Open Q & A Session

Stacey Plizga, PRI

Stacey Plizga: Alright, our next session today and actually our last session of the day is what we call our Open Q&A session and we will bring all of our speakers back up, session by session and give you one last opportunity to ask any questions that you have and also we will be addressing questions that were received from our virtual audience at the same time.

So we will go ahead and we will get started with session one which was The New Approach to 2019 Audits and Universes with Marie and Doreen. I'm going to have you just stand to my right and take that microphone. Okay. Alright do we have anyone from our in-house audience? Oh yes we do. Okay, wow! Okay so make sure you tell us who you are and where you're from and if you could please limit your questions to one at this time so we can make sure that we get everybody who's up and opportunity to ask their questions please.

Heidi Harmon: Hi I'm Heidi Harmon from Gorman Health Group. And I want to thank you for a wonderful presentation and also thank you for streamlining parts of the audit process coming up. I have a question, if there's any consideration to the numbers of samples for each audit area if those might be being decreased or increased?

Doreen Gagliano: So for 2019 we don't have any plans to change the number of samples. So for example, when we do our data integrity for universes that have

been combined, so let's say for standard and expedited grievances for example, when we do our data integrity we'll still do five cases for standard grievances and five cases for expedited grievances even though those two universes from 2018 will be combined into one in 2019. The same logic applies for the samples that we review during audit.

Diane Kortsch: Good afternoon, I'm Dianne Kortsch from Anthem and I also want to echo the thank you and appreciate the changes. I'm excited for them and then also the transparency and collaboration we've seen over the past two years is very appreciated. In this question I'm kind of weighing out two things, recognizing that you all have just – are still looking for comments on the draft, and so it's not even at a stage to go for approval, but also recognizing that even the positive changes may require some IT logic involvement in the plans and some reworking. Do you have any ballpark idea of when these may become final so we can start people working on the changes?

Marie Gutierrez: Yes. One of our questions we received as well, so we're currently in the 60-day comment period and that's going to end on June 1st. So after June 1st then we're going to scurry around and make sure we answer each and every comment that we receive and then after that, another comment period will open up and that would be for a 30-day period. So then that's another chance to look at it, comment on it and then when that 30-day period closes, then we're going to respond to all those again and then at that point, we're going to submit it to the OMB for review and approval and then they're going to, you know, take their process and the time that they need to do so. But big picture, the new audit approach will be for the 2019 audit year, and you know, we're in June and we're kind of, you know, we're on track to have these protocols final for the 2019 audit cycle.

Diane Kortsch: Okay, thank you very much.

Marie Gutierrez: You're welcome.

Open Q & A Session

Stacey Plizga, PRI

Tami Geroski: Hi I'm Tami Geroski with TMG Health Cognizant. Again, great presentation. My question is about the universe integrity testing. I'm glad to hear that CMS will be releasing some of the information that was previously kept internal and my question is whether or not you'll be releasing the various cut points for ICARs, CARs, observations for timeliness? And only because we utilize that internally for mock audits and we're trying to figure out where we may end up.

Marie Gutierrez: Okay. Good question. So, yes in the spirit of transparency, we are sharing our internal methods of evaluation like university – universe integrity testing, our targeted sampling approach. Now specific to your question about thresholds for condition classifications. I mean, it's – you really have all the information that we use and there are various factors, for example, timeliness, you know, in your specific example. We'll say, oh timeliness for processing something standard is 60 days, 30 days, or expedited for 14 or 72 hours; right? We disclose in the protocol that it is a universe level review for timeliness so you know we're going to look at everything in that universe. And you have the universe information. And then our audit process also includes sharing the timeliness results, including the specific non-compliant cases for all that univ – from all of that universe testing. So with all those things, it's the information is there. So I'm trying to – okay, I'm trying to directly tell you that as far as the thresholds it's not – it's not going to be stated in the protocol per say, that oh it's this number, it's this number, it's this cutoff. But that said, you have all the information that we're factoring in. Does that make sense?

