



TRANSCRIPT

PACE Audit Preparation - Open Discussion CMS Philadelphia Region III, Colleen Hughes, RN, JD, Nurse Consultant - Account Manager

Hi. Good morning everyone. Everyone should have a wish wand. All of you who are getting ready for audits, you want one of these. This is going to be a chance for the industry. You, the PACE Organizations, are the industry and we, CMS, are the regulators. This gives you an opportunity to talk about your preserving materials. Now I want you to know that this year alone I have been on six audits myself. The stack of paper is this high. Believe me, I've read every page in that stack of paper this high. It has been daunting and challenging and once in awhile I catch a few things and I call up my plan and say, "By the way, I was reading the Q&A minutes and I didn't get this," or "I was taking a look at the temperature log and could you send me this?" I do find that it is a lot of challenges for the PACE Organizations, a lot of challenges for the regulators. This is just an opportunity now for you the industry to have your say and let us know what you're thinking. I thought the cartoon on the cover was a good indicator of how you guys get ready for the survey.

This is a little sample of what I sent to a recent plan; what we asked them to send. When I got the box of materials from them, it weighed 32 pounds. Real quickly, some of the things we look for are the organizational chart, the service area narratives and the maps, minutes, the contractor list, and the staff education calendar. This material is also reviewed not just by CMS, but it's also reviewed by our state surveyors also. They get the same box of material. They're just as interested in seeing the history of what is going on in your plan as we are. If you look at the couple of slides that I've brought to you, it is just saying that there are 18 objects that are on that list that encompass multiple binders, multiple pieces of paper. Some things can be put on discs and some things can be put on a flash drive, but we look for things in hard copy. This is all being sent in a hard copy and you're doing it twice. You send it in hard copy twice. I wanted to just go over these real quickly because I really want this to be an opportunity for you, the PACE Organizations, to get up here and tell us what you think about the pre-survey strategy. CMS is getting ready in the next few months (I already set up a workforce group) to revise the audit strategy and revise our request for material and this couldn't be more opportune for you folks to tell us what you think works, what doesn't work, what can we revise, what can we streamline, what can we eliminate, what can we do differently.

I really don't want to read from the slides, but this is just a sample of what we really do ask for. I'm just going to go real quickly in saying that we look for direct care training and annual performance competencies, your methodologies, your policies and procedures, the day center activities, the QI program, work plan and infection control. As Dr. Davenport said yesterday and I actually have a big QI background myself and I find that a lot of things are in QI plan. It is not one of the things that I'm looking to eliminate, but I

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want to see if there is a better way that we can get your material from you. We look for your new contractors, your amended contracts. We are looking for the personnel list. We are looking for the participant roster, once again with no participant identifying information; your marketing material, the enrollment packets, logs – we can all talk about logs; sentinel events, equipment inventory, your on-call, the refrigerator and freezer logs, your appeals and grievances, and your emergency and disaster preparedness plan. Those are the 18 core things that we ask for pre-survey. We ask for this material so that some of this can be done by desk review.

We want to be prepared when we are on site. We want to be ready. We want to hit the ground running when we get there for survey. We want to know what went on in the past 18 months or the past 24 months and this gives us an idea. But is this the best way that we can get this material or the best way that we can review it, or is there another way that you feel that will work better? I want to say that this is an open discussion with PACE, but I just want to give a few other examples of what I think we want to talk about. As I said, I've been on six surveys; three in the last six months. Every three weeks I am out on survey. I am reviewing boxes and boxes of materials and I want to give the plan the essence of what I have learned from what they've shared with me. When you are on site, you are still asking for more and I haven't been able to identify it. Let me find more things. What else can you show me? This is my chance and CMS' chance to ask for your comments, your concerns. What do you think will work better? That is where I want to start. So, can I ask for a few comments? I do want to note that I have a few colleagues in the audience who will remain unnamed at the moment who are going to take notes for us. This is not punitive. It is not to penalize you. You can get up, tell us who you are and it's not going to come back to haunt you.

We really want to revise this. We ourselves are taxed and the states are taxed in time and in money. We understand that. Yet this is a medical model plan. It is one of the only plans that CMS has really hands-on; that we do oversight of providers and caregivers. We know how important this is. We think it is a tremendous plan, but we know that we can make it better and that we as regulators can make it work. One of best lines is if you take federal money, you have to play by federal rules. Let's try to make the federal rules a little bit better and let's see if we can make it work. I would like to open up the floor at this time. There are more slides afterwards to talk about some other samples, but I would really like to open up the floor for some open commentary now.

