

Comments for 2020 CMS PACE (First) Draft Audit Protocols

Organization Name: CVS Health
 Organization Contact Name: Stacey Benseler
 Email Address: Stacey.Benseler@CVSHealth.com
 Telephone Number: (401) 770-7637

Document Title	Crosswalk Page Number	Section Title	Specific Text from Document that is being commented upon	Comment to CMS
Draft 2020 CMS PACE Audit Protocols: I. Service Delivery Requests, Appeals, and Grievances (SDAG)	Not in crosswalk (p. 6-11; 18-20 of the actual draft protocols document)	Attachment I PACE Audit Process and Data Request Universe Preparation & Submission Audit Elements Appendix: Table 1. Service Delivery Requests (SDR) Record Layout	4. CMS Analysis of Universes: Timeliness Test for Service Delivery Requests Notification is provided to the participant/representative no later than 72 hours following the date the request was received by the IDT.	Given the range of services a PACE member may receive, we ask CMS to clarify what constitutes a Service Delivery Request. In particular, if a PACE Organization (PO) delegates Part D Coverage Determinations (CD) and/or Direct Member Reimbursements (DMR) to a First-Tier (i.e., PBM) or Downstream Entity (FDR), would CMS consider these Service Delivery Requests? And if yes, what compliance standard would CMS apply for these? Part D CD and DMR requests have different regulatory requirements for turnaround times than those listed in the draft PACE protocols. Specifically: <ul style="list-style-type: none"> • Standard CD: 72 hours • Expedited CD: 24 hours • DMR: 14 calendar days Given these considerations, we ask CMS to please clarify if Part D CD and/or DMR requests should be included in Table 1. Service Delivery Request (SDR) universe.

Document Title	Crosswalk Page Number	Section Title	Specific Text from Document that is being commented upon	Comment to CMS
<p>Draft 2020 CMS PACE Audit Protocols:</p> <p>I. Service Delivery Requests, Appeals, and Grievances (SDAG)</p>	<p>Not in crosswalk (p. 6-11; 21-23 of the actual draft protocols document)</p>	<p>Attachment I PACE Audit Process and Data Request</p> <p>Universe Preparation & Submission</p> <p>Audit Elements</p> <p>Appendix:</p> <p>Table 2: Appeal Requests (AR) Record Layout</p>	<p>4. CMS Analysis of Universes:</p> <p>Timeliness Test for Appeals (AR)</p> <p>Notification is provided to the participant no later than 30 days from the date of receipt for standard appeals.</p> <p>Notification is provided to the participant no later than 72 hours from receipt of a request for an expedited appeals.</p>	<p>If a PACE Organization (PO) delegates Part D Appeals (i.e., Redeterminations and/or Direct Member Reimbursement Redeterminations) to a First-Tier (i.e., PBM) or Downstream Entity (FDR), would CMS consider these Appeal Requests? And if yes, what compliance standard would CMS apply for these?</p> <p>Part D Appeal requests have different regulatory requirements for turnaround times than those listed in the draft PACE protocols. Specifically:</p> <ul style="list-style-type: none"> • Standard RD: 7 calendar days hours • Expedited RD: 72 hours • DMR RD: 7 calendar days <p>Given these considerations, we ask CMS to please clarify if Part D Appeal requests should be included in Table 2. Appeal Request (AR) universe.</p> <p>Also, we note the absence of “representative” as part of the compliance standard. We ask CMS to clarify if a participant’s representative would also be considered.</p> <p>Lastly, we ask CMS to consider re-phrasing the text “request for an expedited appeals” to “request for an expedited appeal”.</p>
<p>Draft 2020 CMS PACE Audit Protocols:</p> <p>I. Service Delivery Requests, Appeals, and Grievances (SDAG)</p>	<p>Not in crosswalk (p. 6-11; 21-23 of the actual draft protocols document)</p>	<p>Attachment I PACE Audit Process and Data Request</p> <p>Universe Preparation & Submission</p> <p>Audit Elements</p> <p>Appendix:</p> <p>Table 3: Grievance Requests (GR) Record Layout</p>	<p>4. CMS Analysis of Universes:</p> <p>Timeliness Test for Grievances (GR)</p> <p>2.3 For grievances: Documentation showing resolution notification</p> <ul style="list-style-type: none"> • If written • If oral 	<p>We note the absence of any timeliness standard for this universe. Recall, the 2016 protocol indicated that CMS would assess timeliness based on the PO’s internal policies and procedure. We ask CMS to clarify if a timeliness requirement no longer applies to this universe.</p> <p>Related to the above question, we ask CMS to clarify what the notification requirement is for grievances (i.e., do POs have to provide both oral and written notification or would use of either suffice?).</p>

