Open Q&A Session
Stacey Plizga, PRI

Stacey Plizga: All right. Our last session today is the Open Q&A Session. And what this means is we will bring our speakers back up on stage and give you an opportunity to ask any unanswered questions or questions that you have thought of throughout the day. And then these questions will then later get posted on the CTEO website for you also.

All right. So, we will go ahead and get started. And we have our first group, the session Review of Audit Redesign. And I'm going to ask for -- nope. If anyone has any questions for Caroline, Daniel, Ann-Marie, or Lisa, in the audience, to go ahead and step to the microphone. And I'm also going to ask for Caroline and Daniel to come up on stage to address your questions. Go ahead. Oh, could we have the mic in the center floor on?

Carrie Hays-McElroy: Since this morning, I've been asked to ask you another clarifying question regarding the personnel files and contracted staff or providers. And I think the example that I want to ask you about, as a contracted physician, for example, a psychiatrist is contracted with the organization to come on site and provide clinic hours if you like, do we have to have a personnel file on that contracted provider, and what would need to be in that file?

Caroline Zeman: So, that actually overlaps with one of the questions that we had received online. And I do want to say that we are taking back all of the concerns raised in our first session about contractors and we're going to review

those with our SMEs and offer some additional guidance on contractors and what we're expecting in that regard. We can go ahead and review the other question that we received at the same time with regards to contracted physicians.

When contractors are in house and they're physicians and they're having direct participant care, we are really looking at the regulations around personnel in 46064 and 46071, which don't distinguish employees versus contractors; they actually say employees "and" contractors, and then they outline the requirements that need to be met. So, when we go in for audit, we would expect documentation in some form to show that those contracted staff on site have met the same requirements. And we don't dictate what that documentation looks like, but it has to be sufficient enough to show compliance with our regulations.

Carrie Hays-McElroy: Okay. Thank you.

Stacey Plizga: Are there any other questions from our in-house audience? Okay.

Audience Member: I have a question. This is not to belabor the point about contractors, but you specifically just made a distinction between services provided by physician contractors on site. So, following your statement, that would mean that physicians that provide services off site, you're not expecting personnel records for those.

Caroline Zeman: Not necessarily, no. I said "on site" because I wanted to stay true to the question asked as well as the question asked online, which was specific to on-site contractors, but, again, we understand there's some questions around what contracted staff were looking for and whether it would be facilities and/or individuals. We're going to take those questions back and we'll be issuing guidance.

Stacey Plizga: Okay. Any other in-house questions? Okay. The next step then is to address questions that we've received from our virtual audience, and we're going to do this a little differently. I'm not actually going to read the

questions. Daniel and Caroline are going to read the questions because some of them are very lengthy, and they're going to kind of paraphrase them. So, we thought this would be the best way to address it. So, I will turn it over to them and they will address the questions that had come in from our virtual audience.

Daniel Deisroth: All right. Thanks. So, the first question that we had was "Could you please clarity what CMS is looking for when reviewing the care plan with regard to all medical diagnoses needing to have documented goals, interventions, and timelines?"

So, we don't expect that all medical diagnoses have interventions, measurables, and outcomes. We would expect that a PACE organization be able to demonstrate compliance with CMS regulations and the additional care planning guidelines released by CMS. However, we cannot discuss care plans in more detail as the discussion is often dependent on specific facts and circumstances of the given case.

Caroline Zeman: So, the next question we received in was "Back in February, during the CMS audit webinar, state administering agencies were made aware of the PAC process and asked -- and they thought that state administering agencies were to participate in the PAC call following the audit." So, we were asked for additional clarification on whether state administering agencies are supposed to be involved in the PAC calls.

And state administering agencies are not required to attend PAC meetings. They are optional attendees. And depending on their role in the audit and whether they acted as a team member for the CMS portion, we would encourage them to attend in order to provide insights on their audit experience.

Daniel Deisroth: All right. So, the first email we had in regards to the presentation earlier, we had a comment that was made regarding feedback on in-person assessments and the need for additional guidance in this area. And we didn't really have a question, but we wanted to let them know that we

appreciate the comment. As we stated in our presentation, we are continuing to provide feedback regarding questions and any concerns raised by the industry to our central office SMEs, or subject matter experts. This has been an area that has been highlighted for our SMEs as an area where PACE organizations would appreciate additional guidance and clarification.

