BluePeak ADVISORS

MOST CMS PROGRAM AUDIT AREAS GET MAKEOVERS IN 2017

2017

New audit elements for Compliance Program Effectiveness (CPE); Call Logs universes for Organization/Coverage Determinations, Appeals and Grievances (ODAG/CDAG); the merging of two audit elements into one in the pilot Medication Therapy Management (MTM); and removal of the requirement to include self-identified issues in the Pre-Audit Issues Summary, are the most significant changes from the 2016 to 2017 CMS Audit Protocols.

BELOW IS A SUMMARY OF OTHER IMPORTANT CHANGES THAT COULD IMPACT YOU!

COMPLIANCE PROGRAM EFFECTIVENESS

➤ Audit elements decreased from 7 to 3: Prevention, Detection and Correction – Controls and Activities. The 7 compliance program elements will be tested across the 3 audit elements, unless specific compliance program elements are not applicable to a tracer.

➤ New pre-audit document requests – Compliance Officer (CO); First Tier, Downstream and Related Entity (FDR) Operations; and Special Investigations Unit (SIU)/Fraud Waste and Abuse (FWA) Prevention and Detection questionnaires

➤ No tracer PowerPoint (PPT) template – Plans prepare a written document (Word, Excel, PPT, story boards, dashboards, etc.) that contains supporting documentation.

➤ Fraud Waste and Abuse Monitoring (FWAM) universe eliminated

➤ Daily monitoring and auditing activities excluded from universes

FORMULARY ADMINISTRATION

➤ New Rejected Claims Transition – Previous Contract Year (RCT-P) universe

➤ Beneficiaries included in both Rejected Claims Transition – New Contract Year (RCT-N) and Previous Contract Year universes

➤ Removal of CMS Part D Defined Qualified Facility

BP = PROCESS + PERFORMANCE
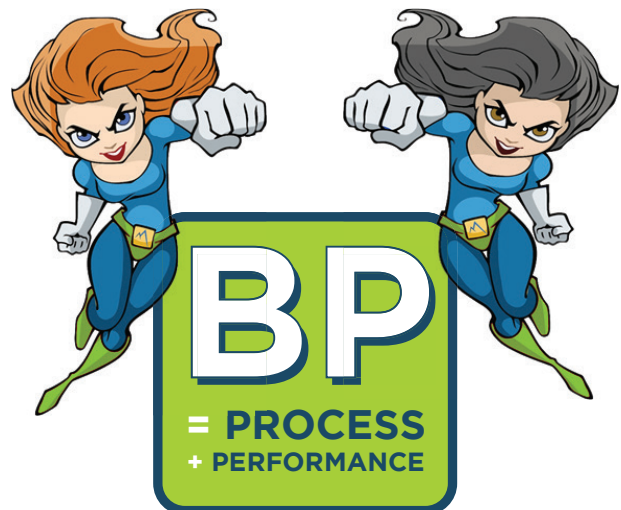
MEDICATION THERAPY MANAGEMENT (PILOT)

➤ MTM universes updated from 2014 and 2015 to one 2016 (MTM-2016) universe

➤ Elements II and III were combined into a single element; Element III was deleted.

COVERAGE DETERMINATIONS, APPEALS AND GRIEVANCES

➤ Additional 5 Clinical Decision-Making (CDM) cases may be selected to review dismissals, withdrawals and/or re-openings to assess whether the request was appropriately classified and processed

➤ Call Logs Part D (CLD) universe –audit review period varies, depending on organization's size

➤ Appointment of Representative (AOR) added to majority of CDAG universes to be more consistent with ODAG universes

➤ New value to denote approved Direct Member Reimbursements (DMRs) with no reimbursement due

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With over 90 mock audits and onsite CMS audit support projects under our belt – and counting – BluePeak's expert consultants can help your team prepare for a CMS 2017 CMS Program Audit or provide behind-the-scenes help during an actual audit. BluePeak's experience isn't limited to mock audits and audit support. We've also conducted CMS and mock validation audits, worked with clients to get CMS sanctions removed, helped with remediation and more.

ORGANIZATION DETERMINATIONS, APPEALS AND GRIEVANCES

➤ Total of 15 Dismissals sampled, down from 20 in 2016, 5 Pre-service Dismissals, 5 Payment Dismissals and 5 Grievances

➤ Call Logs Part C (CLC) universe –audit review period varies, depending on organization's size

➤ Excluded cases (notice of admit, continued care decisions, etc.) language excluded from Table 1: Standard Organization Determinations (SOD) and Table 2: Expedited Organization Determinations (EOD) universes

➤ Receipt date and time for standard organization determinations that become expedited organization determinations clarified to be receipt of the request to expedite (for timeliness of expedited processing calculation)

SPECIAL NEEDS PLAN-MODEL OF CARE

➤ New pre-audit documentation requests – copies of pre-enrollment eligibility verification for Chronic-Special Needs Plan (C-SNP) and Institutional Special Needs Plan (I-SNP), enrollment and eligibility verification policies and procedures, performance monitoring and evaluation reports, list of MOC FDRs

➤ Total of 30 samples chosen proportionately from SNPs, with a minimum of 5 for each existing SNP type (C-SNP, I-SNP and Dual-Eligible Special Needs Plan (D-SNP)); 30 samples, 10 chosen from each SNP type in 2016

➤ Element II – Appropriateness of HRA, ICP and ICT changed to Care Coordination; language added to Health Risk Assessment (HRA) timeframe to include Medicare Medicaid Plans (MMPs)

➤ New section, Administrative Processes and Training, includes items from HRA and Individual Care Plan (ICP) sections

➤ Medicaid Medicare Plans (MMPs) removed, as MMP will have its own audit protocol in 2017.

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