

**Attachment I-C**  
**MEDICARE ADVANTAGE AND PRESCRIPTION DRUG**  
**COMPLIANCE PROGRAM EFFECTIVENESS (CPE)**  
**AUDIT**  
**Organizational Structure and Governance PPT Template**  
(Rev. 2, 10-2016)

Prepared by: [Sponsor's Name]  
[Date]

# **Instructions for Completing the Organizational Structure and Governance PPT Template**

- The Organizational Background and Structure (OBS) PPT provides valuable information regarding your organization's Medicare business, organizational structure, key personnel and compliance program operations for the CMS audit.
- This presentation is a central resource for CMS and will be referenced often during the audit.
- Sponsors are expected to create a customized presentation that includes specific information using this PowerPoint template; however, you are not limited to providing only this information.
- This presentation is an important part of your documentation submission.

# Table of Contents

- Basic Organization Information
- Corporate Governance & Accountability
- Medicare Business Operations & Organizational Charts
- Compliance Program Infrastructure and Processes

# Basic Organization Information

- History (including key milestones)
- Organization's lines of business and active Medicare contract numbers
- Location of Headquarters, operational and satellite offices
- Service Area/ Geographic Footprint
- For-Profit or Not-for-Profit
- Publicly-Traded or Privately-Held
- List all subsidiaries and affiliated corporations of parent company (include contract numbers, if applicable) lines of business
- Total Membership
- Number of MA/PDP covered lives vs. Total covered lives for all business

# Basic Organization Information

- Total number of employees
- Number of staff at each location
- Number and percentage of staff dedicated to Medicare C/D business operations
- Business combinations occurring within the past 12 months, currently in progress, or planned to take place within the next 6 months (e.g. mergers, acquisitions, novations, spinoffs)
- Percentage of business devoted to Medicare, Medicaid, Commercial
- Does your organization serve as a subcontractor or FDR to other sponsoring organization(s)?
- How many first-tier entities are currently delegated to perform Medicare functions on your organization's behalf?
- Identify your PBM and contract effective date(s)
- Do you utilize the same PBM for all Medicare contracts under the parent organization?
- Describe the functions that the PBM performs on your behalf.

# Basic Organization Information

## Revenue by Lines of Business

Product	2015	2016 (MM/DD/YY)	2016 (Annualized)
MA/MA-PD			
PDP			
Commercial			
Other (please specify)			
Total			

# Basic Organization Information

## Medicare Enrollment and Membership Growth

Year	December 31 membership	Membership Growth	% Growth
2015			
2016			
2017			

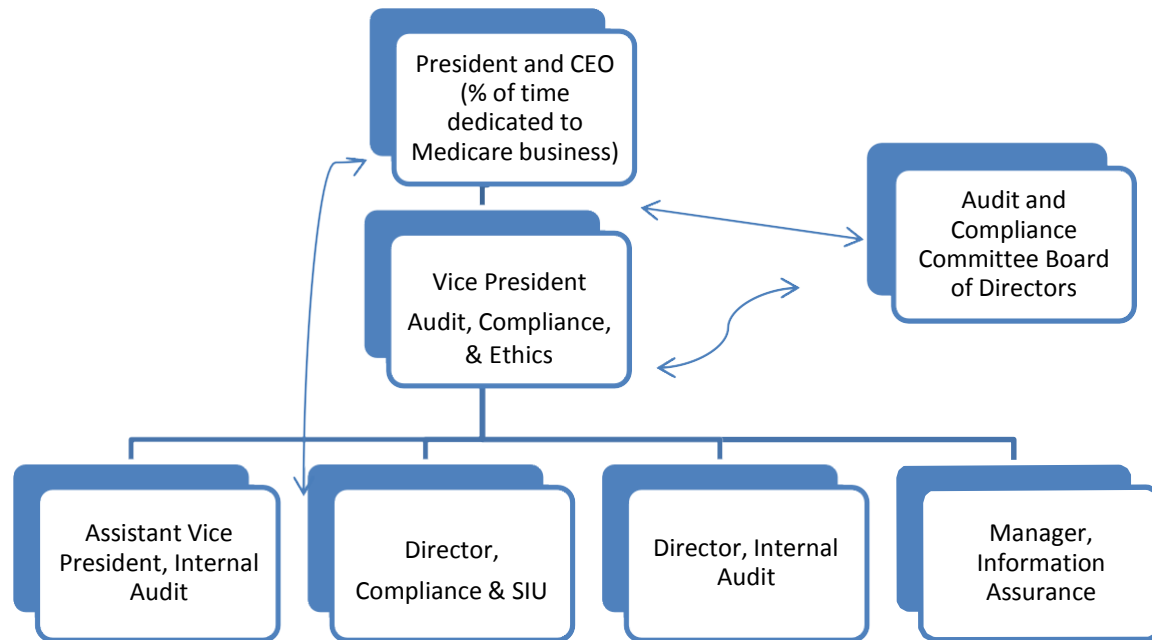
# Corporate Governance and Accountability

