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Vernisha Robinson-Savoy, CM, Moderator

Debbie Aznar, HealthSun Health Plans

Peg Fry, BlueCross BlueShield of Tennessee

Pam Wood, Express Scripts

Stacey Plizga:

Finally, we have our next panel that is up here and this panel of representatives is from three different sponsoring organizations and they will be discussing their experiences with the compliance program effectiveness or CPE audits. It is my pleasure to introduce to you from Health Sun Plans Debbie Aznar. From Blue Cross Blue Shield of Tennessee Peg Fry. From Express Scripts Pamela Wood, and from CMS Vernisha Robinson-Savoy.

Vernisha Robinson-Savoy: Awesome.

Hello everyone. I hope you had an awesome lunch and our job is to keep you up after, you know, having your bellies full and having another awesome time during our informative morning session. So what we're going to do today, we're trying something different. Instead of just hearing from CMS on any updates or kind of where we are with respect to our CPE audit protocols, we're going to hear from our sponsoring organizations and their experience. And I've had the pleasure of working with all three of these organizations at one point in my career and while we have some questions, I don't know their responses. I don't know, I hope it will be positive, if not what I have asked them to do is be very

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candid about their experience because the whole purpose is to be able to help those that may have not gone through an audit yet with this new protocol.

So first, hello to all in attendance at our annual audit conference, in the audience and via webcast. And for the next 45 minutes this panel, which is made up of Medicare compliance officers from three unique organizations that have undergone CMS Part C and D program audits in the first cycle of audit from 2010 through 2016, as well as with our new redesign of our CPE protocol that started in 2017. And what we're going to do today, our questions are really about to get to the experience on the sponsor side from when that – you receive that audit notice, what actually happens in your organization? How do you rally up your organization to get all on one page in order to respond to appropriate requests? And so before we get there, and I have them introduce themselves. I just want to go through a quick history of the CPE audit protocol for those that may be new to contracting with CMS or just a new refresher so you can see where we are in the past and how awesome we are now in the present.

And so back prior to 2010, we were in a different place, organizations it was pretty much like the wild, wild west of just marketing, different violations, there was a lot of beneficiary issues that were occurring from a healthcare perspective and so we had to be very aggressive with our compliance program requirements and our manual guidance because there was no accountability for compliance failures, whether it was from an operational perspective or directly impacting beneficiaries. So prior to 2010 our CPE audits were pretty much a check the box situation, if you know, those of you who have been in the program some while, remember it was like a ten-page chart. And we would come out, or have a phone call and just – it was a policy and procedure review. And it didn't allow CMS to really understand all that it took for an organization to comply with our complex requirements. And how your systems and operations actually

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worked. And so from that experience, we – from 2010 to 2016, due to the enormous beneficiary complaints, issues and slow response to identifying and correcting compliance failures, we have very little assurances that sponsors established and implemented effective compliance programs that identified and corrected non-compliance and fraudulent activity. So we developed a first version of an outcome based protocol to evaluate CPE. So for those that received those audits between 2010 through 2016, really 2010 through 2012, when we showed up with the large teams and was pretty much, it was a very burdensome approach with documentation heavy. We just didn't have assurances that organizations was you know very serious about their compliance programs.

But through the first audit cycle we now have confidences that structures do exist. And so for 2017 we redesigned the protocol to now get away from just focusing on do you have the seven elements? To, okay, well show us how it lives in your organization. And we do that now, we shifted our focus on just experiencing how do you develop controlled activities, control systems that, you know, prevent something from happening. But more importantly, we know things happen, that you have a system in place, and people in place to identify and correct them. So with that said, we're going to just talk today. And so I will start off the presentation and Debbie, would you introduce your organization?

Debbie Aznar: Good afternoon everyone. My name is Debbie Aznar, I'm the director of auditing and monitoring for Health Sun Health Plans. We are a Medicare Advantage prescription drug plan in Miami, Florida. I'm here representing my compliance officer Milagros Yzquierdo. And we currently serve Miami-Dade and Broward County. We've been serving Miami-Dade and Broward County since 2005. We have about approximately 40,000 members and about 300 employees. And we're currently a five-star plan, proud to say that. And our audit history, we had an audit, a CPE audit back in 2012 under the old protocol, or validation audit took place in 2013

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and that was closed out in 2014. And our last audit took place in 2017 and we're currently undergoing our validation audit and we hope to have it closed out by sometime in August of this year.

