

How To Build A CPE Tracer

Best practices to focus on Prevention, Detection and Correction using misclassified grievances

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Polling Question 1

How many of you have participated in a CMS Program Audit within the last 2 years?

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Polling Question 2

Did you assist or create a tracer?
Yes or No?

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Today's Objectives

Learn key considerations when developing or building a tracer case summary.



Prevention

- Apply prevention methods to avoid misclassified grievances, identify training needs, review of regulations and guidance, updating policies and procedures



Detection

- Provide suggestions on how to add rigor to compliance staff oversight of call routing and classification of grievances, inquiries, organization determinations, coverage determinations



Correction

- Learn the critical questions to consider when building Corrective Action Plans. A template will be reviewed

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Program Audit Background

- ❑ The Medicare Parts C and D oversight and Enforcement Group (MOEG) is the section within CMS responsible for creating and administering the program audit to oversee the Part C and D programs
- ❑ Conducts audits of all Medicare programs; Medicare Advantage Organizations (MAOP), Prescription Drug plans (PDP) and Medicare-Medicaid Plans (MMP)
- ❑ Purpose of audits are to measure health plans compliance with the terms of its contract with CMS

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2021 Audit Process Highlights

- ❑ Program audit engagement will be sent to sponsoring organizations in March through July 2021
- ❑ CMS will continue using 2020 audit protocols for the 2021 audits
- ❑ Two changes made:
 - Removed language that described CMS process for quantifying drug and/or enrollee impact because it was not comprehensive and did not apply equally to all audited program areas
 - Clarified that auditors may continue using webinar technology to conduct the compliance program effectiveness portion of audits in 2021

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Tips for a Successful Audit

- Develop an audit playbook that identifies specific individuals and tasks across your organization when an audit notice is received
- Conduct a mock audit of all program audit areas including first tier, downstream and related entities
 - Internal Audits
 - External Consulting firms
- Review and test your universe or data extraction feeds routinely (monthly or quarterly)
- Review applicable policies and procedures to ensure these align with CMS guidance and internal practice
- Create a tracer template



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Compliance Program Effectiveness Tracers

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What is a Tracer?

CMS will use a tracer (case) to test an organization's compliance program effectiveness

6 tracers will be selected from universes or data files provided to CMS

Table 1: First-Tier Entity Auditing and Monitoring (FTEAM)

- Auditing and monitoring activities you performed on your first tiers. Example: annual delegation audit or a monthly coverage determination monitoring

Table 3: Internal Auditing (IA)

- Formal audits you performed on your business operations such as claims processing, prior authorization processes, etc.

Table 4: Internal Monitoring

- CMS may also select tracers from other data available to them such as compliance notices issued, CTM cases, HPMS memos or issues disclosed to your Account Manager

WHAT'S YOUR
STORY

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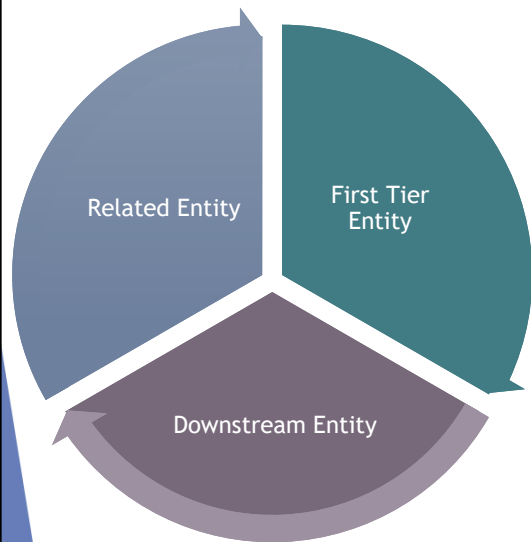
Tracer Case Summary TIPS

- Follow the instructions in the protocols (Let's repeat this)
 - Chronological order
- Trace the "lifecycle" of the compliance issue
- Tell the story using various mechanisms
 - Storyboard tools
 - PowerPoint presentations
 - Microsoft word
- Walk through all 7 elements (if applicable)
- Have evidence to substantiate your story (e.g. emails, screenshots of systems)
- Stick to the facts
- PRACTICE, PRACTICE, PRACTICE!**



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Do You Know Your FDR's?



