

New Approach to 2019 Audits and Universes

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Agenda



- Overall Program Audit Package
- Overview of Changes by Program Area
 - Special Need Plans – Care Coordination and Quality Improvement Program Effectiveness (SNP-CCQIPE)
 - Coverage Determinations, Appeals and Grievances (CDAG)
 - Organization Determinations, Appeals and Grievances (ODAG)
 - Compliance Program Effectiveness (CPE)
 - Formulary Administration (FA)



Overall Program Audit Package



- Prior to 2019, our overall audit package included:
 - Publicly-posted “protocols” (i.e. the program area-specific Audit Process and Data request documents and questionnaires)
 - Impact Analysis and Pre-Audit Issue Summary templates
 - Internal Methods of Evaluation
- Starting in 2019:
 - Data requests separate from audit process documents
 - Methods of evaluation shared publicly



Overall Program Audit Package (continued)



- Data collection tools are currently posted on the CMS PRA website. The URL for that website is identified in the FR notice:
 - Pre-Audit Issue Summary Sheet
 - Data Request Documents (by program area)
 - Independent Validation Audit Work Plan Template
 - Root Cause Template
 - Program Audit Questionnaire
- Audit process documents will be posted on CMS' Website
 - Program Audit Process Overview
 - Protocols (by program area)



Data Collection Tools



- Separated data collection points from the Protocol
- Simplified data collection by combining record layouts
- Adjusted scope of data collection
- Clarified data points based on questions and feedback



Data Request Document



- Universe Record Layouts
- Supplemental Documentation (e.g. questionnaires, presentations)
- Supporting Documentation
- Root Cause Analyses
- Impact Analyses

Impact Analysis

- Clarified requests and made more consistent
- Redesigned as a record layout, including:
 - Review period through the date the issue was identified on audit
 - Inclusion and Exclusion language for purpose of quantifying impact of non-compliance



Root Cause Analysis



- Separated from Impact Analysis
 - New, fillable template
 - Focuses on overall issue (i.e. beyond the case level)
- Distinct submission



IVA Work Plan Template



- New, fillable template
- Based on Audit Validation and Close Out for CMS Program Audits (Updated May 8, 2017) document, 2017 Listening Session with industry, and CY2019 Call Letter
- Helps ensure consistent and complete work plan submissions



Audit Process Documents



- Specifies audit process information (non-data collection points) only
 - Program Audit Process Overview
 - Protocols
- Provides more transparency in our audit approach, including sampling guidelines
- Makes it easier for sponsors to conduct mock audits or for independent auditors to conduct validation audits



Program Audit Process Overview



- General audit process information:
 - Universe Integrity testing
 - Invalid Data Submissions
 - Approach to sampling selection and review
 - Quantifying impact/effect
 - Scoring
 - Application of mitigating factors in condition classification for any issues self-disclosed to CMS prior to the engagement letter



Protocols



- New table format, including:
 - Element
 - Sub-Element
 - Documentation Requests
 - Compliance Standard
 - Criteria
 - Method of Evaluation

Method of Evaluation

- Universe Integrity Testing
 - Applies to all program areas
 - Determines the completeness and accuracy of universe submission
 - May necessitate universe resubmissions
- Sampling Approach (e.g. random, targeted, tracer methodology, universe level assessments)



Summary of Updates to Data Requests



- Consolidated record layouts
 - Removed unnecessary data points
- Clarified instructions for responding to universe requests
- Reconsidered the use of questionnaires
 - Removed questionnaires that were no longer necessary or weren't being used
 - Added questionnaires to capture information consistently
 - Formatted all questionnaires as fillable forms

Special Needs Plans

- Changed Program Area name
 - Special Needs Plans – Care Coordination and Quality Improvement Program Effectiveness (SNP-CCQIPE)
- Reduced the scope of data collected
- Introduced tracer methodology sample review
- Revised measures to assess timeliness at the universe level
- Added a questionnaire

- Reduction in number of universe submissions
 - e.g. Combined standard and expedited universes
- Compliance standards remain the same
- New universe in CDAG
- Removed supplemental questionnaire
- Revised scope of universe requests
- Streamlined impact analysis requests



CDAG Record Layout Crosswalk

(1 of 3)



2018 Record Layouts	2019 Record Layouts
Table 1: Standard Coverage Determinations (SCD)	Table 1: Standard and Expedited Coverage Determination (CD)
Table 4: Expedited Coverage Determinations (ECD)	
Table 2: Standard Coverage Determination Exception Requests (SCDER)	Table 2: Standard and Expedited Coverage Determination Exception Requests (CDER)
Table 5: Expedited Coverage Determination Exception Requests (ECDER)	
Table 3: Direct Member Reimbursement Request Coverage Determinations (DMRCD)	Table 3: Payment Coverage Determinations and Redeterminations (PYMT_D)
Table 7: Direct Member Reimbursement Request Redeterminations (DMRRD)	



