



Mock Audit Preparation

- » Are you concerned about a potential CMS audit?
- » Do you know if your provider data quality meet regulatory requirements?
- » Worried about meeting C-DAG and O-DAG guidelines?

All you really need is a partner to help ensure that your provider data is aligned with CMS requirements. Don't worry about your CMS audit ... Be ready for it.

Overview

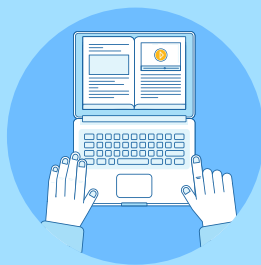
Healthplans hardly look forward to an audit by Centers of Medicare & Medicaid Services (CMS). Compliance leaders worry about the impact of poor accuracy and timeliness of their data. You believe you've done everything right, but internal audits discover findings that require attention. Knowing the state of your data, and adjusting practices proactively, can help you be better prepared in advance of a regulatory audit.

That's why it is important to partner with someone you can trust to apply a skilled eye to the validation exercise and ongoing regimen. Atlas Systems and PRIME can assist you with compliance operations by leveraging PRIME technology to help you better prepare for your CMS audit.

We have extensive experience in conducting mock CMS audits and support projects. We work closely with health plans to understand how to navigate the nuances of the audit process, and identify weaknesses and potential compliance violations.

Our process

Our CMS Audit Survey Process is extensive and detailed, ensuring that no requirement is left untouched.



Select a specific range of providers and locations from your Provider Directory portal using Specialty and Zip codes.



Each provider location is called by a call center agent.



Validate the accuracy of your provider and location data

Sample questions

PRIME experts typically ask the following CMS survey guideline questions:

1. Does the provider see patients at this location?
2. Does the provider accept the MA-PD plan at this location?
3. Does the provider accept (or noy accept) new patients who have this MA-PD plan?
4. (The provider directory is considered accurate if it correctly indicates if the provider is or is not accepting new patients)
5. Is the provider a (PCP, Cardiologist, Oncologist or Opthamologist)?
6. Is the address correct?
7. Is the telephone number correct? (Usually confirmed by dialing the phone number)
8. Is the provider's name correct?
9. Is the practice name correct?



Scoring

We use a scoring methodology for deficiency weighting to determine the outcome of audit survey questions as follows:

- If the response for any survey question is different than what is presently represented in Provider Directory, the deficiency will be noted and scored accordingly. See sample scoring table.
- The final audit survey report will outline the percentage of total deficient locations as well as the providers with at least one deficient location.

Our team of compliance experts will ensure all standards are met and your healthcare organization is prepared for the next CMS audit, and reduce the worry associated with the audit preparation.

Sample scoring sheet

Final deficiency	Deficiency weight
Provider is not listed at any of the directory-indicated locations.	3
Provider is not listed in the directory at this location.	3
Provider is not listed in the directory as treating patients for this speciality.	3
Phone number needs to be updated.	3
Provider is not accepting new patients.	3
Address needs to be updated.	2
Address (suite number) needs to be updated.	1
Provider is accepting new patients.	1
Speciality needs to be updated.	1

Testimonials

We decided to partner with Atlas Systems. Atlas, through their PRIME software, delivered the results we were looking for. The PRIME software allows providers to update their demographic data easily through on-line, call center and facsimile methods. Our accuracy rates improved significantly.

Vice President - Operations

Large Health Insurance & Wellness Company

PRIME enabled our business operations to significantly improve provider data quality at a reduced total cost of ownership when compared to alternative solutions. Atlas's solution integrated seamlessly with our PDMS.

CIO

East Coast Health Plan

We have used PRIME to validate our provider data and the accuracy level has moved up to 98%, which is unheard of. The biggest differentiator in PRIME is their primary data verification model, which means they reach out to every single provider.

