



Sponsor Experiences from CMS Program Audits



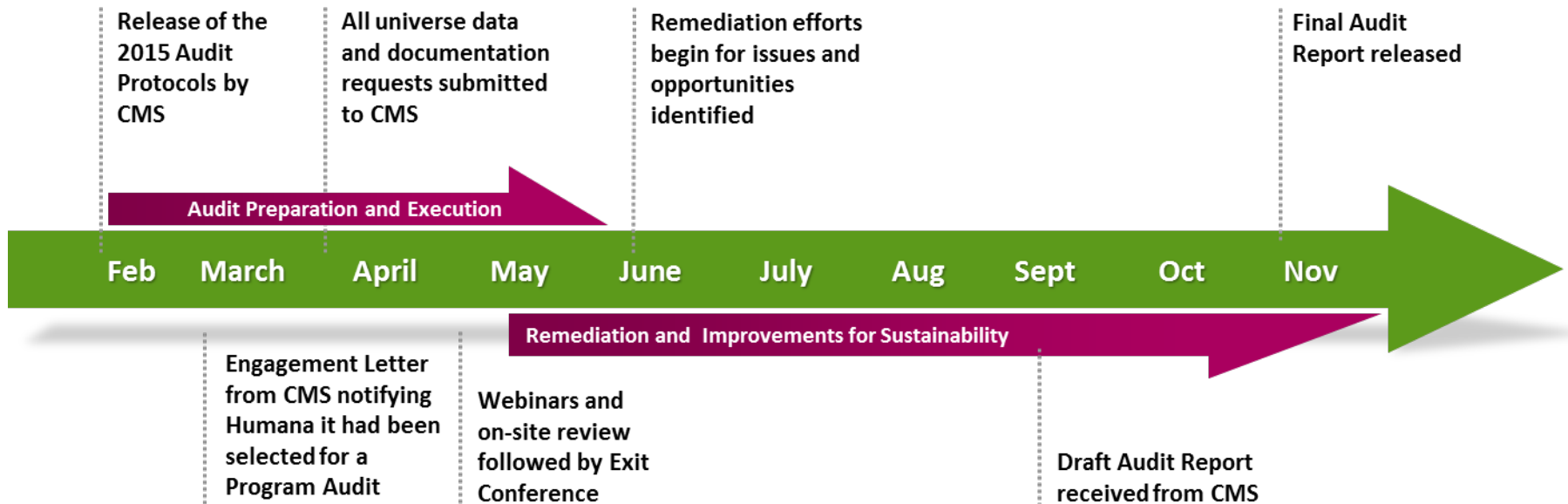
Susan Crowe, JD
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Humana Inc.

