2017 Program Audits

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Agenda

- The 2017 Audit Process and Significant Changes
- Universe Submission and Record Layout Clarifications

2017 Audit Process Timeline

Four Phases of an Audit:

- Audit Engagement and Universe Submission (weeks 1 – 6)
- Audit Fieldwork (weeks 7-8/9)
- Audit Reporting (weeks 8/9-21)
- Audit Validation and Close Out (weeks 22 – 48)

Phase I - Audit Engagement and Universe Submission

Weeks 1-6

- Engagement Letter
- Universe Submission
- Universe Integrity Testing

Audit Engagement and Universe Submission

Phase I: Significant Changes

Engagement Letter Content Improved

CMS improved the engagement letter process by transmitting all critical information through the engagement letter.

- There is no longer an "engagement letter follow-up email."
- We have also created several audit materials that reside in HPMS that will assist sponsors in understanding the audit process. These include:
  - 2017 Program Audit Process Overview
  - Onsite Information and Requests
  - Audit Submission Checklist

Phase I: Significant Changes (cont.)

The Audit Submission Checklist

New in 2017, this checklist provides the Compliance Officer and organization an organized list of all audit deliverables due by audit fieldwork.

- Attached directly to the engagement letter
- Identifies universe periods and due dates
- Identifies the method and location of submission (HPMS, file type)
- Allows easy tracking of submissions for Compliance Officer

Phase I: Significant Changes (cont.)

			Audit Submission Checklist			
Engagement Letter Date:		03/06/2017				
Entrance Conference Date:		04/17/2017				
Level Association in HPMS	Upload File Type in HPMS	Audit Request Type	Audit Submission Name	Universe Period (only applicable for Universe request types)	Due Date	Insert Mark Upon
Audit	Supplemental File	Documentation	Pre-Audit Issue Summary	N/A	03/13/2017	
CPE	Universe File	Universe	Table 1: First Tier Entity Auditing and Monitoring (FTEAM)	3/06/16 - 3/06/17	03/27/2017	
CPE	Universe File	Universe	Table 2: Employees and Compliance Team (ECT)	3/06/16 - 3/06/17	03/27/2017	
CPE	Supplemental File	Questionnaire	Completed Compliance Officer Questionnaire (Attachment I-B)	N/A	03/27/2017	
FA	Universe File	Universe	Table 2: Rejected Claims Transition - New Contract Year (RCT-N)	1/01/17 - 1/31/17	03/27/2017	
FA	Universe File	Universe	Table 3: Rejected Claims Transition - Previous Contract Year (RCT-P)	11/1/16 - 12/31/16	03/27/2017	
CDAG	Universe File	Universe	Table 15: Expedited Grievances Part D (EGD)	1/06/17 - 3/06/17	03/27/2017	
CDAG	Supplemental File	Questionnaire	CDAG Supplemental Questions (Attachment III-A)	N/A	03/13/2017	
ODAG	Universe File	Universe	Table 1: Standard Pre-service Organization Determinations (SOD)	1/06/17 - 3/06/17	03/27/2017	
ODAG	Universe File	Universe	Table 2: Expedited Pre-service Organization Determinations (EOD)	1/06/17 - 3/06/17	03/27/2017	
SNP-MOC	Supplemental File	Documentation	Performance monitoring/evaluation reports	N/A	03/27/2017	
SNP-MOC	Supplemental File	Documentation	List of FDRs that assist with the MOC	N/A	03/27/2017	
MTM	Universe File	Universe	Table 1: Medication Therapy Management Enrollee (MTME)	1/01/16 - 12/31/16	03/27/2017	
MTM	Supplemental File	Questionnaire	MTM Supplemental Questions (Attachment VI-A)	N/A	03/13/2017	

Phase I: Significant Changes (cont.)

Only sponsor-disclosed issues are reported on the Pre-Audit Issue Summary (PAIS)

- CMS is no longer requiring the disclosure of "self-identified" issues that have not been previously reported to CMS.