Tami Geroski: It does and we do understand everything that's being factored in, and what we're trying to determine is, I mean, obviously we are striving for 100% as well as everyone else in the room here.

Marie Gutierrez: Okay.

Tami Geroski: Sometimes we don't achieve that, and what we're wondering is, you know, is a 95% in observation a CAR or an ICAR? And that's the information that we're seeking.

Marie Gutierrez: Sure. So as far as the classification you know we have an HPMS memo that defines what those – what would constitute a CAR, an observation. So it's not necessarily just the threshold, it would be, was it a systemic route cause that was causing that non-compliance; right? And as far as the classification – so it's -- the classification is really based on those definitions. It's not, oh you're 95% compliant, that's an observation.

Tami Geroski: I get it.

Marie Gutierrez: You're 100% compliant, then that's nothing. You're 96% compliant, that's CAR. So it's not that direct correlation for just the threshold that equates to a specific classification, hence the I'll say struggle and it's not even a hesitation, but it is not a direct correlation of this threshold is this because the definition includes the systemic or non-systemic nature of the route cause.

Tami Geroski: That's helpful, thank you.

Marie Gutierrez: Yay.

April Mitchell: Hi April Mitchell with United Healthcare. You indicated the process documents and the protocols are currently under review. Do you have an estimated timeframe of when they'll be available to plain sponsors?

Marie Gutierrez: I want to clarify your question, the protocol audit process protocol? Or the data request documents that are for comment which are posted on the Federal Register right now?

April Mitchell: The audit process protocols.

Marie Gutierrez: Good question. So, those protocols are – right so the overview document, right? We have one on the website now, but that one we're updating. We also have program area specific protocols and we're reformatting those and also in the process of updating them. Big picture, it will be available and we will use that for the 2019 audit year. It is not part of the PRA

approval process, so we're trying to simultaneously and diligently update those protocols – those audit protocol documents as we're, you know, making the PRA process move along as well. So I'm sorry it's a not answer, but big picture it will be available for the 2019 audit year.

April Mitchell: Thank you.

Marie Gutierrez: Thank you.

Marium Malik HI good afternoon, Marium Malik from Express Scripts. I have a question regarding your call log table. I know that in the presentation and also throughout the protocols you're looking to decrease the scope and I understand that the timeframes have definitely been decreased based on the plant sizes. However, I think there's a big distinction between last year and this year in the scope. Meaning last year at this conference we were provided with direction it was, you know, you would include calls coming into the main customer service line. The draft protocols refer to any incoming calls from member and/or provider and prescriber that would mean everything that comes in for coverage determinations, grievances, et cetera; right? So do you really think that you're decreasing the scope and wouldn't the volume be a lot more in the data even though the timeframes might be smaller?

Doreen Gagliano: I don't think so. Because in – like in 2018 right now, in ODAG you're still required to submit calls from enrollees and providers. In CDAG we're just looking for calls from enrollees, we're not looking for calls from providers. So it's still similar as far as who would be included in those universes. I think it's a lot less because the timeframe is so significantly less than what it is right now.

Marium Malik: Okay, it's interesting because the Part D call log calls out the expanded scope for a provider and prescriber, that's why I'm a little confused.

Doreen Gagliano: Are you talking about the 2019?

Marium Malik: Yes.

Doreen Gagliano: Yeah, well we did add that for 2019. I'm just saying for 2018 that there's a distinction. In 2019 I don't see that being that big of a difference because of the fact that the timeframe is so much shorter.

Marium Malik: Okay, thank you.

Doreen Gagliano: Yep, you're welcome.

Lynn Wartinger: Hello, I'm Lynn Wartinger with Geisinger Health Plan. And my question has to do with submitting the universes, you're going to be combining some of the universes together, like the expedited and the standard. That sounds like it's going to make the files larger. There's currently a 20-megabyte limit on what can be uploaded in HPMS in the audit section. Will you be upping that limit so that these larger files can be submitted without a problem?