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First-Tier Entity is any party that enters into a written arrangement, acceptable to CMS, with a Medicare Advantage Organization or Part D plan sponsor or applicant to provide administrative services or healthcare services to a Medicare-eligible individual under the Medicare Advantage program or Part D program.

2

Downstream Entity is any party that enters into a written arrangement, acceptable to CMS, with persons or entities involved with the Medicare Advantage benefit or Part D benefit, below the level of the arrangement between a Medicare Advantage Organization or applicant or a Part D plan sponsor or applicant and a first-tier entity. These written arrangements continue down to the level of the ultimate provider of both health and administrative services.

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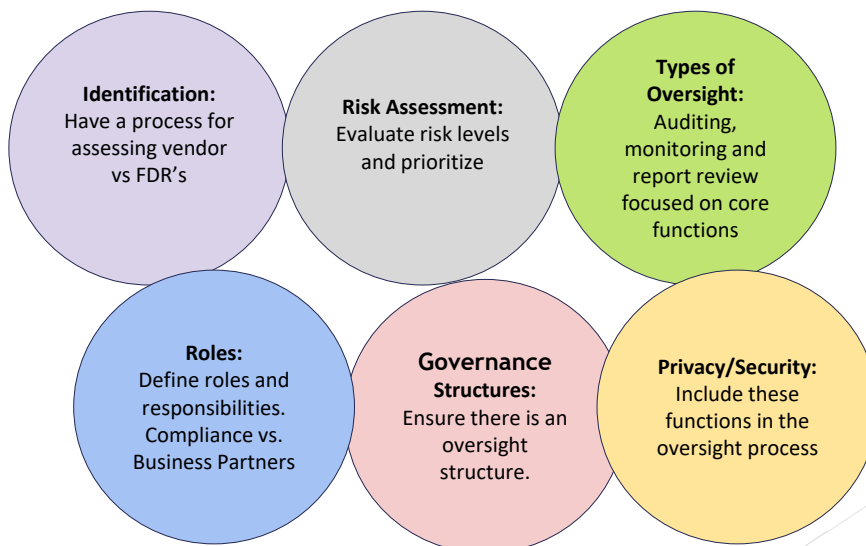
Related Entity is any part that is related to a Medicare Advantage Organization (MAO) or Part D sponsor by common ownership or control and:

- a) Performs some of the MAO or Part D Plan Sponsor's management functions under contract or delegation;
- b) Furnishes services to Medicare enrollees under an oral or written agreement; or
- c) Leases real property or sells materials to the MAO or Part D Plan Sponsor at a cost more than \$2,500 during a contract period.

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Tips for Success



Identification:
Have a process for assessing vendor vs FDR's

Risk Assessment:
Evaluate risk levels and prioritize

Types of Oversight:
Auditing, monitoring and report review focused on core functions

Roles:
Define roles and responsibilities. Compliance vs. Business Partners

Governance Structures:
Ensure there is an oversight structure.

Privacy/Security:
Include these functions in the oversight process

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Tracer Case Study

- Case summary: Best Health Plan delegates their member calls to 'Best Calls'. On 5/10/2020, a member called complaining about a drug she's been trying to refill for 2 weeks. She was previously on the drug and her doctor changed the strength. Pharmacy informed the member the drug is not covered and she will have to pay out of pocket. Member then calls Best Calls to understand why her previously covered drug is not covered anymore.
- Best Calls Rep informed the member issue is being researched and will receive a call back soon. Rep at Best Calls reviewed the member's information and confirmed the drug is covered. Rep documents the call and categories it as a grievance. Rep calls member on 5/29/2020 after research, confirms the drug is covered and apologizes for any confusion caused. Rep tells the member to contact her provider if she needs the drug.
- Rep documents the call and closes the case.