June 16, 2016

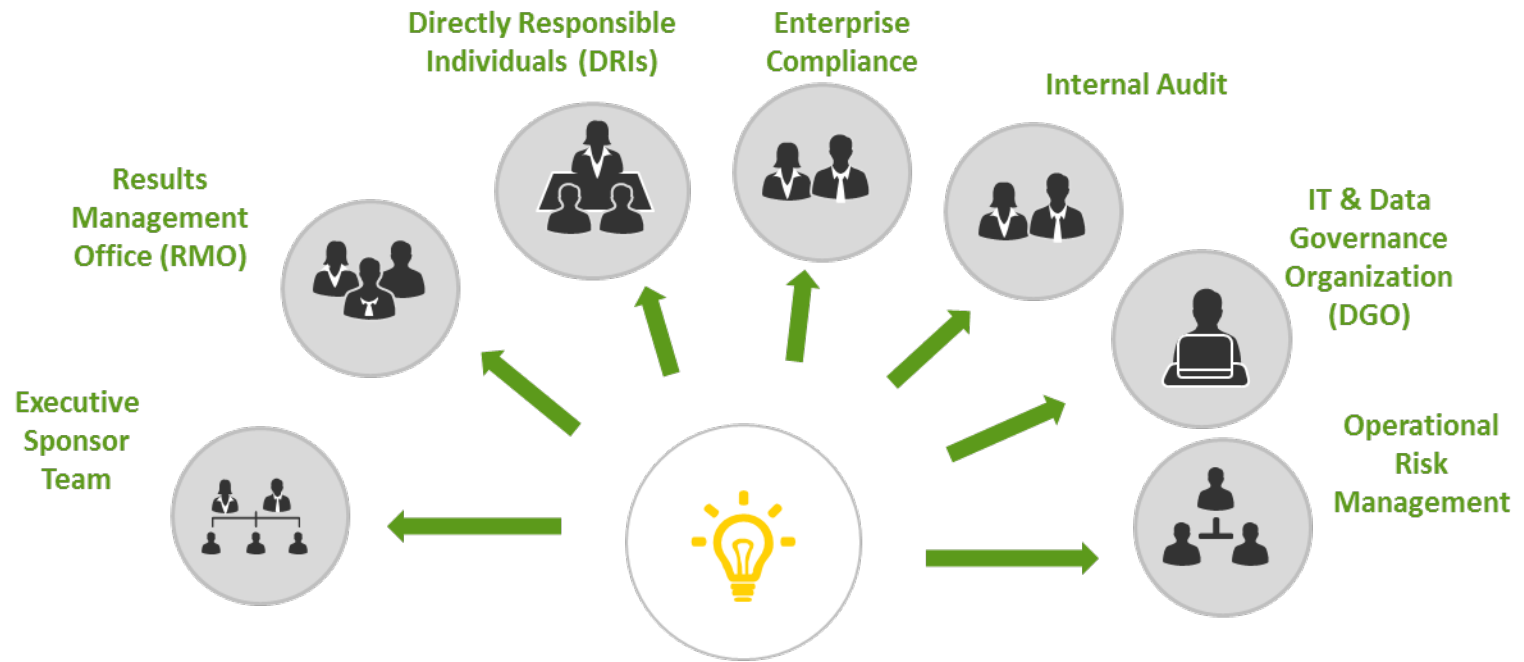
CMS Program Audits

A Plan Sponsor's Perspective

2015 Timeline of Events



Remediation Strategy



PLAN TO IMPROVE COMMUNICATION, DRIVE RESULTS, AND SUSTAIN COMPLIANCE

Improve Communication Among Leaders

Executive Sponsor Team

Weekly meeting co-chaired by COO and SVP of Corporate Affairs

- Delivered clear direction for audit-related projects and conveyed the critical connection between compliance and the organization's overall strategy.
- Provided input and guidance following status reports and ensured necessary stakeholders are informed.
- Championed the projects at the executive level to secure buy-in from all leaders and associates.

Results Management Office (RMO)

Daily meeting among key leaders from Enterprise Compliance, Internal Audit, Operational Risk Management, and IT

- Managed planning and administration of audit-related projects.
- Provided infrastructure, including the program management office, technology and other factors to support the program effort.

Directly Responsible Individuals (DRIs)

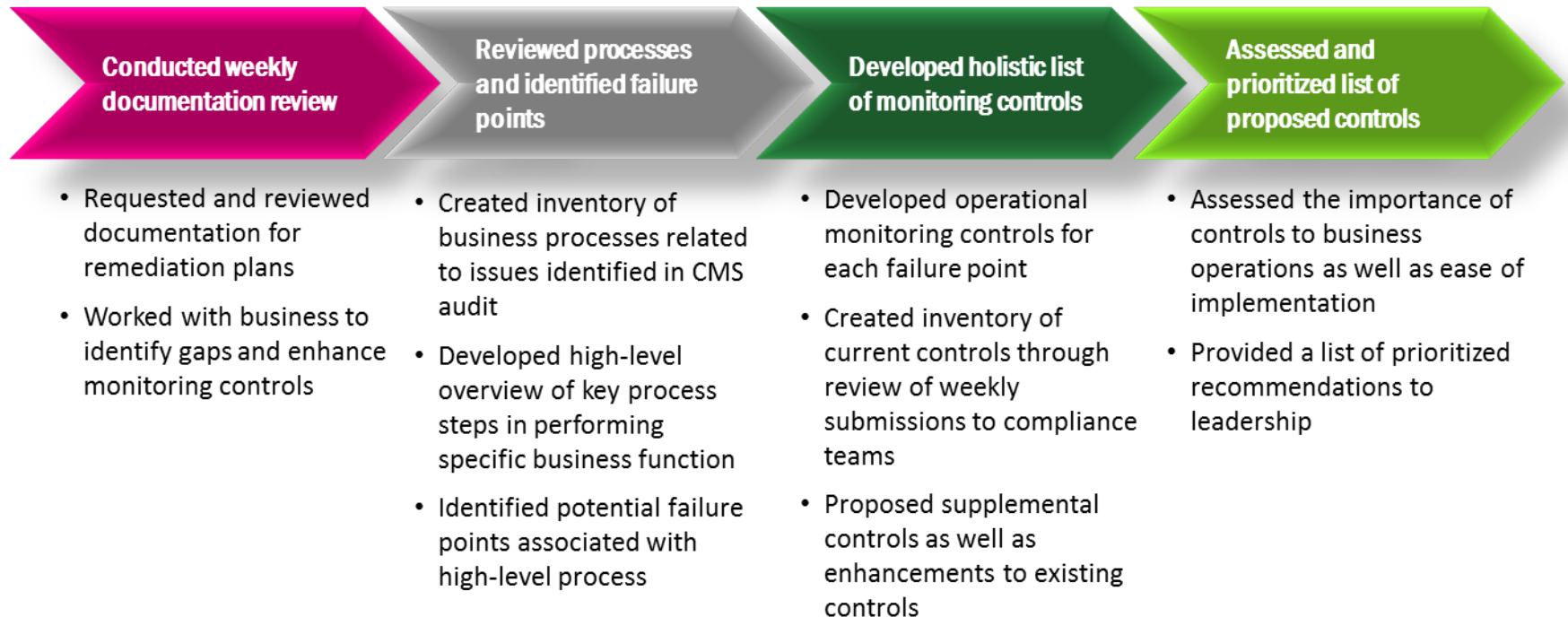
Leaders at the director level and above who are identified as the owners of processes from both an operational and compliance perspective

