

CMS 2010 Regional PACE Conference

November 16 -17, 2010 | Doubletree Hotel | Philadelphia, PA



TRANSCRIPT

An Overview of PACE Part D Elements

CMS Boston Region I, Richard Singer, Account Manager

CMS Boston Region I, Matthew Stuhl, Account Manager

Plan presentations by:

Elder Service Plan of North Shore, Inc.

Jacklyn A. Lareau, Contracts and Purchasing Manager

Well, hi there. So we're doing Best Practices, and we'd like to keep this very interactive because I think of course one of the great things about a conference is to brainstorm and exchange ideas. And this is sort of a formalized forum to do that, but of course we'd like everyone to volunteer their solutions to common problems. So hopefully during the questions section of this, we'll get a lot of participation.

In terms of – well, let me just ask you this just to get things started. How did everyone sleep last night? I don't really know how comfortable the beds are myself because I awoke this morning under my desk in the fetal position because I have a terrible fear of public speaking. So I had a lot of anxiety last night. So speaking of fears, I was just talking to my colleague Jackie here – Jackie Lareau, the Contracts Manager for ESP North Shore. And she shared with me her hopes and dreams, and one of her fears too, which is the fear of heights. She has apparently a crippling fear of heights, and that contributed to my anxiety because I knew that she would have to ascend this stage; and I didn't know if she was going to actually come through with that.

Last night she attended the Flyers game; and I think she was mortified to learn that her seats were not good seats, and they were up atop, and apparently she had to self-medicate a bit. That was evident later on as she was seen staggering around the lobby after the game. [Laughter] Not true at all – not true. I am a compulsive liar also. That's a bad fun fact. Anyhow, I will turn this over now to Jackie, who's going to discuss with you her PACE organization – ESP of the North Shore in Massachusetts. We're all Region 1 people here. Oh, by the way, isn't there a show called "It's always sunny in Philadelphia" or something like that? That seems to be not entirely accurate. So anyhow, I kind of forgot what I was saying here. Like I say, I'm not good at this; but I'll give it over to Jackie now.

So not only do I have a fear of heights, but I'm also short; so I have to step on this thing. So if I fall over, don't laugh. And thank you for that introduction. I have already exceeded my expectations because I did not fall going up the stairs.

Elder Service Plan of the North Shore was established in 1995, and so this year we celebrated our fifteenth year. And we have around 760 participants and 175 full-time employees. When I began in 2006, we had around 400 participants and I think 75 to 85 staff. So it has grown quite a bit in the past four years. So with that growth, we found and identified last year that we had several people doing contracts. There were several different templates out there, and we really needed to reinvent the contract monitoring process to ensure compliance with CMS. So I worked really closely with the CFO, Bob Durante; the QI Director, Maureen Cardalisco; and two

CMS 2010 Regional PACE Conference

November 16 -17, 2010 | Doubletree Hotel | Philadelphia, PA



other PACE plans to really make sure that all the bases were covered and create a fully comprehensive monitoring program.

So with that, we had our CMS survey in May of this year; and it really is an honor to be recognized by CMS for all that work that we put into the program during that year. And a special thank you to Dick Singer, who was the head lead of that survey, for allowing me the opportunity to present this program today.

So, just want to give you an overview of what we're going to talk about, which is making a plan to know your regs, contractor orientation, monitoring and compliance, and the OIG exclusions list. So, the plan. I have several that were presented to QI, and this is a snapshot of one. And with over 100 contractors and counting, the administrative plan that we developed really included tracking every contractor, keeping up-to-date compliance checklists and file, as well as proof of insurance, etc., at all times. And in addition to that, the contractors are chosen at random to do on-site visits. And the way that we've done that – because we have so many and there's only one of me – is we have the compliance checklist that's annually completed and attested by all contractors, and then we audit formally on a three-year rotation. So the goal was obviously to ensure that contractors are in compliance with the regulations, and the objective that we came up with for this particular plan was to institute on-site and supervisory audits and really coordinate the contract monitoring with the clinical piece of the IDT and the other members.

So we audited the SNF facilities – you know, the actual facility and what the participants were doing in their surroundings; transportation vendors – we have members of the IDT actually go on the vans; and we also have home care supervision audits to oversee the PCAs in the home cares that are inside the homes with the participants.

