

# Independent Validation Audit Work Plan

## Sponsoring Organization Information

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**Name of Sponsoring Organization**

Enter Sponsoring organization name

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**Contract Numbers**

Enter contract number/s

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**Total Enrollment**

Enter total enrollment number for all corresponding contracts listed above

## Independent Auditor Information

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**Independent Auditor**

Enter IA name

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**Summary of Previous Work for Sponsoring Organization**

Enter summary of previous work performed for the Sponsoring organization's Medicare line of business. Enter NA if not applicable.

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**Validation Audit Team**

*List of all auditors (i.e., at least two per program area) with sufficient subject matter expertise, including those with clinical expertise as necessary:*

- *FA and/or CDAG clinical auditor (e.g., pharmacist) with expertise in the formulary administration, transition, and processing of coverage request requirements.*
- *CDAG, ODAG, and/or MMP-SARAG clinical auditor (e.g., physician) with expertise in processing of coverage requests requirements.*
- *MMP-SARAG clinical auditor (e.g., social worker) with expertise in evaluating the level of care and social supports necessary for the provision of long-term services and supports for the dual-eligible population.*

- *SNP-CCQIPE and/or MMP-CCQIPE clinical auditor (e.g., nurse) with expertise in care coordination and quality improvement program effectiveness requirements, including model of care processes, health risk assessments, interdisciplinary care teams, care coordination, and care planning.*

**Checked box indicates individual resumes are attached to work plan.**

Name	Program Area/s	Auditor Type
Enter name. Example: John Doe, RPh	Enter program area/s. Auditors with appropriate expertise may be assigned to more than one program area. Example: FA and CDAG	Enter auditor type (e.g., Physician, Nurse, Pharmacist, or Non-clinician). Example: Pharmacist

## Validation Audit

### Scope

*List of all conditions of noncompliance (or remaining conditions for revalidation) found during the initial program audit, universe record layouts, and scope of universe requests.*

Condition Number	Universe Record Layout	Scope of Universe Request Start Date	Scope of Universe Request End Date
Enter condition number (as listed in final report).	Enter universe record layout. Example: Table 1: Rejected Claims Formulary Administration (RCFA)	Select scope of universe request start date. In general, this “clean period” must align with the projected completion date provided in the accepted CAP.	Select scope of universe request end date. In general, the duration must be maintained (i.e., based on Sponsoring organization’s enrollment) consistent with the initial audit of the specific program area. For CPE and

			SNP-CCQIPE, the scope may vary based on the audit approach to testing the condition.
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## Methodology

*Description of evaluation approach focused on compliance outcomes to determine remediation of each condition.*

Program Area: Enter program area. Example: Part D Formulary and Benefit Administration (FA)

Element: Enter program area element. Example: Formulary Administration

Condition: Enter condition number and condition (as stated in final report).

Cause: Enter cause (as stated in final report).

Method of Evaluation:

Enter description of validation approach, which must address the original root cause found and consider all impact analyses submitted during the program audit, including but not limited to:

- Universe integrity testing with a minimum of five sample cases to ensure the accuracy and completeness of universe/s, as applicable.
- Number of samples to be selected for review from specific universe record layout/s, which must be appropriate to test the noncompliance. For timeliness and IRE auto-forward conditions, evaluation must be conducted at the universe level. For all other conditions, a minimum of 10 cases must be targeted for selection.
- Sampling criteria to target and identify applicable cases in the universe/s. Specify all parameters and preparatory steps taken prior to sample selection (e.g., call types, drug types, number of days supply, formulary comparison to identify negative cross-year changes and use of prior year PDE data for continuing enrollee transition issues, all possible rejections associated with the issue not limited to those in the impact analyses).
- Alternative evaluation approach if 10-sample minimum is not achieved to assess remediation of a condition (e.g., expanded scope of universe request, use of test claims, CAP review, policies and procedures review). (Note: For FA, use of test claims must always be considered as an alternative approach.)
- Process for requesting and evaluating impact analyses if noncompliance is identified to understand the root cause and extent of the issue.

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**Timeline**

*Schedule of validation audit activities and other key milestones.*

<b>Activity</b>	<b>Start Date</b>	<b>End Date</b>
Enter activity, including necessary details. Examples: Kick-off	Select activity start date.	Select activity end date. If milestone, use start date.
Work Plan – allow two to three weeks for CMS review and approval of final work plan	Select activity start date.	Select activity end date. If milestone, use start date.
Data Request	Select activity start date.	Select activity end date. If milestone, use start date.
Universe Submission	Select activity start date.	Select activity end date. If milestone, use start date.
Universe Integrity Testing	Select activity start date.	Select activity end date. If milestone, use start date.
Sample Selection	Select activity start date.	Select activity end date. If milestone, use start date.
Validation Audit/Fieldwork	Select activity start date.	Select activity end date. If milestone, use start date.
Report Submission	Select activity start date.	Select activity end date. If milestone, use start date.

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**Audit Report Template**

*At a minimum, the report template includes:*

- *Independent auditing firm’s identifying information;*

- *Objective, scope, and methodology of the validation audit;*
- *Summary of results (i.e., outcome of transactions or sample cases tested for each condition), less any opinion about any individual audit condition's classification or correction;*
- *Description of criteria, cause, and effect of any noncompliance, as well as new issues of noncompliance (i.e., new conditions not previously cited in the initial audit report) found during the validation audit, including references to failed case samples, impact analyses, universe record layouts, and other information that support the noncompliance.*

**Checked box indicates report template is attached to work plan.**

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0938-1395 (Expires 05/31/2024). This is a mandatory information collection. The time required to complete this information collection is estimated to average 701 hours per response, including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collection. If you have comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to: CMS, 7500 Security Boulevard, Attn: PRA Reports Clearance Officer, Mail Stop C4-26-05, Baltimore, Maryland 21244-1850. \*\*\*\*CMS Disclosure\*\*\*\* Please do not send applications, claims, payments, medical records or any documents containing sensitive information to the PRA Reports Clearance Office. Please note that any correspondence not pertaining to the information collection burden approved under the associated OMB control number listed on this form will not be reviewed, forwarded, or retained. If you have questions or concerns regarding where to submit your documents, please contact [part\\_c\\_part\\_d\\_audit@cms.hhs.gov](mailto:part_c_part_d_audit@cms.hhs.gov).