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- ✧ Governing body should be looking at measurable evidence that the compliance program is timely detecting and correcting (i.e. non-recurrence of) Medicare program noncompliance and FWA
- ✧ Measurable Evidence
  - Use of quantitative measurement tools
  - Report, track, and compare compliance results over time in key operational areas
  - Scorecards, dashboards, key performance indicators

# Indicators of an Effective Compliance Program

- ✧ Tracking and reviewing compliance results in key operational areas as well as other risk areas.
  - Open and closed corrective action plans
  - FDR compliance
  - CMS enforcement activity (Notices of Noncompliance, Warning Letters)

# Indicators of an Effective Compliance Program (cont.)

- ✧ Finding problems early before large impact
- ✧ Decrease in beneficiary complaints, CTMs
- ✧ Effective resolution of problems – compliance issues not recurring
- ✧ Data analysis is detecting FWA

# Indicators of an Effective Compliance Program (cont.)

- ✧ System to ensure effective implementation of new or updated Medicare requirements.
  
- ✧ Example: Tracking CMS issued HPMS memos
  - Receipt
  - Distribution to all appropriate individuals/business units
  - Implementation
  - Monitoring (e.g., quality control, timely implementation)

# **Part II – Case Study and Lessons Learned**

# Case Study

## **RutRo Health Plan, Inc.**

# RutRo Health Plan, Inc.

- MA, MA-PD
- Commercial enrollment: 1 million
- Medicare enrollment: 125,000
- Wholly owned subsidiary of a public company
- Corporate headquarters in Texas
- Medicare operations in Maryland



# Poll: Which Governing Body?

**Which Board of Directors – RutRo’s or Parent Co.’s – must exercise reasonable oversight of RutRo’s Medicare compliance program?**

- A. RutRo’s Board of Directors
- B. Parent Co.’s Board of Directors
- C. Either RutRo’s Board or Parent Co.’s Board
- D. Both RutRo’s Board and Parent Co.’s Board

# Answer: C

## Organization Has Option to Choose

- ✧ “The governing body of the organization that contracted with CMS or its parent company may oversee the Medicare compliance program.”

Chapters 9, 21 § 50.2.3

# RutRo: Poll – Reporting to Board of Directors

**The Compliance Officer has reported severe staffing shortage in Compliance Department to CEO. Should she also report it to the RutRo’s Board of Directors?**

- A. Yes.
- B. Yes, but only if the CEO refuses to add staff.
- C. No, its up to the CEO to notify the Board if he thinks its necessary.
- D. No, its not a critical issue.

# Answer: A

## Must Report to Board

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- ✧ Yes. A severe staffing shortage in the compliance department is a critical issue of which the governing body should be notified by the Compliance Officer.

# RutRo Poll -- Documentation

**The Board of Directors' Audit Committee meets but minutes are not kept. Will copies of internal emails suffice for documentation of reasonable oversight of Medicare compliance program?**

- A. Yes.
- B. Yes, but only if prepared by corporate secretary
- C. No. Board meetings must be documented in minutes, but minimal detail is required.
- D. No. Reasonable oversight must be documented in detailed minutes.

# Answer: A

## Any Detailed Documentation

- ✧ Yes. There must be contemporaneous documentation that reflects reasonable oversight of the Medicare compliance program. The documentation does not have to be in the form of minutes.
- ✧ Documentation should be detailed as to date, time, duration, attendees, summary of discussion, actions taken, requests for follow-up and summary of reports provided.

# RutRo Poll: Which CEO?

Commercial Division CEO reports to RutRo CEO

Government Division CEO reports to RutRo CEO

RutRo CEO reports to RutRo Board

Which CEO ultimately accountable for  
Compliance Program oversight?

- A. RutRo CEO**
- B. President/CEO – Government Division**
- C. President/CEO – Commercial Division**
- D. Both RutRo CEO and CEO Govt.  
Division**

# Answer: A

## Sponsor's CEO

- ✧ The Sponsor's CEO must be engaged in compliance program oversight.
- ✧ Must receive periodic reports from compliance officer of:
  - Risk areas
  - Corrective action strategies
  - Results of compliance monitoring
- ✧ Must be informed of all governmental enforcement activity e.g. Notices of Noncompliance, Warning letters, Imposition of Sanctions



# Lessons Learned: Ineffective Compliance Structures

## **Compliance Officer**

- ✧ Is given the responsibility but not the status and authority within the company necessary to do his/her job effectively
- ✧ Does not inform the CEO and/or the Board about problems within the compliance program or operational problems within the Medicare line of business
- ✧ Is not taken seriously by staff or senior management – lack of credibility
- ✧ Acts as the police without efforts to achieve buy-in by and accountability of employees and managers

# Lessons Learned: Ineffective Compliance Structures

## Governing Body

- ✧ Medicare compliance is agenda item only twice a year despite significant ongoing compliance issues
- ✧ Accepts only written reports from compliance officer; no in-person contact
- ✧ Is unaware that CMS has issued five Notices of Noncompliance and two warning letters in the last six months because:
  - Compliance Officer's reports so high level that they omit important detail
  - No requirement that Board be informed of all CMS enforcement activity
- ✧ Is not informed of audit results, or monitoring, tracking and trending of compliance results