So these audits are done by – the clinical audits are done by either the nurses or other members of the IDT. So next, the most important thing – and even before I had this position and was just really working on the project scope – is to know your regs. And Phyllis Solomon, this quote she did during the exit interview. She's the state clinical coordinator for the PACE programs in Massachusetts. And she addressed the whole team – senior managers, executives, midlevel managers, site coordinators, all the nurses – and had said, "You really need to keep three copies at home – one on the kitchen table, one in the bathroom, and one under your pillow." And I related so much to that because when I again came into the position, I studied the regs daily, nightly, in my office, at home, everywhere -- they were with me everywhere. And I have copies – I actually copied and pasted them from the Website by reg, by type of service. So anyway, that quote really stayed with me and will stick with me ongoing throughout the process.

So right now I just have – I want to give you a high level overview of the regulations that go to all the contracted services. There are more, but I chose three that really stuck out. And the general rule – which we all know – the PACE organization must have a written contract with any outside agency, organization or individual that services any type of care-related service that's outside of the PACE sites; and the only exception is emergency services.

There are several contractor requirements, and they must – well, I'll just give you again a high level overview. All of your contractors must meet all the federal and state requirements in order

CMS 2010 Regional PACE Conference

November 16 -17, 2010 | Doubletree Hotel | Philadelphia, PA



to participate with you. They must be accessible to patients, participants. So if you have someone that's located on the opposite side of your state, it's not easily accessible to the participants – probably shouldn't be contracting with them.

In addition, the PACE organization must designate an official liaison. In this case, it's me; and you really need to make yourself visible. That was one of the things is that none of the contractors really knew who they could go to when they had issues. So I made myself really visible when I took over the program to all of our vendors and contractors.

Another requirement is that you need to have a current list of all your contractors. It needs to be accessible to all of the participants, all of your staff, CMS upon request, or anybody else that's asking you for your contract list. It was really hard managing all the contracts before because people had some in their offices. There really wasn't a centralized location for all of the contracts. We had a list, but it was contributed to by a lot of different people; so now it's a lot easier to maintain.

And then lastly with this reg is the content of the contract. Each contract must have all of the requirements. There's several of them, so I didn't list them all out. But what we did during our 2008 survey, CMS had noticed that we had several different templates. They all did include the language, but there were several different ones. So when I came on board, I revised the whole template. We have one that has all of the requirements. Some of them may not be applicable if they do not relate to the contractor, but we have everything in there and outline it.

So next is the program integrity. And this is big with all staff as well as contractors. So first is the person with criminal convictions. And a PACE organization must not employ individuals or contract with organizations that are excluded from Medicare or Medicaid, convicted of certain criminal offenses, or individuals who pose a threat to the participants. So what the Elder Service Plan does obviously is we run queries on all of our staff, and we even run queries now for smaller contractors or individuals that we contract with that do not have the ability to run their own queries. And that's just to ensure our own compliance and make sure that everybody is on the same page. You'd be surprised how many people out there do not run queries.

So next you have direct or indirect interest in contracts. And that's really relating to anyone in the company that has a relation outside -- so your Board of Directors, or if you have employees that have family members that are in a position that can negotiate your contracts, or anything like that. You need to make sure that they disclose that, and the PACE organization must have written policies and procedures in place for the direct or indirect conflict. You also want to make sure that it's fully documented and that the person recuses themselves from votes or negotiations involved with that contract or vendor. And what Elder Service Plan does is we require all staff and Board of Directors to complete a Conflict of Interest statement on an annual basis, and that's part of our compliance plan. And we also -- lastly in this reg, we must have a formal process in place to gather the information for written request if CMS asks for it.

So the last reg that I'm highlighting here today is the personnel qualifications for staff with direct participant contact. And you'd be surprised -- this one I felt was really important because there was a lot of contractors that did not feel that they had direct participant contact; and it was kind of a battle for me to prove to them that they did -- one of which was transportation vendors. They did not feel that they had direct contact, and they did not feel that they needed to comply

CMS 2010 Regional PACE Conference

November 16 -17, 2010 | Doubletree Hotel | Philadelphia, PA



with this regulation. So it was really a battle back and forth. And part of knowing your regs, I was able to go back and just send the contractors whenever they had a question, the reg; and the answer was always there.

So the first one is, be legally authorized. So you need to make sure that your contractor has a policy in place to ensure that their practitioners are licensed or registered or certified if applicable. And what we do is we look at their policies and procedures, verify that they are checking, verifying. If the agency or the organization doesn't have the capabilities to do that, then we verify everything for them. We want to make sure that if they have direct participant care that they have a year of experience. And so we ensure that our contractors are mandating. A lot of them require two years where we are. You also want to make sure that they're competent, so they meet a standardized set of competencies for the specific position. We're lucky because a lot of our contracts are with big agencies, so they have the policies in place to make sure that their staff is competent. But if they're not, then we require them to go through our Human Resources policies or processes to make sure they're competent.