Doreen Gagliano: Right. That's something that we're going to have to work with IT on. But yes, increasing the data field is something that we are definitely looking at so that in the event your universe is much bigger than that it will still fit in HPMS.

Lynn Wartinger: Okay, thank you.

Doreen Gagliano: You're welcome.

Stacey Plizga: Okay great, well we did receive some questions from our virtual audience and I was just perusing these while they were being asked and some of these seem similar, so if they are similar please just let me know.

Okay.

Alright, the first question I have here is, "I do not see any changes mentioned to SRAG universe, will that remain the same in 2019?"

Doreen Gagliano: So, an MP-SRAG protocols are going to mirror, we're going to try and align those with the approved PRA package for 2019 and the only difference is that the MMP-SRAG protocols, sorry data request document, will be released via an HPMS memo later after our data request documents have been OMB approved.

Stacey Plizga: Okay, the next question from the virtual audience. "How will the combining of expedited and standard universes impact the size of data integrity in audit samples?"

Doreen Gagliano: So this is one that we already covered as far as integrity testing for standard and expedited being combined we will still do a combination a total of ten samples when we're doing the data integrity test. So five standard grievances, five expedited and then the same applies to the number of samples that we will be reviewing in 2019.

Stacey Plizga: Okay, I have another question here. Will the data that will be collected for the 2019 timeliness monitoring project, data collected Q1 2019 be requested in the 2019 data collection formats or the 2018-2017 data collection formats?

Doreen Gagliano: So for the timeliness monitoring project, the same protocols in 2018 will be used to conduct the timeliness monitoring for the 2018 year in 2019.

Stacey Plizga: Okay I do have a couple more questions here. We have quite a bit for this session. The next question I have here was one that was asked in advance and that is, "What is the CMS expectation on the length of time recorded calls need to be kept for audit purposes?"

Doreen Gagliano: So I actually responded to this one directly out of the audit mailbox because it came in a couple weeks ago I want to say, and what I advised is the record retention requirements are actually not designed or regulated in MOEG, they're written and designed out of MCAG and so I referred the person who asked this question to MCAG's website via the

audit mailbox and said, “Please ask them” because when it comes to record retention, like I said, MOEG doesn’t set the policy for that.

Stacey Plizga: Okay, any other questions from our in-house audience today? Okay then please help me thank Maria and Doreen for their participation today.

[Applause]
Alright moving onto the next session that was Enforcement Analysis Process with Ann Levinstim. So if you have a question for Ann on this topic please move to the center of the room.

We did get a number of questions from our virtual audience, so thank you for sending those in. And if there are any questions we don’t get to then we will get those answered and posted on the CTEO website. Okay, go ahead please tell us your name and where you’re from.

Michelle Juhanson: Sure Michelle Juhanson, Performer Xa Number One, thank you very much for the detail and the data around the Europe process so it’s really helpful to have this much transparency. You shared that more information and more referrals are coming from the one-third financial audits. And I know that our brothers and sisters from the area that owns that audit are not necessarily represented in today’s presentation, but I would like to request or is there any opportunity to talk a little bit more, not necessarily in this forum but to get more feedback and data around the one-third financial audits? So we’ve supported at least three health plans per year going bac to 2008 and we’re seeing a shift and a change in the audit process from the one-third financial auditors. And there is not as much back and forth and repartee like we have in the program audits and some of the other audits that are managed by this group. And so my concern is that if you’re going to start receive referrals from the one-third financial audits but we don’t have the same level of feedback, then it may result in – or it may result in a lot more stress for the plan sponsors and false positives for CMS. And I’m just wondering if there’s something that could be done to bring more light to that process at all?

