Spotlight on Special Needs Plan (SNP) Model of Care (MOC) Audit Readiness

Strategies for Consistent CMS Audit Readiness

Erin Wessling
Senior Associate General Counsel
UnitedHealthcare

Gayle Pryde
UHC Clinical Compliance Officer
UnitedHealthcare

About UnitedHealthcare® Medicare Solutions

- Serves nearly one in five Medicare beneficiaries with 10.8 million members
- Largest business dedicated to the health and well-being needs of seniors and other Medicare beneficiaries

Products Include

- Medicare Advantage
- Medicare Supplement Plans
- Part D Prescription Drug Plans
- Employer Retiree Health Services
- Programs Designed to Support Chronic Disease Management & Care Coordination

Headquartered in Minnetonka, MN
Approximately 3,100 Employees
Contracts directly with more than 850,000 physicians/care professionals and 6,000 hospitals & other care facilities nationwide
Presence in all 50 states, D.C. and U.S. territories

- Special Needs Plans (SNPs)
  - 50 Institutional SNPs (ISNPs); 38 Dual SNPs (DSNPs); 12 Chronic SNPs (CSNPs); 3 Fully Integrated Dual Eligible (FIDE) SNPs

Helping People Live Healthier Lives
Agenda

- SNP MOC Regulatory Requirements & Audit Protocols
- CMS Audit Enforcement and Program Activities
- Practical Approaches to SNP MOC Audit Readiness
- Reporting the Results

Audit Readiness: *where to start?*

- CMS Interactions & Inquiries
- CMS Audit and Enforcement Activity
- CMS Conferences
- Industry Newsletters & Associations
- Member Complaints
- OIG Work Plan & Audit Reports
- CMS Audit Protocols
- Shared Audit Results from Other Plans
- Final Rule or Call Letter
- Regulatory Changes (HPMS Memos)
- CMS Common Conditions, Improvement Strategies and Best Practices
SNP MOC Regulatory Requirements & Audit Protocols

2016 CMS SNP MOC Audit Protocols

Review Period:
- The review period for SNPs that have been operational for at least a year will be 13-month period preceding the date of the audit engagement letter (prior month, day, year through audit engagement month, day, year). CMS reserves the right to expand the universe request as needed.
- **Challenge:** KNOW YOUR POPULATION THAT WOULD BE IN SCOPE – ENSURE ACCURACY
- Sponsors that have operated for more than one year but have a new/updated MOC that has been implemented for less than a year will be assessed using the previous MOC.

Self Disclosed and Self-Identified Issues:
- Sponsor to provide list of all previously disclosed and self-identified issues of non-compliance from January 1, 2016, through the date of the audit start notice using the Pre-Audit Issue Summary template. Only include issues relevant to the area being audited.
- CMS-identified issues through ongoing monitoring or other account management/oversight activities during the plan year and reported to sponsor are considered self-identified.
- Corrected vs. uncorrected issues:
  - **Uncorrected** automatically cited as conditions in the CMS audit report.
  - **Corrected prior to** the audit universe review period will be assumed to be corrected.
    - If the issue is identified during the course of the audit, CMS will cite the applicable conditions in the audit report.
  - **Corrected during** the universe review period will either be validated for correction during the audit or during the validation of correction of audit findings, based on the type of issue identified.
    - When correction is validated the issue will be noted as an observation in the audit report. If validation of correction is not feasible during the audit, then the organization will be cited the applicable conditions related to the disclosed/self-identified issue in their audit report and CMS will validate correction during audit validation.
Impact Analysis (IA)

- An Impact Analysis must be submitted as requested by CMS for every issue discovered during the audit that has potential beneficiary impact and may be cited as a condition of non-compliance. CMS may validate the accuracy of the IA submission(s).