In the age of going green and in the light of meaningful use, is there any way that we can do this electronically?

I would like to say that it is very feasible, but there are a few things that we can't do. As you all know, HPMS is our repository at the moment. It is not set up to take this volume of information at this point. At the moment, our repository for the Centers for Medicaid and Medicare is the Health Plan Management System. The second thing is don't forget this is a three-way agreement and the state has to be able to accept some of the things that can be sent. Some things we do have sent electronically. I ask for a lot of things electronically. It doesn't negate the need for some hard copy. What we're looking for is



can we send in some things attestation. Can you just send in the Aberrant data? Was there more clarification for you?

Yes. Our state is New York State and they accepted everything electronically, but then CMS requested us to print everything.

I need a better example than that.

We sent a flash drive to our state and CMS. CMS couldn't read the flash drive due to restrictions.

Yes, that is a current restriction. CMS does have that restriction on external flash drives from outside vendors. That is a security issue for us at the moment. We do accept CDs. We have had better luck with CDs, but the flash drive at the moment. I don't work for the IT department for CMS. We can bring it back, but I'm going to tell you there are 77 plans across the country that are PACE currently, and are IT department most likely will not try to accommodate 77 different versions of a flash drive.

I am with a new PACE program, one of the rural programs. A couple of years ago as we were preparing for a trial audit, I found; I believe it was on HPMS, a PACE Audit Guide 1.0 and then there was PACE Audit Guide 2.0. For some reason, the 1.0 disappeared. It had lots of guidance about what the expectations were for meeting the requirements of an audit, or what we should prepare for and expect and have on hand. Then it just went away and I wondered where it went. Is that something that people could have access to, especially in a new program because it was helpful and the PACE Audit Guide 2.0 isn't.

Fair enough. I can take that back. I know that they have only one public version out that they have out for the public. I'll bring it back to the people.

Colleen, I can answer that. This is Mitchell Crowe. I am the Director of the Health Plans Branch in CMS in New York. The versions of the audit guides have changed over the years and the current versions only give you the requirements and that is by intent. I empathize with you, but in terms of audit we have not chosen to share our methodologies with any organizations, whether they are PACE or Medicare Advantage or Part D. That is the trend I think we are going towards. I think it may be more difficult for you to self audit if you don't have that type of information and we are looking into revamping the PACE auditing overall going forward. We have a consultant contract that is looking into that and we have our work groups and we certainly welcome any input from the industry as well. Right now, we are giving you what is in HPMS and in HPMS, as you know, you just have the requirements, and you need to comply with them all.

Good morning. Jane Taylor from the Boston Regional Office. I wanted to mention one pilot that we have been doing in New England for a couple of years in coordination with the central office. That is that we have chosen to review all of the logs on site. It is a little more time on site, but we've found it is very effective. We can right then and there, if we see something we want to follow up on, get to it easily with the program's help. It is a tremendous volume for the PACE Organizations to photocopy and send and ship, and for us to go through. So that is one idea. Norma Mannicks and I worked on that and it

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has been really very successful and I don't think it takes really that much more time for us on site. It takes away from the desk review a little bit so it is a thought. The other idea is that some of our state agencies are very adept at reviewing, and that is who helps us review medical records; are very adept at learning and dealing with reviewing the electronic medical record online rather than print it out. So that is another idea. It does take a fair amount of technical help from the PACE Organization to get the reviewers up to speed on how to work that particular version and where to find stuff and that kind of thing, but it is another helpful idea. Thank you.

Thanks Jane.

Hi Colleen. I did actually peek ahead in here and I see that you actually have a fair amount of provider input already and some great ideas outlined in the notebook, but just a couple of things that after reviewing it, the on call logs, and it is noted here; those can be extremely lengthy in what we send to you. There is protective health information in that so if there is a way to have that reviewed on site, I think that would be most appreciated, as well as the whole interview process. I think it was a year and a half ago that we got hit with our survey in the middle of the summer, which is obviously a high vacation time. Whenever there is the opportunity to really schedule, surveys scheduled that week that you are there ahead of time, it is always helpful so that we can then accommodate vacation requests, etc. even with board members that obviously need to be involved too.

Okay.

I also looked ahead and was interested in the attestation suggestion. I know that New Jersey is looking at that as well for some of our readiness review and it seems that it would be saving on time and paper both for the provider and the surveyor, with a sampling at the time that you come on site. I also wanted to ask if there had been any discussion or collaboration with New Jersey since they are working on an attestation model for the readiness review.

