FINAL MAPD PROGRAM AUDIT PROTOCOL TRAINING

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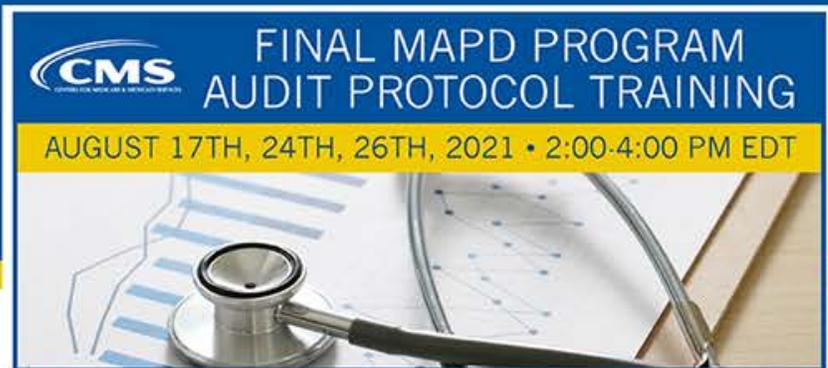
Part D Formulary and Benefit Administration (FA)
August 24, 2021

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Polling Question 1

Let us know who is listening:

A. Medicare Advantage/Prescription Drug Plan
B. Independent Auditor
C. Pharmacy Benefit Manager
D. CMS Central/Regional Office
E. Other

Overview

- FA Program Audit Protocol
  - Audit Elements Tested
  - Method of Evaluation
- FA Program Audit Data Request
  - Review Technical Specifications

FA Program Audit Protocols

- Specifications and tools are for auditing/monitoring activities, not interpreting policy
- Not all data points are used to determine compliance

FA Audit Elements

- Audit Elements Tested
  – Formulary Administration
  – Transition

Universe Integrity Testing
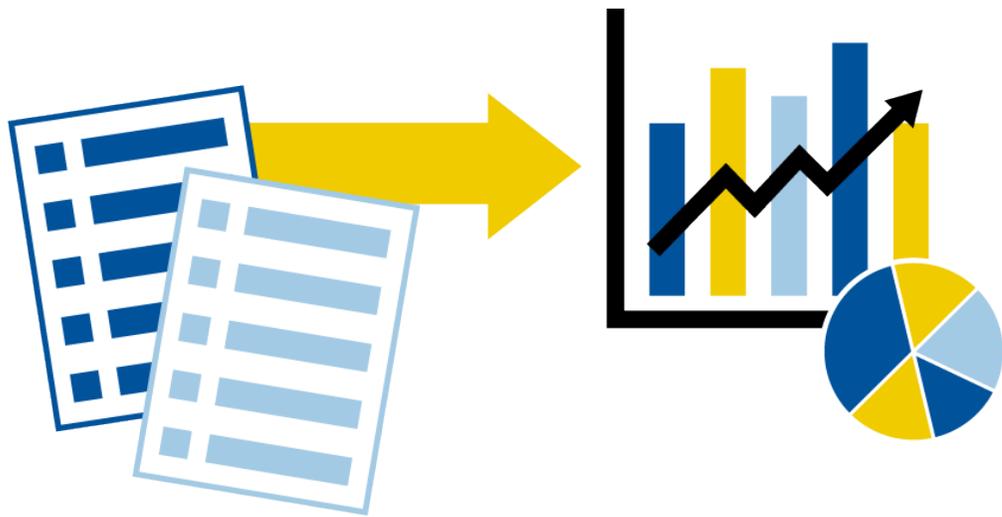
- CMS will verify accuracy of data within each rejected claims universe submission

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Formulary Administration Element: Sample Selection

- 30 targeted rejected claims
  - Prior authorization, non-formulary drugs, quantity limit
- Sample set will represent mix of non-protected and protected class drugs claims

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Formulary Administration Element (1 of 5)

30 SAMPLES

- Claim adjudication process follows CMS approved formulary

- Unapproved utilization management edits do not restrict access

- Appropriate effectuation of authorization records

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Formulary Administration Element (2 of 5)