Ann Levinstim: Okay. And thank you very much for bringing that to my attention. And we'll definitely take that discussion back to OFM. I can say from our perspective the outreach that we've been conducting with sponsors that have been referred to us for one-third financial audits has been very extensive because we don't – we needed more information and we're also trying to understand what actually happened on the audit. So we have been in very close contact with it. And when we get to a situation where we think, this one possibly could look like a CMP we are definitely out there talking to the sponsors we have meetings with them, we're asking questions, we're having conference calls with them. So we would never move forward with an action until we fully understand what happened on audit and what the adverse impact to the beneficiaries were. So that's what I can say from our perspective but then it is a good point for our OFM folks to know about the collaboration of the auditors actually when they're doing the audit and I will definitely pass that information on.

Michelle Juhanson: Okie dokie, thank you very much.

Ann Levinstim: Okay, you're welcome.

Stacey Plizga: Okay our next question comes from our virtual audience, "Is the $200 penalty per delay, per date, of fill for a prescription? Or is it per prescription?"

Ann Levinstim: Okay, so I would like to clarify this question because I'm not quite sure if I understand it completely. But I thinking what the person meant was wondering if the $200 penalty that we impose that we have stated in our CMP methodology what are we actually imposing that on and it is not related to the number of prescriptions that are denied, it's not related to any specific time of delay if you – it's just based on each enrollee that is impacted by the violation. So if we think that the enrollee is substantially mitigated they would be removed if they're not substantially mitigated they're included and that's each enrollee's $200. And I hope that answers the person's question.

Open Q & A Session

Stacey Plizga, PRI

Stacey Plizga: Okay this next one is a two-part question, "Are these same dollar amounts being applied to PACE programs? What would be the consideration regarding how this could significantly negatively impact the financial viability of a small PO?"

Ann Levinstim: And that's a very good question and I'm sorry I didn't address that in the presentation today about what the penalty amounts for a PACE organizations are. We do not have the authority to impose a per enrollee penalty on PACE organizations, it is just per determination, therefore the amounts that are required in statute are much smaller than what would eventually amount in the Part C and Part D sponsors. Currently the per determination amount is about $37,000 and change and I think it might increase for inflation this year, but because of the statutory limitation we cannot impose too high of penalties on PACE organizations.

Stacey Plizga: Okay and I have one last question here, "Can you please define violation of a clear requirement and substantial likelihood of adverse effect?"

Ann Levinstim: Okay, and those are also very good questions. Relating to the clear requirement basically we have to have a regulation or in our manual guidance that states the requirement and we will analyze that to make sure that it is clearly stated in regulation or in manual guidance. And if we do not feel that that is the case then, you know, we will work with our subject matter experts to clearly understand if there might be some, you know, little bit of confusion on the actual requirement. As for substantial likelihood of adverse effect, I would like to try to give a couple of examples of what we see when we have substantial likelihood. The difference could lie in whether or not something might be a tenuous effect or there is a direct link to some type of effect. So the reason why we don't take CMP actions for compliance program failures is that the effect that could happen to enrollees, because certainly enrollees could be effected by compliance program failures, but the effect is just too tenuous. We can't necessarily state that because a senior leader wasn't involved in the organization that a beneficiary didn't get their medication, or you know,

similar issues. But in an example like I was talking about with the financial impact, if there's a failure that could have an effect, a direct effect on beneficiary in the case of financial situation, the beneficiary could have been billed, we will consider that a substantial likelihood of adverse effect.

Stacey Plizga: Okay. Any other questions from our in-house audience? Okay, then please help me thank Ann.

[Applause]

Our next group up would be Vernisha Robinson-Savoy, Debbie Aznar, Peg Fry, and Pam Wood.

Okay we did receive two questions for this session and the first one is, "Why is CMS not taking into account the CMS calendar when scheduling these audits? For example, I would like to plan – I would like a plan that would be audited in May when the" -- I'm sorry. No it doesn't. "I would like a plan that would be audited in May when the staff needs to work on the 2019 bid."

