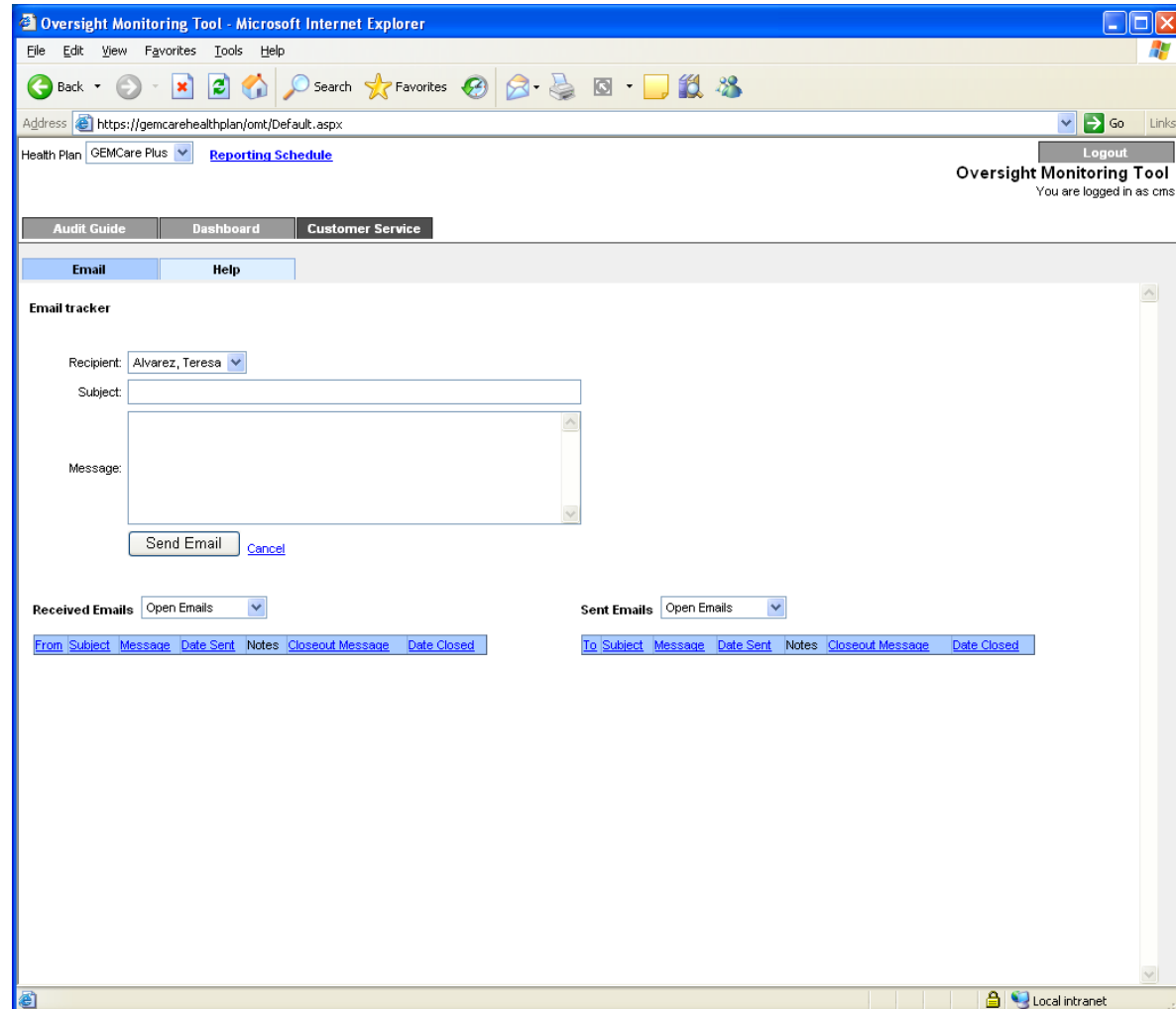
From Start of Snap Shot: May 2007 Reporting Period Ending 6/3/2007
To End of Snap Shot: May 2007 Reporting Period Ending 7/2/2007