- Established clear ownership and accountability.
- Provided status reports and escalated issues or barriers to the Executive Sponsor Team and RMO.

Make sure that everyone is at the table -- before, during, and after the audit!



Enhanced Monitoring Controls



Effective Reporting Mechanisms

Reporting to Management

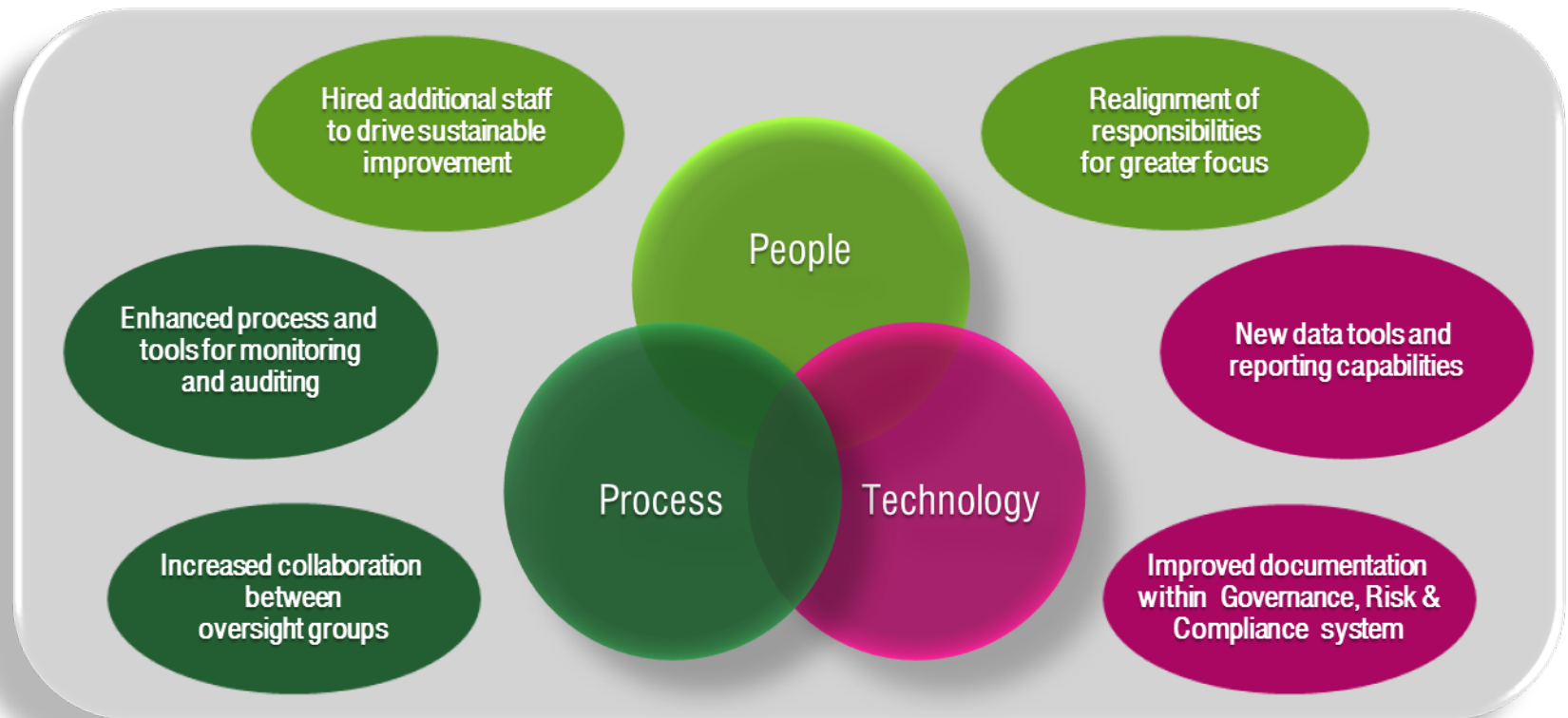
- Weekly forum with representation from Executive Sponsor Team, Internal Audit, Compliance, IT, Directly Responsible Individuals (DRIs), and other key stakeholders to review results and resolve issues through a collaborative process.
 - Internal Audit reports latest testing results.
 - DRIs report operational monitoring results.
 - Risks and barriers are discussed and resolved.

