

# IntusCare

**The 2023 Audit Protocol –  
What to Expect and How  
to Succeed**

February 1, 2023



# Learning Objectives

- Summarize the CMS 2023 PACE Audit Protocol
- Explain how to prepare for audits under the CMS 2023 PACE Audit Protocol
- Describe organization best practices and staff expectations for CMS 2023 PACE Audit Protocol

# Intus Care Service Offerings

## Compliance Management

Develop compliance program to align with PACE compliance oversight requirements, Part D compliance requirements, and best practices

## Quality Management

Expertise on all aspects of the quality process to improve Annual Work Plans and Quality Programs through a data-driven, best practice approach.



## Utilization Management

See utilization opportunities, review them with your clinical team, and methodically advise to build lasting processes and improve outcomes

## PACE Operations

Train organizational leadership on processes proven to be successful in the PACE model of care

**PACE Experts to Empower Comprehensive and Ongoing Program Success**

# Compliance Presenters



**Laura Ferrara**  
Chief Strategy Officer



*Former CEO of 2<sup>nd</sup> largest  
PACE in MI and National  
PACE Board Member*



**Jeanne Kim**  
Compliance  
Consultant Lead



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**Connect with a PACE Expert for  
a Conversation!**

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# Changes to the 2023 Audit Protocol

- Implementation of regulatory provisions in Jan. 19, 2021, final rule which were effective March 2021 (POs to be held accountable for new requirements as of January 1, 2022) including:
  - Service determination request process (§460.121)
  - Revisions to appeals process (§460.122)
  - IDT requirements (§460.102(d))
  - Documenting, tracking, and monitoring provision of services (§460.98(b)(5))
  - Maintenance of written communications related to participant's care, health or safety in original form (§460.200(d))

# Updates to 2023 Audit Protocol

- Incorporates lessons learned from past audit experiences. These appear to be focusing heightened attention on at least the following:
  - Timely access to specialists
  - Coordination of care between PO and entities including nursing homes, assisted living facilities, hospitals, etc.
  - Expectations for IDT to remain alert to pertinent input from any individual with direct knowledge of or contact with participant
  - Need to track provision of all services to ensure services have been rendered
  - Involvement of family caregivers
  - Completeness of medical record documentation
  - PCP oversight of plan of care with specialist care and hospital and skilled nursing facility admissions

# Audit Data Collection Instruments: 2020 vs. 2023

| <b>2020 PACE Audit Protocol</b>  | <b>Proposed 2023 Audit Protocol</b>   |
|--|---|
| I: PACE Audit Process and Data Request document, includes requests for documentation, data universes (6), etc. | I: PACE Audit Protocol document (revised), includes requests for documentation, reports, data universes (7), etc. |
| II: PACE Supplemental Questions  | II: PACE Supplemental Questions (revised)   |
| III: Pre-Audit Issue Summary   | III: Pre-Audit Issue Summary  |
| <b>IV: Onsite Observation Participant List</b>   | <b>IV: Voluntary Audit Survey</b>   |
| <b>V. Voluntary Audit Survey</b>   | <b>V: Corrective Action Plan Process (new)</b>  |
| Root Cause Analysis Template   | Root Cause Analysis Template  |
| 16 Impact Analysis Templates   | 18 Impact Analysis Templates (3 new; others revised)  |

# Changes for 2023 Audit Process

- Modifications to data universes
  - SDRs Record Layout
  - Appeals Record Layout
  - Personnel Record Layout
  - Participant Medical Records Layout
  - On-Call Record Layout
  - Contracted Entity and Providers
  - Monitoring Reports
- New and modified Impact Analyses (IAs)
  - Required Services
  - Specialist Recommendations
  - Coordination of Care
  - Appeal 1P71 removed
  - Assessment modified
  - Provision of Services modified

# Service Determination Requests – Compliance Considerations

- Documentation of the initial request?
- Documentation of reassessments conducted in response to the service determination request?
- Documentation of full IDT involvement in the service determination request review?
- Documentation for service determination requests with extended processing timeframes?
- Documentation of service determination request notifications based on request disposition?
- Documentation of the provision of services?