- Provide organizational charts depicting corporate structure and where the Medicare line of business fits into the sponsor's overall business.
- Briefly summarize the members and experience of the governing body overseeing the Medicare compliance program. If the organization does business with any governing body members' relatives, please identify the nature of the business relationship. Indicate if any of the governing body members and/or members of senior management are related to each other.
- Identify senior management responsible for the Medicare line of business.
- Provide individual organization charts and flow charts of Medicare Advantage (Part C) and/or Prescription Drug (Part D) business areas and processes (e.g., formulary administration, organization & coverage determinations, and appeals, grievances, claims, quality of care, special needs plans-model of care, enrollment, agent/broker oversight, compliance program, FDR oversight, etc.).



# Corporate Governance and Accountability

- Demonstrate your corporate governance structure, including governing body and accountable senior management responsible for Medicare Parts C/D business operations and compliance. – See example below.



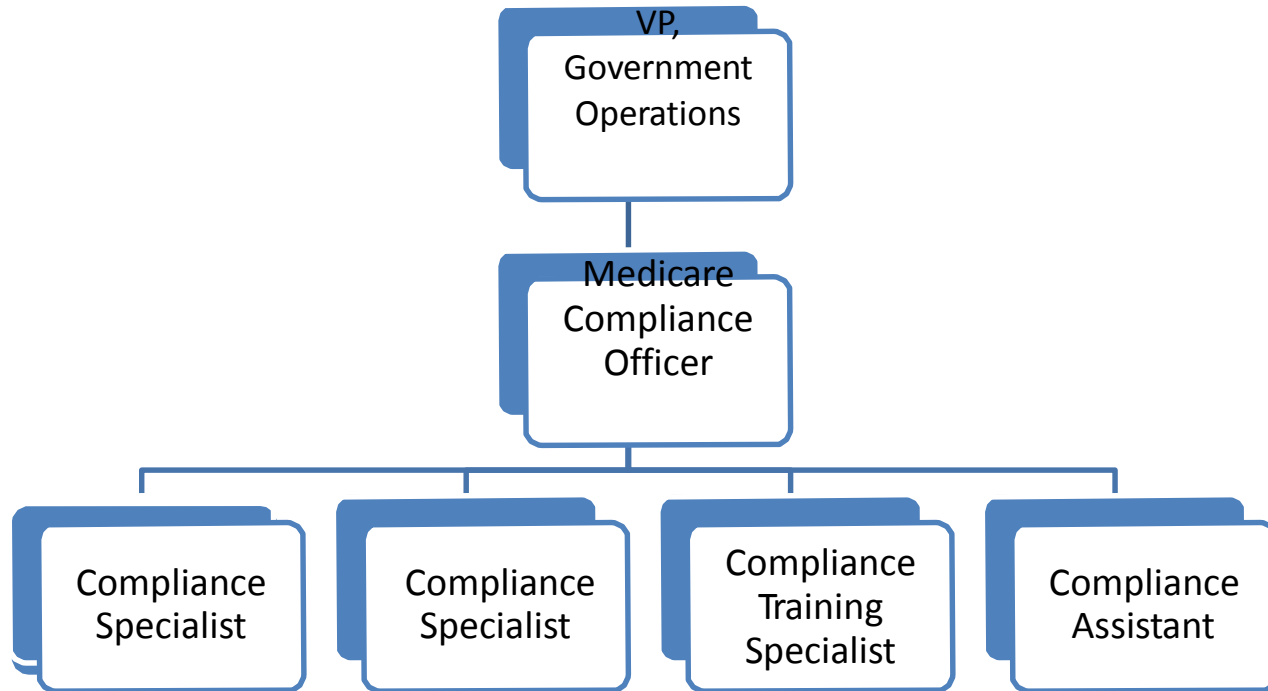
# Corporate Governance and Accountability