Vernisha Robinson-Savoy: Okay so I think what we're – the crux of the question is asking what types of due diligence does CMS conduct across the agency to see what other auditing activities that may not be within our area, but they may be conducting around – across the agency. And CMS does take into account many factors when scheduling our Part C and D program audits. However, to fit in the number of audits, on schedule for each operating year, it's difficult to avoid all other CMS activities when putting the schedule together. So we encourage all of our sponsors and partners to work with your auditor in charge that is assigned to your organization and just advise them if you have – if you're experiencing conflicts, if you have perhaps, other audits from other regulatory agencies or within CMS and if they're, you know, in progress or your scheduled for one during the same time of our program audit. So just keep the auditor in charge that communication line open and express that concern.

Open Q & A Session

Stacey Plizga, PRI

Stacey Plizga: Thank you, and the next question, "Many of you mentioned that you engrain regulatory specialists within the operational departments. How does this work with operational departments that are off shore?"

Vernisha Robinson-Savoy: And we talked about this. Do you guys have any off shore.

Debbie Aznar: No for us.

Pam Wood: Off shore?

Peg Fry Not operational activities. But I can answer a little bit.

Vernisha Robinson-Savoy: Sure.

Peg Fry: So we don't but if we did, we hold our operations people accountable for the activities of their vendor that is off shore or on shore for that matter. And when we do our monitoring we would include any information from that vendor. And we also have a delegate oversight team that has oversight of our vendors.

Stacey Plizga: Okay, I do have a question here that was received in advance, and that is, "For new plans starting in 2019 when would you expect the first CPE audit? First quarter of 2020, for 2019 programs?"

Vernisha Robinson-Savoy: So I'm trying to understand if they're asking the question of their – is it the first CMS program audit? Or when they should conduct their first internal CPE audit? So I'll answer it from the perspective – so the question for new plans starting in 2019, so I'm guessing it's a new plan that is their first operating year with the program in 2019, when should they – or when would they expect the first CMS program audit? And it just depends when you get that call. So that's from that perspective. And I will answer it from when should you conduct your, if you're a new plan operating in 2019, when should you conduct the – your own internal compliance program effectiveness audit? And that has to be conducted

yearly, annually. So that's how we're going to answer that question given how it was written.

Stacey Plizga: Okay, thank you. The next question I have, "How do you track progress of your compliance activities and oversight?"

Vernisha Robinson-Savoy: Okay I'm going to turn this over to you guys.

Peg Fry: We have a tool that all of our monitoring activities go into and we also have monthly reporting and quarterly reporting. So we use all those avenues to track how we're – how we are monitoring any issues that were discovered in the audit or any that may come up in the future.

Debbie Aznar: Same thing for Health Sun health plans, we have a monitoring tool, compliance tool that I mentioned earlier and we enter all issues that we identify and just confirm that each of these issues do not reoccur once we place somebody on a corrective action. And we also track our audit results month over month to confirm that we do not have the same issues reoccurring.

Pam Wood: And we utilize a tool as well, and the compliance leadership team meets on a monthly basis and we go over the monitoring results and the audit results.

Stacey Plizga: Okay, thank you and one last question here, "Which audit activity do you find most challenging as it relates to a CMS/CPE audit?"

Vernisha Robinson-Savoy: I think we covered this in the presentation.

Peg Fry: In a polling question wasn't it?

Vernisha Robinson-Savoy: Yeah we did. So real quick, what's your most challenging one, just one thing?

Ah.

Pass it down.

Peg Fry: I don't know.

Okay.

I guess.

Universe is.

Vernisha Robinson-Savoy: Okay.

Debbie Aznar: Getting documentation from the FDRs for tracers.

Pam Wood: I would say tracers as well.

Vernisha Robinson-Savoy: There you go.

Stacey Plizga: Okay.

Well thank you so much to Vernisha, Debbie, Peg and Pam.

[Applause]

Okay, moving on we have A Conversation Around Classification of Part C and Part D Grievances and Coverage Requests. And we have Angelique Morris and Staci Paige.

Thank you.

You're welcome.

Alright. Do we have any in-house questions? Okay, while you're thinking about that I will jump to the questions we received from our virtual

audience. And the first one, "Does CMS have any plans for updating Chapter 13 and 18? And would the agency consider including these types of scenarios?"