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CPE TRACER SAMPLE

FTEAM Activity: Call Routing & Grievance Procedures

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Overview of Tracer

- ❑ Health Plan delegates member calls to Best Calls
- ❑ Health Plan conducts annual risk assessment of various operational functions to develop their auditing and monitoring plans for the upcoming year
- ❑ In 2019, call routing and grievance handling was determined to be high risk. Compliance audits were performed in 2020 to test compliance
- ❑ Best Calls monitors calls, however, the Compliance Department at Health Plan performs ad hoc audits as part of their oversight activities of the FTE
- ❑ The tracer selected was selected from the FTEAM activity that occurred in July 2020
 - ❑ Audit report was issued August 15, 2020
 - ❑ Audit identified 3 issues
 - ❑ Untimely grievance handling
 - ❑ Mis-categorization of calls
 - ❑ Failure to initiate a coverage determination
 - ❑ Audit results and corrective action plan were shared at the oversight committee on September 15, 2020
 - ❑ Corrections were implemented and closed on September 30, 2020
- ❑ Current status: Ongoing monitoring

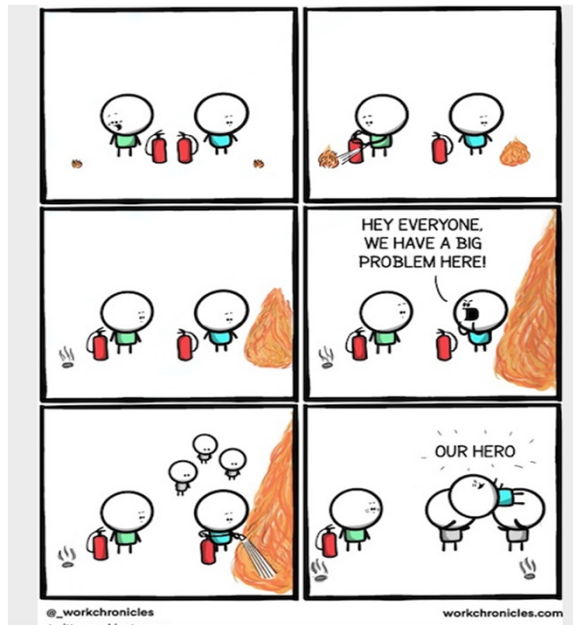
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PREVENTION ACTIVITIES AND CONTROLS

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Prevention Activities & Controls

CMS is looking for the internal controls the plan has in place to reduce the number of non-compliance issues from occurring

Compliance Elements:

- I. Written Policies/Code of Conduct
- II. Compliance Officer and Oversight
- III. Training/Education
- IV. Effective Lines of Communication



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What to think about...

Policies, Procedures, Training & Education

What current policies exist addressing the issue at hand

- Opportunities exist to educate staff on the issue at hand
- What mechanisms are available for staff to report issues



Reporting and Oversight

- Show accountability and reporting of issues to leaders and governing bodies
- Show dates of communication
- Evidence of such communications e.g. emails, meeting minutes, etc.
- Communication with Account Manager

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Prevention Activities & Controls

Training & Education

All 'Best Calls' Call Center Reps complete the following training:

- Medicare Parts C and Part D Compliance & Code of Conduct Training
 - Reporting issues anonymously to compliance
- Policies and Procedures for handling and categorizing Medicare Part C and Part D calls
- Part C Organization Determinations, Appeals & Grievances-CMS MLN
- Part D Coverage Determination, Appeals & Grievances-CMS MLN
 - How to identify, categorize, recognize requirements
 - Identify common problems encountered by health plans
 - Knowledge checks throughout training

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Prevention Activities & Controls