Caroline Zeman: We had one person ask, "You stated earlier that an in-person assessment can be conducted prior to the receipt of the request by the IDT so long as the assessment is in response to the service requested. Many requests are made during routine assessments, such as annual assessments. If a request is made for PT during a PT annual assessment, can that assessment be used as the in-person assessment in response to the service request?"

So, what we would expect to see from an audit standpoint is documentation that the request was actually made during the assessment, and documentation that the assessment actually assessed the participant for the specific requested service. And if that documentation was present, we would consider that satisfactory for purposes of audit.

Daniel Deisroth: All right. Our next question was "Can you please share the breakdown for the 33 ICARs, and what universes were they in, and can you provide some examples?"

So, we cannot list every condition that has been listed as an ICAR, however we can say that the -- we have sited ICARs in all of the elements except for the quality element. A condition will generally rise to the level of an ICAR if it's deemed either an access issue or relating to the care of a participant that needs to be addressed immediately. So, for example, if a PO is cited for a condition for failing to provide approved care, such as not following physician orders or not providing care plan interventions that directly impacts a participant's care, health, or safety, that would likely be classified as an ICAR.

Another example would be if the PACE organization was failing to provide appeal rights when denying a service delivery request. That would also likely be deemed an ICAR as it impacts the participant's ability to further receive the requested services and care.

Caroline Zeman: We received several questions regarding how to define a service delivery request, and those questions also included several hypothetical scenarios. We cannot address individual scenarios on stage. Unfortunately it would get much too lengthy. What we can say is that in 460104d2, the regulation speaks that a service delivery request is made at the request of the participant or designated representative if the participant or rep believes that the participant needs to initiate, eliminate, or continue a particular service. The regulation also defines services as both items or services. We would expect a PACE organization to have a process to define and identify service delivery requests that meet the requirements in the regulation. For audit purposes, any request that the PACE organization processes as a service delivery request would then be included in the first universe.

Daniel Deisroth: All right. In regards to contractor staff that are in house, is there a standard checklist that we should follow when collecting documents prior to hiring so that we are in compliance?

So, CMS does not have a formal checklist. Auditors use the regulations and the manual in order to highlight requirements for personnel. If a PACE organization chooses to create a checklist, the organization should review the requirements outlined in both the regulations and the manual, and build it from there.

Caroline Zeman: Next question, "Will there be clarity in definitions in the 2017 audit report? For example, definition of a service delivery request, definition of the timeline for a service delivery request, and when a service request is deemed received."

We believe this question is asking if policy clarifications are going to be made in the 2017 annual audit report. Our annual report is not a vehicle for issuing policy clarification or guidance, rather it will be used to inform PACE organizations of the issues of noncompliance we have noted during the year. We will, however, make our central office subject matter experts aware that PACE organizations want additional clarification and guidance on these issues.

Daniel Deisroth: And the next question is "What are the thresholds for untimely service requests?"

So, CMS has created thresholds that we believe are fair to PACE organizations in regard to service request timeliness, however this is an internal threshold only and we will not be releasing the thresholds at this time.

Caroline Zeman: And the last question that we received, "Will the universes and templates remain the same for future reviews?"

So, while we are constantly assessing our audit process and for process improvements, we do not anticipate changes to the current audit protocol in the near future. We will, however, publically announce any changes that may be made.

Stacey Plizga: Okay. Please help me thank Caroline and Dan for taking the time to address your questions. We do, I see, have one more, so you guys can't quite escape yet.

Ursula Robinson: I actually don't know if it's a question, but when I heard you say that there would be an opportunity to give CMS feedback, I wanted to make sure that you were aware of this. My name is Ursula Robinson and I'm from the PACE Program in Greensboro. And one of the issues we're running into is my team has heard that when we're in the participant advisory committee meetings, that any opportunities to improve that the participants give us in those meetings, we are to make them grievances.

And so that has resulted in participants not participating in the participant advisory committee. So, I just wanted to make sure that you all were aware, if not, that at least our program is having that concern.

Caroline Zeman: Thank you. We appreciate that. And we'll definitely take back the guidance.

Ursula Robinson: Thank you.

Audience Member: I'm sorry. I meant to ask this earlier. For the pain management, what are you all looking for in that field? Are you looking for any type of pain management we've provided, or are you looking for higher level, schedule twos or?

Daniel Deisroth: We're looking for anything that you would actively define as pain management. So, it could be a medication, but it could also be things like therapy and other sort of non-pharmaceutical interventions that you put in place to address participant pain.