Universes

- The sponsor will provide a universe consisting of all SNP beneficiaries who have been continuously enrolled for a period of at least 13 months as of the engagement letter date.
- The sponsor will also submit quality measurement and performance improvement metrics utilized by your organization to monitor and evaluate the effectiveness of the MOC. All applicable fields of the plan performance monitoring and evaluation record layout should be completed; a separate record layout should be submitted for each unique MOC.
- Record layouts include: Special Needs Plan Enrollees (SNPE) and Plan Performance Monitoring and Evaluation (PPME).

Background Information to Provide a Copy of

- Approved Model of Care (MOC) and any updates to the original submission.
- Health Risk Assessment Tool (HRAT) used by the SNP.
- Policies and procedures for administration of the Health Risk Assessment Tool (HRAT), the development of the Individual Care Plan (ICP), and composition and functions of the Interdisciplinary Care Team (ICT).
- Policies and procedures on the monitoring and evaluation of the MOC.

2016 CMS SNP MOC Audit Protocols

Sample Selection

10 D-SNP beneficiaries  
10 C-SNP beneficiaries  
10 I-SNP beneficiaries

Review Sample Case Documentation Information

- For each case, the sponsor must produce all relevant documentation including, but not limited to:
  1. Deemed continued eligibility
  2. Enrollment effective date
  3. Receipt of enrollment request
  4. Completed enrollment request
  5. Verification of SNP eligibility
  6. Treating provider verification of enrollee qualifying condition
  7. Date(s) verification received
  8. Tool used to document eligibility
  9. Confirmation individual requires institutional care (SNF, NF), ICF/MR or inpatient psychiatric facility and need lasting 90 days or longer
  10. CMS approval required for SNP who opt to enroll sooner: duration of stay greater than 90 days
  11. 3rd Party Level of Care Assessment required for community-based beneficiaries
  12. Both Medicare and Medicaid eligibility prior to enrollment
  13. Beneficiary attestation for election period submitted by sponsor
  14. Proof of ongoing verification

At a minimum, CMS will evaluate cases against the following criteria. CMS may review factors not specifically addressed in these questions if it is determined that there are other related SNP MOC requirements not being met.

1) All Special Needs Plans (SNPs): was the appropriate eligibility verification completed?

2) D-SNPs and I-SNPs: is there evidence of re-verification of eligibility, when required?

CMS will review all case file documentation to determine correct processing of SNP enrollments and involuntary disenrollments.

Population to be Served – Enrollment Verification
Review Sample Case Documentation Information

During the live review portion of the audit, CMS will review for proper administration of the Health Risk Assessment in comparison to the MOC, as well as the appropriateness and implementation of the individual care plans of the same 30 members selected for the Enrollment Verification element in comparison to the MOC. The appropriateness of the Interdisciplinary Care Team and the development and implementation of the enrollees’ ICPs will also be assessed in comparison to what was detailed in the MOC. For each case, the sponsor must produce all relevant documentation including, but not limited to:

- The completed beneficiary Health Risk Assessment(s).
- A copy of the beneficiary’s Individualized Care Plan (ICP).
- Care and case management documentation associated with the ICP (including claims, encounters and prescription drug events) submitted for the beneficiary since the last HRA was completed. Specific documentation will be selected by the audit team based on the content of the ICP.
- Membership in the ICT with evidence of appropriate credentials.
- Information of sponsor’s process to confirm MOC training for network providers and ICT members.
- Evidence that the sponsor confirmation has occurred for MOC training of network providers and ICT members.

Appropriateness of Health Risk Assessment (HRA), Interdisciplinary Care Team (ICT), and Implementation of the Individualized Care Plan (ICP)

At a minimum, CMS will evaluate cases against the following criteria. CMS may review factors not specifically addressed in these questions if it is determined that there are other related SNP MOC requirements not being met.