- A **disclosed issue** is one that has been **reported to CMS prior to the receipt of the audit engagement letter.**

- Issues identified by CMS through on-going monitoring, account management or oversight activities during the plan year are not considered disclosed.

- Sponsors must provide a description of each disclosed issue as well as the status of correction and remediation using the Pre-Audit Issue Summary template (Attachment VIII). This template is due within 5 business days after the receipt of the audit engagement letter.

Phase II - Audit Fieldwork

Audit Fieldwork

Weeks 7-8/9

- Entrance Conference
- Virtual Webinar Audits
- Onsite Audit of Compliance Program Effectiveness
- Issuance of Preliminary Draft Audit Report and Exit Conference

Phase II: Significant Changes

- Increased time for sponsor to submit supporting documentation (i.e. screen shots) from 1 business day to 2 business days
- Increased time for sponsor to submit root cause statements from 1 business day to 2 business days
- Increased time to submit impact analysis from 5 business to 10 business days, beginning at the conclusion of the first week of fieldwork
- Fieldwork will be extended to 3 weeks when MMPs are included in the scope of the audit.
- The Preliminary Draft Audit Report will be produced in HPMS and will be available one hour prior to the start of the exit conference

Phase III - Audit Reporting

Audit Reporting

Weeks 9/10-21

- Notification of Immediate Corrective Action Required (ICAR) conditions
- Draft report issuance
- Sponsor response to draft report
- Final report issuance

Phase III: Significant Changes

- Submission of Corrective Action Plans (CAPs) for individual conditions is completed directly in HPMS
- Continued use of Program Audit Consistency Teams (PACTs) to ensure consistency in classifying audit conditions across audits

Phase IV - Audit Validation and Close Out Process

Audit Validation and Close Out

Weeks 22-48

- CMS review and acceptance of CAPs
- Sponsor Validation Audit
- Audit Close Out

Universe Submissions and Record Layouts

ODAG Record Layouts

Table 1: Standard Pre-service Organization Determinations (SOD)
Table 2: Expedited Pre-service Organization Determinations (EOD)
Table 3: Requests for Payment Organization Determinations (Claims)
Table 4: Direct Member Reimbursement Requests (DMR)
Table 5: Standard Pre-service Reconsiderations (SREC)
Table 6: Expedited Pre-service Reconsiderations (EREC)
Table 7: Requests for Payment Reconsiderations (PREC)
Table 8: Pre-service IRE Cases Requiring Effectuation (IREEFF)
Table 9: IRE Payment Cases Requiring Effectuation (IREClaimsEFF)
Table 10: All Part C ALJ and MAC Cases Requiring Effectuation (ALJMACEFF)
Table 11: Part C Oral & Written Standard Grievances (GRV_S)
Table 12: Part C Oral & Written Expedited Grievances (GRV_E)
Table 13: Dismissals
Table 14: Call Logs Part C (CLC)

ODAG Record Layout Tables 1-13

Instructions:

"Include all requests processed as…"

Clarifying Guidance:

"Processed" means the way the sponsor handled the request.

ODAG Record Layout Tables 1-13 (cont.)

Instructions:

Some record layouts specify to "exclude withdrawn cases," while others do not mention withdrawn cases.

Clarifying Guidance:

Do not include withdrawn cases in any of these record layouts.

ODAG Record Layout Tables 1-13 (cont.)

Field Name/Description:

"Date written notification provided"

Clarifying Guidance:

"Provided" means when the notification left the sponsor organization or its delegated entity.

ODAG Record Layout Tables 3, 4, 7

Field Name/Description:

"Date the claim was paid"

Clarifying Guidance:

"Paid" or "issued payment" means when the payment left the organization.

ODAG Record Layout Tables 1-2, 4-6, 11-12

Field Name/Description:

"AOR receipt date"

Clarifying Guidance:

If the AOR is required, but not yet received at the time of universe submission, the case must be excluded from the universe because it is not yet a valid request.