Stacey Plizga: Anyone else? Okay. I think you guys are good. Thank you. All right. Our next session, which is session two, Emergency Preparedness, with Ronisha, she was unable to be here for this session. So, if you do have any outstanding questions for her, please make sure that you send them into the Ask CMS Live link that is on the CTEO website and we'll be sure to get those addressed.

Our next session was Coordination of Benefits. Nope, I skipped one. I lied. It was Financial Audits. Can I ask if there's anyone in our in-house audience who has any questions on financial audits? If so, if you would like to step up to the microphone. Okay. So, we will be happy to address your question. I was looking for my speaker and I panicked there for a minute. Amando will address your question.

Cliff Bauer: Amando has arrived. Good afternoon. I, again, appreciate very much this conference. It's been very informative. Two questions on the -- three

questions, I'm sorry, on Part D audits. How many Part D audits does CMS do, because there's hundreds or thousands of Part D providers, how many do you do a year?

Amando Virata: The requirement is to audit Medicare Part D and C sponsors, so we look at more the entities. So, roughly -- I'd have to get the breakdown, but between both of them, Part C and D, we do over 200 a year.

Cliff Bauer: Okay. The other one is is the external CPA firms that you contract with to do the audit, are they compensated based on the amount of money they're able to recoup?

Amando Virata Oh, no, no, no. They're bid out. They're firm, fixed price contracts.

Cliff Bauer: Okay. Also, we had -- we finished our audit and we had a corrective action plan, a couple areas where we had to put a corrective action plan. One of which was some fees for medication administration that were not allowed. We never have an -- is there any idea of when somebody might come to us and say, "Look, you got to pay us back some money," because we've never gotten any notice that we -- they said put in a corrective action plan. We did. They accepted it. But we've never been told, "Okay, well here's -- pay this money back."

Amando Virata: I guess from CMS' standpoint, if there was an error, we would expect the PDEs to be corrected and resubmitted.

Cliff Bauer: They were.

Amando Virata: Okay. So, I guess --

Cliff Bauer: This really wasn't a PDE issue.

Amando Virata: Okay. Maybe I didn't follow. What was the exact issue then as far as --

Cliff Bauer: Medication administration fee, what we considered to be a medication administration fee. The auditor said, "No, you can't count that that way, so we have to reduce that amount that you put in your bid."

Amando Virata: Oh, it was a bid. Okay. For the bids, I would think it would be a future correction then. So, future bids, we would expect that to be removed.

Cliff Bauer: Okay.

Amando Virata: Yeah.

Cliff Bauer: Very good. Thank you.

Amando Virata: Okay.

Stacey Plizga: All right. Well, thank you, Amando. And we did not receive any questions from our webcast audience. Okay. For Coordination of Benefits, for Shelley and John, are there any questions from our in-house audience? All right. So, I would like to ask Shelley and John to please come up on stage.

Christine Van Reenen: Hi, I'm Chris van Reenen from the National PACE Association. I also want to echo my appreciation for the material and information disseminated today. I have a quick question for Shelley about State Pharmaceutical Assistance Programs. Are Medicaid -- I am not a Part D expert, but I seem to recall from way back when that Medicaid beneficiaries didn't participate in State Pharmaceutical Assistance Programs. Can you confirm that one way or another?

Shelly Winston: I'm actually not sure of that. So, I better check.

Christine Van Reenen: Okay. I'd appreciate that because I think, you know, we talk a lot about kind of the coordination of benefits as it relates to SPAPs.

Shelly Winston: Right.

Christine Van Reenen: And I think, you know, there might be some confusion out here about kind of how SPAPs interact with the Medicaid beneficiary population. And I know we serve Medicare-onlys, and there is a potential there, but I think it would just kind of enhance understanding.

Shelly Winston: Yeah. So, one of the things is that the law did change in that it used to be that -- well, now ADAPs particularly are of last resort, the payer of last resort, and they do come in after Medicaid. So, with the HIV population, I'm pretty sure that they can --

Christine Van Reenen: On the ADAPs.

Shelly Winston: Yes.

Christine Van Reenen: Okay.

Shelly Winston: Yes. Yeah.

Christine Van Reenen: Right. So then, if we can maybe just get clarification on the SPAPs.

Shelly Winston: Right. Exactly.

Christine Van Reenen: Thank you very much.

Shelly Winston: Thank you.

Stacey Plizga: I was just going to mention that question that we need clarification on, if you can go ahead and send that in on the Ask CMS Live survey, and then we'll have it documented and we'll have your contact information so we can get back to you. Okay. Thank you.

