PACE Audit Process Improvements

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Presentation Overview

- 2014 and 2015 Audit Results
- 2016 Process Improvements
- 2017 Process Improvements

2014/2015 Audit Data Overview

- 60 Audits conducted
  - Trial Period Audits: 27
  - On-going Audits: 33
- 71 Audits conducted
  - Trial Period Audits: 31
  - On-going Audits: 40
- 2016 Projection: 70 Audits

2014 Audit Results

ELEMENT	MET	MET WITH NOTE	NOT MET	NOT REVIEWED
Contracted Services (CTS01)	28	5	12	15
Dietary Services (DTY01)	46	6	8	0
Physical Environment (ENV01)	31	4	22	3
Infection Control (ENV02)	35	8	17	0
Governing Body (GOV01)	50	5	5	0
Enrollment Process (MKT03)	55	2	3	0
Voluntary Disenrollment (MKT08)	37	2		21
Involuntary Disenrollment (MKT09)	33	2	3	21
Medical Records (MR01)	31	7	22	0
Personnel Training and Oversight of Direct Participant Care (PRS24)	27	9	17	7

2014 Audit Results

Explanation of Rights (PRT04)	40	1		19
Grievance Process (PRT06)	35	9	16	0
PACE Organization's Appeals Process (PRT07)	34	5	21	0
Additional Appeal Rights Under Medicare or Medicaid (PRT08)	39	4	3	14
Internal Quality Assessment and Performance Improvement Program Activities (QAP06)	46	6	8	0
Interdisciplinary Team (SDY03)	47	8	5	0
Participant Assessment (SDY04)	26	5	29	0
Plan of Care (SDY05)	33	8	18	1
Service Delivery and Emergency Care (SDY12)	36	3	21	0
Transportation Services (TRS01)	42	6	11	1

2014 PACE Audit Results

5 most common findings for 2014:

- Participant Assessment (48% not met)
- Medical Records (36% not met)
- Physical Environment (36% not met)
- PACE Organization Appeals (34% not met)
- Service Delivery and Emergency Care (34% not met)

2015 Audit Results

ELEMENT	MET	MET WITH NOTE	NOT MET	NOT REVIEWED
Contracted Services (CTS01)	43	7	15	6
Dietary Services (DTY01)	48	11	11	1
Physical Environment (ENV01)	44	6	21	0
Infection Control (ENV02)	39	11	21	0
Governing Body (GOV01)	56	9	5	1
Enrollment Process (MKT03)	57	5	9	0
Voluntary Disenrollment (MKT08)	40	9	3	19
Involuntary Disenrollment (MKT09)	44	5	3	18
Medical Records (MR01)	38	7	26	0
Personnel Training and Oversight of Direct Participant Care (PRS24)	39	9	16	7
Explanation of Rights (PRT04)	40	3	1	26
Grievance Process (PRT06)	44	11	16	0

2015 Audit Results

PACE Organization's Appeals Process (PRT07)	40	12	19	0
Additional Appeal Rights Under Medicare or Medicaid (PRT08)	54	2	4	11
Internal Quality Assessment and Performance Improvement Program Activities (QAP06)	41	15	15	0
Interdisciplinary Team (SDY03)	48	7	16	0
Participant Assessment (SDY04)	37	5	29	0
Plan of Care (SDY05)	38	8	25	0
Service Delivery and Emergency Care (SDY12)	28	15	28	0
Transportation Services (TRS01)	53	10	8	0

2015 Audit Results

6 most common findings for 2015:

- Participant Assessment (40% not met)
- Service Delivery and Emergency Care (39% not met)
- Medical Records (37% not met)
- Plan of Care (35% not met)
- Physical Environment (30% not met)
- Infection Control (30% not met)

2016 Audit Process Improvements

- Reviewed data from 2014 and 2015 for:
  - Consistency
  - Elements that were frequently “not met” (or high risk)
  - Elements that were frequently “met” (or low risk)

2016 Audit Process Improvements

The following revisions have been made for 2016:

- Eliminated the risk assessment to determine what elements are audited
- Created two distinct audit protocols
  - Trial year protocol, and
  - Ongoing audit protocol
- For the ongoing protocol we eliminated 6 elements

2016 Audit Process Improvements

Ongoing Audit Protocol:

- The following elements have been eliminated from the ongoing audit protocol
  - Contracted Services
  - Explanation of Rights
  - Additional Appeal Rights under Medicare or Medicaid
  - Enrollment Process
  - Voluntary Disenrollment
  - Involuntary Disenrollment

2016 Audit Process Improvements

Improvements to Audit Consistency in 2016:

- Updated methods of evaluation (MOEs)
- Provided additional clarity in the revised Audit SOP
- Provided training to all CMS auditors
- Incorporated enhancement made in mid-2015 including:
  - Audit Element Review Process
  - Regional Audit Debriefs

2016 Audit Process Improvements

Additional Revisions in 2016:

- Created a new Version 6 of the audit guide (posted on HPMS)
- Developed a formal EMR policy.
- Also, in 2016 PACE Organizations will use a secure website to upload documentation to the regions, eliminating the need for CDs or thumb drives.