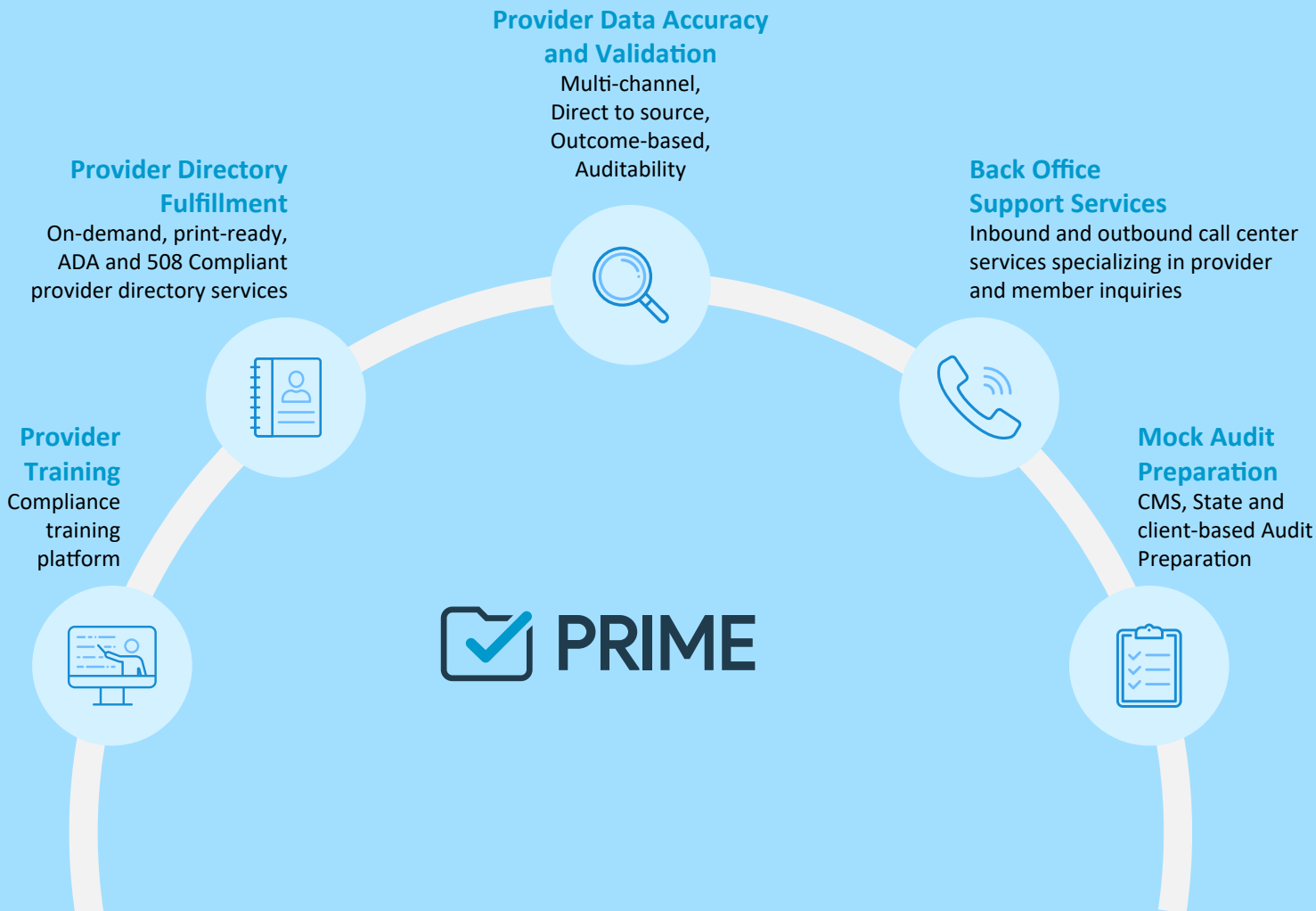
Provider Data Quality Leader

Large US Health Plan

Top Health Plans trust PRIME



Other PRIME solutions



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