Medicare Advantage Delegation Audit
Request For Documentation

Under the terms of our current agreement, [Name of Delegated Entity] provides administrative services to [Plan Name] related to our Medicare Advantage members. As a Delegated Entity, [Name of Delegated Entity] is required to comply with regulations issued by the Centers for Medicare and Medicaid Services (CMS).

As a Medicare Advantage Organization (MAO) contracting with CMS, [Plan Name] is required to conduct initial and ongoing oversight activities to ensure that [Name of Delegated Entity] complies with all laws, rules, and CMS instructions applicable to delegated activities. As part of our oversight activities, we need [Name of Delegated Entity] to provide documentation shown in the list below. Please provide the information requested on the attached list via email by [Month day, year].

If you have questions about or want to discuss this request, please contact me at [insert email address] or call me at ###-###-####.

Thank you for your assistance in fulfilling our oversight responsibility.
Contact Name:______________      Phone Number: ____________

AUDIT GUIDE

Name of Entity _______________________________________

Location ______________________________________

Type of Entity [  ] First Tier [  ] Downstream [  ] Related

Date of Audit [Month, Year]

Audit Period [Date through Date] (unless otherwise indicated)

Type of Audit [  ] Pre-Delegation [  ] Annual [  ] Focused

Signed Contract [  ] Yes [  ] No

Pending review

Contract includes all CMS requirements [  ] Yes [  ] No (List below)

Pending review

Signed Business Associate Agreement [  ] Yes [  ] No [  ] N/A

Pending

Delegated Activities (List below)
Completing all CMS requirements for Outbound Verification and Education member contacts

Performance Standards Defined [  ] Yes. (List below) [  ] No

Will be included in the executed Agreement

Performance Standards Compliance N/A to Pre-delegation audit

Describe action taken if standards not met in any period.
N/A to Pre-delegation audit

Policies and Procedures That Address the Following (as applicable)
[  ] Monitor Adherence to Performance Standards
[  ] Identify actual or suspected Fraud, Waste, and Abuse and Notify [Plan Name]
[  ] Identify Suspected or Actual Security Breach and/or Privacy Violation and Notify [Plan Name]
[  ] Monitor all Regulatory Changes, and Update Internal Documentation and Processes Related to Delegated Activities
[ ] Annual and New Employee Training for Standards of Conduct and Fraud, Waste and Abuse
[ ] Annual and New Employee HIPAA/HITECH Training
[ ] OIG Screening for New Employees Upon Hire and all Employees Monthly
[ ] Disciplinary Actions for Violations of Privacy or Security Regulations; Fraud, Waste or abuse; or Standards of Conduct
[ ] Conduct Annual Review of all Policies & Procedures Related to Delegated Activities and Update as Needed (at minimum)

**Policies and Procedures** As applicable
[ ] Member Grievance
[ ] Claims Processing
[ ] Monitor Performance of Downstream Entities
[ ] Monitor Performance of Call Center
[ ] Termination of Provider From Network (Voluntary and Involuntary)
[ ] Member Notification of Termed Provider
[ ] Credentialing/Recredentialing of Providers
[ ] Handling Members Complaints
[ ] Other P&Ps pertaining to delegated activities

**Comments:**

**Supporting Documentation**
[ ] Documentation verifying effective staff training during the audit period (i.e., Code of Conduct; Fraud, Waste, and Abuse; HIPAA Privacy & Security; training within 30 days of hire and annually thereafter) (Refer to Title 42 C.F.R. §422.503(b)(4)(vi)(A)
[ ] Documentation of compliant OIG Screening for Sample of New and Existing Employees
[ ] Mechanisms used to effectively disseminate compliance messages to staff
[ ] Documentation of disciplinary actions taken against employees resulting from violation of CMS requirements
[ ] Business Continuity Plan
[ ] Evidence of Security of Facility/Facilities Where Member Information is Accessible
[ ] Copy of Each Type of Report provided to [Plan Name]

**Supporting Documentation** As applicable
[ ] List of Network Providers from which to draw audit sample
[ ] Provider Contracts for a sample of Providers (MA Compliance will provide selected sample)
[ ] Provider Office Manual
[ ] Examples of all written communication to [Plan Name] members (e.g., EOBs, Web communication, newsletters, etc.).
[ ] Claims paid during the audit period from which to draw a sample
[ ] Claim forms/screens and EOBs for a sample of Claims (MA Compliance will provide selected sample)
[ ] Audit a sample of calls received during the audit period (MA Compliance will provide selected sample)
[ ] Training material for handling member complaints and appeals

Comments:

**Downstream Oversight (Applies only to First Tier Entities)**
[ ] List of Downstream Entities, if applicable
[ ] Documentation of regular oversight activities including attestations from Downstream entities (May use this SAMPLE delegation audit guide)

Comments:
Contact Name:______________ Phone Number: ____________

Summary of Findings

Finding:
Recommendation:

Finding:
Recommendation:

Finding:
Recommendation:
Administrative Contracting Requirements
Medicare Managed Care Manual
Chapter 11 – Medicare Advantage Application Procedures and Contract Requirements

CONTRACT REVIEW
Provisions in the administrative services contracts must:

- Specify MAO delegation requirements (42 §422.504(i)(3)(iii) and §422.504(i)(4)(i) – (v) including specific delegated activities and reporting responsibilities.
- Comply with all applicable Medicare laws, regulations, and CMS instructions.
- Comply with all State and Federal confidentiality requirements.
- Agree to grant DHHS, the Controller General, or their designees the right to inspect any pertinent information related to the contract for up to ten (10) years from the final date of the contract period.
- Clearly state the responsibilities of the agreement, including performance standards, penalties for failure to meet standards, and reporting arrangements.
- Provide revocation provisions for the MAO and any first tier or downstream entities should either fail to perform agreed upon services.
- Related to delegation of credentialing and/or re-credentialing services, the first tier or downstream entity must meet all MA credentialing requirements.
- Related to delegation of credentialing and/or re-credentialing services, state that the MAO retains the right to approve, suspend, or terminate any such arrangements.

PERFORMANCE OVERSIGHT
The following specific requirements apply to all delegated functions:

- Evaluate the entity's ability to perform the delegated activities prior to delegation.
- Document approval of the entity's policies and procedures with respect to the delegated function.
- Verify sufficiency of entity’s resources, including appropriately qualified staff to perform delegated function(s).
- Ongoing monitoring of entity’s performance with formal review at least annually.
- Annual (unless performance indicates more frequent) comprehensive assessment of the entity’s performance, to include identification of any problems or deficiencies and outcome and tracking of corrective action.