Well not yet, but I know Greg is going to come talk to me afterwards. As I said though we can move forward. As I said, I did send out a request for some comments from the industry to get this started because I thought this was a topic that we needed to move onto. I've been a surveyor, I've worked for the state of New York previously, I've been a federal surveyor for almost six years now and CMS would like to be more innovative. We would like to see if there are more things that we could accommodate. It is not that we don't partner with you, but we have to regulate. We are regulators. We need to make sure that you are in compliance with the federal rules and regulations as well as the state needs to make sure that you are in compliance with their rules and regulations. We would like to see if we could streamline this process. So I did send out a request to the industry. I felt that this was an après pax picture because some peoples' desk, sometimes mine, does look like this.

Let me move forward. I had already talked about this. I want to talk a little bit about some of the suggestions I did get from the industry. Some of other suggestions we got

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was a smaller sample size. We ask for a six-month time frame for a lot of the logs and a lot of the activities that go on and menus and things like that. So could we ask for a sample within a sample? Is that enough of an indicator and does that meet the goal of what we're hoping to accomplish? My personal favorite is can you, the PACE Organization; you are already self-policing; you all already have internal quality going on. As Dr. Davenport said yesterday QA is like the big hug. I by myself have got a big QA background myself and QA is in every department across the PACE Organization. It is not only in the clinical area. I cannot say that enough.

So you should be self-monitoring. You should be doing your internal QA. Can you just send us in the Aberrant data in those logs and then attest or tell us what you did to make them better? Can you tell us the date that you notified that your refrigeration was out of compliance and what caused that? Did you have an electrical breakdown? Did the freezer break, what happened? Instead of us looking through logs that are six to eight to ten inches thick for twenty four months of data. As Jill has said, the other one is can you do an attestation in lieu of a full hard copy of information? Now this is a very broad statement because if the PACE Organization tells you well you attest to everything then we wouldn't have to come on site. I knew you would all like that. I had questions about putting that one up there. There are some things that you can attest to, but the thing about when you attest to things is that we still come on site then and say let me take a look at a sample then, even though you have attested. You may not have had to send in the binder or the paperwork that is this thick, but then we still need to go in and validate your attestation. Attestations work but only for some things and not across the board for all information.

So your industry concerns. Staff education training. This was does it include all staff or only specialty training? I didn't have an answer for it. I am just going to tell you that this is what the provider input. I'm going to bring this back. The information that you share with me today and that you are able to share with the other CMS colleagues or if you don't want to get up and speak, you can reach out to your account managers and share information later. Once again as I said this is your opportunity to talk. We're bringing this back. As I said, I am sitting on a work group getting ready to revise the audit strategic policy for us the auditors with input from other people who are sitting in this room. We really want to make it work. Well, not make it work. We would like to test it out.

We would like to see what you can do for us. These are some of the thing. The day center activities. Well everyone is busy doing multiple activities so can they provide a three-month sample only? Logs. Can appeals and grievances be done on site instead of sending them in ahead of time and not being able to fully review them because even when you do appeals and grievances, you still want to speak to someone about it. Give me more of the background information. I might not have been able to get what I needed from the sample that I sent in. These are some of the industry concerns. The biggest inefficiency is copying and collating preparation of hard copy for both the federal and the state staff. I can only speak to some of the comments I got from a couple of the states. The states don't mind the electronic copy but they don't always want to print it



out themselves either. They don't want the cost of printing it out either. It is kind of beast or burden there.

A suggested goal is electronic submission through one portal; either via secure email or a CMS web-based application. It is an idea. We are going to bring it back. We are not there yet. I just need you to know that. As it was brought up already with a flash drive, CMS' IT department will not recognize that at this time, but we can certainly ask and put it out there. With the volume of information that we request, that maybe we should have our own dedicated site or portal site. The other thing is, and I always tell everyone, when I am collecting data and I am asking for; as I have been on survey this year and I am always asking for my attendance sheets and signatures at all of our meetings; you know we the auditors – we get audited also. There is an auditor who comes behind me to make sure that we're doing the correct work and that we are in compliance with federal regulations and that we are doing proper oversight of you, the PACE Organizations. Some of the stuff we ask for we need to have. We need to have copies of these things to validate that you have been evaluated accordingly.

As Bernie had mentioned, the on call logs can be very lengthy and they contain a PHI. Have you considered moving to an on-site inspection only? I got this more than once. The contracts are usually not looked at until on-site survey because the original signatures and dates are verified on site. Marketing enrollment materials. Marketing enrollment is all coordinated through CMS and the state authority prior to use so if we are asking for them it is redundant unless we are requesting changes. So it is one less thing to put in the pre-survey box. Then the suggested goal – a list of interviews.