We want to make sure that they're cleared for communicable diseases and have all immunizations up-to-date before engaging in direct participant care. This was the big issue that we had with a lot of our contractors; but again, I just kept sending them the regulation. And there was actually a call in June of 2009 that I have the minutes to; I think Judy Sutcliffe ran it. And it really spoke to the medically-cleared portion. I was able to send all of the contractors that had an issue those minutes, and I kind of hid behind those.

Now, when it comes to training – trained appropriately – the PACE organization must provide training to maintain and improve the skills and knowledge of each staff member with respect to the individual's specific duties and his or her continued ability to demonstrate the skills necessary for the performance of the position.

So during contract monitoring and prior to contracting – see, when I took over the position, all of the contracts were already in place. So it wasn't something that I could do upon initiating the contract. But what I've learned and what I do moving forward is really review the policies and procedures, share them with the clinical aspects as appropriate, and make sure that they're in line with what they need to be.

In addition to these regulations and the other CMS regulations, you really want to familiarize yourself with the state regulations in your area because they have – some of the states are actually more stringent. And in those cases, you want to make sure that you're following the state requirements. And there's also a lot of requirements that are specific to the type of service that you're dealing with, so I learned that as well.

So next we have contracted staff orientation. And I had handouts that we don't have today, so I apologize for that. But if anybody would like an example of an orientation guide, I can send that via e-mail or I can mail you a copy of what we provide. So when I came on staff -- obviously from the regulation you need to orient your contractors on an annual basis at least upon initiation as well, and all the staff really need to be familiar with your mission and the philosophy and participants' rights, etc. So I worked really hard with our marketing person and made something really nice that we could send out, and we sent out a mass mailing to our contractors. And basically, contractors and contracted staff are simply an extension of your pay

CMS 2010 Regional PACE Conference

November 16 -17, 2010 | Doubletree Hotel | Philadelphia, PA



staff. So it is imperative that they're treated the same and they have a complete orientation to your program upon initiation and on a regular base after that. So we actually go on-site to contractors. I give an in-service. So the goal really there is to do a train the trainer. A lot of times they'll invite their whole staff for that presentation, and then I leave them with handouts so that they can update their staff as needed. A lot of the contractors that we have, have enough PACE organizations where they've actually adopted the PACE training as part of their new hire orientation. So we've been really there.

And in addition to going on-site, we're also beginning to offer quarterly in-services to our staff in addition to our contractors that will include a specialty topic. We had one I think a month or two ago in regards to elder abuse and neglect. And we invited all of our contractors to that. And then they also – the second half of it, they received a little PACE orientation and a tour of our site. So we're starting to do that too to orient our contractors.

So the monitoring and compliance – what I do is an annual attestation, which is a checklist that has all of the PACE requirements, the CMS requirements; and I send that out to all of our contractors on an annual basis. Last year I did a mass mailing when I first took over the position of the orientation as well as the checklist. And I followed up with a phone call or an e-mail or I went on-site with them to let them know what the new process was. And now I have a software that I'm able to track all of the dates; and I'll get an e-mail daily as to who's updated, who need to have another audit.

And with that annual attestation, I randomly choose – I actually go by vendor type. I choose a sampling of or a percentage of the vendor type, and I go on-site and I review their personnel records. Or if there's an issue with a vendor, that may trigger an on-site review as well. The on-site review with their personnel records may result in a corrective action plan. I had -- I think of the 19 audits that I did in a six-month period, I think I had 17 corrective action plans, all relating to the medical requirements. And what I do for the corrective plans is I cite the regulation as our issue -- so non-compliance with 460.70 – and I state specifically what they're not in compliance with; and the objective is to become compliant with the regulation. And what I've done is there's a plan and a timeline that I leave empty and allow the contractors to fill in their plan in an acceptable timeline so that I can follow up with them. And they'll send me back – and sometimes the timeline is unrealistic and I know that. They're not going to have all of their staff up-to-date with their immunizations in 30 days, so I'll talk to them. Or sometimes it's too far out. We want them to be compliant in less than a year. A year doesn't work for us. So eventually we'll talk it out; we'll renegotiate; and it'll be approved by PACE. And the key really is to follow up. There's no point in having a corrective action if you're not going to follow up with it. So a key for me is I had all of these dates, and I had to write myself notes so to follow up. And now I really have a good system where I can follow up with them and make sure that everyone's on the same page; and if they need extra time, then I'll allow them the extra time. Worst case scenario is when I recently had one where the vendor refused to respond to the corrective action. And in those cases, unfortunately, you have to suspend or even terminate the contract.