# Service Determination Requests – Trends in Compliance Issues

- Identifying requests and processing as SDR
- Documentation of the request – should be detailed enough to show compliance with the standards
  - Not just a date in the EMR log
  - Who made the request and was it submitted orally or in writing
- Assessments
  - Documentation indicating the discipline(s) the IDT selected to do assessment(s)
  - Documentation of the assessor's service decision/recommendation
  - Documentation indicating the assessment was done in person if the service is denied or partially denied
  - Assessment includes the participant's medical, physical, emotional, and social needs

# Service Determination Requests – Trends in Compliance Issues

- IDT review of the SDR – all 11 IDT members involved in the review and determination of the SDR
- Extension of SDR
  - Written notice of extension provided to the participant/designated representative/caregiver
- Documentation of SDR request notifications on request disposition
  - Partially denied SDRs – written notice of partial denial to the participant
  - Approved SDRs – oral notification must meet all the standards
    - Explanation of the conditions of the approval
    - When the participant may expect to receive the approved services

# Service Determination Requests – Trends in Compliance Issues

- Documentation of the provision of the service requested
  - The date all approved services (including approved services resulting from a partial denial) were provided.
  - Evidence of the service provided – not just a date in the EMR log
  - Evidence that the service was provided as expeditiously as the participant's health condition requires – if delayed, why and how is the delay resolved (i.e. resource limitations, delay in product delivery, etc.)

# Appeals – Compliance Considerations

- Documentation of the initial appeal request?
- Documentation that the participant was given an opportunity to present evidence in-person as well as in writing?
- Documentation indicating why an appeal was expedited (if applicable)?
- Documentation indicating why an expedited appeal was extended, including the participant's request for an extension or documentation the PO justified the extension to the SAA (if applicable)?

# Appeals – Compliance Considerations

- Documentation identifying the third-party reviewers and their credentials?
- Documentation of the third-party reviewer decision?
- Documentation of appeal notifications based on the appeal disposition?
- Documentation of the provision of services?

# Grievances – Compliance Considerations

- Documentation of the initial complaint including system notes, progress notes, logs, or other data related to the complaint classified by the PO as a grievance?
- Documentation detailing each issue in the grievance?
- Documentation of all supplemental information submitted by the participant and/or their caregiver?
- Documentation showing the steps the PO took to resolve each issue identified in the grievance, such as documentation of communication with other individuals and organizations internal and external to the PO that the PO contacted in order to resolve the grievance?

# Grievances – Compliance Considerations

- Documentation describing the final resolution for each grievance issue?
- Documentation showing resolution notification of each issue identified in the grievance to the participant and/or their representative?
- Documentation to demonstrate that any necessary follow-up actions identified by the PO when processing the grievance were followed up as appropriate?

# Appeals and Grievances – Trends in Compliance Issues

- All Service Determination Requests for which notification is not received timely must be automatically processed as an appeal.
- All complaints expressing dissatisfaction with service delivery or the quality of care furnished must be processed as a grievance.
  - The regulation does not reference time frames in which complaints can be resolved without being considered a grievance.
- Written grievance resolution letter to participant must address all issues noted in the grievance

# Provision of Services – Compliance Considerations

- Did the PO furnish comprehensive services necessary to meet the needs of all participants?
- Did the PO ensure that the IDT was appropriately involved in participant care?
- Did the PO perform assessments as required?
- Did the PO maintain a complete, accurate, and accessible medical record?
- Did the PO develop and document an appropriate care plan for the participants?

# Provision of Services – Compliance Considerations

- Did the PO provide care and services necessary to meet the medical, physical, emotional, and social needs of each participant?
- Did the PO follow appropriate infection control standards when providing care?
- Did the PO have emergency equipment immediately available (suction, oxygen, medications, etc.)?
- Did the PO have a method of providing safe transportation to participants?

# Provision of Services – Trends in Compliance Issues

- Care plan meets the required elements
  - Specifies the care needed to meet the participant’s medical, physical, emotional, and social needs **as identified in the assessments;**
  - Utilizes the most appropriate interventions for each care need that advances the participant toward a measurable goal and outcome;
  - Identifies each intervention and how it will be implemented;
  - Identifies how each intervention will be evaluated to determine progress in reaching specified goals and desired outcomes;
  - **Reasoning behind IDT determination that certain services recommended in assessments are not necessary to the care of the participant.**

# Provision of Services – Trends in Compliance Issues

- Evidence that all care planned, and authorized services were provided as expeditiously as the participant's health condition requires
  - Home care
  - All therapies
  - Wound care
  - Medications provided as ordered – changes and errors
  - Laboratory results
  - Diagnostic studies
  - Etc.