Everyone needs to be interviewed or visited and must take place in three to four and let the providers schedule them in advance. I do my best to do this but you know a PACE survey is very free-flowing. We try to work around what is going on. You are doing patient care. We try to work behind the scenes. I think that we try to be reasonable and stuff happens. I think this only works to a point because a home visit needs to be scheduled, the member that day doesn't want you to come, or the board member is unable to make it that day. I think as good as this is a suggestion, I think there are too many variables to make that happen. I do think we should give you a list of who we would like to interview or a template of who we think would be important.

Once again, I have a lot of time for you guys to tell us what you think are going to work.

Have you done any benchmarking of best practices with other auditing agencies such as the FDA or Lloyds of London who certifies ISO in industry?

Because this program is so unique and because it is so clinically based, if you've gone through the PACE audit as I know your organization has, you can't mix it. It is apples and walnuts. They really have trouble coordinating that. It is a good suggestion, but because it is so clinical and you do so much of the review on site, it is hard to do that.

Maureen Amos from National PACE Association. I just have a comment. Our hope at NPA is that the survey process can become more transparent. That was the benefit of

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having the first edition of the Audit Guide. It provided some guidance, especially for newer programs that are trying to feel their way, excuse the comment, but in the dark. That guide provided a tool that they could use to kind of direct their efforts. Our hope is that while CMS is reviewing the process, they consider making it more transparent.

I am Chris Allen from Life at Home. In terms of the attestation, one suggestion I would have is that in most states, the PACE Organization is required to carry other licenses as well that inspect the same area. To me, frankly, it doesn't make sense for CMS to be reviewing refrigerator and freezer logs when we have already had to pass an Adult Daycare Survey that reviews those same items. If there is any meaning to having us be required to have those other licenses, couldn't you accept the result of that other licensing authority's survey to deem us in compliance with those types of elements?

I don't have an answer for it. The reason I don't have an answer is because this is the reason we are talking now, but I think it's a very valid point. It is a good thing for us to bring back. I agree. You can be surveyed by multiple sources, but the reason you are being surveyed by multiple sources is because there are multiple payers. At the moment, there are multiple regulations. How is that? I will change it to that. Currently, the PACE regs, which the last time they were revised was 2006; a lot of this is in the regulatory requirements that we do and we pull our audit strategy off of the regulatory requirements. I really do think that is a very valid point. If you have an Adult Daycare License and they have already reviewed that, why wouldn't it be a pass-through or a transfer? I think it is a very valid point.

I just have a general question. Has CMS made any decision on the use of contract staff versus CMS auditors themselves?

I think that is too broad of a question. We use multiple modalities because of staffing across the country.

The only question I have is that we have consistency, as Chris mentioned, from the other audits we go through and sometimes as you become very familiar with a provider and the policies and procedures that we have year to year, then you have different people and it is like you are starting all over again. It just might make for ease of audit.

This, especially during this time frame, we are a \INAUDIBLE\ organization and each region is a little bit different. Some have more clinicians, some have less. That is why there might be use of contractors. I really can't speak to that unfortunately. It is a good point, but it is really a staffing issue that I don't have control over.

One of the things having to do with Part D Auditing, is that I find that for many of the elements, the documentation that I have to copy and put under each tab is the same documentation. Like several elements require a copy of the Fraud Waste and Abuse Work Plan and they will also ask for copies of a Risk Assessment or their compliance committee meetings and so on. That is the primary documentation that we have and we end up having to make four or five copies and it just really is repetitive.



At this point though, the Part D is a separate and distinct audit. It is not a merged audit. They may occur at the same time, but they really are distinct audits and I understand that, but they really stand alone.

So it is not under discussion today?

No. Your chance was yesterday to tell that to the pharmacists.

Part of the reason that the audit guide, the original audit guide, was so much more helpful, was that it showed you what the regulation was that corresponded to the elements in the Part D Audit, rather than they way that the Audit Guide 2.0 just tells you what the element is and you don't know what it's context is or where it came from. That is part of the problem. From our standpoint, it sort of looks like a consolidated audit even though it's Part C and Part D.

They stand alone. They are individual audits.

Thank you.

In our recent survey, we had to turn in our on call log like everyone does and it was enormous. I guess I was having a concern. Do the desk review surveyors actually have time to review that before they come on site? If not, because it is so huge, could that just be done on site?