30 SAMPLES

- Claim adjudication process follows CMS approved formulary

- Unapproved utilization management edits do not restrict access

- Appropriate effectuation of authorization records

- **APPROPRIATE ADMINISTRATION OF PRIOR AUTHORIZATION FOR STEP THERAPY FOR PROTECTED CLASS DRUGS**

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Formulary Administration Element (3 of 5)

30 SAMPLES

- Claim adjudication process follows CMS approved formulary

- Unapproved utilization management edits do not restrict access

- Appropriate effectuation of authorization records

- **APPROPRIATE ADMINISTRATION OF PRIOR AUTHORIZATION FOR STEP THERAPY FOR PROTECTED CLASS DRUGS**

- **SPECIAL REQUIREMENTS FOR LONG TERM CARE DISPENSING**

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CMS

Formulary Administration Element (4 of 5)

30 SAMPLES

- Claim adjudication process follows CMS approved formulary

- Unapproved utilization management edits do not restrict access

- Appropriate effectuation of authorization records

- **APPROPRIATE ADMINISTRATION OF PRIOR AUTHORIZATION FOR STEP THERAPY FOR PROTECTED CLASS DRUGS**

- **SPECIAL REQUIREMENTS FOR LONG TERM CARE DISPENSING**

- **CLAIM REJECTIONS BASED ON PRESCRIBER IDENTIFICATION INFORMATION**

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Formulary Administration Element (5 of 5)

30 SAMPLES

- Claim adjudication process follows CMS approved formulary
- Unapproved utilization management edits do not restrict access
- Appropriate effectuation of authorization records

- **APPROPRIATE ADMINISTRATION OF PRIOR AUTHORIZATION FOR STEP THERAPY FOR PROTECTED CLASS DRUGS**

- **SPECIAL REQUIREMENTS FOR LONG TERM CARE DISPENSING**

- **CLAIM REJECTIONS BASED ON PRESCRIBER IDENTIFICATION INFORMATION**

- **PART D DRUG MANAGEMENT PROGRAM REQUIREMENTS:**
  - Care coordination (opioid safety edits)
  - Pharmacy and prescriber limitations
  - 7-day supply limit for initial opioid fills

Transition Element: Sample Selection

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Universe Table 2 Continuing Enrollees
≤ 15 claims
• Rejected claims related to cross-year formulary changes • Between AY and previous CY

Universe Table 2 New Enrollees
≤ 15 claims
• Rejected claims related to formulary administration during transition

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Transition Element

30 SAMPLES

REVIEW THE 30 TARGETED SAMPLES SELECTED

Determine rejection is appropriate

Identify and review protected class rejections to look for broader issues

Enrollees and prescribers received appropriate, timely, and accurate transition fill notices

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Program Audit Data Request

RCFA and RCT Scope of Universe Request and Record Layout Instructions

Rejected Claims Formulary Administration (RCFA)	Rejected Claims Transition (RCT)
Table 1	**Table 2**
Sponsoring Organizations with: • < 20,000: 8-week period • ≥ 20,000 < 500,000: 4-week period • ≥ 500,000: 2-week period Include all rejected claims with dates of service within universe period	Sponsoring Organizations with: • < 100,000: January & February of Audit Year • ≥ 100,000: January of Audit Year

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PDE and NE
Scope of Universe Request and Record Layout Instructions

Prescription Drug Event (PDE)	New Enrollee (NE)
Table 3	**Table 4**
Final action PDEs with dates of service: • September – December of contract year immediately prior to audit year for all enrollees in Table 2 (RCT) and; • Enrollees with effective enrollment dates of November and December of contract year immediately prior to audit year	< 100,000 • Submit all enrollees with effective enrollment dates of 11/1/previous AY – 2/1/current AY ≥ 100,000 • Submit all enrollees with effective enrollment dates of 11/1/previous audit year – 1/1/current audit year