Document Title	Crosswalk Page Number	Section Title	Specific Text from Document that is being commented upon	Comment to CMS
Draft 2020 CMS PACE Audit Protocols: II. Clinical Appropriateness & Care Planning	Not in crosswalks (p. 13-15 of the actual draft protocols document)	Attachment I PACE Audit Process and Data Request 3. Apply Compliance Standard	3.2.3 Is there evidence that members of the IDT remained alert to pertinent input from other team members, participants, and representatives? 3.8 Does the PO have emergency equipment immediately available (suction, oxygen, medications, etc.)?	We ask CMS to clarify what type(s) of evidence a PO could provide that would indicate IDT alertness/attention to others' input. In particular, how does CMS intend to gauge or measure IDT alertness? As part of assessing this standard, we ask CMS to clarify if it also intends to evaluate a PO's emergency evacuation and/or disaster recovery plans.
Draft 2020 CMS PACE Audit Protocols: III. Personnel Records	Not in crosswalk (p. 16 the actual draft protocols document)	Attachment I PACE Audit Process and Data Request 2. Review Sample Case Documentation 3. Apply Compliance Standards	<ul style="list-style-type: none"> Documentation of completed competencies 3.5 Did the PO ensure that personnel completed competencies before working independently?	We ask CMS to clarify if competencies also include any required training. Recall, the 2016 protocol had a separate line item for training.
Draft 2020 CMS PACE Audit Protocols: Appendix	Not in crosswalk (p. 18 the actual draft protocols document)	Attachment I PACE Audit Process and Data Request Appendix A - Programs of All-Inclusive Care for the Elderly (PACE) Record Layouts		For all the record layouts, we ask CMS to clarify if there are any field length limitations. Recall, the 2016 protocol provided that guidance.
Draft 2020 CMS PACE Audit Protocols: Appendix	Not in crosswalk (p. 18 the actual draft protocols document)	Attachment I PACE Audit Process and Data Request Appendix A - Programs of All-Inclusive Care for the Elderly (PACE) Record Layouts	Table 1: Service Delivery Requests (SDR) Record Layout Field: Category of the Request Provide the category or type of service delivery request. Examples include: Center days,	Given that CMS lists medications as a valid response for this field, we ask CMS to review our comments on pages 1 and 2 regarding Part D coverage determinations and appeals.

Document Title	Crosswalk Page Number	Section Title	Specific Text from Document that is being commented upon	Comment to CMS
			<p>eye wear, dental, home care, medications etc.</p> <p>Field: Request Disposition</p> <p>Valid fields include: Approved, Denied or Partially Approved/Denied.</p>	<p>We ask CMS to clarify if “Withdrawn”, “Dismissed”, and “Cancelled” are also valid values. If yes, we recommend CMS allow for an entry of “NA” for the fields “Reason for Denial”, “Extension”, and “Date Service Provided”.</p> <p>Also, if “Withdrawn”, “Dismissed”, and “Cancelled” are valid values, we ask CMS to clarify if the fields “Date of Oral Notification” and “Date of Written Notification” require entries.</p>
<p>Draft 2020 CMS PACE Audit Protocols:</p> <p>Appendix</p>	<p>Not in crosswalk (p. 18 the actual draft protocols document)</p>	<p>Attachment I PACE Audit Process and Data Request</p> <p>Appendix A - Programs of All-Inclusive Care for the Elderly (PACE) Record Layouts</p>	<p>Table 2: Appeal Requests (AR) Record Layout</p> <p>Field: Category of the Appeal</p> <p>Provide the category or type of appeal request. Examples include: home care, center attendance, glasses, hearing aids, respite, specialist consultations, medication, etc.</p> <p>Field: Request Disposition</p> <p>Valid fields include: Approved, Denied or Partially Approved/Denied.</p> <p>Missing Field: Quality Analysis</p>	<p>Given that CMS lists medication as a valid response for this field, we ask CMS to review our comments on pages 1 and 2 regarding Part D coverage determinations and appeals.</p> <p>We ask CMS to clarify if “Withdrawn”, “Dismissed”, and “Cancelled” are also valid values. If yes, we recommend CMS allow for an entry of “NA” for the fields “Reason for Denial” and “Date Service Provided”.</p> <p>Also, if “Withdrawn”, “Dismissed”, and “Cancelled” are valid values, we ask CMS to clarify if the fields “Date of Written Notification” and “Time of Written Notification” require entries.</p> <p>We ask CMS to confirm that this field has in fact been removed from this table.</p>
<p>Draft 2020 CMS PACE Audit Protocols:</p>	<p>Not in crosswalk (p. 24 the actual</p>	<p>Attachment I PACE Audit Process and Data Request</p>	<p>Table 3: Grievance Requests (GR) Record Layout</p>	<p>For consistency across the tables, we recommend that CMS consider re-wording the text “the participant or caregiver” to “the participant or designated representative”.</p>