# Lessons Learned: Ineffective Compliance Structures

## **Compliance Committee**

- ✧ Monthly schedule for meetings not followed.
- ✧ Condoned absenteeism by key personnel
- ✧ Minutes are not always taken; when there are minutes, they are vague and unclear, do not reflect who attended or how long the meeting lasted
- ✧ Issues identified in one meeting, not followed up on in subsequent meetings; issues remain unresolved month after month
- ✧ No follow-up on whether corrective actions are preventing re-occurrence of the identified compliance issue

# **Part III – Questions and Answers Session**

# Questions and Answers Session

- ✧ In preparation for today's focused training, we requested that sponsors submit questions to the Medicare Parts C and D Compliance Program Guidelines mailbox.





# Questions and Answers

- Q. Please confirm if the following is accurate:  
PACE programs with prescription drug benefit programs must comply with the following Compliance Program Element 6 – Effective System for Routine Monitoring, Auditing, and Identification of Compliance Risks and Element 7 – Procedures and System for Prompt Response to Compliance Issues and need not comply with Elements 1 through 5?**
- A. This is correct. However, CMS strongly encourages PACE programs with prescription drug benefit programs to voluntarily implement the Compliance Program Guidelines for Element 1 through 5 in addition to the required Elements 6 and 7.**



# Questions and Answers

- Q. “Sponsors must assess the scope of the existing Compliance Officer’s responsibilities...when determining whether a single Compliance Officer can effectively implement the Medicare compliance program. Does CMS expect plans to perform this assessment and document it in writing?”**
- A.** Each Sponsor must use its judgment in determining whether it should perform the assessment. CMS cannot dictate every set of circumstances that might trigger a reasonable Sponsor to question whether its compliance officer is overburdened. It depends on the size, scope, structure, and member enrollment, and how well the Sponsor is currently meeting the regulatory requirements of the Medicare program. There is no requirement that any such assessment be in writing – although highly recommended for documentation purposes.

# Questions and Answers

- Q. What is meant by “the Compliance Officer’s reports to the Sponsor’s governing body must be made through the compliance infrastructure”?**
- A.** The Compliance Officer’s reports to the governing body must be made either directly, in person or, if not in person, then through the compliance committee. Often the Compliance Officer serves as the Chair of the compliance committee. In that case, the Compliance Officer would be reporting to the governing body both in his/her capacity as the Compliance Officer and as the Chair of the compliance committee. If someone other than the Compliance Officer is the Chair of the compliance committee, then the Compliance Officer can report to the compliance committee who, usually through the Chair, can then report the information to the governing body.

# Questions and Answers

- Q. “The Compliance Officer should not serve in both compliance and operational areas (e.g., where the Compliance Officer is also the CFO, COO, or GC)”. Can the Compliance Officer report to those people, without actually serving in those roles himself?**
- A.** The Compliance Officer’s reports on the status and activities of the compliance program cannot be routed to the CEO and governing body through operational management. The regulations do not prohibit the Compliance Officer from reporting administratively to operational leaders such as the CFO, COO, or GC. However, CMS believes that in order to be effective, the Compliance Officer must be independent and be able to freely enforce compliance requirements up and down the organization’s chain of command.

# Questions and Answers

- Q.** “It is a best practice for the Compliance Officer to be a member of senior management.” Having the Compliance Officer be apart of senior management adds immediate impact to the role’s effectiveness and authority needed to implement tough changes.
- A.** CMS agrees. The Compliance Officer has the responsibility to implement tough compliance decisions and changes. He/She requires status, credibility and authority to be regarded seriously by those both above and below him/her in the corporate hierarchy.

# Questions and Answers

- Q. “Duties of the Compliance Officer may include, but are not limited to....” Is this list to be examples that are optional or minimally-required duties?**
- A.** The listed duties in section 50.2.1 of the Compliance Program Guidelines are among those typically carried out by Compliance Officers. However, the list is optional as the Sponsor may delegate any of those duties to someone else within the organization other than the Compliance Officer.

# Questions and Answers

- Q. “Reviewing effectiveness of the system of internal controls designed to ensure compliance with Medicare regulations in daily operations.” Is it CMS’ expectation that plans implement a system of internal controls over operational areas?**
- A.** Yes. CMS requires that the Sponsor have a system of internal controls in all of its Medicare operational areas to ensure that those areas are operating in compliance with federal regulations and CMS requirements.

# Questions/Answers

The Division of Compliance Enforcement (DCE) has a streamlined process for responding timely to policy questions or inquiries:

[Parts C and D CP Guidelines@cms.hhs.gov](mailto:Parts_C_and_D_CP_Guidelines@cms.hhs.gov)

The Part C and Part D Compliance and Audits webpage provides information regarding Compliance Program Policy and Guidance, Compliance and Enforcement Actions taken by CMS, and Program Audits relating to Medicare Plans.

<http://www.cms.gov/Medicare/Compliance-and-Audits/Part-C-and-Part-D-Compliance-and-Audits/index.html>