Field Descriptions – Enrollment Effective Date and Effective Disenrollment Date

ENROLLMENT EFFECTIVE DATE	EFFECTIVE DISENROLLMENT DATE	NDC
• Effective Date of enrollment for enrollee (PBP level) • Enter enrollment date relevant to contract and plan ID of enrollee at time of claim • New Enrollee Record Layout - a separate record should be entered each time an enrollee is enrolled and considered a new enrollee	• Effective date of disenrollment for the enrollee (PBP level) • Enter disenrollment date relevant to contract and Plan ID of enrollee at time of claim • Enter NA if enrollee was not disenrolled	• Aligns with the field description within the CDAG protocol • May be populated as blank when a blank field is submitted by pharmacy or delegate • For multi-ingredient compound claims, populate with the NDC as would be submitted on a paid claim's PDE

Field Descriptions – NDC

ENROLLMENT EFFECTIVE DATE	EFFECTIVE DISENROLLMENT DATE	NDC
• Effective Date of enrollment for enrollee (PBP level) • Enter enrollment date relevant to contract and plan ID of enrollee at time of claim • New Enrollee Record Layout - a separate record should be entered each time an enrollee is enrolled and considered a new enrollee	• Effective date of disenrollment for the enrollee (PBP level) • Enter disenrollment date relevant to contract and Plan ID of enrollee at time of claim • Enter NA if enrollee was not disenrolled	• Aligns with the field description within the CDAG protocol • May be populated as blank when a blank field is submitted by pharmacy or delegate • For multi-ingredient compound claims, populate with the NDC as would be submitted on a paid claim's PDE

Field Descriptions – Reject Reason and Pharmacy Message

REJECT REASON CODE	PHARMACY MESSAGE

• Reason code associated with rejected claim
 	
   ○ All reject codes associated with a claim must be included
 	
   ○ If pharmacy message is generated without a reject reason code: enter *NA*
	• Pharmacy message associated with reject reason code
	
	   ○ If reject reason code is generated without a pharmacy message: enter *NA*

Impact Analysis Instructions

Impact Analysis Summary (IAS) Record Layout	Enrollee Impact Analysis (ENR-IA) Record Layout
Tables 1IA	**Table 2IA**

• Noncompliance Synopsis
   ✓ Drugs impacted
   ✓ Remediation efforts
	• Enrollees impacted by noncompliance

- Used for Formulary Administration and Transition

Table 1IA (IAS) and Table 2IA (ENR-IA) Record Layout

- Submit a list of all medications and/or enrollees impacted by the noncompliance
  - Formulary Administration
    - Date of impact analysis request through start date of universe period
  - Transition
    - Date of impact analysis request through January 1st of the current year
    - Late enrollment in previous year (November or December): date new enrollee enrollment date in the previous year

Table 1IA (IAS) Record Layout

- Include all medications impacted by the issue, including those that may not have an associated rejected claim
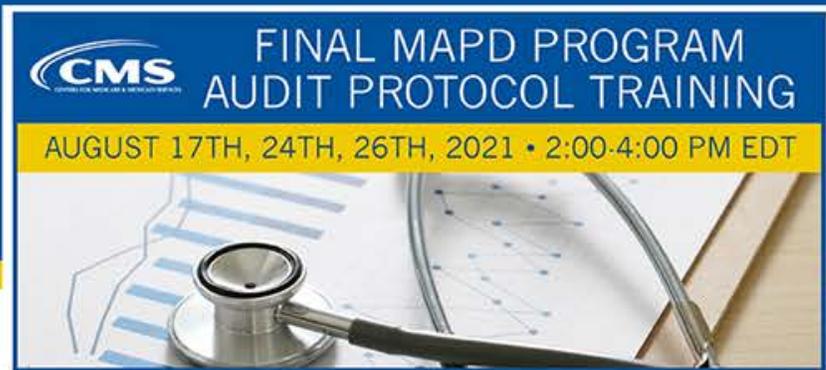
Table 2IA (ENR-IA) Record Layout

- Include the following data for impacted enrollees:
  - Rejected claims affected by the noncompliance
  - Inaccurate records that may not be associated with a rejected claim
  - Include separate entries for each time enrollee experienced an inappropriate rejection at the point of sale as a result of the noncompliance.