- Did the completed HRA include a comprehensive initial assessment and reassessment(s) of the needs of the beneficiary including, for example, the medical, psychosocial, cognitive, functional, and mental health needs?
- Within one year of the initial assessment / one year of the previous HRA?
- Did the personnel who reviewed, analyzed and stratified the HRA possess appropriate professional knowledge and credentials, as defined in the MOC?
- Did the sponsor conduct the annual HRA timely?
- Did the sponsor utilize a contracted vendor that administers the HRA? If so, does the vendor have policies and procedures that match the MOC goals and comply with CMS requirements?
- Did the sponsor conduct an HRA?
- Did the sponsor utilize a contracted vendor?
2016 CMS SNP MOC Audit Protocols

**Individual Care Plan**

1. Did the sponsor complete the Individualized Care Plan (ICP) according to its MOC?
2. Did the ICP include specific interventions designed to meet all the needs identified in the HRA?
3. Did the ICP include measurable outcomes?
4. Was the ICP reviewed/revised in accordance with the SNP's most recently approved MOC and with appropriate frequency based on the beneficiary's condition?
5. Did the sponsor provide documentation to verify the implementation of the ICP such as proof of claims and/or documentation of social services provided?
6. Did the sponsor facilitate Beneficiary and/or caregiver participation when developing the beneficiary's ICP?
7. For the ICP, did the sponsor coordinate communication among sponsor's personnel, providers, and Beneficiaries?
8. Did the personnel who reviewed the ICP possess professional knowledge and credentials, as defined in the MOC?
9. Do the sponsor's credentialing policies adequately address the MOC?
10. Did the sponsor's staff who serve on the ICT receive training on the MOC? Does the sponsor have documentation of this training?
11. Did the sponsor make efforts to do outreach, training, and educate network providers on the MOC? Does the sponsor have documentation of this outreach, training, and education?

**Appropriateness of Health Risk Assessment (HRA), Interdisciplinary Care Team (ICT), and Implementation of the Individualized Care Plan (ICP)**

**Interdisciplinary Care Team (ICT)**

1. Does documentation demonstrate that the ICP was managed by an interdisciplinary Care Team (ICT) comprised of appropriate clinical disciplines according to the SNP's approved MOC?

**Plan Performance Monitoring and Evaluation (PPME) of the MOC**

- Did the sponsor collect, analyze, and include in the MOC (e.g., data sources, performance outcomes measures)?
- Does the sponsor use the analyzed results of performance measures to improve the MOC (MOC, QI/PI meeting minutes, CAP, and other structured mechanisms)?
- When necessary, did the sponsor develop and implement corrective actions?
- Show evidence of communicating performance monitoring results/improvements implementing corrective actions, leadership, and/or oversight with the MOC?
- Are the appropriate personnel responsible for oversight of the monitoring process?
- Does the sponsor's organizational structure properly reflect the personnel administering the MOC program and their reporting structure?

**Review Sample Case Documentation Information**

- Methodology for collecting, analyzing, reporting, and evaluating performance.
- Personnel responsibility for overseeing monitoring and evaluation.
- Data collection/results of internal analysis/evaluation— including reports based on internal analysis.
- Corrective Action Plans developed/implemented as a result of internal analysis and CAPs, if applicable.

**Appropriateness of Health Risk Assessment (HRA), Interdisciplinary Care Team (ICT), and Implementation of the Individualized Care Plan (ICP) and Plan Performance Monitoring and Evaluation of the MOC**
### Other 2016 CMS Audit Protocols

**Compliance Program Effectiveness (CPE)**

**Pre-Audit Issue Summary (PAIS)**
(period from starting date of each universe period, through the date of the audit start notice)

- Self-identified and self-disclosed issues

**Data Universes** (1 year look back period)
- First-Tier Entity Auditing and Monitoring (FTEAM)
- Internal Auditing (IA) and Internal Monitoring (IM)

**Tracer(s) Approach**

- Purpose: to evaluate whether the sponsor’s compliance program—as a whole system—functions in a way that is effective to address incidents of non-compliance and FWA.
- Select six tracer samples (compliance activities or events)
- All six will be pulled from the universes (CMS auditors have the discretion to substitute or select additional tracers from internal and external resources)
- Each tracer will be used to evaluate all applicable compliance program requirements
- Must develop a PowerPoint Presentation (Tracer PPT) for each tracer
- Completed PPT must:
  - Tell the “full story of the compliance and/or FWA issue”.
  - Include, at a minimum, statements or rationales and supporting documentation that will trace the issue through the compliance program and explain how the sponsor identified, communicated, responded, and corrected the issue with all internal and external parties involved.