Document Title	Crosswalk Page Number	Section Title	Specific Text from Document that is being commented upon	Comment to CMS
Appendix	draft protocols document)	Appendix A - Programs of All-Inclusive Care for the Elderly (PACE) Record Layouts	<p>Field: Person who submitted the Grievance</p> <p>Indicate if the grievance was submitted by the participant or caregiver. The term caregiver may include family members, POA, legal guardians, other caregivers, etc.</p> <p>Field: Date of Resolution Notification, Oral and/or Written</p> <p>Date notification of the grievance resolution was provided by the PO to the participant and/or caregiver. If both oral and written notification was provided, enter the first notification date. Submit in MM/DD/YYYY format (e.g., 01/01/2020). Enter NA if the grievance was not resolved or if no notification of the resolution was made.</p> <p>Missing Field: Quality Analysis</p>	<p>To ensure accurate and complete data, we recommend that CMS consider retaining the fields “Date of Oral Notification” and “Date of Written Notification” from the 2016 protocol.</p> <p>We ask CMS to confirm that this field has in fact been removed from this table</p>

Document Title	Crosswalk Page Number	Section Title	Specific Text from Document that is being commented upon	Comment to CMS
Draft 2020 CMS PACE Audit Protocols: Appendix	Not in crosswalk (p. 25 the actual draft protocols document)	Attachment I PACE Audit Process and Data Request Appendix A - Programs of All-Inclusive Care for the Elderly (PACE) Record Layouts	Table 4: List of Personnel (LOP) Record Layout <ul style="list-style-type: none"> • Include all personnel employed during the data collection period (i.e., volunteer, part-time, full time, and contract). • Include any personnel hired during the data collection period. • Include only those contracted employees that provide care/services to participants in the participant’s home, at the PACE center (or ACS) or when transporting participants (i.e., drivers). • Exclude all personnel terminated prior to the data collection period. 	We ask CMS to confirm that only personnel from the PACE Organization should be listed on Table 4.
Draft 2020 CMS PACE Audit Protocols: Appendix	Not in crosswalk (p. 27-34 the actual draft protocols document)	Attachment I PACE Audit Process and Data Request Appendix A - Programs of All-Inclusive Care for the Elderly (PACE) Record Layouts	Table 5: List of Participant Medical Records (LOPMR) Record Layout Fields: Currently in SNF/NF Direct SNF Admission Field: Transplant	If the value for the field “Number of SNF/NF Admissions” is zero (0), we ask CMS to confirm that a value of “NA” for these fields would be valid and that this value be added to the description. To ensure a complete and accurate portrait of PO participants, we recommend that CMS consider adding another field, “Type of Transplant (i.e., kidney, heart, etc.)” and moving the field “Dialysis” directly after this new field.

Document Title	Crosswalk Page Number	Section Title	Specific Text from Document that is being commented upon	Comment to CMS
Draft 2020 CMS PACE Audit Protocols: Appendix	Not in crosswalk (p. 27-34 the actual draft protocols document)	Attachment I PACE Audit Process and Data Request Appendix A - Programs of All-Inclusive Care for the Elderly (PACE) Record Layouts	Table 5: List of Participant Medical Records (LOPMR) Record Layout Field: Assistance with Administering Medications Enter Y if an employee/contracted employee dispensed Enter N if an employee/contracted employee dispensed Field: Pain Management Field: Limitation on Opioid Usage Missing Fields: Psychoactive Medications Impaired Hearing	Given the field name, we recommend that CMS change the word “dispensed” to “administered”. If the value for the field “Participant Pain” is “N”, we ask CMS to confirm that a value of “NA” for this field is valid and that this value be added to the description. If the value for the field “Opioid Utilization” is “N”, we ask CMS to confirm that a value of “NA” for this field is valid and that this value be added to the description. We ask CMS to confirm that these fields have in fact been removed from this table.