My last slide is a biggie. It's the OIG – the Office of Inspector General – and the exclusions list. And "An excluded individual" – I'm going to quote the Website – "An excluded individual shall mean an individual or entity that is currently excluded, debarred, suspended, or otherwise ineligible to participate in the federal healthcare programs." Because PACE plans are

CMS 2010 Regional PACE Conference

November 16 -17, 2010 | Doubletree Hotel | Philadelphia, PA



reimbursed by both state and federal funding, it is required to screen all owners, officers, directors, employees, contractors, and agents prior to engaging their services in all positions. I can't stress the importance of the OIG. In Massachusetts -- going back to where the state laws may be more stringent than the federal -- Massachusetts requires that you screen for the OIG exclusion list on a monthly basis. That's a big deal when you have all your staff, your Board of Directors, and all of your contractors and all of their staff. We have several contractors that have several hundred employees. And getting them to realize the importance of it -- worst case scenario, you can be fined the total amount that you've paid. I think you can get triple penalty charges in the full amount that you've paid the individual that was excluded. So it really is important. And a lot of our agencies will say, "The OIG doesn't apply to us." It does apply. You have no -- there's several reasons why someone would be on the OIG exclusions list, and it's possible that they got on for one thing and now they've changed careers and they're doing something else. So it's absolutely very important to screen everyone.

Elder Service Plan worked really closely with an OIG experienced law firm earlier this year to create its policies and procedures. So if anybody would like help with that, I'm more than happy to share the name or even the policy if you wish.

And that's it. So, thank you very much.

All right. It's time, if you have any questions for Jackie or I think for Dick -- they're going to be on. You'll be live.

I just wanted to clear one point. Jackie did have a handout which wasn't made available to you, but it will be posted on the portal for this conference. So that was the brochure for contractor orientation, and that'll be available via portal for this conference.

Are there any questions? Raised hands? Yes, question over here. Go ahead.

Hi, you had mentioned that you have in-services scheduled for your contracted staff; and I was just wondering. Do you get pretty good attendance, and do you pay them to come or do you write it into their contract or how -- I mean, I could see where it would be difficult to get contracted vendors to come to something like that.

I offer it to -- it's actually for all of our staff as well as our contractors. And we send out a mass mailing. And a lot of our contractors require their -- it depends on what the specialty topic is. The last one in regards to reporting elder abuse and neglect, we had a really good turnout. And the homecare vendors actually really encouraged their PCAs and home health aides to attend because they felt that this was really training that they really wouldn't have gotten anywhere else. So, we do not pay them. They do get paid by their agency though, and we do encourage them to go. I think that a lot of them will get credit, too; so it works out well.

We have a question over here, George.

What mechanism do you use for checking the OIG exclusions when you talked about hundreds and hundreds of folks. Are you using a company that you're contracting that out, or are you actually going to all the Websites every month and looking.

CMS 2010 Regional PACE Conference

November 16 -17, 2010 | Doubletree Hotel | Philadelphia, PA



We actually have a database guru that created an Access database, and she downloads the OIG list on a monthly basis and runs it against our list. So that way, we pull our human resources. We pull all of our contractors. And she does a clean sweep, and all of the matches get done with a report. So it was something that we actually just did internally. There are vendors that do it, but this was the cleanest way for us.

Any other questions?

I just have one. In my experience conducting PACE reviews, I noticed in looking at the Medical Records portion of the personnel files, sometimes they're non-compliant by virtue of maybe like a pushback from some of the higher level medical staff – MDs, nurse practitioners – with respect to things like documentation of bloodborne pathogen training, things like that. The idea being, I kind of wrote the book; this is something I don't need; it's part of my school curriculum or educational background, etc. But the regs do clearly mandate that. Do you get any kind of pushback from that, and what would be your solution to something like that?

Honestly, from healthcare professional in that aspect, I probably had the least pushback. And I think that a lot of our vendors – you know, they also get surveyed by JCAHO; and so it's expected that it's in there. Normally that, but I do do a sampling. So perhaps they make sure that their files are up-to-date in advance. When I have the issue with the trainings in that respect, it's usually smaller vendors that aren't used to having to maintain the files. A lot of times the corrective action really scares them and the fact that they may lose business; and they step up to the plate and do it eventually.