It is one of the reasons that we brought this up. I can't speak for anyone else and I do go through; if it's sent to me, yes I do review it. I do feel it is cumbersome and I do feel it is a lot of personal information that is available. Yes, I am one of the auditors that will review it. I will do it both ways. I will review it in the office and then I will pull another sample on site. That is why we are asking for this. Can it be transitioned to an on-site review only or can we just ask for a sample of days? Things like that. We want to streamline this or slim this down some. We still need a lot of this information, but is there just a better way to get it to us? Can we change our sample size? What does the industry have to say? You are out there. What do you think is working? You've all been through these audits. I know some of you are new organizations and you haven't been through it, but what do you think works and what doesn't work? That is what we're up here for. This is really what this is for. I want to bring this back and bring your suggestions back.

I was really glad to be asked for input I wanted to say. I just wondered if there is going to be any ongoing opportunity for that provider input to continue while these systems are being revised?

I can bring that back to the leader of the work group. I personally think it is a very valid point to ask for provider input. I am going to bring that back. I think it is a good interchange. That doesn't mean that we will take all of your suggestions, but it gives you the opportunity to share. I am going to bring that back.



Thank you.

Hi Colleen. Are you able to share anything from the work group that the auditors involved have discovered about what you feel is valuable? You have a lot of experience with these audits and you know how you want to draw a picture in your mind of the organization before you arrive on site and start doing the work. Is there anything that you have discussed that you could share with us that you would like to suggest?

You know Carol, the work group has not met yet. It is meeting in the next two weeks. This was why this was so opportune. It is why I reached out to the industry and asked you to send in things. The work group will be a national work group because we want to unify what we do across the country, which we already have. We already work under an Audit Guide and we work under an Audit SOP. We all follow that, but we recognize as auditors that it is cumbersome. We recognize that it is cumbersome for the state and that it is cumbersome for the organizations. I felt that this was opportune for you, the PACE Organizations, to share, change, put it out there. I cannot keep saying that enough. As I said yesterday, when you are putting in a new system, you audit and you check it again, you check it multiple times. This audit guide for us only gets reviewed every couple of years and I am stretching it. It gets reviewed five to six years. We are at the cusp of getting ready to revise it again. That is why some of those suggestions that were up on the board were some of the things that I did pull from the industry and some of the things I felt myself that we could move towards.

I think then that it would be even more valuable to have that continued input that was suggested earlier because perhaps there is an opportunity then for the work group to put back to the providers what you are seeing and suggesting as a group of auditors and the kinds of things you have gathered and bounce it back to us. I think that would be the most valuable way to then work together to see if we can streamline this process.

Well I guess I am going to bring that back to the work group leader who is based across the country. I guess I will volunteer to lead that provider input since you all have a face and a name. I feel for you guys. I know I am a regulator, but I have been on the other side. I have put those binders together, I've tabbed those documents, and I have put dots next to things to point out for the regulator to make it easier for them, so I do understand.

My question has to do with the number of surveys and it is slightly a side of the question of the readiness paperwork. On the small side, we have had as few as eight and on the high side we have had as many as fifteen. I am just wondering how common is that and is that a result of the work load?

I am going to say that I think the fifteen was probably your technical advisory visit. Can you say it was that or you don't know if it was that one? It was not? You know, as I said, this is a three-way agreement. It is between the PACE Organization, the state and the federal government. We use contractors for some things. It is a training opportunity for some. We bring in the Division of Medicaid. We bring in the Division of Medicare. There can be a lot of reviewers. It really depends upon the region. I don't have an



answer for you. I think it depends on what they feel is going on at that time. Sometimes it is a training opportunity for us to train new auditors. Sorry.

Hi. I am Karen from Hopkins Elder Plus. At our last survey, we had ten surveyors for four days on site. In the spirit of quality improvement, I wonder if the work group would consider establishing maybe five or six standards that you want to set for surveys and then have the programs evaluate the survey process after it is finished according to those six standards. That is just a suggestion for the work group. You establish your own standards; what you would like to achieve or how you would like it to go, and let the programs evaluate the survey after it is over. Just a suggestion.

I will take it back, but as you know our hands are tied to some point because we are regulators. We need to do oversight of what is out there and what is in the regulations. So, some things as much as you want them to be eliminated, we can't eliminate. I just want to say that.

I think that you guys are going to have a really long break or they gave me way too much time because I thought we would have an opportunity for you guys to share.

I think that is it. Thank you very much.