

Timeliness Monitoring

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Background

- Effective processing of coverage requests is one of the most critical areas of the Medicare Advantage (MA) and Part D programs.
- Regulatory/statutory requirements provide key beneficiary protections to access essential medical care and/or prescription medications.
- CMS audits have consistently identified performance issues in these areas (referred to as ODAG and CDAG).
- Large-scale Timeliness Monitoring Project (TMP) initiated to more closely monitor these processes.

Goals

By collecting data from all sponsors, we expect to:

- Improve overall monitoring of compliance to Part C and D requirements
- Expand current methods of determining the completeness of Independent Review Entity (IRE) data used for performance measurement and compliance actions
- Highlight potential vulnerabilities for beneficiary access
- Identify opportunities for guidance, outreach and education
- Consider additional measures of sponsors' performance

Who Is Included?

All MA and Part D contracts with the exception of:

- PACE
- Medicare-Medicaid Plans (MMP)
- MSAs
- Employer/Union only direct and
- 1833 Cost contracts

Rollout

- Initial HPMS memo issued on November 28, 2016
- Follow up HPMS email with further details issued on December 2, 2016
- Three waves of sponsors developed:
 - 1st wave letters issued January 9 with data due January 30
 - 2nd wave letters issued February 10 with data due March 3
 - 3rd (final) wave letters issued March 6 with data due March 24

What's Collected/Reviewed?

ODAG Universes

- Table 1: Standard Pre-service Organization Determinations (SOD) Record Layout
- Table 2: Expedited Pre-service Organization Determinations (EOD) Record Layout
- Table 3: Requests for Payment Organization Determinations (Claims) Record Layout
- Table 4: Direct Member Reimbursement (DMR) Requests Record Layout
- Table 5: Standard Pre-service Reconsiderations (SREC) Record Layout
- Table 6: Expedited Pre-service Reconsiderations (EREC) Record Layout
- Table 7: Requests for Payment Reconsiderations (PREC) Record Layout

What's Collected/Reviewed? (cont.)

CDAG Universes:

- Table 1: Standard Coverage Determinations (SCD) Record Layout
- Table 2: Standard Coverage Determination Exception Requests (SCDER) Record Layout
- Table 3: Direct Member Reimbursement Request Coverage Determinations (DMRCD) Record Layout
- Table 4: Expedited Coverage Determinations (ECD) Record Layout
- Table 5: Expedited Coverage Determination Exception Requests (ECDER) Record Layout

What's Collected/Reviewed? (cont.)

CDAG Universes (continued):

- Table 6: Standard Redeterminations (SRD) Record Layout
- Table 7: Direct Member Reimbursement Request Redeterminations (DMRRD) Record Layout
- Table 8: Expedited Redeterminations (ERD) Record Layout
- Table 9: Standard IRE Auto-forwarded Coverage Determinations and Redeterminations (SIRE) Record Layout
- Table 10: Expedited IRE Auto-forwarded Coverage Determinations and Redeterminations (EIRE) Record Layout

Common Issues

- A few sponsors had difficulty with webinar technology.
- Some sponsors had trouble pulling the data within the requested timeframes.
- Multiple sponsors had trouble pulling accurate data. This was largely, but not universally, an ODAG issue.
- Validation webinars took longer than expected when sponsors did not want more than one First Tier, Downstream, or Related Entity (FDR) on a call at a time.

Progress to Date (as of 5/5/17)

	Number of Sponsors	Universe Submissions Completed	Validation Webinars Completed	Timeliness Tests Completed
Wave #1	60	60	59	59
Wave #2	54	54	54	54
Wave #3	42	42	41	40
WAVE TOTAL	156	156 100.0%	154 98.7%	153 98.1%
2016 Audited Sponsors*	27	NA	NA	27
OVERALL TOTAL	183			180 98.4%

*Sponsors who were audited in 2016 that were not required to submit additional data for the monitoring project.

Potential Applications of TMP Results

- Inform audit protocols and workflow
 - May help identify additional areas where clarification is needed with respect to data collection tools (i.e., record layouts).
- Allow CMS to study comprehensively sponsors and contract-level differences in timeliness of appeals processed by sponsors
 - May identify new areas of concern for CMS monitoring/oversight.
 - May result in new/clarified guidance for sponsors
- Consider new method to validate IRE data used for Star Ratings
 - May provide statistical basis for scaled reductions versus standard change to 1 star