Vernisha Robinson-Savoy: Awesome. Thank you.

Okay, Peg?

Peg Fry: Hello. I am the Medicare compliance officer for Blue Cross Blue Shield of Tennessee. And we have about 6,000 employees. We have three Medicare programs, Medicare Advantage Prescription Drug Plan, Dual Special Needs Plan, and a Supplemental Plan. Our Medicare Advantage plan now has about 120,000 members. We were audited in 2012 and we were audited again in 2017, that letter came on March 20, we'll never forget that day. And we got our closeout letter on December 14. So it actually was a pretty rapid process, considering.

Vernisha Robinson-Savoy: That's awesome. Okay, Pam?

Pam Wood: Good afternoon everyone. My name is Pam Wood, I'm the Medicare compliance officer for Express Scripts. Express Scripts supports over 164 employer groups and retiree groups, totaling approximately 1.7 million lives. Express Scripts also offers an individual plan, which consists of 700,000 lives. We received our – I'm sorry, we went through a program audit in 2013, then again in 2017. We completed our validation audit in November of 2017 and we received our closeout letter on January 4, 2018.

Vernisha Robinson-Savoy: Awesome. Alright, so before we – we have a polling question, but before we go there, I would like to have Debbie, Peg and Pam if you can – in order to be effective we all know that compliance programs must be fully implemented and tailored to its organizational structure, operation

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circumstances all to address your, you know, the risks that you encounter every day from a regulatory perspective as well as from an operational perspective. And so a compliance program will not be effective unless you have adequate resources. And adequate is, you know, it's subjective but it's tailored to that organization. So if you mind if each of you can just say – talk about what level of resources does your organization have dedicated to the compliance piece of your organization?

Peg Fry: Okay, I can start with that. Blue Cross of Tennessee is very fortunate because we have tremendous tone to top support. Our compliance department has 48 employees that includes a large special investigations unit which does a fantastic job. We have a corporate compliance unit and we have a regulatory compliance unit. And within our regulatory compliance unit we have three teams that actually have employees that live and work in operations, they report to compliance, but they develop relationships with operations and really focus on that communication. For Medicare Advantage we have seven employees and a manager that are dedicated to Medicare.

Pam Wood: Express Scripts compliance is handled at the company parent level. Within the compliance department we have 45 individuals that support compliance. We have three vice presidents and three senior directors, all the way down to analysts. We also have 150 employees that are dedicated to Express Scripts PDP operations. And then on top of that we have what we refer to as the embedded compliance personnel who actually sit within the business units or operation units and they have compliance responsibilities.

Debbie Aznar: In Health Sun Health Plans, in addition to our compliance officer, we have 11 employees in the department that includes myself, our director of regulatory compliance, our director of medical center compliance and then the majority of our team is allocated to auditing and monitoring. We

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do have regulatory folks as well. And we handle HBMS releases, we handle auditing and monitoring for all the functional areas of the company. We audit universes and we do conduct FDR oversight as well.

Vernisha Robinson-Savoy: Okay. And in my experience of evaluating dozens of compliance programs over the past eight to ten year with an out based audit approach, I've seen many organizations make strategic changes to their infrastructure and how their compliance department or team interacts with the business or operational areas to maximize compliance efforts as it relates to routine monitoring for compliance and regulatory requirements. And so with that said, some organizations have partnered their compliance professionals with each business area, whether it's marketing, or if it's appeals or grievances and such. While others have taken a different approach. Where are your team – compliance team members placed within your organization? And how do they relate or establish relationships with the operational areas? Peg, do you?