Staci Paige: Okay so we are currently working on updating Chapters 13 and 18 and we will be sure to let the industry know of any planned release. And whoever submitted the question thank you for your suggestion to include scenarios in the guidance.

Stacey Plizga: Okay next question, "This session was great, but I missed some of the answers. Will someone provide answers to each of the scenarios?"

Staci Paige: Yes, we can. So if you submit an email to our Part C appeals mailbox, we'll be sure to list the questions and the answers for them for you.

Stacey Plizga: Third question that we have here, "With the upcoming revision of Chapter 13 and 18 as stated by CMS in the 2017 Fall Conference, will CMS consider the distinction between the grievances referred for review and investigation versus the grievances handled in the call center? This distinction will help members understand the nature of their compliant and it will also help plans handle these grievances according to their complexity."

Staci Paige: Okay. So plans are expected to process grievances that come in through call center the same way as they would process grievances that require additional review or investigation.

Stacey Plizga: Okay. And the last question that I have here, "Clarification for scenario number two. In situations where a purported representative calls in, but we do not have any record of a valid AOR do we have to open the grievance and work to get a valid AOR?" Would it be appropriate" – and I'm missing the rest.

It's on the back side of the page.

Staci Paige: Um, so in the situation where a purported rep calls in and there is no AOR on file, you're asking if you can go ahead and process and work the grievance. You do not have to process the grievance, you do have to attempt to get the AOR from the representative so you can send the enrollee and the representative notice of that. You may start working on the grievance, but you cannot send out any correspondence to the enrollee or purported rep until you receive the AOR form.

Stacey Plizga: Okay. Any other questions for this group? We do have one.

Debbie Aznar Debbie Aznar, Health Sun Health Plans again. My question is related to creating a checklist for appropriately classifying grievances, has CMS considered this to assist plans maybe asking specific questions that would assist in classifying a grievance correctly?

Staci Paige: That is a very good suggestion and we'll definitely take that back and into consideration. Thank you.
Okay, thank you.

Stacey Plizga: Okay thank you for your question. And that's all the questions that I have for Angelique and Staci, thank you so much.

Thank you.

[Applause]

Okay, Independent Validation Audits with Brenda Hudson. If anyone has questions for Brenda, please step to the center of the room. Okay, we'll go straight to the questions we received from our virtual audience. And the first one, "What level of details is expected by CMS in the IVA report?"

Brenda Hudson: Alright, that's a good question. So we would be looking for the inclusion of each condition that was analyzed, the results of the testing, and then a description of any non-compliance that was found. And the report should really be pretty brief and succinct. And you can always refer to – as a

reference the level of detail in a CMS audit report just as a guide. And then if we have additional questions, if anything is not clear, CMS will follow up with the organization or the independent auditor, or the two together to clarify.

Stacey Plizga: Okay, and that was the only question we received for Brenda. Thank you very much Brenda.

[Applause]

Alright, now before I call up the next group which was Greg McDonald and Allison Conaway for 2017 Program Audit and Enforcement Report. Are there any questions from our in-house audience? Because we did not receive any from our virtual audience. Okay so. Okay come on up. So we do have -- Allison would like to clarify something from earlier.

Allison Conaway Hello, so regarding the question we received earlier on the number of referrals that we received versus the number of referrals that we actually took action on. So there is a criteria in which referrals are made to DCE that bar is set pretty low, so therefore we do receive a large number of referrals. So, but again we take those referrals in and we have a stringent analysis process and then we actually take an action on those referrals that warrant an enforcement action.

Stacey Plizga: Okay, thank you for the clarification Allison. And thank you to both Allison and Greg.

[Applause]

Okay and moving on to PACE Updates with Caroline Zeman, are there any questions from our in-house audience? Alright, well we did not receive any questions from our virtual audience for Caroline, so with that we will wrap up the open Q&A session and if you would like to evaluate this session go ahead and select A and text that in, or select it on your

computer screen, iPad, smartphone and then follow the link to the survey questions.