



## HEALTHCARE

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### About Navigant

Navigant, Inc. (NYSE: NCI) is a specialized, global professional services firm that helps clients take control of their future. Navigant's team of experts combines deep industry knowledge with technical expertise to help clients to build, manage and protect their business interests. With a focus on industries and clients facing transformational change and significant regulatory and legal issues, the Firm serves clients primarily in the healthcare, energy and financial services sectors. Across our range of consulting, outsourcing, and legal dispute resolution services, Navigant's practitioners bring sharp insight that pinpoints opportunities and delivers powerful results. More information about Navigant can be found at [navigant.com](http://navigant.com).

# MEDICARE ADVANTAGE & MEDICARE PART D – “MOCK” COMPLIANCE PROGRAM EFFECTIVENESS AND PROGRAM AUDIT SERVICES

The Compliance Program Effectiveness (“CPE”) and Program Audits by The Centers for Medicare and Medicaid Services (“CMS”) have been the largest contributor of enforcement action referrals and sanctions imposed by CMS since its inception. The 2016 audit protocols are largely unchanged from 2015. Therefore, it has never been more critical for health plans to be fully equipped to prepare for and respond to potential audits, mitigating the risk of regulatory scrutiny and enforcement action.

Navigant offers a cross functional team of experts with the skill sets required for health plans and their First Tier, Downstream, and Related Entity (“FDR”) requiring “mock” CMS audit services as well as Independent Validation Auditor services that have successfully led many large national and regional plans through all phases of a CMS audit.

## OUR TEAM

- Physicians, Nurses, and Pharmacists who can address the issues of medical necessity and clinical programs including Special Needs 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 analysis.
- Former government enforcement officials and Medicare Compliance Officers with a proven track record in helping sponsors deal with the Federal Government on sensitive issues.

We understand the details and complexities of the CMS program audit requirements and what health plans need to do to prepare. We work alongside clients to create an effective compliance program that achieves operational outcomes in the defined risk areas with a high degree of precision.

## OUR SERVICES

- Mock Compliance Program Effectiveness Audits: including 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 selection assistance, 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 development of Impact Analyses.
- Independent Validation Auditor Services: Navigant professionals have served as the independent validation auditor for plans that have been proactive in this approach and those who were under CMS sanctions.

## OUR APPROACH

- Use the CMS audit methodologies, along with our 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 assess issues like medical necessity and prescription drug formulary administration;
- To employ a flexible approach by conducting the audit remotely similar to CMS, or onsite in “training mode” so the plan employees gain the maximum benefit of our experience;
- Perform an audit of CPE and all Program Audit Risk Areas or conduct separate reviews.



## 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 audits and interviews of all key risk area personnel and relevant FDRs (PBMs, behavioral health, medical imaging, vision, and dental) and assisted plans with preparing Immediate and 90-Day Corrective Action Response packages.

We have assisted Medicare and Medicaid plan sponsors, PBMs and BPOs with the design and implementation of corrective action plans after an area of noncompliance is identified, including a review of the findings from a CMS Medicare Part C & D program audit, a CMS warning letter or a plan sponsored internal or external audit. Our team conducts an assessment of current operations, develops a corrective action plan, assists with the implementation of system, process or documentation changes and performs a post-implementation audit following the completion of remediation efforts.