Peg Fry: Sure. So I did talk to this just a minute ago, but compliance has teams of people that sort of live and work in operations and their focus is monitoring. But also it's more important to us that they develop a relationship with operations. So they participate in team meetings, they help problem solve, they're a resource if anyone has a compliance related question. So our goal there is to really bring compliance out from the corner of the department where no one wants to go, into the whole organization so that people see us and they're happy to see us and they know that we're there to help them.

Vernisha Robinson-Savoy: And I'm just going to expand because I do the audit, so I know a little bit more. Just to kind of take you a little further. Do they physically sit?

Peg Fry: They do.

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Vernisha Robinson-Savoy: With the business area, your compliance staff? Okay, awesome. Does anybody else want to take the question?

Pam Wood: Sure, so this goes back to our embedded compliance personnel at Express Scripts, they do not sit or report up to compliance, but they sit within the business units and operational units and they have compliance responsibilities. So, if there's an issue that we need help investigating, those are the individuals that we reach out to. And we have a great partnership with those individuals.

Debbie Aznar So for HealthSun, our structure is a little bit different. Our compliance department has auditors that audit all the functional areas in the organization, but in addition to that each department has their own internal auditing and monitoring personnel and our compliance auditors work with the auditors in the different departments to resolve any kind of deficiencies that are identified, work through any corrective actions that we may place them on, and we work also with the leads of each department.

Vernisha Robinson-Savoy: So at this time we're going to do a polling question. Have you undergone a CMS program audit using the previous CPE audit protocol? And with previous, have you received a CPE audit from the years 2010 through 2016? Remember those days of, okay heavy documentation, teams of 30, just intensive interviews. So okay, good mix. So about 65%. This will help us frame our questions. Have you undergone a CMS program audit under the current CPE protocol? Which would be from 2007 (Sic--2017) or 2018? Okay, awesome.

Alright so we can get right into it. They already know what to do.

Right, exactly.

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Alright so here I'm going to ask more about – I'm going to set up the scenario. It's Monday morning at 9:00 am. Had a fabulous weekend. Get into your office, you get a call from CMS. What do you do? And they inform you, you know, Peg, we're about to send you a – you've been selected for a CMS program audit. Just, you know, giving you a curtesy call, we'll be sending you the audit letter through HPMS, within, you know, the next couple of hours to your chief executive officer and to yourself alerting you, you know, basically that you're going to receive a full program audit. And within minutes, can you share your next steps or strategy? I mean after you close your door, scream, have a panic attack, what do you do? What are literally the next steps?

Peg Fry: So we were expecting the audit.

Vernisha Robinson-Savoy: Okay.

Peg Fry: Because we knew it had been awhile. But nothing prepares you for the phone call that says this is a cutesy call. And as soon as I heard that word, my heart literally just dropped because now it's real. Right, you've been talking about it, but it's real now. And literally you have minutes before that engagement letter gets loaded to HPMS, they just – they got to make that call and then it begins. So I had time to just walk next door to my VP and say, "Well, it's here." And then the organization overload really starts. You know, the first thing you want to do is you've got to notify people, because everyone has to know this is happening. And then you've got to decipher this letter and figure out what you need to do. So those are the immediate reactions.

Pam Wood: Similar experience, so obviously I escalated within the compliance department, also made sure that I notified the PDPs, CEO and basically

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from there on out it was all hands on deck, you know, clearing calendars, making sure that everyone is available to support the audit.

Vernisha Robinson-Savoy: You're talking about clearing calendars, like so do you have an all-staff meeting? Do you call, or do you just have a meeting with your executives? For someone who hasn't gone through it, like?

Pam Wood: All of those things.

Vernisha Robinson-Savoy: All of those things, okay.

Pam Wood: All of the above yes.

Vernisha Robinson-Savoy: Okay, okay.

Debbie Aznar: So for us, after I call 9-1-1 because I had a heart attack, we communicated with the teams, we notified all the leads in the different areas that we had received and engagement letter and we scheduled in-person meetings to discuss logistics, and to discuss next steps and who's going to be involved from each functional area. And from then on it's let's go into universe preparation and so on and so forth.