Part	Chapter	Code	Assigned User	Period	Year	Met	Approved
Medicare Advantage	CHAPTER 02 ENROLLMENT AND DISENROLLMENT	DN02	jdelvillar	MAY	2007	Yes	
Medicare Advantage	CHAPTER 02 ENROLLMENT AND DISENROLLMENT	ED03	jdelvillar	MAY	2007	Yes	
Medicare Advantage	CHAPTER 02 ENROLLMENT AND DISENROLLMENT	ED05	jdelvillar	MAY	2007	Yes	Yes
Medicare Advantage	CHAPTER 02 ENROLLMENT AND DISENROLLMENT	ED07	jdelvillar	MAY	2007	Yes	Yes
Medicare Advantage	CHAPTER 02 ENROLLMENT AND DISENROLLMENT	ER09	jdelvillar	MAY	2007	Yes	Yes
Medicare Advantage	CHAPTER 02 ENROLLMENT AND DISENROLLMENT	ER11	jdelvillar	MAY	2007	Yes	Yes
Medicare Advantage	CHAPTER 03 MARKETING	MR01	dhoefner	MAY	2007	Yes	Yes
Medicare Advantage	CHAPTER 03 MARKETING	MR05	ssanchez	MAY	2007	Yes	Yes
Medicare Advantage	CHAPTER 03 MARKETING	MR08	ssanchez	MAY	2007	Yes	Yes
Medicare Advantage	CHAPTER 03 MARKETING	MR09	BBoyd	MAY	2007	Yes	Yes
Medicare Advantage	CHAPTER 03 MARKETING	MR10	dhoefner	MAY	2007	Yes	Yes
Medicare Advantage	CHAPTER 13 ORGANIZATIONAL DETERMINATIONS, GRIEVANCES, AND APPEALS	OV01	CKnollenberg	MAY	2007	Yes	Yes
Medicare Advantage	CHAPTER 13 ORGANIZATIONAL DETERMINATIONS, GRIEVANCES, AND APPEALS	OV03	CKnollenberg	MAY	2007	Yes	Yes
Medicare Advantage	CHAPTER 13 ORGANIZATIONAL DETERMINATIONS, GRIEVANCES, AND APPEALS	OV04	CKnollenberg	MAY	2007	Yes	Yes
Medicare Advantage	CHAPTER 13 ORGANIZATIONAL DETERMINATIONS, GRIEVANCES, AND APPEALS	OV05	CKnollenberg	MAY	2007	Yes	Yes
Medicare Advantage	CHAPTER 13 ORGANIZATIONAL DETERMINATIONS, GRIEVANCES, AND APPEALS	OC01	BBoyd	MAY	2007	Yes	Yes
Medicare Advantage	CHAPTER 13 ORGANIZATIONAL DETERMINATIONS, GRIEVANCES, AND APPEALS	OC03	BBoyd	MAY	2007	Yes	Yes
Medicare Advantage	CHAPTER 13 ORGANIZATIONAL DETERMINATIONS, GRIEVANCES, AND APPEALS	OC04	BBoyd	MAY	2007	Yes	Yes
Medicare Advantage	CHAPTER 13 ORGANIZATIONAL DETERMINATIONS, GRIEVANCES, AND APPEALS	OC05	BBoyd	MAY	2007	Yes	Yes
Medicare Advantage	CHAPTER 13 ORGANIZATIONAL DETERMINATIONS, GRIEVANCES, AND APPEALS	OC06	BBoyd	MAY	2007	Yes	Yes
Medicare Advantage	CHAPTER 13 ORGANIZATIONAL DETERMINATIONS, GRIEVANCES, AND APPEALS	OC07	BBoyd	MAY	2007	Yes	Yes
Medicare Advantage	CHAPTER 13 ORGANIZATIONAL DETERMINATIONS, GRIEVANCES, AND APPEALS	OP08	CKnollenberg	MAY	2007	Yes	Yes
Medicare Advantage	CHAPTER 13 ORGANIZATIONAL DETERMINATIONS, GRIEVANCES, AND APPEALS	OP10	CKnollenberg	MAY	2007	Yes	Yes
Medicare Advantage	CHAPTER 13 ORGANIZATIONAL DETERMINATIONS, GRIEVANCES, AND APPEALS	RC01	CKnollenberg	MAY	2007	Yes	Yes
Medicare Advantage	CHAPTER 13 ORGANIZATIONAL DETERMINATIONS, GRIEVANCES, AND APPEALS	RC02	CKnollenberg	MAY	2007	Yes	Yes
Medicare Advantage	CHAPTER 13 ORGANIZATIONAL DETERMINATIONS, GRIEVANCES, AND APPEALS	RC03	CKnollenberg	MAY	2007	Yes	Yes
Medicare Advantage	CHAPTER 13 ORGANIZATIONAL DETERMINATIONS, GRIEVANCES, AND APPEALS	RP01	CKnollenberg	MAY	2007	Yes	Yes
Medicare Advantage	CHAPTER 13 ORGANIZATIONAL DETERMINATIONS, GRIEVANCES, AND APPEALS	RP02	CKnollenberg	MAY	2007	Yes	Yes
Medicare Advantage	CHAPTER 13 ORGANIZATIONAL DETERMINATIONS, GRIEVANCES, AND APPEALS	RP03	CKnollenberg	MAY	2007	Yes	Yes
Medicare Advantage	CHAPTER 13 ORGANIZATIONAL DETERMINATIONS, GRIEVANCES, AND APPEALS	RP04	CKnollenberg	MAY	2007	Yes	Yes