ODAG Record Layout Tables 1, 2, 5, 6

Field Name/Description:

"Date oral notification provided to enrollee"

Clarifying Guidance:

Oral notification is valid by speaking with the enrollee (or authorized representative) directly or by making a good faith attempt. A good faith attempt would be calling the enrollee's preferred phone number, without actually speaking with them. The good faith attempt must be properly documented.

ODAG Record Layout Tables 3, 4

Instructions:

In record layouts 1 and 2, it states "Include all supplemental services, such as dental and vision," but this language is omitted from record layouts 3 and 4.

Clarifying Guidance:

Supplemental services must be included in record layouts 3 and 4.

ODAG Record Layout Table 14

Field Name/Description:

"First Tier, Downstream, and Related Entity"

Clarifying Guidance:

Insert the name of the FDR that processed the <u>call</u> (not dismissal, as shown).

CDAG Record Layouts

Table 1: Standard Coverage Determinations (SCD)
Table 2: Standard Coverage Determination Exception Requests (SCDER)
Table 3: Direct Member Reimbursement Request Coverage Determinations (DMRCD)
Table 4: Expedited Coverage Determinations (ECD)
Table 5: Expedited Coverage Determination Exception Requests (ECDER)
Table 6: Standard Redeterminations (SRD)
Table 7: Direct Member Reimbursement Request Redeterminations (DMRRD)
Table 8: Expedited Redeterminations (ERD)
Table 9: Standard IRE Auto-forwarded Coverage Determinations and Redeterminations (SIRE)
Table 10: Expedited IRE Auto-forwarded Coverage Determinations and Redeterminations (EIRE)
Table 11: Standard IRE, ALJ or MAC Determinations (SIAM)
Table 12: Direct Member Reimbursements decided by review entity other than sponsor (DMRRE)
Table 13: Expedited IRE, ALJ or MAC Determinations (EIAM)
Table 14: Standard Grievances Part D (SGD)
Table 15: Expedited Grievances Part D (EGD)
Table 16: Call Logs Part D (CLD)

CDAG Record Layout Tables 1-15

Instructions:

"Include all requests processed as…"

Clarifying Guidance:

"Processed" means the way the sponsor handled the request.

CDAG Record Layout Tables 1-8

Instructions:

"Submit cases based on the date the sponsor's decision was rendered or should have been rendered."

Clarifying Guidance:

Sponsors must submit all cases that were decided, or should have been decided, during the universe period identified. Therefore, there may be cases that were received prior to the review period that must be included in the submission.

CDAG Record Layout Tables 1, 2, 4, 5, 8, 14, 15

Field Name/Description:

"Date Oral Notification Provided to Enrollee"

Clarifying Guidance:

Oral notification is valid by speaking with the enrollee (or authorized representative) directly or by making a good faith attempt. A good faith attempt would be calling the enrollee's preferred phone number, without actually speaking with them. The good faith attempt must be properly documented.

CDAG Record Layout Tables 1-10, 14

Field Name/Description:

"Date written notification provided to enrollee"

Clarifying Guidance:

The term "provided" means when the letter left the sponsor's (or delegated entity's) establishment by US Mail, fax, or electronic communication. Do not enter the date a letter is generated or printed.

CDAG Record Layout Tables 6-8

Field Name/Description:

"Was the request denied for lack of medical necessity?"

Clarifying Guidance:

Please insert whether the <u>initial coverage determination request</u> was denied for lack of medical necessity.

CDAG Record Layout Tables 6-8 (cont.)

Field Name/Description:

"If denied for lack of medical necessity, was the review completed by a physician?"

Clarifying Guidance:

Indicate whether the <u>redetermination review</u> was completed by a physician.

CDAG Record Layout Table 16

Instructions:

Include all incoming calls received by your organization (or another entity) from Part D enrollees and/or their representatives that relate to your Medicare Part D line of business (i.e. calls made to your customer service line(s)).

Clarifying Guidance:

Do not include prescriber calls, non-Medicare lines of business, or sales calls.