Vernisha Robinson-Savoy: And what type of conversations did you have with your FDRs? Your first tier downstream related entities, such as your PBM or other essential delegated entities to educate them on the significance and urgency that's associated with preparing for a CMS program audit? Because you have six weeks. So, like what types of discussions or how does that happen in your world?

Peg Fry: So we have a great relationship with our PBM and they have certainly undergone many audits so they knew what to expect. We have daily communication with them. So that was one of the first things is our

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pharmacy department just reached out and said, "Yep, it's time." And our UM vendors also our UM department has a good relationship and we shout out to them and they worked with us every day.

Pam Wood: So for Express Scripts our compliance organization sits within the PBM so obviously it's very seamless to – and transparent within. We also have drafted a audit playbook, so once we've received the audit notice we were able to dust off the playbook and literally hit on all the elements as far as making sure that we've notified the individuals if there are any FDRs that are part of the audit outside of the PBM, making sure that we notified them as well.

Debbie Aznar: And for Health Sun, we first notified all our FDRs via email, except our PBM. PBM was notified through our formulary administration department. Now the compliance department worked directly with the folks that handle utilization management and claims and we notified them via email and then had follow-up phone calls to discuss again, who's going to be involved in the audit, who's going to be the key person that we need to contact, key contacts and follow-up webinar sessions, webinar testing that's conducted by CMS. So we had all those discussions and continued via email and phone communications with our FDRs throughout the entire audit.

Vernisha Robinson-Savoy: So did any of you have any – what I do know that there are some organizations that have had issues with their FDRs because they may be going through other audits with other sponsors. So like, have you – were you in a circumstance, or maybe not, where your PBM was in another audit with another organization, meeting those timelines, and you had your own timelines. Like how do you manage, how do your work through that?

You want to know?

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Pam Wood: Yeah, so Express Scripts audit team has a very transparent relationship with CMS so depending on the facts and circumstances they may reach out to the auditors or reach out to the plans and, you know, ask to have a conversation with CMS so that we can make sure that we're meeting all of their expectations.

Peg Fry: Yeah it was definitely coordination, a lot of coordination that had to happen.

Debbie Aznar: For us there weren't any conflicts as far as the delegates are concerned, but we did have a little resistance at the beginning and we communicated with them. I think communication is key, where we expressed this is a CMS audit, we need to drop everything else we're doing and we need to focus on this CMS audit. And then I got everybody's buy-in and they were able to work with us.

Vernisha Robinson-Savoy: Well we have another polling question. Since we have a significant percentage of those that have undergone an audit in 2017 and 2018, which activity is or would be the most challenging for your organization?

Wow.

Submitting accurate universes and submissions to CMS. B, working with your FDRs to obtain data or information for audit. C, preparing and presenting the CPE tracer summaries and sample cases. Or keeping staff engaged throughout the entire audit process. Let's give some time for the results to come in. Okay. So we see here 38% is submitting universes accurately. And then I think, yes second place is working with the FDRs. So we all – these are the main – the reason why I polled this, these are the main, you know, just challenges with an audit. And so, going into our

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next question, let's talk a few minutes about preparing tracer case summaries and supporting documentation. And for those who are not familiar with tracers, let me define it for you.

A tracer is a single case, or sample that has been pulled from the compliance program effectiveness universe record layouts and is used during audit to evaluate a sponsor's comprehensive approach to detecting, correcting, and preventing compliance issues. We select cases that will trace the activity, decision-making, throughout the entire organization. And our objective with the tracer and the methodology behind it is simply selecting an activity or issues from the universe that will provide the sponsor the best opportunity to demonstrate the controls and activities that have been put in place that they are actually in place and are working. And again it's about identification and responding. Identify and response. And so that's the whole purpose of the tracers, and why we move to that approach versus the checklist. And so with that said, what would you recommend or from your experience, or successful approaches for working with your internal components and business partners and external delegates to create a detailed tracery summaries that convey the full story, actions and supporting documentation of the compliance issues that are selected as sample tracers? Because, they may not understand, okay why are you coming? And they need me to be in the tracer case discussion to explain. So how do you handle that? Or how did you?