Kimberly Hampton: Hi, Kimberly Hampton from Mercy LIFE in Pennsylvania. I'm actually asking for one of my colleagues who is intimately familiar with Part D, but

she asked if, upon receipt of the COB file, is it the expectation that the PACE organization will contact all the participants listed to confirm the information is correct, and, if so, in what time period after receiving that file?

Shelly Winston: So, the question is, if you've got somebody on the COB file and indicates another coverage pretty much?

Kimberly Hampton: Mm-hm.

Shelly Winston: Yeah. So, the expectation currently is that those -- all those individuals who indicate other coverage be contacted. We are currently looking at that policy to make sure that it still makes sense, but currently, yes.

Kimberly Hampton: And is there a timeframe in which you would expect that to be completed?

Shelly Winston: It's within 30 days.

Kimberly Hampton 30 days.

Shelly Winston: Yes.

Kimberly Hampton: Okay. Great. Thank you.

Kimberly Henderson: Kim Henderson from McGregor PACE in Cleveland. I have a question about TrOOP. So, I know, you know, TrOOP Out is easy to do for us, to send the letters, but we do ask for TrOOP information for new enrollees, and we have yet, in the two years I've been there, gotten anything. So, what is the regulations from us? We went through the one-third financial audit last year and got dinged on this, but, you know, what are the regulations for PACE people for TrOOP In?

Shelly Winston: TrOOP in, from a plan that does automated TrOOP balance, ATBT, it's really not necessary. So, as long as they -- and most -- all plans, except

for PACE, have to participate in ATBT. So, if the information is coming from another PACE that does not participate in ATBT the information must be sent to the next plan. So if a plan does participate in ATBT, that would be a non-PACE, then that information has really already in the system.. So, it wouldn't be required.

Kimberly Henderson: Okay.

Shelly Winston: And I do want to say that chapter 14 is a little bit vague on that, I'm aware, and we are going to make a correction.

Kimberly Henderson: Okay. Thank you.

Shelly Winston: Thank you.

John Albert: Did that person send that question in electronically already? No? Oh, because this is similar [inaudible].

Shelly Winston: Yes, that is -- right, that's pretty much the same question. Okay. Thank you.

Stacey Plizga: Okay. Any other questions? Okay. Well, thank you to Shelley and John. All right. Our next session is Prescription Drug Events, Formulary Issues, and Part D Compliance. If there is anyone in house with a question, could you please step to the microphone in the center of the room? And since there is, I would like to ask Angela, Christine, Jasmine, and Teddy to come up on stage to address the questions.

Carrie Hays-McElroy: Hi. I just want to clarify a comment actually that Teddy made when you gave the example about a preferred medication list and how that might trigger indication that the organization would be considered as having a formulary. Can you clarify, is it okay to have a preferred medication list if you just say these are our preferred medications but if you don't actually act on, you know, rejecting any requests for medications that are not on the preferred list, if that makes sense?

Teddy Pitaktigul: Yeah, that's a little gray in that area. I'm not too sure, but if you can submit the question to the Part D mailbox, I can get you maybe a better answer on that.

Carrie Hays-McElroy: Okay. All right. Thank you.

Teddy Pitaktigul Thank you.

Cliff Bauer: Good afternoon again. The -- I'm Cliff Bauer from Florida PACE Centers down in Miami. The question I had was with respect to one of your slides mentioned a net benefit. It was slide number -- it was the DPSS slide, it said part four, and it has a net benefit, and I just wondered what did you mean by net benefit?

Angela Stanley: Yeah, let me grab my notes and can I talk to you afterwards?

Cliff Bauer: That's fine. And then a formulary question. The question you asked on the slide that we had to answer, so if we're a PACE program that uses step therapy, are you saying that we have to have submitted an -- have an approved formulary with -- submitted to CMS?

Teddy Pitaktigul Yes, any restrictions on medications are subject -- or deemed to be having a formulary. A step therapy is a restriction on the medication. And the -- you should submit the formulary to CMS.

Cliff Bauer: CMS. Very good. Thank you.

Teddy Pitaktigul Correct. Thank you.

Stacey Plizga: Okay. Any other questions? Okay. Then I'd like to thank Angela, Christine, Jasmine, and Teddy for your participation today. And our last session was Program Agreements. If there are any questions for Denise, please step to the microphone in the center of the room. And we do have a question, so, Denise, could you please join me up on stage?