FA Record Layouts

Table 1: Rejected Claims Formulary Administration (RCFA)
Table 2: Rejected Claims Transition - New Contract Year (RCT-N)
Table 3: Rejected Claims Transition - Previous Contract Year (RCT-P)
Table 4: Prescription Drug Event (PDE) Data
Table 5: New Member (NM) Record Layout

FA Tables 1-3 & 5
(all record layouts except for PDE)

Field Name/Description:

"Enrollment Effective Date" and "Effective Disenrollment Date"

Clarifying Guidance:

Both the effective disenrollment and enrollment date should be reported at the Plan Benefit Package level. The enrollment and disenrollment dates submitted in the rejected claims universes should be relevant to the contract and plan ID of the beneficiary at the time of each claim. In the new member universe, a separate record should be entered each time a beneficiary is enrolled and considered a new member.

FA Tables 1-3

Field Name/Description:

"Reject Reason Code" and "Pharmacy Message"

Clarifying Guidance:

If both reject codes and pharmacy messaging exist for a rejected claim, but the exact association between them cannot be identified, the organization is permitted to enter the individual reject code in the "Reject Reason Code" field followed by all of the messaging for that claim in the "Pharmacy Message" field. This should be repeated for all reject reason codes appearing for that rejected claim. When pharmacy messages for a rejected claim exist without a reject code, the organization should enter an "NA" in the "Reject Reason Code" field, followed by the messaging for that claim and the in the "Pharmacy Message" field.

FA Tables 1-3 (cont.)

Field Name/Description:
"Patient Residence" and "Pharmacy Service Type"

Clarifying Guidance:

The patient residence and pharmacy service type values should reflect what was submitted by the pharmacy on the claim. While this may typically be an NCPDP value, other values included on the claim would be accepted.

FA Tables 1-4

Field Name/Description:
"NDC"

Clarifying Guidance:

NDC should be populated in the format provided in the NCPDP data dictionary.

The rejected claims universes should include the NDCs that were submitted on that claim regardless of whether the NDC was determined to be invalid after processing.

NDC should include the 11-digit value as submitted by the pharmacy and when applicable, should remove special characters separating the labeler, product, and trade package size.

In the event a multi-ingredient compound does not include at least one Part D covered drug, populate the NDC field with "00000000000" to remain consistent with the 11 digit NDC drug code.

FA Tables 1-3 & 5

General Guidance:
Determining "new" vs. "continuing" enrollee status for purposes of universe submission. There may be differences among sponsors in determining new enrollment status for beneficiaries that change plans or contracts under the same organization from year to year or during a contract year.

Clarifying Guidance:
Organizations should identify such members as new vs. continuing for purposes of universe submissions based on their internal policies and procedures. After receipt of a program audit engagement letter, organizations will have an opportunity to discuss their approach to help ensure complete and accurate universe submissions.

MTM Record Layouts

Table 1: Medication Therapy Management Enrollee (MTME)
MTM Supplemental Questions (Attachment VI-A)

MTM Record Layout Table 1

Field Name/Description:

"MTM Eligibility Date" vs. "MTM Enrollment Date"

Clarifying Guidance:

The reason for two separate fields for MTM eligibility and enrollment dates is that although systems could be developed to auto-enroll beneficiaries into MTM programs immediately after they have been flagged as eligible, this may not always occur in practice.

MTM Record Layout Table 1 (cont.)

Field Name/Description:

"Was the enrollee residing in a long-term care facility?"

Clarifying Guidance:

Utilize the patient residence code on submitted drug claims to determine this information.

MTM Record Layout Table 1(cont.)

Field Name/Description:

"Number of Comprehensive Medication Reviews (CMRs) offered"

Clarifying Guidance:

Must have been received by the MTM enrollee. Returned mail or incorrect phone numbers do not count as an offer.

MTM Record Layout Table 1 (cont.)

Field Name/Description:

"Number of CMRs administered" vs. "Number of written CMR summaries"

Clarifying Guidance:

A CMR summary may either be provided immediately following a CMR or distributed separately within 14 days of the CMR; therefore, the CMR administration and written summary dates may be different.