Best Calls Employee Training Log

DATE OF HIRE	NAME	COURSE	DATE OF TRAINING	METHOD	COMPLETED	TRAINING TYPE
12/5/2018	KYLE SWENSON	MEDICARE PART C & PART D COMPLIANCE & CODE OF CONDUCT	01/05/2020	WBT	YES	ANNUAL
12/5/2018	KYLE SWENSON	PART C ORGANIZATION DETERMINATIONS, APPEALS & GRIEVANCES	03/20/2020	CMS MLN/WBT	YES	ANNUAL
12/5/2018	KYLE SWENSON	PART D COVERAGE DETERMINATIONS, APPEALS & GRIEVANCES	03/15/2020	CMS MLN/WBT	YES	ANNUAL
11/30/2019	HEATHER BURG	MEDICARE PART C & PART D COMPLIANCE & CODE OF CONDUCT	01/05/2020	WBT	YES	NEW EMPLOYEE
11/30/2019	HEATHER BURG	PART C ORGANIZATION DETERMINATIONS, APPEALS & GRIEVANCES	12/02/2019	CMS MLN/WBT	YES	NEW EMPLOYEE
11/30/2019	HEATHER BURG	PART D COVERAGE DETERMINATIONS, APPEALS & GRIEVANCES	12/4/2019	CMS MLN/WBT	YES	NEW EMPLOYEE

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Prevention Activities & Controls

Training & Education (cont.)

- Best Health distributes all applicable HPMS memos to Best Calls
- Departmental training that use real examples- call recordings and reviews key words that reps should listen to that CMS targets
 - Completed in **January 2020** and **June 2020**
- Monthly Feedback to staff
 - Metrics for call handling
 - Meet in-person with staff

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Polling Question 3



Which of these methods do you use for training staff on call categorization?

- a. CMS MLN
- b. Plan developed training
- c. Both A&B
- d. We train only if we identify a problem

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Prevention Activities & Controls

- Monthly meeting with CMS Account Manager
- Best Calls provides dashboard and monitoring results to Best Health quarterly
- Q1 April 10, 2020 and Q2 July 10, 2020
 - Action-based analytics reviewed by compliance staff
- Dashboard and monitoring results communicated:
 - Sent to compliance committee and reviewed during monthly meeting April 17, 2020 and July 16, 2020.
 - Send to Board and reviewed during April and July Quarterly Board Meetings.

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Polling Question 4



Does your Call Center system guide Call Center Reps to help categorize calls correctly?

Yes or No

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Polling Question 5



What is your most effective method of preventing calls from being miscategorized?

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Detection Activities

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Detection Activities

CMS is looking for developed processes that evaluate compliance with CMS requirements.

Compliance element:

VI. Routine Monitoring, Auditing and Identification of Compliance Risks

These compliance controls include internal monitoring and audits and, as appropriate, external audits, to evaluate the sponsor's and FDRs' compliance with CMS requirements.

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Detection Activities

- ❑ **Risk Assessment**
 - ❑ Do you perform a review of past performance against standards
- ❑ **Departmental Monitoring**
 - ❑ Are regular reviews performed as part of normal operations
 - ❑ Confirming, measuring ongoing compliance
- ❑ **Compliance Auditing**
 - ❑ Do you have ongoing check and measurement of performance to ensure that processes are working as intended
 - ❑ Is there a formal review of compliance with a particular set of standards (e.g., policies and procedures, laws and regulations) used as base measures
- ❑ **FDR Oversight**
 - ❑ How do you ensure first tier entities are monitoring compliance

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Detection Activities

- ❑ **Risk Assessment**
 - ❑ Conducted annually or more frequently
 - ❑ Risk indicators
 - ❑ CMS standards and requirements
 - ❑ Enforcement actions
 - ❑ Operational processes, changes
 - ❑ Beneficiary impact
- ❑ **Include Risk Assessment on Tracer documentation**

		Impact →				
		Negligible	Minor	Moderate	Significant	Severe
Likelihood ↑	Very Likely	Low	Moderate	High	High	High
	Likely	Low	Moderate	Moderate	High	High
	Possible	Low	Low	Moderate	Moderate	High
	Unlikely	Low	Low	Moderate	Moderate	Moderate
	Very Unlikely	Low	Low	Low	Moderate	Moderate

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Detection Activities

- ❑ **Risk Assessment**
 - ❑ Ranking will impact the monitoring and auditing plans
 - ❑ Size of department
 - ❑ Complexity of work
 - ❑ Changing processes or delegation
 - ❑ Training
 - ❑ Past compliance issues
 - ❑ Budget
 - ❑ FDR operations
 - ❑ Ongoing monitoring of delegated functions
- ❑ **Include Risk Assessment on Tracer documentation**

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Polling Question 6

What method does your plan use to identify misclassified calls, inquiries, grievances and coverage/organization determinations?

