

**From:** Beth Socoski [<mailto:bsocoski@gatewayhealthplan.com>] **On Behalf Of** Medicare Compliance Officer

**Sent:** Monday, July 27, 2015 7:51 AM

**To:** FDRCommunications

**Subject:** FDR Monitoring and Auditing Efforts Required - Gateway Health FDR Communication - 2015 Volume 7 (July)

The Centers for Medicare and Medicaid Services (CMS) Prescription Drug Benefit Manual, Chapter 9, and the Medicare Managed Care Manual, Chapter 21 document the requirement for routine monitoring and auditing in section 50.6. This month's communication from Gateway Health<sup>SM</sup> (Gateway) focuses on Compliance related auditing and monitoring.

CMS defines monitoring activities as "regular reviews performed as part of normal operations to confirm ongoing compliance and to ensure that corrective actions are undertaken and effective." Audits are defined as "a formal review of compliance with a particular set of standards (e.g., policies and procedures, laws and regulations) used as base measures."

Per CMS "The sponsor must develop a strategy to monitor and audit its first tier entities to ensure that they are in compliance with all applicable laws and regulations, and to ensure that the first tier entities are monitoring the compliance of the entities with which they contract (the sponsors' "downstream" entities)."

During semi-annual delegation assessments with Gateway, First Tier Entities will be asked about the monitoring and auditing completed for Medicare operational activities, including monitoring and auditing completed by contracted downstream entities.

Examples of monitoring:

- Conduct a monthly reconciliation of new hires who need to complete new hire training

- Routine phone monitoring for quality assurance (if your organization has a call center)
- Monthly file reviews (credentialing files, claims, medical record reviews, etc.)
- Monitoring of CMS standards (such as timeliness standards) that apply to Medicare operational activities handled by your organization
- Yearly policy reviews

Examples of auditing:

- Use internal written policies and CMS requirements, audit a process to determine compliance
- Field audits (ride-along audits with staff that may be conducting work in the homes of our members)
- Audits of claims for correct coding or timeliness

Gateway's Medicare Compliance Department is happy to assist delegates in identifying areas that require monitoring or auditing. Simply email us and we can contact you to discuss the CMS requirements applicable to the Medicare operational activities handled by your organization.

You received this email from [MedicareComplianceOfficer@GatewayHealthPlan.com](mailto:MedicareComplianceOfficer@GatewayHealthPlan.com) because CMS requires ongoing communication between Gateway's Medicare Compliance Officer and First Tier, Downstream and Related Entities (FDRs) to raise awareness of potential compliance issues and risks to organizations. This is the **seventh communication** sent this year. Please share this communication with your staff and downstream entities.

Gateway Health is committed to achieving compliance with CMS rules and regulations. Thank you for supporting Gateway Health's Medicare Compliance Initiatives!

**Angela Jackson**

**Medicare Compliance Officer**

**Gateway Health<sup>SM</sup>**

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