- Percentage of time senior executives dedicate to Medicare vs. other lines of business (list) – see example below.

<b>Name</b>	<b>Position</b>	<b>% Time Medicare</b>
John Doe	CEO	35%
Jane Doe	Compliance Officer	60%

# Medicare Business Operations & Organizational Charts

- Demonstrate your Compliance Program/Department and core Medicare Parts C and/or D business organizational structure, including senior management to whom Compliance Officer reports (include names of individuals and titles). – See example below.



# **Compliance Program Infrastructure and Processes Overview**

This section of the presentation provides an overview of the organization's standardized processes, tools and controls used to conduct the day-to-day oversight of compliance and FWA issues that may impact Medicare business operations. This information is critical for the tracer evaluation portion of the CPE audit.

# Compliance Program Infrastructure & Processes

- Describe any major changes to the compliance program infrastructure and business operations since the last CMS audit.
- Describe your relationship and communication with CMS (e.g. quarterly meetings with CMS Account Management, remediation with issues brought to sponsor's attention by CMS, etc.)
- Describe how and when the Standards of Conduct and policies and procedures are distributed to employees.
- What is the sponsor's definition of the term "employee"?
- If there is a compliance committee and/or Board-level committee that conducts day-to-day oversight of compliance issues on behalf of the full governing body, please indicate, and identify members by name.

# Compliance Program Infrastructure & Processes

- Explain how and when the sponsor provides compliance and FWA training for its employees.
- Discuss the sponsor's methods of educating employees and publicizing reporting channels (e.g. hotlines, intranet sites, posters, etc.)
- Describe how CMS Medicare regulations, requirements and interpretive guidance (e.g. annual call letter or HPMS guidance memoranda) are disseminated to the appropriate Medicare functions for implementation and quality control measures to confirm appropriate and timely implementation.
- Describe the methods used for tracking compliance issues through resolution and remediation (e.g. centralized tracking database, logs, etc.)

# Compliance Program Infrastructure & Processes

- Explain the criteria or provide a workflow for escalating compliance reports and issues from the Compliance Department to senior-level management, CEO and Board or board committee.
- Explain how the sponsor performs its risk assessment, consider risk factors and assigns risk scores.
- Describe the sponsor's system for assessing organizational performance against compliance requirements and standards (e.g. CMS regulations, laws, contract requirements, internal policies and procedures, etc).
- Describe how and when the sponsor creates and implements its auditing and monitoring work plans for the Medicare business operations.
- Describe the process for sharing the results of internal monitoring and auditing activities with parties within the organization.

# Compliance Program Infrastructure & Processes

- Explain how the sponsor tracks, measures and documents the effectiveness of their compliance program.
- Describe the sponsor's process for developing and managing corrective action plans and remediation efforts designed to correct noncompliance, ensure the root cause has been addressed and prevent recurrence.
- Describe how and when the sponsor checks its employees, board members and first-tier entities against the OIG and GSA exclusions databases.
- Describe the systems, data analysis and practices for monitoring and addressing Medicare healthcare and drug FWA.
- Describe the approach and mechanisms used to monitor FDRs performance against contractual and regulatory requirements.