Peg Fry:

Well, I think it's important that you have established that relationship with operations to begin with. So you're both working towards the same goal. And then understanding that this tracer is your opportunity to talk about the good work that you do. It really is all about taking an issue and following it from the very beginning to the end, everything that you did, who you talked to, what you did about it, how you monitored it. Documentation of communications, escalation if necessary. It's a story,

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but it's also an audit trail and that's what we all should be looking at every time we deal with an issue. So I find that the relationship with operations and both being on the same team, having the same purpose was the most helpful.

Vernisha Robinson-Savoy: As business, your business areas were they involved with developing the case summary? And then, when CMS came on site were they in the tracer discussions?

Peg Fry: Yes, they were. Yes, we developed it together, we practiced together and they were there. Because it's their business, right. They know the product better than anybody.

Vernisha Robinson-Savoy: Thank you. Anybody else?

Debbie Aznar: So for Health Sun it was all – the tracers were developed directly by the compliance department, but we did have all the information available. We have a compliance tool which is a central repository where we keep all our supporting documentation. We can track impact analysis that we've done for issues that we've identified. We have the teams report up to compliance. So it's creating that culture of compliance within your organization and having your teams report up to the compliance department all the issues that they identify so that then we can take action on the deficiencies that they've reported to us.

Pam Wood: Express Scripts uses the same concept, so within our compliance department every time there's an issue, whether it be through monitoring, audit, what have you we actually track that issue through the seven elements of compliance which made it really easy to try to put those tracers together. With that said, we did reach out to the business owners and operation owners to make sure that we weren't missing anything. And they helped us prepare and practice, practice, practice.

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Vernisha Robinson-Savoy: And so you know, in prior audit protocols we provided a template which was a PowerPoint presentation to at least get organization started with the formatting. However, you know, it was helpful for some who knew how to take it that it was a template and build from it while others stuck to the template and didn't provide the details. So we've removed that, we eliminated the template from the protocol package and so I will just ask you three compliance officers, was it – now that you have flexibility to decide whether you want PowerPoint, word, some organizations have used storyboards, really creative to walk us through the audit trail. Which mechanisms did you use to – which tools to compile the audit trail and present it to CMS in a way that it will facilitate the discussion of the tracer reviews?

Peg Fry: So we used a word document and we used the Prevent, Detect, Correct format. And basically what we wanted to do was give you all the information that you needed in that document so there was no need to look anywhere else. So we told the story through the three areas, we responded to the compliance standard questions, and then we made sure that every attachment or every additional piece of documentation was linked back to our responses in our tracer.

Vernisha Robinson-Savoy: And just simple things from the audit, you highlighted specific areas so we weren't searching for 30 minutes trying to find out exactly how the question that we were asking or the regulatory requirement, we weren't looking in unnecessary, you know, places. If you highlight specifically where, you know, where you want us to – what you want us to review, to ensure compliance, that is very helpful as well as embedding the documentation within whether you use word or within PowerPoint. So that's just some helpful tips too, at least from our perspective as auditors to share with you. Does anybody else want to?

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Debbie Aznar: We used a PowerPoint presentation format and we also use the Detect, Prevent, Correct. And we had the information readily available in our compliance tool as I mentioned earlier. So all our information was readily accessible to us, but we did use a PowerPoint presentation as it allowed us to tell the story better.

Pam Wood: Our approach was similar; we did have a binder that for all the policies or discipline or whatever the case maybe we had the actual document in the binder that we could provide quickly to the auditors upon request.

Vernisha Robinson-Savoy: And what's also helpful from our perspective if you have any one from the organizations, have someone that knows how to navigate the tool that you're using. So it's – I mean it seems, but you know, I know it's helpful typically you'll have the compliance professional and they may have the business representative and then you have someone that's actually navigating the equipment and so you can move right along and you're not focused on if the screen goes out, but that everybody has a part and like Peg said, what I did see specifically at your organizations because I was there, that having the people who actually do the work, the business while it's a little intimidating sometimes, because they're maybe not used to, you know, dealing directly with regulatory bodies. You see that they actually know the job and that's some of the soft assurances that we need that sometimes is not in documentation. So that's something at least from my perspective that that is helpful.

