



2016 Annual Conference

CMS Program Audits

The Good. The Bad. The Ugly.



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Gail Blacklock
Compliance Officer



Your Extended Family.

John Tanner
Medicare Compliance Officer



Jean Diaz
Director Process Redesign



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The Good

- Preparation time
 - Buy-in from Top Down
 - On-site Joint Operations Meetings with FDRs
 - Changed audit approach internally and FDR auditing “Mock Audits” Quarterly
 - Functional Assessment of Organization for Monitoring and Auditing
 - PBM bi-weekly monitoring review meetings and on-site audits
 - Notice Day = FDR Cooperation
 - Final Audit Day = FDR Cooperation



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The Good

- Universe Task Force
 - Dedicated staff – appropriate representation and system programmers
 - Weekly meetings – line by line
 - Weekly monitoring G&A universes - testing



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The Good

- Other Plan Audits
 - Attending Conferences, webinars, and on-going research
 - ICE Teams – Contracting & Compliance; MOOP, HIPPA, etc.
 - Discussions with peers, consultants, CMS Account Managers
 - Annual audit protocols and universes
 - Common Findings, Best Practices, and Job Aids
 - FDRs experienced with Program Audits: webinar file review expectations; daily document request follow-up; beneficiary impact analyses, etc.



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The Good

- FDR ODAG / Data Validation Universe Implementation 1/16
 - Utilized ODAG universes adding in data validation fields SOD, EOD
 - Developed auto validation to test for file layout and field content prior to Plan acceptance
 - Worked with FDRs to correct errors in format, system logic and refine process
 - Utilized actual CMS program audit universes to capture existing information from ODAG Data validation
 - Continue to utilize and work with ICE Contracting & Compliance to refine and establish consistency
 - Post-audit weekly webinars for CAPs and best practices, refinement of processes moving forward



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The Good

- Audit Day
 - The internal team members
 - Organized, consistent approach
 - They know their stuff better than you
 - Ability to police the situation
 - Utilizing on-site and external consultants
 - Analyzing case files alongside CMS auditors
 - Preparing for daily de-brief and document requests
 - FDR contact lists across all lines of FDR functional areas
 - PBM support and dedication
 - External vendors

The Good

- Strengthen compliance across the enterprise
- Improve member experience and satisfaction
- Focused/coordinated effort among key operational areas and Compliance
- Strengthen internal relationships
- Opportunity to learn and improve

The Good

- Auditors were fair and reasonable, yet firm.
- Delegated providers that previously had gone through a Program Audit were a great resource and performed well.
- Delegated providers responded quickly to auditor requests and worked effectively with the plan to meet deliverables.
- Use of webinars to review files was a challenging, but ultimately effective auditing methodology.
- Going through the audit served as a strong teambuilding experience – staff collaborated well and persevered!



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The Bad

- First-time utilization of non-identical universes for FDRs
- Right staff for the job
- FDR Universe changes (January 19th update)
- Staff & FDR – don't assume requirements are understood
- Prepare Compliance Universes ahead of time and continually update (CPE –ECT Universe; Compliance Tracer Samples)
- Check and re-check data before uploading to HPMS
- Naming conventions of files
- Communication

The Bad

- Disrupts ongoing operations for the 6 weeks leading up to the audit, the 2 weeks of the audit, and 2 to 3 weeks subsequent to the audit.
- After the audit -- performing two jobs
 - Remediation work and
 - Day-to-day work!

The Bad

- Some interpretations of data universe requirements differed from previous guidance
- Unclear at times during the audit to distinguish whether best practices or regulatory requirements were being cited
- Underestimated certain aspects of the audit process that resulted in heavy demands on staff – examples include:
 - Coordinating and managing validation webinars
 - Scheduling audit times with multiple delegated providers
 - Performing quality reviews of initial & resubmitted audit universes with quick turnaround time frames.



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The Ugly

- Communication - “The Herding of Cats”
 - FDR’s 21 per CMS perspective
 - Webinar instructions
- Compliance Training
 - Don’t let one get away!!!

The Ugly

- Universes
 - Very Heavy Workload leading up to the audit, during the audit (especially), and immediately subsequent to the audit (2 to 3 weeks)
 - Long Hours – especially during the audit

The Ugly

- Delegated providers that had not previously gone through a Program Audit were often not aware of or prepared for the rigors and demands of this process
- Delegated providers did not always have the right staff on the webinars prepared and or capable to answer auditor questions
- Challenging for smaller delegated providers to have adequate staffing to be able to quickly respond to auditor requests and then have the flexibility and availability to discuss sampled files on webinars.