CDAG Record Layout Crosswalk

(2 of 3)



2018 Record Layouts	2019 Record Layouts
Table 6: Standard Redeterminations (SRD)	Table 4: Standard and Expedited Redeterminations (RD)
Table 8: Expedited Redeterminations (ERD)	
Table 11: Standard IRE, ALJ, or MAC Determinations (SIAM)	Table 5: Part D Effectuations of Overturned Decisions by the IRE, ALJ or MAC (EFF_D)
Table 12: Direct Member Reimbursement Requests by Other Review Entity (DMRRE)	
Table 13: Expedited IRE, ALJ, or MAC Determinations (EIAM)	
Table 14: Standard Grievances Part D (SGD)	Table 6: Part D Standard and Expedited Grievances (GRV_D)
Table 15: Expedited Grievances Part D (EGD)	



CDAG Record Layout Crosswalk

(3 of 3)



2018 Record Layouts	2019 Record Layouts
N/A	Table 7: Unprocessed Cases (UC)
	NEW for 2019
Table 16: Call Logs Part D (CLD)	Table 8: Part D Call Logs (CALL_D)
Table 9: Standard IRE Auto-forwarded Coverage Determinations and Redeterminations (SIRE)	Removed/No longer collected in 2019
Table 10: Expedited IRE Auto-forwarded Coverage Determinations and Redeterminations (EIRE)	

- Reduction in number of universe submissions
 - e.g. Combined standard and expedited universes
- Compliance standards remain the same
- Removed supplemental questionnaire
- Revised scope of universe requests
- Streamlined impact analysis requests



ODAG Record Layout Crosswalk



2018 Record Layouts	2019 Record Layouts
Table 1: Standard Pre-Service Organization Determinations (SOD)	Table 1: Standard and Expedited Pre-service Organization Determinations (OD)
Table 2: Expedited Pre-Service Organization Determinations (EOD)	
Table 5: Standard Pre-Service Reconsiderations (SREC)	Table 2: Standard and Expedited Pre-service Reconsiderations (RECON)
Table 6: Expedited Pre-Service Reconsiderations (EREC)	
Table 3: Requests for Part C Payment Organization Determinations (Claims)	Table 3: Payment Organization Determinations and Reconsiderations (PYMT_C)
Table 4: Direct Member Reimbursement (DMR) Requests	
Table 7: Requests for Payment Reconsiderations (PREC)	



ODAG Record Layout Crosswalk (continued)



2018 Record Layouts	2019 Record Layouts
Table 8: Pre-Service IRE Cases Requiring Effectuation (IREEFF)	Table 4: Part C Effectuations of Overturned Decisions by IRE, ALJ, or MAC (EFF_C) Record Layout
Table 9: IRE Payment Cases Requiring Effectuation (IREClaimsEFF)	
Table 10: All ALJ and MAC Cases Requiring Effectuation (ALJMACEFF)	
Table 11: Part C Oral and Written Standard Grievances (GRV_S)	Table 5: Part C Standard and Expedited Grievances (GRV_C) Record Layout
Table 12: Part C Oral and Written Expedited Grievances (GRV_E)	
Table 13: Dismissals (DIS)	Table 6: Dismissals (DIS) Record Layout
Table 14: Call Logs Part C (CLC)	Table 7: Part C Call Logs (CALL_C) Record Layout



CDAG & ODAG Elements



2018 CDAG & ODAG Elements	2019 CDAG & ODAG Elements
Timeliness	Timeliness
Appropriateness of Clinical Decision-Making & Compliance with Processing Requirements	Processing of Coverage Requests
Grievances and Misclassification of Requests	Classification of Requests



Compliance Program Effectiveness



- Removed the self-assessment questionnaire
- Combined the internal auditing and internal monitoring universes
- Collecting less data points for the Employee Listing universe
- Streamlined the data points in the Oversight Activities of FTE universe
- Renamed the record layouts
- Reformatted questionnaires as fillable forms



Formulary Administration



- Least amount of changes
- Amended record layout to capture Medicare Beneficiary Identifier
- Added a supplemental questionnaire
- Removed Website Review as an element



Questions?



- Specific presentation questions may be sent to our audit mailbox: part_c_part_d_audit@cms.hhs.gov
- Questions or comments specific to the actual data collection tools should be made following the instructions at the Federal Register notice: <https://www.govinfo.gov/app/details/FR-2018-04-02/2018-06645/context>