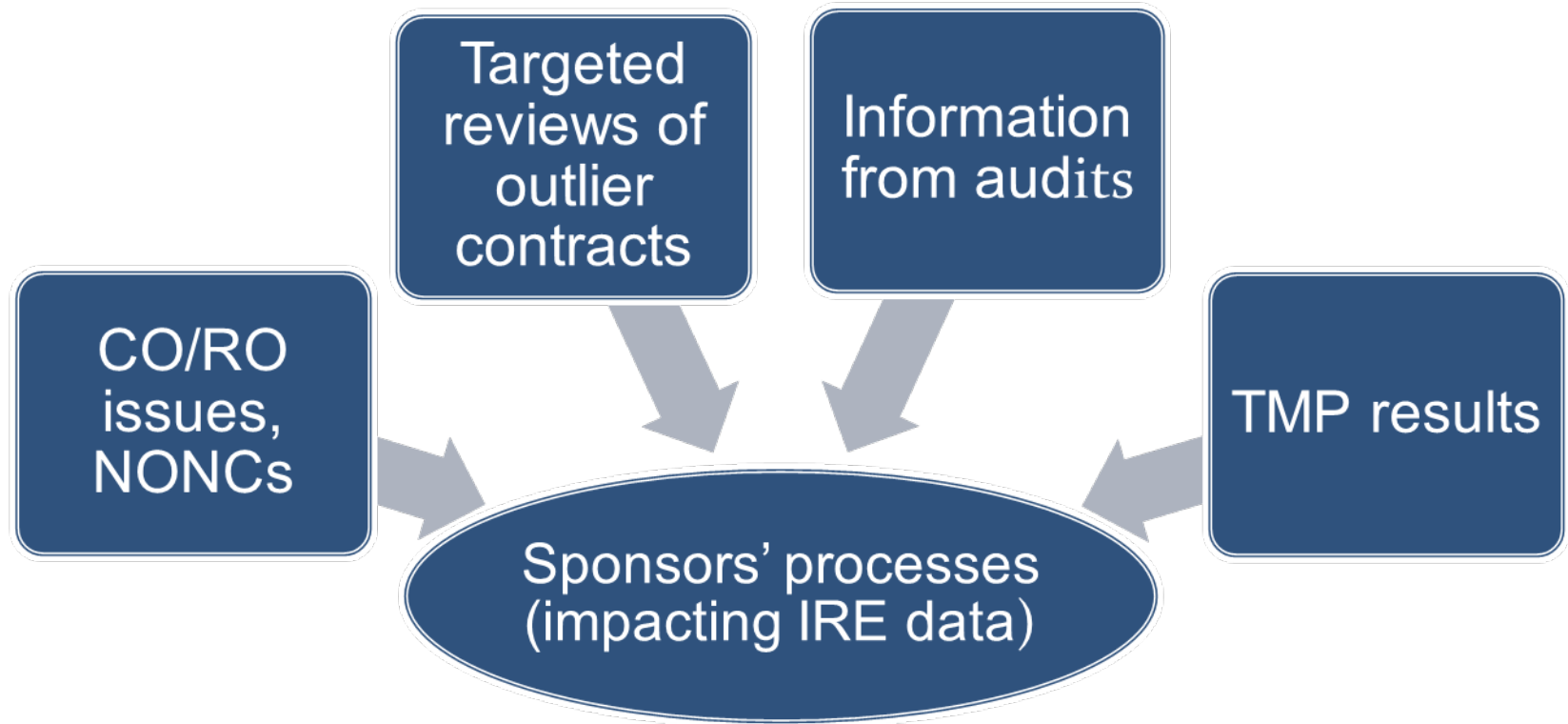
Star Ratings

- Measure both the quality of and reflect the experiences of beneficiaries in Medicare Advantage (MA) and Prescription Drug Plans (PDPs), assist beneficiaries in finding the best plan, and determine MA Quality Payments.
- Due to financial and marketing incentives, safeguards are needed to prevent displaying a Star Rating that inflates performance or masks deficiencies.
- Appeals measures are important indicators of beneficiary access to needed medical services and prescription drugs.
 - Based on data reported to the IRE by Part C and D sponsors

Star Ratings (cont.)

- CMS' long-standing policy is to assign 1 star if a contract's processing or reporting resulted in incomplete or biased measure data.
 - Unable to objectively rate sponsor performance
 - Prevents assigning falsely high stars
 - Protects validity of the Star Ratings for beneficiary choice and payment calculations
- IRE data directly impacted by sponsors' noncompliance to CMS requirements. Causes may range from lack of knowledge, poor training, erroneous systems to process and track requests, or deliberate attempts to bias data to achieve higher Star Ratings.
- Industry supports CMS ensuring accurate data used for these important measures.

Methods to Validate Appeals Processes



2018 Call Letter – Next Steps

- As stated in the final 2018 Call Letter, we will review the first year of TMP findings.
 - Are results accurate and valid at the contract level?
 - Are there similarities between results from TMP and other validation methods?
 - Is there an objective basis to implement scaled reductions?
- Open to input about other sources to validate these data, options for scaled reductions
- Welcome new ideas for applications of TMP results, and new appeals measure concepts

Contact Information

- For questions related to submission of TMP data, contact: part_c_part_d_audit@cms.hhs.gov
- For questions related to new ideas for the application of TMP results, contact: PARTCDQA@cms.hhs.gov