- A. Department supervisor selects number of calls per rep
- A. Use speech analytics tool to identify hot topic calls
- A. What? The department should monitor?
- A. Calls are delegated and FDR handles this.

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Detection Activities

Departmental Monitoring

- Compliance assistance in developing monitoring plan
- How often review is conducted
- Number of calls reviewed per representative
- Call selection
 - Use of Speech analytics to identify “hot button” topics
- Responsible staff for monitoring and reporting

Function	Department/Resp Person	Frequency	Desk or onsite	Auditing focus
Org. and Coverage Determinations, Appeals, Grievances	Richard Rich	Weekly	Onsite	Review 30 calls for appropriate categorization

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Detection Activities

Departmental Reporting

- Use of a standard format to track and report
- Start to prepare identification of root cause
 - Drill down to cause of issue;
 - Look for common themes such as:
staff, vendor, issue, time of day
- Include departmental monitoring on Tracer documentation**

Week of calls	Date(s) of monitoring	# of calls rec'd	# calls reviewed	% Approp. Category	Type of misclass.	Call handler (internal, FDR)
8/31	9/7, 9/8	3043	300	95%	Inquiry vs grievance, grievance vs cov det	Internal, FDR
9/7	9/14, 9/15	3294	300	93%	Inquiry vs grievance	internal
9/14	9/21, 9/22	3172	300	95%	Grievance vs cov det	FDR
9/21	9/28, 9/29	3053	300	95%	Grievance vs cov det	FDR

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Detection Activities

Compliance Auditing

- ❑ Determine the appropriate sample size
 - ❑ May include operational staff to assist in gathering documentation and call recordings
- ❑ Include review of training materials and schedule
- ❑ Verify staff attendance and/or attestation of completion of training
- ❑ Review staff awareness of reporting mechanisms (e.g., hotline log)
- ❑ Review policies and procedures and other departmental work instructions
 - ❑ Do staff have enough information to accurately categorize calls?
- ❑ **Include Compliance auditing and work plan on Tracer documentation**

Function	Department/ Resp Person	Freq.	Desk or onsite	Auditing focus
Call categorization	Robert Roy	Ad hoc 35	Onsite	Review XX calls for categorization

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Detection Activities

FDR Oversight

- ❑ Oversight ownership
 - ❑ Define the role, staff responsible for oversight by function, contract
 - ❑ Schedule and participate in regular schedule meetings with FDR
- ❑ Define reporting to plan
 - ❑ Established service level metrics
 - ❑ Review FDR reports against standards
 - ❑ Assign who reviews calls handled by delegated entity
- ❑ Review FDR policies and procedures
- ❑ **Include FDR oversight, monitoring and auditing on Tracer documentation**

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Detection Activities

In Our Scenario:

- Department did not identify the misclassification and resulting untimeliness of case
- Compliance identified the issue in a scheduled audit

Compliance Audit Report:

- Preliminary audit report issued on July 31, 2020
 - Internal Business Operations Leadership
 - Best Calls Leadership and contacts
- FTE management response received August 8, 2020
- Audit closing call held August 10, 2020
- Final audit report issued August 15, 2020
 - Internal Business Operations Leadership
 - Best Calls leadership and contacts

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Correction Activities

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Correction Activities

CMS is looking to test timely and prompt responses to issues, escalation processes and effective corrections to compliance issues:



VI. Enforcement and Discipline

VII. Response

- Are investigations initiated promptly?
- Do you conduct impact analysis?
- Are remediation actions appropriate to prevent reoccurrence?
- How are corrections communicated through the organization?
- Are issues escalated appropriately?