2017 Audit Process Improvements

In 2017 more substantial revisions will be made:

- PACE audits will be moved into a new HPMS module (the current Part C and D audit module)
- Our audits will be streamlined and outcomes based, focused on participant access and care
- We will be more transparent in our approach:
  - We will release a detailed protocol every year, including:
    - Universe requests, and
    - Documentation requests

2017 Sample Protocol

Table of Contents

2017 Sample Protocol

Column ID	Field Name	Field Type	Field Length	Description
A	Beneficiary First Name	CHAR Always Required	50	First name of the beneficiary.
B	Beneficiary Last Name	CHAR Always Required	50	Last name of the beneficiary.
C	Enrollment Effective Date	CHAR Always Required	10	Effective date of beneficiary's enrollment for the PBP that the beneficiary was enrolled in during the audit review period. Submit in CCYY/MM/DD format (e.g., 2015/01/01).
D	Cardholder ID	CHAR Always Required	20	Cardholder identifier used to identify the beneficiary. This is assigned by the sponsor.
E	Date the request was received	CHAR Always Required	10	Provide the date the request was received from the enrollee, their authorized representative, or their prescriber. Submit in CCYY/MM/DD format (e.g., 2015/01/01).
F	Time the request was received	CHAR Always Required	8	Provide the time of day the request was received from the enrollee, their authorized representative, or their prescriber. Time is in HH:MM:SS military time format (e.g., 23:59:59). Answer NA if time is not available.
G	Issue Description	CHAR Always Required	2000	Provide a description of the issue and, for denials, an explanation of why the decision was denied.

2017 Audit Process Improvements

New HPMS Module:

- Starting January 1, 2017 PACE audits will be moved into a new HPMS module
- Currently this module is used for Part C and D audits
- This module is more modern, easy to use, and allows for better functionality

Plan Dashboard | Contract Management | Plan Bids | Plan Formularies | Monitoring | Quality and Performance | Risk Adjustment | Data Extract Facility

Home » *Audit*

Audit Start Page

The Audit Management module supports the scheduling, tracking, and management of program audits for the Medicare Advantage, Part D, and Medicare-Medicaid programs.

Audit

Audit
- Create Audit
- Audit Search

Administration
- Document Approval Search
- Manage Conditions
- Manage Criteria

Documentation
- Submission Materials
- Audit Materials Repository
- User Guide - CMS [PDF, 5259kb]
- User Guide - SO [PDF, 2038kb]

Extracts
- Audit Admin Extract [CSV]
- Audit Findings Extract
- Audit Contracts Extract [CSV]
- Contract Findings Crosswalk Extract [CSV]

CV: 1.23.0.0

2017 Audit Process Improvements

Additional Changes:

- Standardized conditions will be utilized
  - Promote consistency, and
  - Ensure accuracy
- Conditions will be classified as either an Observation, Corrective Action Required (CAR), or Immediate Corrective Action Required (ICAR)

2017 Sample Report

CONDITION:

The PACE Organization failed to appropriately document the participant's plan of care, progress reports and/or treatment in the medical record.

CRITERIA:

42 C.F.R. § 460.210(b)(3)

PACE Manual, Chapter 12, Section 10.2

CAUSE:

The PACE Organization does not have adequate processes and controls in place to ensure that participant’s care plans are routinely updated and documented in the medical record.

2017 Sample Report

EFFECT:

A failure to adequately document a participant's plan of care resulted in the participant not receiving adequate services as specified by the IDT.

Sample Cases

Sample Case Number(s)

Medical Records 2, 12, 16

CORRECTIVE ACTION REQUIRED:

The PACE Organization must ensure that they appropriately document a participant's plan of care, all progress notes, and any treatment decisions in the medical record.

2017 Additional Revisions

- Reduction in audit elements reviewed
- Reduction in burden for PACE organizations:
  - No longer reviewing policies and procedures
  - Documentation requested pre-audit will be greatly reduced

A further, more in depth overview of these modifications will be discussed at the CMS PACE conference in July 2016.

Questions?

For inquiries related to PACE Audit Revisions:

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