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I Wish I Knew

- Make sure you have the right staff for the right purpose – pre-plan; prep; audit; and post
- Monitoring and auditing - denial letters, authorizations, etc.
- Audit FDRs at least quarterly – “don’t fall behind”
- Dashboard for Compliance with tracking and reporting
- Get buy-in sooner vs. later – Compliance is no joke!

I Wish I Knew

- CMS methodology for validating universes -- would have helped in audit prep, and serves as an effective ongoing monitoring tool for the plan
- Time commitment for CMS universe validation webinars – audit effectively starts at this point

I Wish I Knew

- Lack of standardized reporting requirements between plans and FDRs resulted in additional, avoidable work
- New standards on what constitutes a clear and understandable member letter, especially when describing clinical determinations
- Speed with which auditors expected the plan to turn around requests, in particular when it involved delegated providers
- “Over communicate” specific risk issues to senior management and the board (and not just patterns of non-compliance), and document it
- Amount of time, data production, and information required from plans and providers during the validation webinars

Let's Collaborate



Medicare Advantage Downstream Contracting Addendum

- ICE created the Medicare Advantage Downstream Contracting Addendum in collaboration with CMS Region IX to facilitate the contracting process for both MAOs and their contracted entities.
- CMS has adopted the Medicare Advantage Downstream Contracting Addendum as of 8/7/14
- Now used on the Provider Table (HSD) to identify which contracted entity has executed the *CMS* Medicare Advantage Downstream Contracting Addendum.

Medicare Advantage Downstream Contracting Addendum

Medicare Advantage Contract Amendment

(For use with Administrative / Management Contracts and First Tier or Downstream Entity - Provider Contracts)

CMS requires that specific terms and conditions be incorporated into the Agreement between a Medicare Advantage Organization or First Tier Entity and a First Tier Entity or Downstream Entity to comply with the Medicare laws, regulations, and CMS instructions, including, but not limited to, the Medicare Prescription Drug, Improvement and Modernization Act of 2003, Pub. L. No. 108-173, 117 Stat. 2066 ("MMA"); and

Except as provided herein, all other provisions of the Agreement between [{MA Organization Name or Entity}] and {Entity}] not inconsistent herein shall remain in full force and effect. This amendment shall supersede and replace any inconsistent provisions to such Agreement; to ensure compliance with required CMS provisions, and shall continue concurrently with the term of such Agreement.

NOW, THEREFORE, the parties agree as follows:

Definitions:

Centers for Medicare and Medicaid Services ("CMS"): the agency within the Department of Health and Human Services that administers the Medicare program.

Medicare Advantage Downstream Contracting Addendum

Provider State	Provider Zip Code	If PCP, Accepts New Patients? (Y or N)	Name of Medical Group Affiliation or "DC"	Uses CMS MA Contract Amendment (Y or N)

LET'S COLLABORATE!

- **Proposal #1:** Create a task force of delegated providers and MAOs to standardized ODAG formats.
- Standardize ODAG tables #1- 4 requirements for easier submission for delegated providers (same fields, definitions, file format & identify/add any required fields)
 - ODAG Tables 1 & 2
 - #1 Standard Organization Determinations
 - #2 Expedited Organization Determinations
 - ODAG Tables 3 & 4
 - #3 Claims
 - #4 Direct Member Reimbursement
- Develop process and tools for delegated providers to assist with quality data validation

LET'S COLLABORATE!

- **Proposal #2:** Create an annual FDR Compliance Attestation Process
 - Create one attestation document
 - Create a repository that allows MAOs to audit elements of compliance programs for testing, OIG/GSA, etc.

LET'S COLLABORATE!

- **Proposal #3: Webinar Preparation Training for Delegated Entities**
 - Create common webinar guidelines for delegated entities and MAOs
 - Create a document that includes webinar tips such as the following:
 - Assign one driver and another person to be the speaker to talk about the case
 - Ensure that the appropriate staff participates that is knowledgeable about the requirement as well as the delegated entities' process.

LET'S COLLABORATE!

- **Proposal #4: CMS FWA/Compliance/Anti-Discrimination Training**
 - One stop shop for Organizations and Delegates
 - Create repository for ease of review

LET'S COLLABORATE!

- **Proposal #5:** What is your suggestion for the ICE Compliance & Contracting Team to collaborate?



[Shelley Segal](#) - Moderator

shelleysegal@medcompsol.net