Category/ Status	Green	Yellow	Red	Total
Overall	16	3	1	20
ICAR	9	1	0	10
CAR	7	2	1	10

Work stream	DRI	ICAR/CAR #	Name	Most Recent QA or Test Results	Status
FA	Smith	CAR 1	Quantity Limits	Passed IA testing & Mock Audit	Green
	Smith	ICAR 1	Prior Authorizations	Passed IA testing & Mock Audit	Green
CDAG	Jones	ICAR 2	Notification Timeliness	98% timely	Green
	West	ICAR 3	Misclassifications	100%	Green
	West	ICAR 4	Full Investigation of Grievances	Written Grievances 87.5% Oral Grievances 86% (6/7)	Yellow
	Jones	CAR 2	Sufficient Outreach	100%	Green

Summary of Monitoring Controls/Metrics										
Monitoring Metrics	Type of Control		Performance Results						Key Findings/ Path to Green	Entity Perform
	P/D	A/M	3/28	4/4	4/11	4/18	4/25	5/2		
FA ICAR # 2 – Unapproved Edits										
Daily Claim Review for Protected Class Logic Metric: 100%=All protected class claims denied appropriately	D	M	100%	100%	100%	100%	100%	TBD	• No errors have resurfaced since the system correction on 5/21/15	B
IA Validation Testing	D	M	Pass	Pass	Pass	5/9			• Rejected Claims Testing ongoing as of 5/2	IA

Sustain Compliance



Operational Excellence

Continued focus on improving operational processes and enhancing our ability to proactively identify and resolve potential compliance issues.

- Created a new dedicated team within Medicare Operations known as Operational Risk Management (ORM)
 - To perform **quality assurance** activities and identify **process improvements** to ensure associates are compliant with CMS requirements
 - To **enhance reporting** in order to promote continuous **visibility** into compliance performance and ensure **early identification** of issues
 - To provide program management support for **audit readiness** and **onsite review**
 - To strengthen **collaboration** with Humana's oversight groups on the remediation of potential compliance issues

Audit Management

Opportunities were identified for more efficient management of audits and formal reviews.

- To identify program management support from within the Medicare Operations to allow compliance teams to **focus on risk assessment and regulatory guidance**, not logistics and resources
- To clearly **define roles and responsibilities** in advance to ensure agreement, understanding, and available resources
- To allow **sufficient and reasonable timeframes** for initial data pull, business quality review, validation, aggregation, submission, and any unexpected problems
- To develop **communication strategy at multiple levels** so everyone is engaged and informed

Data Excellence

Substantial investments were made to elevate our ability to create accurate and complete data universes on a timely basis.

- Engaged the Data Governance Organization (DGO) to create a **standard language** for all areas of business to utilize when creating data universes
 - **Data Universe Generation Guides (DUGGs):** formal technical specifications with additional regulatory guidance and standardized definitions
- Increased the involvement of IT to transform the universe creation process from highly manual to **highly automated**
- Coordinated the collaborative efforts across the enterprise for **monitoring and improving the quality of our data**
 - **Business Review Tools:** worksheets used to perform and/or calculate checks for the follow types of data health measures: *Integrity, Universe Generation Accuracy, System of Record Validation, Logical Consistency, and Timeliness*

2 Simple (Yet Critical) Lessons Learned



Manage your operations **EVERY** day.