Okay, so quickly. This is one of the concerns of keeping employees engaged. When you're having to cancel vacations and, you know, extended hours, overtime, you know you don't have time with your family. You're going seven to ten weeks. After your audit is over how do you energize, or how did you energize your staff to proceed with now the corrective action process?

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Peg Fry: Was that after the party? We did celebrate a little bit, but we didn't consider the audit over until the final closeout. So we had huge charts on the wall with timeframes and our last timeframe was the end of the entire audit period which is about 11 months. So, we were looking past when we even actually closed out and that's how we kept people engaged is every time we reached a milestone we'd have a big red check. So that red check never got finished until we were done, done. And I think that helped to keep the momentum going.

Vernisha Robinson-Savoy: Okay.

Pam Wood: We just regrouped with the teams, let them know where we were in the audit process. Because the PDP sits within the PBM it's kind of the nature of the audit process and I think teams understand that.

Debbie Aznar: From our perspective, we supported the teams as much as possible. We helped them do monitoring from the compliance perspective. So if there were any areas that had been found deficient we helped them do that monitoring and we supported them as much as possible to be able to complete our corrective actions and get things corrected.

Vernisha Robinson-Savoy: So the next area I want to talk about is escalation and communication within the organization. And to help us understand how escalation works within your organization because it's different for every organization. So once you receive your draft report, your draft audit report how did you communicate the results to your senior leadership to get them to, you know, to help them along with understanding the severity of certain issues or maybe it's a fail – it's a condition that is part of a routine maybe just an industry standard or you know we misread the guidance or the requirements. How do you have those discussions and facilitate that process?

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Peg Fry: So, we keep our senior management advised, like when the common conditions come out we talk about that with them so they understand what is on CMS's radar. We kept them advised all throughout the audit on issues on how each session went. We had a weekly update during the webinars or the onsite there was a daily update. And we kind of analyzed what happened that day, how things went, what CMS found, what was a success. So they were constantly being updated on activity and then when the draft report came out, that went out immediately to kind of the whole audit team, which included senior management, anybody that was involved in the audit we had kind of a distribution list and we sent out communications that way.

Pam Wood: We had a similar approach. Obviously, when we received the audit report, or if there were issues identified at the end of the day we would escalate them up through our management team. We also provided the results during the regular forum, such as Medicare compliance committee, senior leadership council, compliance committee of the PDP and those sorts of things so that we have that documentation that the committees received the audit findings.

Debbie Aznar: We used the same approach that Peg used, and we did have compliance folks sitting in each of the sessions and taking notes throughout the day so that we can provide an updated summary on a daily basis to our senior leadership.

Peg Fry: Yep, very important that compliance is involved in every session, I agree.

Vernisha Robinson-Savoy: And given that your organization has experienced the two different audit approaches, or multiple, you know, then and now. What's the difference? You know, would you say – or what's the different – how has your experience been different with the new protocol?

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Peg Fry: Wow. Very different. So 2012 was kind of a free for all and we had no – nothing to prepare with and when the audit was underway it really did feel like an interrogation, it was very process driven check box, like you talked about. “Do you have those particular words in your policy?” If you do, okay you’re good. The 2017 I felt like we had a lot of information in the protocols, we had advance notice. If you weren’t already working on universes, you’re behind the eight ball because you had that information and that was extremely helpful. I thought that certainly the CPE, the process was very clearly defined, we knew what was expected and we had lots of time to work on that. So it was very, very different and being outcome based made a huge difference because now it’s not just do I have everything I’m supposed have in the policy. But it’s let me tell you about my program. Let me tell you what we do. This is how we take care of our members. This is how we communicate with each other. And that was just a wonderful story to be able to tell.

Pam Wood: I agree with Peg, our 2013 audit was very document intensive and the 2017 audit was not as document intensive. With that said, we didn’t necessarily get an opportunity to level set with our auditors, so for instance, we were going through one of the tracers we did not hit on one of the elements. For example, we were going through a grievance tracer and we did not have the OIG/GSA process within that tracer because it was not relevant. So we took a step back and level set with the auditors and kind of explained our standard process with regards to the OIG/GSA process, the training process, those sort of things.