Christine Van Reenen: Hi, Denise. I'm still Chris van Reenen from the National PACE Association. I have a quick question in regard to the note about the 30-day waiver. So, in an example for -- how does the 30-day waiver kind of interact with the regulatory timeframes around approvals of waiver applications or expansion applications? So, for example, if you submitted an expansion application to open a new center and you have your 45-day kind of initial timeframe, and then there's a request for additional information, and then you're in the second 45-day clock, are you saying that that waiver could push you beyond that second 45-day clock, which is regulatory or? I'm just trying to understand the interaction between the two.

Denise Osborn-Harrison: So, this is how I'm interpreting your question. You're wondering when the 30-day clock starts to tick for the waiver; correct?

Christine Van Reenen: Yeah, that's an official way to ask the question, yes.

Denise Osborn-Harrison: Okay. Good. I got it. So, when you receive a letter from us, you know, the approval letter, that's when the 30 days would start to tick on the waiver. Essentially, you know, you have 30 days to look at the updated agreement and say, "Oh, you got something wrong here. Let's change it up." Most of the time, the PACE organization waives their right to do that because they want to get things going right away and they don't want to wait.

Christine Van Reenen: Right. No, I understand that, but there also needs to be agreement, if I'm understanding this 30-day waiver, between the state administering agency in a PACE organization, they have to jointly waive.

Denise Osborn-Harrison: Well, no, it's your -- it's the PACE organization's right, but we need a joint agreement that you have chosen -- the PACE organization has chosen to waive it.

Christine Van Reenen: So, the decision around the waiver of the 30 days rests with the PACE organization.

Denise Osborn-Harrison: Correct.

Christine Van Reenan: Okay. Thank you very much.

Stacey Plizga: Any other questions? Okay. Oh, wait. Yep.

Corrine Stevenson: I'm sorry. My name is Corinne Stevenson I'm from the Center for Elders and Dependents in Oakland, California. And I was just wondering if when updating this agreement, have you all ever run into a circumstance, since you've launched this initiative, where an organization was not able to go back to the beginning of their agreement in order to update it, and, if so, what are you all going to do in those instances to move forward from this point?

Denise Osborn-Harrison: Are you saying that they lost the agreement, they can't find it or?

Corrine Stevenson: Well, it may not be lost, it may just be unavailable. I don't know specifically.

Denise Osborn-Harrison: Misplaced. I mean, we should have a copy here, obviously, in the regions, our CNCS; you know? In the validation process, for example, the waiver example that I shared where we're validating past approvals of the waiver or we're validating past amendments to any of the appendices, that's part of what we call the assessment process. So, collectively, we're going to all look at our history of paperwork and ask ourselves do we feel comfortable with what we have here. And nine times out of ten that's just perfectly fine. I've never run into a situation where we had no program agreement at all, and so I kind of hesitate to comment on that one. That would be a little worrisome.

Corrine Stevenson: Well, I guess the question is really more of a specific timeframe, do you want the program agreement to go back to the beginning of time, the

initial first agreement? And if it can't go back to the beginning of time but maybe can go back to a shorter expanse of time, we could --

Denise Osborn-Harrison: It's the most recent version that we work with.

Corrine Stevenson: Okay. Thank you.

Denise Osborn-Harrison: You're welcome.

Stacey Plizga: Any other questions for Denise? Okay. Well, please help me thank Denise. All right. So, we have one last session evaluation, and that is for the Open Q&A session. If you would like to respond to that, please go ahead and select A, and then, again, follow the prompts.

And while you're doing that, I just have a couple closing remarks real quick. And the first one is to obtain your CEU credits for today's event, please refer to page 18 in the conference guide. That will give you the information you need to go ahead and get those credits. And then also CMS would like to thank all of our presenters today for their time and dedication in putting this event on. And, of course, we'd like to thank all of our in-house guests for participating today, and our virtual webcast participants.

And before I let you go, I just wanted to give you an opportunity to evaluate today's session. You guys are really quick. If you would like to evaluate today's event, that's the whole event, you can go ahead and select "A" at this point in time and send that response, and you'll get back a link that will take you directly to a SurveyMonkey survey so you can tell us what you thought about today's event and help us to improve for next events, and to keep doing the good things that we are currently doing.

And lastly, please remember to take all of your belongings with you. We do have trash receptacles outside of the auditorium, so anything that you need to deposit there, please do so. And one last time, thank you everyone for participating today. And have a wonderful evening.