- The business must take ownership of compliance.
- Strong operational monitoring mechanisms are essential.

Monitor your compliance **EVERY** day.

- Implement a coordinated, comprehensive approach to compliance oversight.
- Ensure effective documentation and reporting mechanisms are in place.





Sponsor Experiences from CMS Program Audits



Lynne Newson, MPP

Senior Director, Medicare Compliance

Blue Cross Blue Shield of Massachusetts

June 16, 2016

BCBSMA Experience with CMS Audits

Blue Cross Blue Shield of Massachusetts Background

- BCBSMA has offered a Medicare Health Plan with a drug benefit since 1995
- HMO and PPO Contracts
- 43,000 Members
- CMS Audit Notice Received November 2014
- Audit in December 2014
- No Findings in CPE or CDAG

Before the CMS Audit Notice

Cover Chapter 9 Requirements

- Compliance Plan/Compliance Policies
- Risk Assessment and Work Plan

Foster Culture of Compliance

- Be Visible and Available
- Partner with Operations on Oversight and Compliance Requirements

Before the CMS Audit Notice (cont.)

Audit and Monitor

- Use CMS Protocols where available
- Run and review universes as often as possible
- Act on any identified errors or problems
- Know where your concerns are and address them

Maintain Audit Readiness

- Prepopulate CPE universes and maintain them
- Develop an Audit Playbook

After the CMS Audit Notice

Engage All Parties

- Notify CEO and Board, Executive Leaders and Operational Leaders.
- Notify affected FDRs, especially the PBM

After the CMS Audit Notice (cont.)

Work the Logistics

- Secure Rooms and Calendars. Identify and resolve any conflicts as early as possible.
- Develop a Communications Plan
- Educate Internal Business Partners about the audit and when Auditors will be on site
- Secure as many internal resources as possible

After the CMS Audit Notice (cont.)

Track the Deliverables

- Document all deadlines and deliverables
- Determine the internal due dates, QC, and sign off schedule and process
- Assign upload responsibility
- Start Uploads early. Assume you will run into technical difficulties

After the CMS Audit Notice (cont.)

Practice, Practice, Practice

- Practice the webinars. A webinar is not the same as a regular audit.
 - Determine your speakers and drivers
- Review universes for unique content that could trigger CMS questions
- Develop written answers to potential CMS questions

After the CMS Audit Notice (cont.)

Talk to CMS

- Review the protocols very closely and ask all questions. Get answers in writing.
- Discuss concerns or conflicts with your data or the audit schedule as early as possible
- Have a clear understanding of the universe content and confirm definitions with CMS

During the Audit

Execute your Playbook

- Know who is in every room and Place SMEs in best location
- Establish Roles in every room (webinar)
 - Speaker/Driver, mute button, researcher, screen shots, note takers, tracking deliverables
- Document Every Case. Have at least 2 people taking notes.
- Try to stay ahead of the questions and the cases

During the Audit (cont.)

Partner with your PBM

- Ask the PBM to come onsite for the audit
- Determine division of roles between internal pharmacy SMEs and the PBM
- Understand the services that are delegated and determine speakers that will address questions in any particular area, such as: Transition fill, cDUR, Rejected Claims Review, and NPI

During the Audit (cont.)

Keep People Calm

- Feed your team
- Empower staff to ask CMS for a break. Adhere to start times and break times. CMS is very timely.
- Have a “lifeline” plan. If you don’t know an answer, know where you can go to get it, or ask for time to deliver it later.
- Medicare Compliance Officer can float between rooms. Go where most needed.

During the Audit (cont.)

Communicate Results Daily

- Daily Dashboard showing cases review results, deliverables, potential findings
- Debrief nightly with CMS Audit Lead
 - Discuss outcomes from webinars, including deliverables, outstanding questions or concerns
 - Our CMS Audit Lead was extremely supportive

After the Audit

Before the Draft

- Document all Outcomes
- Review Notes
- Anticipate potential results and start to implement CAPs, if necessary

After the Audit (cont.)

Review the Draft Report Carefully

- Review findings against your case notes, screen shots, case material. Note any discrepancies
- Review findings against CMS chapters, memos, and overall guidance
- Re-familiarize yourself with CMS audit protocols and enforcement memos
 - Understand CMS definitions of ICAR, CAR, Observation

After the Audit (cont.)

Craft Response Based on CMS Guidance

- Offer strongest rebuttal to any findings citing CMS policy, guidance, and memos where appropriate
- Request downgrade, where appropriate