107 - CMS Program Audit: Tips for Success

HCCA Managed Care Compliance Conference

January 29, 2024

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Provides health care services and health plan administration

Over 27,000 employees

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1.2 million+ patients

1.8 million+ medical and dental health plan members nationwide

Products: Commercial, Medicare, Medicaid, Self-Insured Administration

1,800+ physicians

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Learning Objectives

- Learn proactive readiness steps
- Identify risk areas based on CMS's Program Audit and Enforcement Report
- Understand tips for successful webinar and CPE weeks

Note: information based on 2023 and prior Program Audits

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Start with an Effective Compliance Program

- **Oversight and Delegation**
  - Compliance Committee, Board, CEO, and Sr. Leader reporting, sanctions and exclusions
- **Written Standards**
  - Code of Conduct, Privacy, Security, FWA, FDR, and Risk Assessment
- **Education, Training, and Awareness**
  - General compliance, FWA, and focused topics
- **Reporting and Communication Channels**
  - Multiple options (with anonymous option), intake and tracking

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Start with an Effective Compliance Program

- **Objective Investigations**
  - Investigations, including root cause and member impact, documentation, and regulator reporting considerations

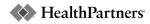- **Corrective Actions**
  - Resolution with monitoring

- **Self-Assessment**
  - Risk assessment, business, compliance, and internal audit monitoring and auditing, and annual CPE assessment

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Objective: Learn proactive readiness steps

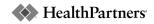HealthPartners

Learn proactive readiness steps

- ODAG, CDAG, FA, and SNPCC
  - Review proposed updates and submit comments
  - Review final audit protocols
  - Program systems to pull universes and impact analyses
    - Include FDRs
  - Determine how universes will be combined when data comes from multiple departments

Tips: Meet with business areas to discuss protocol changes and discuss impacts. Assign owners and discuss responsibilities and types of documentation required.

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Learn proactive readiness steps

- ODAG, CDAG, FA, and SNP
  - Perform mock audits using Zoom
  - Complete questionnaires
  - Include FDRs in readiness activities
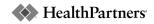 - Develop work instructions for actions needed once notice is received

Tips: Assign audit roles (speaker, note taker, research) ahead of time and have back-ups identified. Develop universe attestations for business areas to complete.

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Learn proactive readiness steps

- CPE
  - Complete the CPE questionnaires (Compliance Officer and FDR) ahead of time
  - Create the organization structure and governance Powerpoint ahead of time
  - Experience has allowed information to be ready in 1-2 days of announcement letter instead of CMS required timeframe
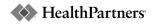
Tips: Mark areas in the CPE questionnaires and organization structure deck that need to be updated when the audit announcement is received. Cover all topics in CMS's organization structure and governance example in order.

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Learn proactive readiness steps

- CPE
  - Assess the audit and monitoring activities proactively by meeting with operational areas (and internal audit) to determine what should be included
  - Follow CMS guidance for daily monitoring activity
  - Request the operational areas submit their audit and monitoring activities quarterly and review quarterly
  - Create the CPE template proactively – see tracer example on next slide

Tips: Compare quarterly submissions to incidents reported to determine if reporting is effective. Consider how leaders are informed of compliance incidents.
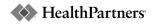
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Learn proactive readiness steps

- CPE

Tracer Format
Example

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Objective: Identify risk areas based on CMS's Program Audit and Enforcement Report

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Identify risk areas based on CMS's Program Audit and Enforcement Report

- 2022 Report revised to include more information about findings

- 26 Program Audits Performed in 2022

- Three audits had Civil Money Penalties imposed
  - Inappropriate denials at Point of Sale
  - Inappropriate denial of Part D coverage determination
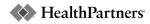 - Failure to hold enrollee harmless for plan directed care

Tips: Review enforcement actions on CMS Part C and Part D Compliance and Audits Website. Financial audit enforcement actions issued for incorrect cost sharing and premiums.

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Identify risk areas based on CMS's Program Audit and Enforcement Report

Formulary Administration

- UM edits part of CMS-approved formulary
  - Review existing prior authorizations to ensure edits not more restrictive in new plan year
  - Allow extended day supply up to FDA approved duration
- Appropriate effectuation of prior authorizations
  - Use same GPI level for drugs when criteria is the same across dosage forms
  - Apply overrides of opioid naïve edits to all formulary opioids
- Ensure enrollees receive full transition benefit
  - Ensure correct timeframes coded in system and correct start dates

Tips: Work closely with your PBM to test claims setup. Monitor rejected claims and look for patterns.