- Sponsors will have three options for providing supporting documentation for tracer samples: (1) Incorporate the documentation into the Tracer PPTs; (2) Submit documentation electronically via the Secure File Transfer Protocol (SFTP); or (3) Have immediate access to the documentation during the onsite audit.

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**CMS Audit Enforcement and Program Activities**
CMS Audit Results and Enforcement

2014 Program Audit Results
8 sponsors were audited in 2014 that had a SNP MOC 2014 Audit Score by Sponsor

Audit Scores are improving across the industry in all audit areas

<table>
<thead>
<tr>
<th>Protocol</th>
<th>2013</th>
<th>2014</th>
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<tbody>
<tr>
<td>SNP MOC</td>
<td>N/A</td>
<td>1.83</td>
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No sanctions taken in 2014 for SNP MOC violations

Common Conditions, Improvement Strategies and Best Practices
Based on 2013 Program Audit Reviews

<table>
<thead>
<tr>
<th>Condition and Category</th>
<th>Sponsors Affected</th>
<th>Memo Remarks</th>
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<tbody>
<tr>
<td>Condition</td>
<td>Memo Remarks</td>
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<tr>
<td>Compare to what you are doing: identify potential shortfalls</td>
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August 27, 2014
“Common Conditions, Improvement Strategies, and Best Practices HPMS Memo”
Common Conditions, Improvement Strategies and Best Practices Based on 2013 Program Audit Reviews

<table>
<thead>
<tr>
<th>Condition and Cause Summary (SNF MOC)</th>
<th>Spurious</th>
<th>Memo</th>
<th>Reference</th>
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<tbody>
<tr>
<td>Common Conditions:</td>
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<tr>
<td>1. Insufficient staffing to manage required functions (e.g., documentation)</td>
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<td>2. Inadequate staff training and education (e.g., specific training for MOC)</td>
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<td>3. Failure to implement successful practices (e.g., quality improvement)</td>
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<td>4. Inadequate compliance with standards (e.g., Medicare requirements)</td>
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**Improvement Strategies (SNF MOC):**

1. Implement processes to fully complete the audit and/or ICP in a timely manner.
2. Develop and implement a training program to ensure staff is trained and understands all components of the SNF MOC.
3. Conduct regular audits to ensure compliance with ICPs.
4. Develop a system for tracking and monitoring progress towards meeting ICP targets.
5. Establish a mechanism for feedback and continuous improvement.

**Best Practices (SNF MOC):**

1. Incorporate MOC into daily operations and patient care plans.
2. Establish clear communication channels for MOC-related information and updates.
3. Develop a system for regular MOC review and adjustment based on feedback and data analysis.
4. Establish a mechanism for regular review and adjustment of MOC targets based on feedback and data analysis.
5. Establish a system for tracking and monitoring progress towards meeting MOC targets.

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**Practical Approaches to SNP MOC Audit Readiness**

- Develop a comprehensive MOC plan that includes all necessary steps and timelines.
- Establish clear communication channels for MOC-related information and updates.
- Develop a system for regular MOC review and adjustment based on feedback and data analysis.
- Establish a mechanism for regular review and adjustment of MOC targets based on feedback and data analysis.
- Establish a system for tracking and monitoring progress towards meeting MOC targets.
- Develop a comprehensive MOC plan that includes all necessary steps and timelines.
- Establish clear communication channels for MOC-related information and updates.
- Develop a system for regular MOC review and adjustment based on feedback and data analysis.
- Establish a mechanism for regular review and adjustment of MOC targets based on feedback and data analysis.
- Establish a system for tracking and monitoring progress towards meeting MOC targets.
Audit Readiness Approach

- **Understand Requirements**: BUILD THE FOUNDATION
  - Collaborate with Legal, Regulatory, and Compliance

