


**CMS Managed Care Program Audits**

**HCCA Regional Conference – Minneapolis**  
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**Speakers** 

**Moderator**  
*Jenny O'Brien, Chief Compliance Officer*  
UnitedHealthcare®

**Panel**  
*Alison Green, Director, Compliance*  
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*Kate Metzler, Director, Audit Management*  
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*Katie Jedynak, Director, Compliance Corrections*  
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**CMS Medicare Part C & D Program Audits** 

- Assess Plan Sponsors compliance with Medicare regulations on a 3 year rolling schedule.
- **Six Program Areas**
  - Compliance Program
  - Formulary & Benefit Administration
  - Coverage Determinations, Appeals & Grievances
  - Organization Determinations, Appeals & Grievances
  - Special Needs Plan – Model of Care
  - Medication Therapy Management (new in 2017)
- **Corrective Action & Enforcement Actions**
  - Immediate Corrective Actions & Corrective Action Plans
  - Civil Money Penalty
  - Sanctions

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**Journey & Transformation** 

- **2011 – 2014**
  - Reactive and responsive
- **2015 – 2016**
  - Movement towards proactive & strategic
- **2017 & beyond**
  - Integrated & innovative

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**Audit Readiness Strategy** 

- **Business Accountability**
  - “CMS like” audits
  - Reporting and escalating outcomes
- **Resource Management**
  - Drive Accountability & Role Clarity
  - Compliance & Audit Management collaboration
  - Business Program Area Lead (BPAL)
  - Prevention, Detection, Corrections (PDC)
  - Leverage business processes

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**Compliance Program Effectiveness** 

- “Traces” a compliance issue through the Seven Elements of an Effective Compliance Program
- Four universes:
  - Employees & Compliance Team
  - Internal Audits
  - Internal Monitoring
  - First Tier Auditing & Monitoring
- Opportunity to share our Compliance story with CMS

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**End to End Audit Experience** 

- **On-Site**
  - Simplify
  - Sampling
  - Follow the process!
- **Corrective Action**
  - Do not wait for findings
- **Validation**
  - Start process to find IAV right away

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**Lessons Learned** 

- **Focus on Sustainability**
  - Keep the momentum going after audit closure and expand program to include other ad hoc CMS monitoring and auditing efforts.
- **Regulatory Review Readiness**
  - Think beyond the program audit to incorporate other regulatory 'tests' in preparation activities
- **Best Practices**
  - Incorporate best practices noted by CMS and others in the industry
- **Maintain Networks**
  - Talk with other compliance professionals and learn from their experiences

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**Resources** 

- **Compliance Program Policy and Guidance**  
<https://www.cms.gov/Medicare/Compliance-and-Audits/Part-C-and-Part-D-Compliance-and-Audits/ComplianceProgramPolicyandGuidance.html>
- **2017 Medicare Part C and D Program Audit Protocols**  
<https://www.cms.gov/Medicare/Compliance-and-Audits/Part-C-and-Part-D-Compliance-and-Audits/ProgramAudits.html>
- **Compliance Program Effectiveness Self Assessment Questionnaire**  
<https://www.cms.gov/Medicare/Compliance-and-Audits/Part-C-and-Part-D-Compliance-and-Audits/Downloads/Compliance-Program-Effectiveness-Self-Assessment-Questionnaire.pdf>

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**Questions?**



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