# Provision of Services – Trends in Compliance Issues

- Coordination of Care
  - Coordination of care with contracted providers (i.e. nursing facilities, assisted living facilities, home care)
- PCP oversight
  - Specialist/hospital/ED visits – specialist recommendations are addressed by the PCP
- Cancelled orders
  - Orders cancelled by PCP or other staff

# Provision of Services – Trends in Compliance Issues

- Complete medical record
  - All specialist visits included in the medical record
  - All hospital and ED reports/documentation in the medical record
    - Evidence that the PCP(s) oversee the care provided by outside consultants and hospital physicians – review and approve recommendations or document rationale when not approving recommendations
  - Lab results available in the medical record
  - Home care notes available in the medical record

# Personnel Records – Compliance Considerations

- Did the PO conduct a background check on all personnel prior to their date of hire?
- Did the PO conduct an OIG exclusion check for all personnel prior to their date of hire?
- Did the PO ensure that personnel were appropriately licensed, if applicable?
- Did the PO ensure that all personnel with direct participant contact were medically cleared of communicable diseases before engaging in direct participant contact?
- Did the PO ensure that personnel completed competencies before working independently?

# Personnel Records – Trends in Compliance

- OIG screening and background checks for all hired and contracted personnel before date of hire
- Personnel with direct participant contact were medically cleared of communicable diseases before engaging in direct participant contact
  - What does the organizational policy require to determine medically cleared of communicable diseases?
  - Evidence of immunizations consistent with organizational policy
- Personnel completed competencies before working independently
  - Documentation of the date employed and contracted personnel began working independently
  - Evidence of re-evaluation of competencies consistent with organizational policy
- Social Worker on IDT must be MSW

# Compliance and Quality Improvement – Compliance Considerations

- Did the PO adopt and implement an effective compliance oversight program?
- Did the PO develop and implement an effective, data-driven quality improvement program?
- Did the PO ensure that the appropriate personnel were involved in the development and implementation of Quality Improvement activities and did the PO appropriately disseminate information related to the Quality Improvement activities?

# Compliance and Quality Improvement – Trends in Compliance Issues

- A PACE organization's quality improvement program must include the use of objective measures to demonstrate improved performance
  - What data is collected by the PO to measure improvement?
    - Is data consistently collected and shared with all relevant individuals/entities?
  - Data must be routinely analyzed data to determine trends, root causes, and plans for improvement
  - Does the data show improvement over time?
    - If not, what strategies are taken to improve the outcomes?

# Compliance and Quality Improvement – Considerations for 2023

- Compliance Program and Oversight
  - PO policy directing the procedures to report non-compliance
  - PO policy directing the procedures to conduct inquiry or investigation of alleged non-compliance
  - PO policy directing appropriate corrective actions in response to detected non-compliance
  - PO policy on recoupment of payments and repayments to governmental agencies
  - PO policy on self reporting potential fraud or misconduct
- State specific requirements?

# Takeaways

- CMS audits are focused on strict adherence to detailed regulatory requirements related to audit elements
- Successful audits require POs to maintain extensive documentation consistent with expectations for sample case documentation in revised PACE Audit Protocol
- Understanding of expectations for regulatory compliance require detailed understanding of PACE regulatory requirements and PACE Audit Protocol, including compliance standards provided for each audit element
- Dedicated compliance staff needed

## Next Steps & Resources



Webinar Recording



Compliance Self-Assessment



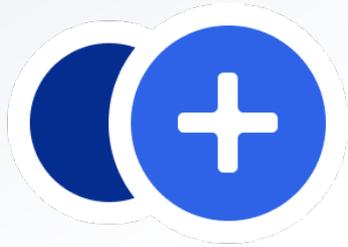
Q&A Document (FAQ's)



Session Summary Document

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Reach out Directly to [Will@intus.care](mailto:Will@intus.care)



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PACE organization!**

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