- **Outreach to CMS**: ASK QUESTIONS, OBTAIN CLARIFICATION

- **Build out internal data dictionary**: PARTNERING WITH COMPLIANCE AND INTERNAL AUDIT MANAGEMENT

- **Establish and Maintain Historical Data and Document Repository**

- **Engage Information Technology**
  - Identify universe data requirements
  - Map to internal systems
  - Establish on-going reporting
  - Understand and remediate gaps

- **Monthly Universe**: REVIEW, REVIEW, REVIEW

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Audit Readiness Approach

- **Business/Compliance Monitoring**
- **Conduct Mock Audits (Internal or External) w/ Engagement Across All Impacted Areas**
  (Enrollment, Part C and D Claims, Clinical, Credentialing, etc.)

- **Webinar Practice**
  - Confirm what systems and screens are needed
  - Identify a logical path to walk through samples
  - Identify your presenters
  - Practice concise but complete answers
  - Treat these webinars like a real CMS audit
  - Be tough and put the teams on the hot seat
  - Work up to full teams (multiple departments) in room
  - Give feedback
  - Give yourself time – initial practices for all teams took much longer than the actual audit

- **Establish Audit Teams**
  - Roles (Presenter, Research, Notes, etc.)
  - Names, Contact Information, Backups

- **Don't forget the Delegates!**
## Business Partnership is Key

**Ensure all business areas understand the SNP MOC requirements**

- Conduct meetings to review both regulatory and program audit requirements: *don’t assume understanding*
- Establish relationships to foster an atmosphere that encourages questions and identification of gaps, such as business forums for open discussion

**Utilize monthly business monitoring to review sample cases in the manner expected by CMS**

- Random sampling of cases according to business structure
- Expect all required documentation to be available at the time of the monitoring
- Use this monitoring to represent "mock CMS audits": report to senior leadership on Audit Readiness based on findings
- Identify and remediate gaps

## Always be “Audit Ready”

**Instill a pro-active (not reactive) culture of “Audit Readiness”**

- Work with your IT and necessary business areas to establish regular reports which represent a CMS Universe
- Understand the data components as well as the source of each component - identify gaps
- Monitor reports to identify and understand risks
- Strive for zero defects

**Maintain a list of “Self-Identified Issues”**

- Identify when gaps/issues occur
- Report to your Internal Compliance Program/Officer for possible self-disclosure to CMS
- RemEDIATE the issues then follow with business monitoring to ensure compliance.
Partnersing w/ Legal

- **Protect the privilege**
  - Work with legal to determine need and ability to assert the privilege.
  - Partner with legal when determining self-disclosure of any self-identified issues.

- **Consistent interpretation and application**
  - Partner with legal to assist with interpreting audit protocols and regulatory requirements.
  - Determine potential risks and mitigation options if plan is unable to meet the requirements.

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**Reporting the Results**
Always in the background . . .

Reporting the Results

- Senior/Executive Leadership
- Board of Directors
- Regulators

Board Accountability

Ensure that the organization’s governing authority is knowledgeable about the content and operation of the program

AND

Exercises reasonable oversight with respect to the program’s effectiveness.

How do you demonstrate an effective compliance program to CMS and stay audit ready?

Tools for Reporting

- Key Compliance Indicator / Internal Audit Findings
- Compliance Scorecard
Compliance Executive Dashboard: CMS Audit Readiness Program

Special Needs Plans Dashboard (Plan Performance and Evaluation of MOC)

CMS 2015/2016 Program Audit Protocols: the protocols and other associated audit documents are located in the Downloads section of the CMS Program Audit website, located at:

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UnitedHealthcare

Questions?

Managed Care Compliance Conference
Jan 31–Feb 3, 2016 | Las Vegas, NV

THANK YOU!

Gayle Pryde and Erin Wessling
UnitedHealthcare
(301) 776-2519 / (952) 931-5637
Gayle.Pryde@uhc.com Erin_M_Wessling@uhc.com