(Date)

Re: Audit Confirmation Letter

Dear (Name):

This letter is to confirm that a team from the Centers for Medicare & Medicaid Services (CMS) will conduct a broad based audit of (Company Name) from (Date) – (Date). CMS staff have already discussed arrangements for this audit with (Name) of your staff. The CMS team will audit all of the samples in our office.

The purpose of this audit is to assess (Company Name) compliance with the Medicare Advantage (MA) regulations found at 42 CFR Part 422, Subpart U, SNP regulations found at 42 CFR Part 422, RPPO regulations found at 42 CFR Part 422, Prescription Drug Benefit (Part D) regulations found at 42 CFR Part 423, and other appropriate CMS standards.

The audit team will consist of (Names) and other Regional Office staff members yet to be determined. The following team members will lead subteams:

Enrollment/Disenrollment	(Name)
Claims	(Name)
Part C Grievances & Reconsiderations	(Name)
Part C Preservice Decisions	(Name)
Part C Quality Assurance	(Name)
Part C Credentialing	(Name)
Part D/PDP Grievances, Coverage	(Name)
Determinations, and Appeals	(Name)
Drug Utilization Mgmt, Formulary/Transition	(Name)
Late Enrollment Penalty & COB/Troop	(Name)
All Other Areas	(Name)

Because some of the contracts designated for audit are deemed to meet certain requirements based on your accreditation status, we will not audit those elements that are deemed for the following platforms: (Platform). For the remaining platforms, the universes for deemed elements may exclude those contracts that are deemed.

The CMS audit team will meet with you and your staff at your office at 8:30 am on (Date) for the entrance conference. During the entrance conference, the auditors will discuss the purpose of the audit, review the agenda, and highlight issues relevant to the review. We would appreciate you and/or your staff presenting a detailed overview of your current organization and operation. At the close of the audit, the auditors will hold an exit conference to summarize their preliminary findings and discuss any unresolved issues. We would appreciate having you, the Medicare Compliance Officer, other appropriate management staff, and a member of the Board of Directors, if available, attend both the entrance and exit conferences.

As part of CMS' broad based audit, (Contractor), who has been contracted by CMS, will evaluate (Company Name)'s Chronic Care Improvement Program and Quality Improvement Projects.

(Company Name) is responsible for providing information documenting your CCIP and QIPs to CMS' contractor. CMS has made reporting templates available to MA contractors at the following public website: (Website).

QIP and CCIP information must be reported at the contract level even if CMS is auditing several contracts simultaneously under a single audit. If a CCIP or QI project design is identical across multiple contracts, an MAO undergoing a multiple contract audit may submit one report for each CCIP and QIP and attach an addendum to each report, delineating contract-specific data and any contract-specific modifications to the over-all design and/or interventions. You must submit only materials for projects and programs initiated since (Date) or your last broad based audit (whichever date is later). You may find further instructions within the reporting template.

Along with the information CMS is requesting in the templates, MA contractors may also submit additional supporting materials (such as: patient educational materials, additional analyses and graphs, data collection forms, screening forms, questionnaires, phone survey scripts, etc.) for your QI project reports and CCIP reports. You may contact (Contractor) directly for technical assistance. (Contractor) may contact you for clarification and supporting material.

No later than (Date), you must send one (l) copy of all project reports and CCIP reports to

Electronic documents:	(Email Address)
Hard copy documents:	(Name) (Address)
Technical Assistance:	(Email Address) (Phone Number)

(Contractor) will enter findings in HPMS for these two areas. The findings will be available within 45 days of receipt of your materials. (Contractor) will also provide detailed scoring of the QIP and CCIP to you and to CMS.

Contracts Scheduled for Audit

See Enclosure VI for a list of contracts and the designated platforms that will be included in this audit.

Part C Elements

The CMS audit team will use Version 6.1 of the Medicare Advantage Audit Guide, Version 2.1 of the RPPO Audit Guide, and Version 3.1 of the PFFS Audit Guide, to conduct the Part C audit. You may access the audit guides in HPMS in the auditing modules. SNP elements appear in the MA Guide. The Part C audit will cover the following areas:

- Chapter 2, Enrollment & Disenrollment: EROl, ER02, ER03, ER04, ER05, ER06, ER07, ER08, ERll, ERI2, ERI8, ER501, ER502, ER802, DNOl, DN02, DN03, DN04, DN06, DNll, and DN501.

- Chapter 4, Benefits & Beneficiary Protections: CCO1, CS601, and HAOI
- Chapter 5, Quality Assurance: QY05, QY08, QY09, and QY501
- Chapter 6, Provider Relations: PR03
- Chapter 13, Claims, Organization Determinations, Appeals and Grievances: GVOI, GV03, GV04, GV05, OCOI, OC03, OC04, OC05, OC06, OPOI, OP02, OP04, OP05, OP06, OP08, RCOI, RC02, RC03, RPOI, RP02, RP03, RP05, and RP07

MA-PD Part D Elements

The CMS audit team will use Version 3 of the Medicare Advantage Prescription Drug Plan (MA-PD) Audit Guide to conduct the Part D audit of the "H and R" plans. You may access the audit guides in HPMS in the auditing modules. The MA-PD Part D audit will cover the following areas:

- Chapter 1, Enrollment & DisenroIlment: ER09, ER13, LPOI, LP02, LP03, and LP04
- Chapter 3, Marketing: MR09, MR10, MR13, and MRl5
- Chapter 5, Drug Utilization Mgmt: DM02 and EPO 1
- Chapter 7, Formulary Transition: FMOI, FM04, TP0l, TP02, and TP03
- Chapter 9, COB/TROOP: CBO 1, CB02, and CB03
- Chapter 13, Grievances, Coverage Determinations, and Appeals: CD03, CD05, CD06, CD07, CD08, CD09, CDI0, CD11, CE03, GV01, GV04, GV05, GV07, RE03, RE04, RE05, RE07, RE08, REl0, RE11, RVOI, and RV03
- Chapter 15, Policies & Procedures: PPOI
- Chapter 16, Employer Group Health Plan Premiums: SU802

PDP Part D Elements

The CMS audit team will use Version 3 of the Medicare Prescription Drug Plan (PDP) sponsor Part D Audit Guide to conduct the Part D audit of the "S" plans. You may access the audit guides in HPMS in the auditing modules. The PDP Part D audit will cover the following areas:

- Chapter I, Enrollment & Disenrollment: EROI, EROS, ER06, ER07, ER08, ER09, ERII, ER13, ERI4, ERIS, ER802, DNOI, DN07, DNI2, LPOI, LP02, LP03, and LP04
- Chapter 3, Marketing: MR09, MRIO, MR13, and MRIS
- Chapter 5, Drug Utilization Mgmt: DM02 and EPO I
- Chapter 7, Formulary Transition: FMOI, FM04, TPOI, TP02, and TP03
- Chapter 9, COB/TROOP: CBOI, CB02, and CB03
- Chapter 13, Grievances, Coverage Determinations, and Appeals: CD03, CDOS, CD06, CD07, CD08, CD09, CD10, CDII, CE03, GVOI, GV04, GVOS, GV07, RE03, RE04, REOS, RE07, RE08, REIO, REII, RVOI, and RV03
- Chapter 15, Policies & Procedures: PPO I
- Chapter 16, Employer Group Health Plan Premiums: SU802

The auditors are not confined solely to the elements contained in the Audit Guides. If the auditors find indications that you may not be in compliance with other regulatory requirements, they will investigate the issue further to determine whether your organization is in compliance with Federal regulations and other appropriate CMS standards.

Enclosure I identifies the information and elements that CMS will evaluate during this audit. Column I indicates which documentation (Company Name) should send to CMS prior to the audit. Please note that all policies and procedures and other documentation provided should reflect your operations during the specified audit period, which is (Date) – (Date). Also, the following Part D Chapter I elements are waived for the "H" and "R" plans: EROI, EROS, ER06, ER07, ER08, ERII, ERI4, ERIS, ER802, DNOI, DN07, and DNI2.

Please send us the necessary documentation no later than (Date), and have a copy of the materials available in a room that the auditors can use as an office during the audit. Make all other documentation associated with the audit available onsite as well. **All documentation should be available in the room on the first day of the audit.** The auditors may request additional information while onsite.

Please submit the policies that we request in both electronic and hard copy formats. If policies are lengthy, please highlight relevant portions. We will also need a comprehensive listing of all the policies and procedures that directly affect Medicare managed care operations. Please complete and return Enclosure V for this purpose. Enclosure V will serve as a crosswalk between each element under audit and the documentation, notices, and policies and procedures you are sending to demonstrate compliance.

Enclosure II identifies the staff that CMS may need to talk with during the audit. Since not all of the audit team will be onsite (Date), conference calls should be scheduled with your staff familiar with each area under audit. Interviews involving team members not onsite will be held via these conference calls. You should make tentative arrangements for these discussions, starting (Date), after the entrance conference and reserve a sufficient number of rooms for these discussions. These rooms should be in addition to the room reserved as an office for auditors. Each discussion should take approximately one hour, unless the enclosure indicates otherwise. Please send me a draft agenda at least one week before the review. Enclosure III is a sample agenda format to assist you.

Enclosure IV lists the audit areas that we will sample. This enclosure briefly describes these areas and asks you to generate a listing of the universe for specific samples, as noted. Please note that (Company Name) is responsible for obtaining universes from each of its contracted entities that are delegated to perform functions on its behalf, if applicable. Unlike with Part C, (Company Name) must combine its own Part D universes with any Part D universes it requests and receives from its delegated entities prior to submitting them. Please send these listings to the RO, along with the materials marked with an "X" in Enclosure I, Column 1 no later than (Date). If you are not able to generate the data described in this enclosure, please call me to discuss alternative methods.

Approximately six weeks prior to the review, we will notify you of the specific cases selected for review in our office and the minimum documentation requirements for the sample cases selected. (Company Name) must send all requested documentation associated with the cases selected to the RO no later than (Date).

No later than (Date), please send the following documentation to the address below:

(Name)
(Address)

- One (l) copy of the information requested in Enclosure I, Column 1, and
- One (l) copy of the information requested in Enclosure IV.

Thank you for your cooperation in scheduling this review. If you have any questions, please call me at (Phone Number).

Sincerely,

(Name)