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Identify risk areas based on CMS's Program Audit and Enforcement Report

Coverage Determinations, Appeals and Grievances

- Meet timeframes for redetermination decisions
  - Train staff on taking extensions and communicating decisions
- Effectuate approved exception requests through end of plan year
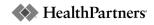 - Monitor to identify and correct manual errors

Tips: Perform mock audits of program audit universes. Use CMS audit protocols to determine compliance with timeliness requirements.

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Identify risk areas based on CMS's Program Audit and Enforcement Report

Organization Determinations, Appeals and Grievances
- Timely notice of decisions and grievance resolution
  - Train staff to understand processing timeframes and when a verbal notice is allowed
  - Appropriate staffing to meet timelines
  - Identify all requested services or reconsiderations in grievances
- Compliant denial notices
  - Denial rationale is specific to the service requested and understandable to the enrollee
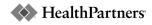 - Provide non-contract providers the waiver of liability form

Tips: Test system updates before they go live, including updates made for regulatory proposes. Review accuracy of paper claim data entry.

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Identify risk areas based on CMS's Program Audit and Enforcement Report

Special Needs Plans Care Coordination/Medicare-Medicaid Plan Care Coordination

- Timely completion of initial and annual Health Risk Assessments (HRA)
  - Follow protocols and ensure due dates are tracked
- Individualized Care Plans (ICP) meet enrollee needs and have measurable outcomes
  - Monitor quality of ICP documentation
- Review/Revise ICP upon enrollee health status change
  - Use systems to alert team when changes to enrollee health are identified
  - Follow established risk stratification processes
- Interdisciplinary Care Team coordination of care for enrollee
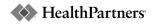 - Establish Interdisciplinary Care Teams for enrollees in fair to excellent health

Tips: Ensure robust documentation exists to support you are following the approved Model of Care in chart notes, the HRA, and the ICP.

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Identify risk areas based on CMS's Program Audit and Enforcement Report

CPE:

- Quickly document, address and correct issues
    - Identify and address the root cause
- Ensure current and comprehensive monitoring, auditing and risk identification
    - Include delegated entities
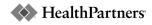   - Align oversight with updated requirements

Tips: Update risk assessment to discuss business area implementation of new regulatory/subregulatory guidance, CMS annual readiness assessment topics, OIG work plan items. Attend meetings focused on implementation of significant changes.

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Objective: Understand tips for successful CPE and webinar weeks

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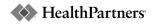# Understand tips for successful webinar and CPE weeks

- CPE Week
  - Tracers
    - Schedule preparation sessions to practice the tracer presentations
    - Determine who is speaking and when
    - Include individuals from the business areas to the tracer presentations
    - Draft talking points for each slide
    - Practice opening the evidence while presentation
    - Anticipate and prepare for CMS questions

Tips: Imbed evidence in tracer to support your compliance 'story'. Align evidence on the tracer with the statements it supports. Consistently prepare all tracers.

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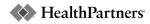# Understand tips for successful webinar and CPE weeks

- CPE Week
  - Interviews
    - Determine who is on point for the interview (e.g., Compliance Officer, SIU)
    - Review all previously submitted documentation
    - Hold preparation sessions, as needed
    - Be prepared to discuss all elements of the compliance program, including Board oversight
    - Anticipate and prepare for CMS questions

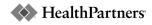Tips: Approach the interviews with openness and intent to educate CMS on your compliance program

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Understand tips for successful webinar and CPE weeks

- Webinar Week
  - Universes with less than sample threshold – ask if additional cases will be selected
  - Adjust audit schedule for coverage across small teams
  - Use the hour before the webinar to research the samples
    - Develop talking points for any challenging cases
  - Group samples for presentation by business area
  - Verify presenters have all screen pop-ups turned off

Tips: Prep attendance logs in advance for submission. Log in to the audit webinar early.

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Understand tips for successful webinar and CPE weeks

- Webinar Week
  - Ask the auditors clarifying questions as needed during the webinar
  - Let the auditors know if internal discussion needed, then use the mute button
  - Have medical directors on call to join ODAG, CDAG, and SNPCC and prep them on cases
  - Have supporting staff on call from enrollment/eligibility and product team
  - Daily huddles to recap the day and discuss deliverables and due dates

Tips: Have senior leaders attend the daily huddles to say thank you and support the teams. Put relevant audit information in one spot for business areas.

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Bonus: Looking Ahead - 2024 Program Audits

- Focused Audits and Routine Audits scheduled Jan – July 2024

- Emphasis on compliance with the new coverage and UM-related performance requirements in CMS-4201-F

- Three universes suspended and minor updates to protocols

Tips: Attention to ODAG and CPE readiness for UM. Do mock audits of adverse medical necessity decisions for use of internal coverage criteria, appropriate expertise of physician/professional reviewer and continuity of care when applicable. Ensure annual review of UM tools and UM committee membership and responsibilities.

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