Debbie Aznar: So I was not around in the 2012 audit with Health Sun, but I can speak to a new process that was implemented which was used for the 2017 audit which was not used for the 2012 audit. Where the 2012 audit did not have the compliance tool so it was a bit cumbersome to gather the data to be able to prepare for that audit compared to the 2017 audit where the

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compliance tool had all the documentation that was necessary to support our tracers.

Vernisha Robinson-Savoy: Okay. Thank you for sharing. And if you could give one lesson learned or a piece of advice for those that maybe are continuing through the validation piece, they haven't closed out yet. Or, you know, it's early in this year, haven't received an audit yet, but are on the, you know, on the horizon for that, is there any advice or just lessons learned that you are willing to share with, you know, the audience.

Peg Fry: So while we didn't have a playbook before the audit started, we have one now and the title of it is "The Things That They Don't Tell You in the Audit Protocol." Because the organization overload and the time that it takes to really prepare this information is something that you can't comprehend until you experience it. It's just – it's amazing everything else has to stop and so you need to be prepared to do that and you need to be prepared to bring your operations people along with you in the same way. And the other piece of advice is document everything.

Pam Wood: I agree with Peg. I would add to that that the Medicare compliance officer cannot do it all, so they need to learn to delegate and then come back together to review before anything is submitted to the auditors. I would also say make sure that you create a good transparent relationship with your CMS audit team.

Debbie Aznar: I think building a good relationship with the business owners is one of the most important things to have a successful audit and also being audit ready, having your universes ready, monitoring your universes I think that's extremely important.

Vernisha Robinson-Savoy: Okay. Well I'm trying to leave a few minutes so that we can get – just in case we have some questions. But what I do want to thank you

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Vernisha Robinson-Savoy, CM, Moderator

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ladies for is sharing your experiences and being very candid with your responses to the questions. Just in my experience, just sharing with you those that are attending today, in regards to the CP audit as you see we've come a long way. And we're definitely trying to be transparent and just understand your organization and not assume that we understand how you operate. I mean that will take weeks to do, months. And so what I would just suggest is for those that are – that may be entering into audits with CMS is communicate with your auditor in charge. Communicate. Whether it's, you know, we have a deadline but I'm not sure we're going to make it. It's better to communicate at that point versus, you know, you're at the deadline and you have to kind of back trail from there. So definitely use that resource. Spend time informing the CMS audit team on how your organization approaches compliance with CMS requirements. Because a compliance program guidelines allows flexibility with organizations, gives organizations discretion and flexibility to make the compliance program groom to your operations, it is essential for you to get me to – get me as a CMS auditor to understand that. And so you do that with the documentation and the organizational charts. But of course we all know that there's just some stuff you can't put into a document. You can't put into a document how your employees gather together to – and their passion for compliance. So while you may miss something that doesn't mean you intentionally did that. And what I will also encourage is during the walkthrough which --- that happens on day one, it's the infrastructure and process meeting, that is a time schedule used to discuss any and ask any clarifying questions for CMS but it's also time for the organization to talk about nuances of your compliance organization as well as your operations, your risk assessment, how you approach risks, how you approach your relationships with your vendors. Because that information while we get that, we get some of those documents and those organizational charts, beforehand and that's our job to decipher that information, during the day one of onsite, during that walkthrough process is really – you know, that communication and I will ask questions to make

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sure I don't assume, but also if you can, you know, explain no you didn't understand that, this is how we do things, this is how we approach the OIG exclusion, it's not a manual process for us, it is, you know, whatever it is. So just be very informative and take your time with that particular interview and discussion process. So that's all that I have. Do you guys have any other closing thoughts?

Peg Fry: We're glad it was over.

Kaye Rabel: Okay. Thank you Pam, Peg, Debbie and Vernisha for sharing your experiences with enforcement actions.

[Applause]