



LEGAL & COMPLIANCE
DISPUTES & INVESTIGATIONS

MEDICARE ADVANTAGE AND MEDICARE PART D COMPLIANCE AUDIT CONSULTING SERVICES

Providing Compliance Audit Consulting Services to Medicare Advantage and Medicare Part D Plans and their Counsel

The Centers for Medicare and Medicaid Services (CMS) has evolved their Compliance Program Effectiveness (CPE) and Program Audit protocol for 2017 into a data driven and transactional outcomes focused approach that has generated numerous enforcement actions including: Civil Monetary Penalties, Intermediate Sanctions, and increased regulatory scrutiny. Medicare Advantage and Part D Plans have also seen these outcomes impede their abilities to expand and implement their strategic objectives.

Therefore, it has never been more critical for health plans and their First Tier, Downstream, and Related Entities (FDRs) to have an advisor that can navigate them through all phases of a CMS audit and potential enforcement actions.

The Navigant difference is that we bring a highly experienced team powered by deep data analytics skills with a proven track record of advising clients who are facing a CMS audit. Navigant CPE and Program Audit services offer more predictive power aimed at efficiently determining the root cause of issues and working effectively at achieving your audit goals by being able to understand what truly matters most to CMS and putting into place corrective actions that address those issues.

OUR TEAM

- Physicians, Nurses, and Pharmacists who can address the issues of medical necessity and clinical decision making audit elements as well as other programs including Special Need Plans Model of Care requirements.
- Former health plan Internal Audit, Compliance, and PBM operations personnel bringing deep experience with internal audits of all Medicare Advantage and Part D risk areas.
- Data analytics experts able to effectively manage, validate, and manipulate extremely large volumes of data from disparate sources, resulting in synthesized and actionable universe validity and timeliness analytics.
- Former government enforcement officials and Medicare Compliance Officers with a proven track record in helping sponsors deal with the Federal Government on sensitive issues.

OUR SERVICES

- **“Mock CMS” Compliance Program Effectiveness Audits:** Perform “Tracer” sample selection and review to determine whether your compliance program message has been effectively implemented across all components of your compliance program; “mock” interviews, and documentation review.
- **Program Audits:** Focus on key operational risk areas and include population level timeliness statistics, universe validation analytics, targeted sample selection, and “real time” transactional audits of: formulary and benefit Administration; transition fills; organization and coverage determinations appeals and grievances; and Special Need Plans Model of Care. The Navigant team also provides expertise in self-disclosures and the development of Impact Analyses.
- **Independent Auditor (IA) Validation Experience:** Navigant professionals have served as the independent validation auditor for many plans that either had a CMS Program Audit or were subject to CMS sanctions.

CONTACTS

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About Navigant

Navigant Consulting, Inc. (NYSE: NCI) is a specialized, global professional services firm that helps clients take control of their future. Navigant's professionals apply deep industry knowledge, substantive technical expertise, and an enterprising approach to help clients build, manage and/or protect their business interests. With a focus on markets and clients facing transformational change and significant regulatory or legal pressures, the Firm primarily serves clients in the healthcare, energy and financial services industries. Across a range of advisory, consulting, outsourcing, and technology/analytics services, Navigant's practitioners bring sharp insight that pinpoints opportunities and delivers powerful results. More information about Navigant can be found at navigant.com.

OUR APPROACH

- Use the CMS audit methodologies, along with our extensive large scale data analytics capabilities, to assess the accuracy and timeliness of the universes and transactions at issue;
- Utilize our regulatory compliance and operations backgrounds to guide the sponsor through the experience and help them communicate with their regulators;
- Leverage our clinical team of pharmacists, nurses, and physicians to help assess for our clients issues like medical necessity and clinical decision making in the CMS audit;
- Employ a flexible approach by conducting the mock audit remotely similar to CMS, or onsite in "training mode" so the plan employees gain the maximum benefit of our experience;
- Review CPE and all Program Audit Risk Areas or conduct separate reviews to meet the audit goals of the plan.

REPRESENTATIVE EXPERIENCE

Navigant's team has been engaged by many large national MA-PD and PDP plans to assist them in both proactive and reactive preparations during all phases of the audit life cycle. Our work has included conducting population universe pulls, data analytics, and timeliness statistical analysis. We have also reviewed all compliance and operational information including providing advice on pre and onsite audit disclosures to CMS, conducted "live" system mock audits and interviews of all key risk area personnel and relevant FDRs (PBMs, behavioral health, medical imaging, vision, and dental) and assisted plans with both ICAR and CAR response packages.

Navigant was engaged by a large national Medicare Advantage and Part D plan to assist with all aspects of Sanction remediation including Corrective Action Plan development and implementation, a holistic Compliance Program review and implementation of a comprehensive ongoing monitoring program as well as an FDR audit program, Navigant also assisted with operational process re-design, Business Requirements Documentation review, and policy and procedures development and re-training on the revised processes.

Navigant was engaged by several health plans and successfully helped them through the process including: effective and swift work plan approval with CMS; approval of appropriate tailored validation approaches given CMS' findings; and the delivery of high quality reports upon which the audits were able to be closed.

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