MTM Record Layout Table 1 (cont.)

Field Name/Description:
"Enrollment Effective Date"

Clarifying Guidance:

If there is only one enrollment date within the audit period or the enrollment date is <u>outside</u> (before) the audit period, enter the <u>last</u> effective enrollment date in this field. If multiple enrollment dates exist <u>within</u> the audit period, enter the <u>first</u> enrollment date that occurred within the audit period.

MTM Record Layout Table 1 (cont.)

Field Name/Description:

"Number of TMRs performed"

Clarifying Guidance:

Targeted medication reviews (TMRs) conducted by the sponsor no less than quarterly for all beneficiaries enrolled in the MTM program. These assessments could be person-to-person and/or system generated.

SNP-MOC Record Layouts

Table 1: Special Needs Plan Enrollees (PE)
Table 2: Plan Performance Monitoring and Evaluation (PPME)
Approved Models of Care
CMS-Approved Health Risk Assessment Tool(s)
Pre-Enrollment Eligibility Verification Tools for C-SNPs & I-SNPs
Policies and Procedures related to Enrollment and Eligibility Verification
Policies and Procedures for Administration of HRA, ICP, ICT, and care coordination
Policies and Procedures on the monitoring and evaluation of the MOC
Performance monitoring/evaluation reports
List of FDRs that assist with the MOC

SNP-MOC Record Layout Table 1

Instructions:

"The sponsor will provide a universe consisting of all SNP beneficiaries who have been enrolled in any of the sponsoring organization's SNPs, with no breaks in enrollment (i.e. continuously enrolled) for a period of at least 13 months as of the engagement letter date. Members may have switched from one SNP plan to another so long as they did not experience a break in enrollment."

Clarifying Guidance:

Submit separate entries for enrollees that switched from one SNP to another during the review period.

SNP-MOC Record Layout Table 1 (cont.)

Field Name/Description:

"Did the sponsor conduct a HRA during the current audit period?"

Clarifying Guidance:

Enter <u>No</u> if the HRA was not completed and **<u>returned</u>** by the member.

SNP-MOC Record Layout Table 1 (cont.)

Field Name/Description:

"Cumulative Dollar Amount of Parts C and D Claims Paid"

Clarifying Guidance:

Amount must exclude member's cost share.

SNP-MOC Documentation

Description:

Approved Models of Care

Clarifying Guidance:

Submit originals and any red-lined updates to originally submitted Models of Care.

SNP-MOC Documentation (cont.)

Description:

CMS-Approved Health Risk Assessment Tool(s)

Clarifying Guidance:

Submit the Health Risk Assessment tool that **CMS reviewed and approved** during the MA application/SNP proposal review process (not additional tools that may be used internally).

SNP-MOC Documentation (cont.)

Description:

Policies and Procedures related to Enrollment and Eligibility Verification

Clarifying Guidance:

As applicable, include information related to State agency eligibility verification and enrollment.

SNP-MOC Documentation (cont.)

Description:

Policies and Procedures for Administration of HRA, ICP, ICT, and care coordination

Clarifying Guidance:

Include policies and procedures that describe outreach provisions for HRA administration or ICP development (if not addressed in the MOC).

SNP-MOC Documentation (cont.)

Description:

Performance monitoring/evaluation reports

Clarifying Guidance:

Examples include Quality Improvement Committee reports, corrective action plan progress reports, and reports presented to stakeholders, senior leadership, and the Board.

General Universe Clarifications

- If the sponsor does not have cases that meet the record layout request, the sponsor should upload the universe template with a sentence attesting that they do not have data as requested.

- If a coverage request is received prior to the enrollee being effective in a plan, use the Plan ID that was in place at the time of the enrollment effective date.

- All fields for a single case should be in the same time zone. For example, if sponsor has systems in EST and CST, all data in a case (single line item) are to be converted to a single time zone.

- If using abbreviations that are not universally recognized, please include a description.

Contact Us

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