Effectively Managing Corrective Actions

Jennifer Del Villar, CHC,
Director of Medicare Compliance/ Medicare Compliance Officer
REGENCE / CAMBIA HEALTH SOLUTIONS, Inc.

Deneil Patterson, J.D.,
Compliance Officer
REGENCE / CAMBIA HEALTH SOLUTIONS, Inc.

January 30, 2017

PRESENTATION OUTLINE

Corrective action plans (CAPs) are a necessary and helpful tool in working through issues of non-compliance. There are also aspects of a CAP that can be used as a preventative measure.

This session will provide a helpful guide in how to effectively manage (and create) a robust corrective action plan.

• What factors constitute a meaningful corrective action plan?
• What level of detail is required to meet a Regulator’s corrective action plan expectations?
• Demonstrating how the remediation can prevent the issue from happening again.

WHAT FACTORS CONSTITUTE A MEANINGFUL CORRECTIVE ACTION PLAN (CAP)
Key Elements

- Discovery
- Investigation
- Remediation
- Closure and Ongoing Monitoring
- Controls and Documentation

Key Elements Cont.

Discovery
- Someone has discovered and reported potential non-compliance

Investigation
- Legal violation or disruption from internal process
- Root cause analysis (5 Whys)
- Beneficiary Impact Analysis (BIA)

Remediation
- Identify stakeholder – who will be part of the fix
- Making members harmed “whole”
- Short term workaround v. long term fixes
- System, process, training, outreach, etc.

Control and Documentation
- Ongoing controls in place (system checks, audits, monitoring)
- Comprehensive documentation of fixes – “How could you prove you’ve fixed it.”

Closure
- Every aspect of correction in place – and validated
- Ongoing monitoring program in place, as needed

DISCOVERY / INVESTIGATION

Issue discovered
- Impact – who/what impacted?
- Confirm non-compliance or internal process disruption
- Root Cause – 5 Whys
ISSUE DISCOVERY

How do you receive notification of potential compliance violations? Ideally, you should be identifying non-compliance internally through prevention and detection activities.

- Self-report by business owner
- Identified in internal Audit / Monitoring
- Report by external vendor
- Hotline call or email: Should have a way to report compliance concerns anonymously, same as you have for Ethics and FWA issues.
- Member complaint
- Identified through external Audit / Monitoring

CONFIRM NON-COMPLIANCE

- Not all reported issues turn out to be true compliance issues – that is a direct violation of a regulation or sub-regulatory guidance.
- When reviewing a new issue, consider the following:
  - Identify the relevant regulatory requirement (CFR, Chapter, HPMS Memo)
  - Determine if the reported / discovered issue actually violates the requirement
  - If the issue is not a true compliance issue, track the reporting, communicate back to business owner, and close out
- Note: All reported issues should be tracked, even if they are determined to not be true compliance issues.

ROOT CAUSE - THE 5 WHYS

Asking the “why” at least 5 times. The 5-whys can allow for discovery of a much more accurate root cause. For example:

- Why did this happen? It was human error.
- Why? Did Jane follow the policy? Answer: Well, she didn’t even know there was a policy, she’s new.
- Why? Do you ensure that new employees receive all policies and training on those policies after they are hired and before they start doing the work? Answer: No.
- Why? Well, I guess that was a gap in our process and controls.
IN OTHER WORDS:
When getting to the root, you don’t just pick at the dandelion stalk – because if you don’t get to the actual root in the ground – guess what pops up and fills your yard?

ROOT CAUSE - CONT

IMPACT
• Identify type of impact which will guide your next steps

<table>
<thead>
<tr>
<th>Contractual</th>
<th>Beneficiary</th>
<th>Reporting</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Failure to submit attestation • Missed Deadlines • Missed HPMS Memo implementation</td>
<td>• Direct beneficiary impact • Financial • Access to Care • Misrepresentation • Etc.</td>
<td>• C/D Data Reporting Errors • Untimely Reporting • Universe Errors</td>
</tr>
</tbody>
</table>

IMPACT ANALYSIS EXAMPLE - CDAG
CREATING THE ACTION PLAN: INTERNAL REMEDIATION

**People**
- Who Involved? Don’t forget FDRs / Vendors
- What’s needed? Training – Discipline – More Staff

**Processes**
- Efficiencies
- Controls
- Quality Review
- Written Procedures

**Technology**
- System fix / enhancement
- Automation
- New software

Beneficiary Remediation – things to think about
A Beneficiary Impact Analysis allows the plan to delve into the true scope of the impact of the issue identified and plan out that portion of the remediation. Look at who was impacted, how they were impacted, what care or medications were they inappropriately denied, what appeal rights were overlooked, etc. Then build the corrective action around what is found.

CLOSURE
All Issues Fixed
Spot Audits
Testing of fixes:
Ongoing monitoring
**Testing of Fix**
- Run a test claim to ensure claims are paying appropriately
- Specifically review identified impacted members to ensure effective remediation
- Ensure that uploaded information from transmitted files meet the appropriate numbers (e.g., # of rows sent matches both senders and recipient)
- Demonstrate that system / process / other changes did not cause downstream impacts
- For determination based errors, review a few samples for accuracy

**Ongoing Monitoring**
- Consider each CAP as an opportunity to put in place controls or monitoring to prevent future issues
- Should be asking business owners to consider not just the immediate fix, but what indicators they could put in place to warn if this issues appears to happen in the future
- Examples:
  - Volume comparisons
  - Targeted sample reviews
  - Year-over-year comparisons
  - Mail tracking
- Consider short term 3-6 month monitoring especially in cases where fix involved process change or training

**CONTROLS AND DOCUMENTATION**
- Provide ongoing monitoring of progress of the CAP
- Built in controls in the remediation
- File checks on submission and delivery
- Tested Claims
- Process and Procedures are being used and staff are utilizing the processes
- In 10 years, when reviewing can you easily see what occurred?
  - Include:
    - Specific completion dates for each remediation step
    - Clear road map for short and long term remediation
    - References to and / or excerpts from updated F&P’s
    - Clear link between identified root cause and ultimate fix
    - Proof of training
    - Screen shots of appropriately paying claims
    - Copies of completed impact analysis(s)
    - Plans change – clearly outline deviations from originally communicated action plan
    - Keep communication open and frequent
THE BEST DEFENSE IS A GOOD OFFENSE!!!!!!
Truly – we’ve already talked about it – keeping your finger on the pulse! Don’t forget what occurred.

Risk Assessments, Auditing & Monitoring

Updates to training and retraining

Annual and ongoing P&P reviews

NEVER FORGET WHO WE ARE SERVING

QUESTIONS?