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Correction Activities

In Our Scenario: Misclassified a coverage request as a grievance

Corrective Action Plan (CAP) Management

- CAP was submitted by the FTE on August 31, 2020
- Root cause was determined to be:
 - Lack of knowledge of appropriate handling of calls and when to initiate coverage review
 - High volume calls with limited resources

Correction included:

- Contacted the member on July 27, 2020 to confirm if the drug was still needed
- Initiated a coverage review with the PBM. PA was approved on July 28, 2020
- Drug was filled on July 29, 2020
- Individual coaching provided to Call Rep on August 30, 2020
- Required all Best Calls Rep to Complete the CMS training on appeals and grievances. Training was completed on September 2, 2020

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Correction Activities

- ❑ How are your correction activities documented and tracked?

Corrective Action Plan (CAP) Template

Instructions: Complete one row for each issue:

	Issue to be Addressed (from incident or auditing and monitoring activity)	Root Cause (What caused the issue?)	Corrections (specific actions taken to resolve the issue)	Evidence (proof to demonstrate correction)	Responsible Parties	Completion Dates/Target Dates/Deadline	Validation Date
1)							
2)							
3)							

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Correction Activities (cont'd)

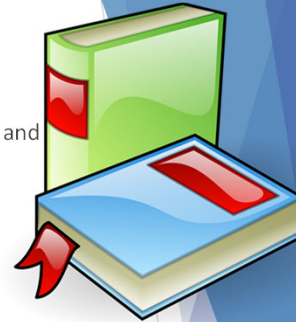
- ❑ Updated systems to use system prompts that allowed for better triaging of calls. Changes went into production on September 20, 2020
- ❑ Implemented additional monitoring of FDR call routing, timeliness and appropriate documentation beginning September 1, 2020
- ❑ Established a process to share monitoring results with Compliance and key leaders beginning October 1, 2020
- ❑ CAP completion and closure shared with leadership on September 30, 2020

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References

- ❑ Parts C & D Enrollee Grievances, Organization/Coverage Determinations, Appeals and Grievance Guidance
- ❑ Medicare Managed Care Manual Chapter 21- Compliance Program Guidelines
- ❑ Prescription Drug Benefit Manual Chapter 9- Compliance Program Guidelines
- ❑ 42 CFR, Parts 422 and 423
- ❑ Medicare Learning Network (MLN) --Part C & D Organization Determinations, Appeals & Grievances



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QUESTIONS ?



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SAMPLE TRACER TEMPLATE

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I. Overview of Tracer

Provide a high level overview of the issue:

Root cause(s) of the issue

- Description of what caused the issue and/or why it occurred

How issue was identified

- Description of how the issue was discovered either reported to Compliance, risk assessment, auditing and monitoring activity etc.

Member impact

- Describe impact to beneficiaries e. g delayed access to care or drugs, cost sharing impacts etc.

Current Status

- Status of issue including auditing and monitoring activities in place

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II. Prevention Activities and Controls

CMS will evaluate internal controls you have in place to reduce or prevent issues of non-compliance

Policies & Procedures, Training and Communication

- What current policies exist addressing the issue at hand
- Opportunities exist to educate staff on the issue at hand
- What mechanisms are available to staff to report issues

Reporting and Oversight

- Show accountability and reporting of issues to leaders and governing bodies (compliance committees, board of directors)
- Show dates of communication
- Evidence of such communications e.g. emails, meeting minutes etc.
- Communication with Account Manager

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III. Detection Activities

CMS will evaluate systems for prompt identification of issues.

Risk Assessment

- Demonstrate how the issue was identified, analyzed and prioritized in your risk assessment process

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Mitigation Plans

- Describe mitigation or remediation plans developed from the risk assessment above
- Include monitoring work in business units
- Include formal audits by Compliance or Internal Audit depending on your structure
- Include oversight of your FDR's (if applicable to issue)
- Date Account Manager was notified of the issue

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IV. Correction Activities

CMS will evaluate systems for timely and reasonable corrections to identified issues.

Corrective actions

- List specific corrective actions taken to address the issue and including timeliness. Example training, P/P updates, system updates etc.
- List specific actions taken to address member impact including timeliness. Example refunds issued, coverage review completion to ensure access etc.
- Validation audits completed after CAP implementation
- Department monitoring activities implemented as a result of the issue
- Compliance oversight as a result of the issue
- Include escalations where applicable

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