



Oversight and Audits – 2016 and Beyond



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PACE Audit Updates

Agenda

- Process Update: Paperwork Reduction Act (PRA)
- Restructuring PACE audits
- Audit Process Overview
- Audit Protocol Discussion

PRA Process

- 2017 PACE Audit Protocols will be going through the Paperwork Reduction Act approval process.
- Proposed protocols: 60-day comment period
- Final protocols: 30-day publication

PRA Process (cont.)

- PACE protocol status
- What do PACE organizations need to do?
- How PRA impacts this presentation

Restructuring PACE Audits

Goal - Our goal in restructuring and revising the PACE audit process is:

- Make PACE audits more outcomes-based
- Focus on access and the participant experience
- Reduce the administrative burden of PACE organizations
- Drive improvements in the quality of care for participants

Audit Process Overview

HPMS Module Change: January 1, 2017

- Standardized Conditions
 - Example: The PO failed to notify the participant of the expedited appeal decision within 72 hours from receipt of the appeal.
- New report templates/ formatting

Audit Process Overview (cont.)

HPMS Module Change: Additional Changes

- Draft Audit Report
 - Comment period
- Final Audit Report
- CAP process

Audit Process Overview (cont.)

- Additional Audit Process Improvements:
 - Annual Report for Common Conditions
 - New internal worksheets and tools
 - Program Audit Consistency Teams (PACT)
 - Cross regional
 - Discuss audit findings
 - Ensure consistency

Audit Protocol Overview

- The current version of this audit protocol, referenced here, has not been through the PRA process and is currently in DRAFT form only.
- Items discussed in this presentation are subject to change following the notice and comment period.

Audit Protocol Overview (cont.)

- The draft 2017 PACE protocol is currently approximately 30 pages.
- Broken out into 3 sections:
 - Audit Purpose and General Guidelines
 - Universe Preparation and Submission
 - Audit Elements

Audit Protocol Overview (cont.)

- Audit Purpose and General Guidelines
 - **Review Period: 1 year**
 - Disclosed and Self-Identified Issues
 - Impact Analysis
 - Scoring/ Classification of conditions

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Audit Protocol Overview (cont.)

- Audit Purpose and General Guidelines
 - Review Period: 1 year
 - Disclosed and Self-Identified Issues
 - Impact Analysis
 - **Scoring/ Classification of conditions**
 - **Observation, CAR, ICAR**

Audit Protocol Overview (cont.)

- Universe Preparation and Submission
 - Universe and Documentation requests
 - Will no longer routinely request P&Ps

Audit Protocol Overview (cont.)

Documentation:

- Completed PACE questionnaire (sent by CMS)
- QAPI plan
- PAC Minutes

Universes:

- Service Delivery Requests
- Appeals
- Grievances
- Personnel Records
- Participant Records
- Quality Assessment Data Universe
- On-call Logs

Audit Protocol Overview (cont.)

We are proposing 5 audit elements in 2017:

- Service Delivery, Appeals and Grievances (SDAG)
- Clinical Appropriateness and Care Planning
- Personnel Records
- Onsite Review
- Quality Assessment

Audit Protocol Overview (cont.)

Each Element has the following information:

- Sampling methodology
- Overview of how the element is reviewed
- Compliance Standards used

Audit Protocol Overview (cont.)

SDAG Element

- Sampling:
 - 15 service delivery requests (10 denials and 5 approvals)
 - 5 appeals
 - 10 grievances

Audit Protocol Overview (cont.)

SDAG Element

- Compliance Standards (examples):
 - **Did the PO appropriately process service delivery requests, appeals and grievances?**
 - Did the PO appropriately identify and classify requests, appeals and/ or grievances?
 - Did the PO use the appropriate personnel in reviewing requests and/or appeals?
 - Was a service delivery assessment conducted in person?
 - Did the PO provide the participant with a reasonable opportunity to present evidence during their appeal?

Audit Protocol Overview (cont.)

Clinical Appropriateness and Care Planning

- Sampling:
 - 10 medical records
 - Interviews

Audit Protocol Overview (cont.)

Clinical Appropriateness and Care Planning

- Compliance Standards (example):
 - **Did the PO develop and document an appropriate plan of care for the participants?**
 - Did the PO promptly and appropriately develop a plan of care that meets the minimum requirements for each participant?
 - Did the PO appropriately evaluate and monitor the participants' plan of care?
 - Did the PO ensure that the appropriate IDT members were involved in creating the plan of care?

Audit Protocol Overview (cont.)

Personnel Records

- Sampling:
 - 10 personnel records
 - Interviews

Audit Protocol Overview (cont.)

Personnel Records

- Compliance Standards (example):
 - Did the PO personnel have the appropriate licensures?
 - Did the PO conduct an OIG exclusion check for personnel?
 - Did the PO run a background check on personnel?

Audit Protocol Overview (cont.)

Quality Assessment

- Sampling:
 - 2 Tracers
 - Interviews

Audit Protocol Overview (cont.)

Quality Assessment

- Compliance Standards (example):
 - **Did the PO develop and/ or implement an effective, data driven quality assessment and performance improvement program?**
 - Did the PO appropriately develop and implement outcome measures?
 - Did the PO appropriately identify and implement corrective action when identifying a quality issue?
 - **Did the PO ensure that the appropriate staff were involved in the development and implementation of QAPI activities?**

Audit Protocol Overview (cont.)

Onsite Review

- Sampling:
 - 3 to 5 participants (observations of care)
 - At least 1 van (transportation)
 - Emergency equipment available onsite

Audit Protocol Overview (cont.)

Onsite Review

- Compliance Standards (example):
 - **Does the PO follow their dietary care plans by providing food in the form necessary for participant's needs?**
 - If the care plan identifies the participant as needing a particular type of meal (pureed, etc.), does that participant actually receive that meal?

Audit Protocol Overview (cont.)

Record Layouts:

- Protocol contains detailed record layouts describing the data that PACE organizations should submit to CMS.
- Record layouts are Word documents that explain each field of data requested.
- PACE organizations would use the Word document to create Excel spreadsheets of the data.

Audit Protocol Overview (cont.)

- Each universe will have a corresponding record layout in the protocol appendix.
- All data collected by CMS will be explained in the record layouts.

Audit Protocol Overview (cont.)

Column ID	Field Name	Field Type	Field Length	Description
A	Participant First Name	CHAR Always Required	50	First name of the participant.
B	Participant Last Name	CHAR Always Required	50	Last name of the participant.
C	Participant ID	CHAR Always Required	10	The identification number the PO uses to identify the participant.
D	Person who submitted the Appeal	CHAR Always Required	30	Provide the person who submitted the appeal. Valid fields include: participant, caregiver, IDT, other.
E	Date Appeal Received	CHAR Always Required	10	Provide the date the appeal was received by the PO. Submit in CCYY/MM/DD format (e.g., 2017/01/01).
F	Expedited?	CHAR Always Required	1	Yes (Y) / No (N) Indicator on whether the appeal was expedited.

Audit Protocol Overview (cont.)

- As mentioned previously, the following universes will be requested from the PO. There will be a corresponding record layout for each one:
 - Service Delivery Requests
 - Appeals
 - Grievances
 - Personnel Records
 - Participant Records
 - Quality Assessment Data Universe
 - On-call Logs

Questions?

For questions please reach out to:
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