

Medicare Advantage and Part D Contract Compliance & Oversight Overview

Michael Kavouras, Part C Compliance Lead
Center for Drug and Health Plan Choice (CPC)



Session Overview

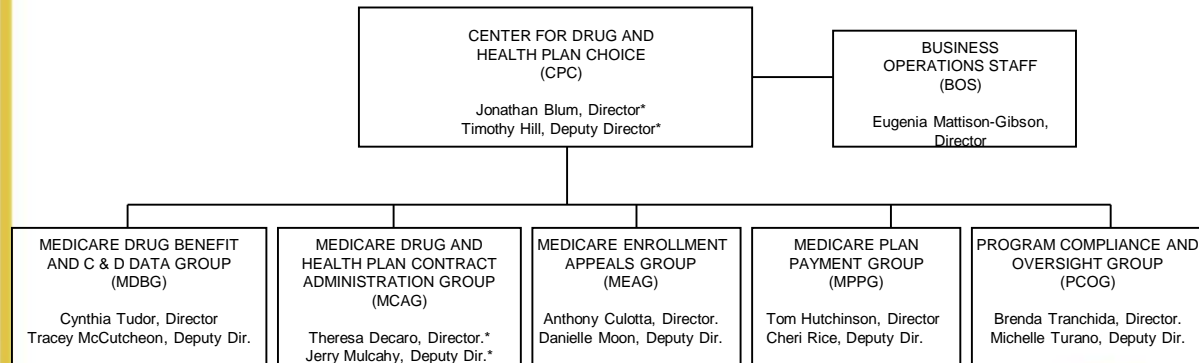
- CMS Compliance & Oversight Structure
- Oversight Strategy
- Oversight Activities
- Alignment of Audit Approach
- Compliance Plans/Programs
- What's on the Horizon?

CMS Compliance & Oversight Structure

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

APPROVED
LEADERSHIP

As of
April 1, 2009
*Denotes Acting



CMS Compliance & Oversight Structure

June 2008 Reorganization - Key Goals

- Enhanced focus on:
 - Compliance/oversight activities
 - Data collection and analysis
 - Risk assessment/management
 - Integrated MA/Part D activities
 - Consistency
 - Communication/collaboration
 - Transparency

Oversight Strategy

Goals:

- Protect Beneficiaries
- Offer Value in Benefit Offerings
- Make Appropriate Payments
- Ensure Accountability with Program Rules

Oversight Strategy

Specific Strategies:

- Data Driven – quantifiable performance metrics and monitoring measures
- Proactive – prevent, detect and respond (“find and fix”)
- Focused – targeted on risks

Oversight Activities

Specific Activities:

- Contracting
- Account Management and Day-to-Day Monitoring
- Data Monitoring, Performance Assessment and Surveillance
- Auditing
- Progressive Enforcement

Alignment of Audit Approach With Oversight Strategy

- Shift from routine audits to more targeted audits
- Known risks or identified concerns
- Outcomes (vs. policies/procedures)
- Targeted on individual performance issues or high risk areas with greatest beneficiary harm potential
- Includes comprehensive audits and random selection

Alignment of Audit Approach With Oversight Strategy

- Targeted program audits
 - Agent/broker (compensation, licensure, testing and training audits)
 - Compliance program effectiveness
 - Appeal and grievances
 - SNP enrollment eligibility audits
 - Part D LIS readiness audits

Compliance Plans/Programs

- “Compliance” refers to:
 - (1) all contract compliance requirements; and
 - (2) includes FWA compliance elements and requirements

Compliance Plans/Programs

- Effective, comprehensive compliance programs are key to meeting CMS requirements
- Includes requirement to implement programs to control and combat fraud, waste and abuse (FWA)

Compliance Plans/Programs

- Metrics, effective internal controls, monitoring, reporting and risk assessment
- Oversight of internal operations and any delegated entities, contractors, etc.

What's On the Horizon?

- Oversight - more rigorous, proactive, data-driven, targeted to known risks
- Audits - more timely, targeted on known risks, outcome-based, integrated into a host of methods for oversight
- Compliance plans/programs - targeted reviews of all programs to ensure proper oversight and outcomes

What's On the Horizon?

- Compliance training and educational initiatives targeted to Chief Compliance Officers and staffs
- Focus on internal controls (operations, delegated entities) especially areas that have potential to adversely affect beneficiaries (e.g., issuing timely and correct ANOCs/EOCs, oversight of delegated entities, agent/broker marketing)

What's On the Horizon?

- Improved coordination & exchange of information with the States to better support our respective oversight and enforcement roles
- OIG work plan and GAO focus – appeals and grievances, agent/broker compensation requirements, compliance programs (expect similar heightened focus from CMS)

Questions?

michelle.turano@cms.hhs.gov

(410) 786-3418