Done Local Intranet

Customer Service Module

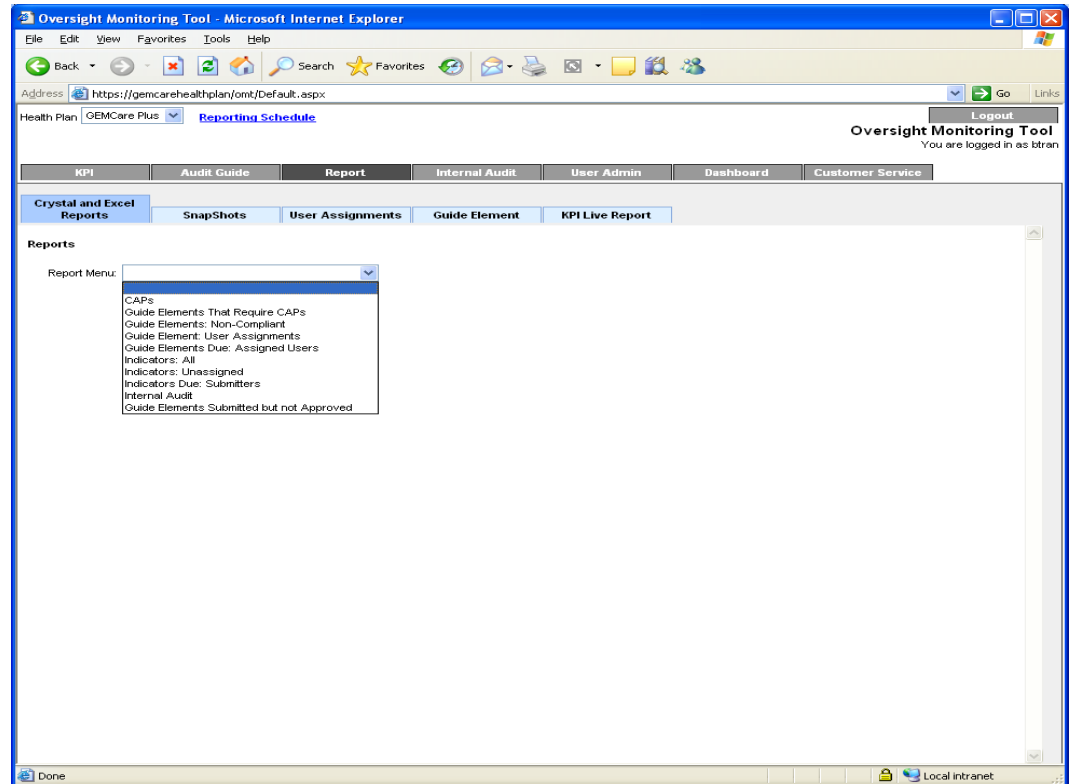
The Customer Service Module allows a user to send requests to other users of the OMT. All requests are logged and tracked. The CSM is similar to a work order in that the recipients must close out all requests sent to them



The screenshot shows the Oversight Monitoring Tool interface in Microsoft Internet Explorer. The browser title is "Oversight Monitoring Tool - Microsoft Internet Explorer". The address bar shows the URL: <https://gemcarehealthplan/omt/Default.aspx>. The page header includes "Health Plan: GEMCare Plus" and "Reporting Schedule". A "Logout" button is visible in the top right corner, with the text "Oversight Monitoring Tool" and "You are logged in as cms" below it. The main navigation tabs are "Audit Guide", "Dashboard", and "Customer Service". The "Customer Service" tab is active, showing sub-tabs for "Email" and "Help". The "Email" sub-tab is selected, displaying an "Email tracker" form. The form includes a "Recipient" dropdown menu set to "Alvarez, Teresa", a "Subject" text box, and a "Message" text area. Below the message area are "Send Email" and "Cancel" buttons. At the bottom of the form, there are two sections: "Received Emails" and "Sent Emails", each with a dropdown menu set to "Open Emails". Below these sections are two tables with headers: "From | Subject | Message | Date Sent | Notes | Closeout Message | Date Closed" and "To | Subject | Message | Date Sent | Notes | Closeout Message | Date Closed". The status bar at the bottom of the browser shows "Local intranet".

Other Features

OMT users have access to various reports for facilitating compliance reporting and for providing trend analysis.



CMS Expectations

- Company commitment to the MA program and compliance
- Corrective Action Plan Implementation and Continuous Improvement Focus
- Resource Commitment
 - Appropriate staffing levels
 - Education and training

QUESTIONS

?