

**Program Audit Data Request
Compliance Program Effectiveness (CPE)
Customized Organizational Structure and Governance PowerPoint Presentation**

Organizational Structure and Governance Presentation

**Prepared by: [Sponsoring
organization's Name]
[Date]**

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**Instructions for Completing the Organizational Structure and Governance PowerPoint
Template**

- The Organizational Structure and Governance presentation is **optional** and may be used to provide information regarding your organization's Medicare business, organizational structure, key personnel and compliance program operations for the CMS program audit.
- Organizations may add any information that they believe would be valuable for CMS to know during the program audit process.

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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 versus Total covered lives for all business
- 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, and Commercial
- Does your organization serve as a FDR or serve in any other capacity 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(s) 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(s) perform on your behalf.

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Medicare Enrollment and Membership Growth

Year	Membership as of December 31 st	Membership Growth	Percent Growth
Current Year -3			
Current Year -2			
Current Year -1			
Current Year			

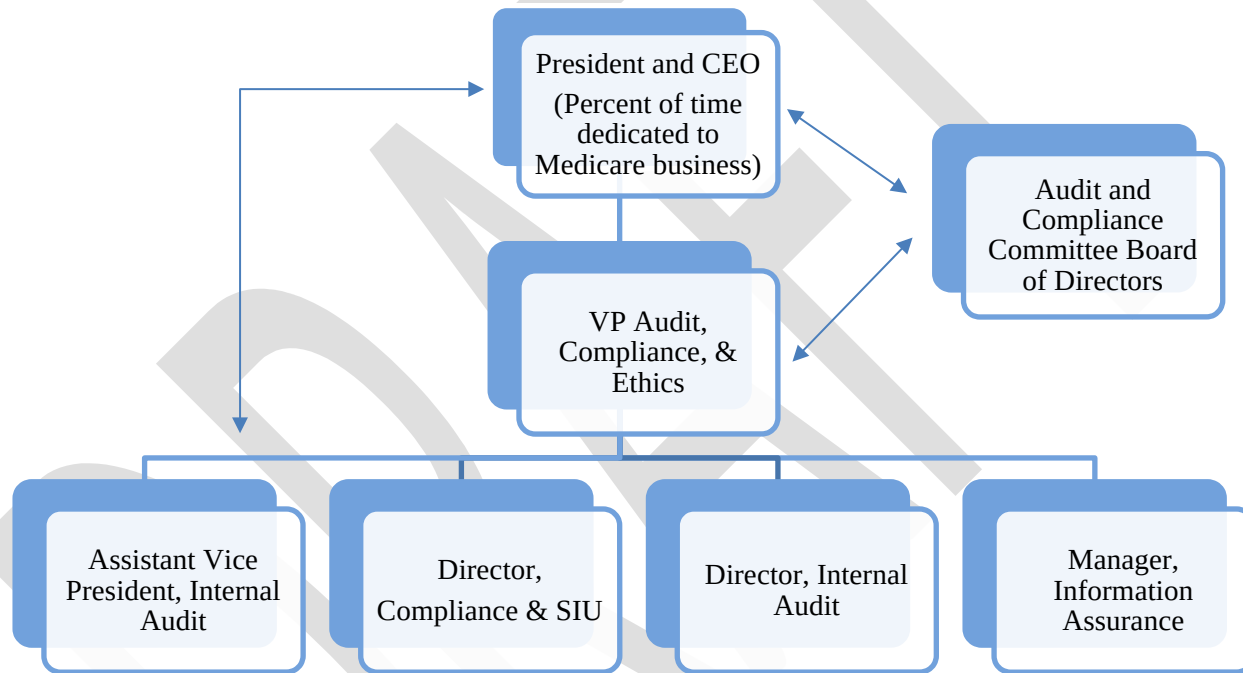
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Corporate Governance and Accountability

INSTRUCTIONS:

- Provide organizational charts depicting corporate structure and where the Medicare line of business fits into the Sponsoring organization'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- care coordination, compliance program, FDR oversight, utilization management oversight, etc.).
- Demonstrate your corporate governance structure, including governing body and accountable senior management responsible for Medicare Parts C/D business operations and compliance. See example on the following page.

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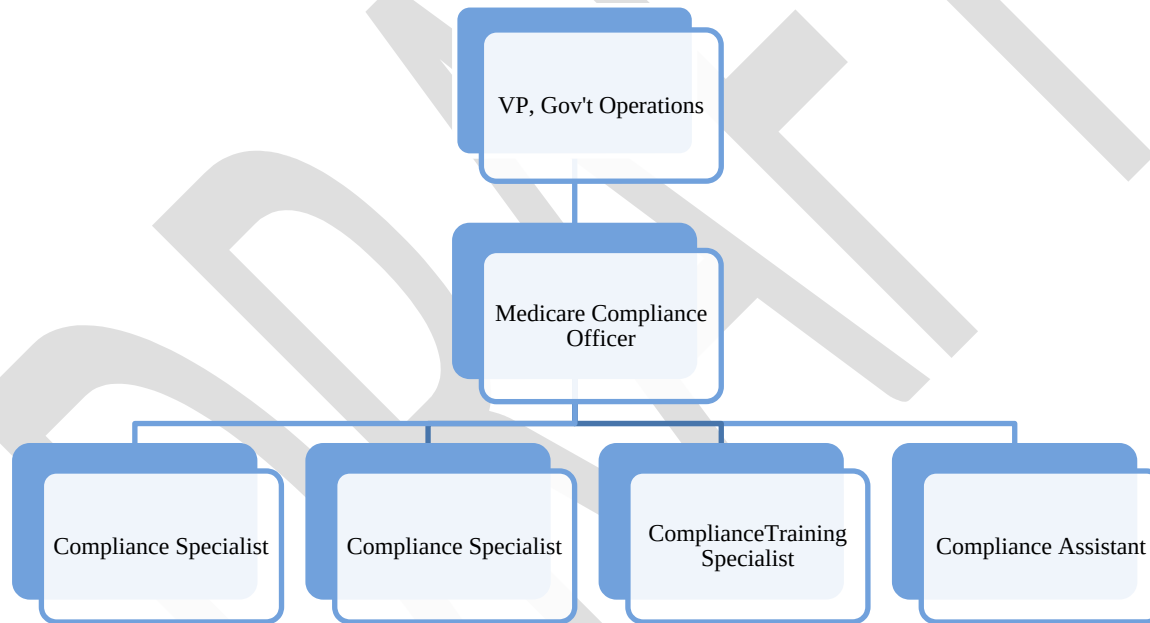
Percentage of time senior executives dedicate to Medicare vs. other lines of business

Name	Position	Percent time spent on Medicare	Percent time spent on all other business
Senior Leader 1	CEO	35	65
Senior Leader 2	Compliance Officer	60	40

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Medicare Business Operations & Organizational Chart

INSTRUCTIONS:

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



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Compliance Program Infrastructure and Processes Overview

INSTRUCTIONS: Provide an overview of the Sponsoring organization’s standardized processes, tools and controls used to conduct the day-to-day oversight of compliance issues that may impact Medicare Parts C and D business operations.

- Describe any major changes to the compliance program infrastructure and business operations since the last CMS program audit (if applicable).
- Describe your relationship and communication with CMS (e.g. quarterly meetings with CMS Account Management, remediation with issues brought to the Sponsoring organization’s attention by CMS, etc.)
- What is the Sponsoring organization’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.

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 MM/DD/2028). This is a mandatory information collection. The time required to complete this information collection is estimated to average 390 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.