When Medicare Comes Calling

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Goals of GUIDE

Performance-Based Adjustments

Already happened for Established Sites

Site Reported Performance-Based Adjustment Measures

Measure Title	Domain	Data Source	Type of Reporting by Participant
Use of High-Risk Medications in Older Adults (HRRx)[18]	Care coordination and management	GUIDE Participant reported (chart abstraction)	Participant will complete Excel workbook for GUIDE-aligned patients, downloaded via the eDFR and provided to CMS via the HDR application. Workbook is due once annually (by end of August).[19]
Quality of Life Outcome for Patients with Neurological Conditions (QoL)[20]	Patient quality of life	GUIDE Participant reported (PROMIS-10)	Participant will enter results for each GUIDE-aligned patient or caregiver via the HDR application upon submission of PAAF. PAAF submitted on an ongoing basis, with final data due by end of August to be included in measure calculation.
Caregiver Burden (CB)[21]	Caregiver support	GUIDE Participant reported (ZBI-22)	

Medicare Performance-Based Adjustment Measures

Measure Title	Domain	Data Source	Type of Reporting by Participant
Total Per-Capita Cost (TPCC)	Utilization	Claims	No participant reporting required, as CMS will calculate using administrative data.
Admissions to Long-Term Nursing Home Stay (LTNH)	Utilization	Claims; Minimum Data Set (MDS) 3.0[22]	

Payment Adjustments

Calendar Year	2024	2025	2026	2027	2028	2029	2030	2031	2032
Established Program Track	PY 1 7/2024–6/2025	PY 2 7/2025–6/2026	PY 3 7/2026–6/2027	PY 4 7/2027–6/2028	PY 5 7/2028–6/2029	PY 6 7/2029–6/2030	PY 7 7/2030–6/2031	PY 8 7/2031–6/2032	
			PBA 1 1/2026–12/2026	PBA 2 1/2027–12/2027	PBA 3 1/2028–12/2028	PBA 4 1/2029–12/2029	PBA 5 1/2030–12/2030	PBA 6 1/2031– 12/2031	PBA 7 1/2032–06/2032
New Program Track	Pre-Implementation Year	PY 1 7/2025–6/2026	PY 2 7/2026–6/2027	PY 3 7/2027–6/2028	PY 4 7/2028–6/2029	PY 5 7/2029–6/2030	PY 6 7/2030–6/2031	PY 7 7/2031–6/2032	
				PBA 1 1/2027–12/2027	PBA 2 1/2028–12/2028	PBA 3 1/2029–12/2029	PBA 4 1/2030–12/2030	PBA 5 1/2031–12/2031	PBA 6 1/2032–06/2032

PBA = performance-based adjustment; PY = performance year

GUIDE Audits

Why Does Medicare Conduct Audits?

Broadly…

- Billing Accuracy
- Medical Necessity
- Regulatory Compliance

Specifically…

- Model integrity
- Compliance and validation

GUIDE Compliance Model Checklist

- Partner Arrangements
- Practitioner Arrangements
- Comprehensive Assessments
- Assessment Checklist

GUIDE Compliance Model Checklist

- Care Plans
- 24/7 Access
- Ongoing Monitoring and Support
- Care Coordination and Transitional Care Management
- Referral and Coordination of Supportive Services

GUIDE Compliance Model Checklist

- Medication Management and Reconciliation
- Caregiver Education and Support
- Respite Services
  - Direct Care Workers
- Care Navigator Training
  - All Training Records and Assessments
- Quality measures
  - Reports

Red Flags for CMMI

Compliance Pitfalls

Missing Documentation

- Timeline Outliers
- Patient Safety

Remediation

- Mistakes

Corrective Action Plan

- Develop and Implement prior to CMS Mandate

What May Happen

- Notification of All Interested Parties
- Site Provide Additional Information as Requested
- Site Visits, Interviews
- Withhold Payment Until Site Demonstrates Compliance
- Appeal Process is Available

Take Some Deep Breaths…

If You Stay Ready, You Don't Have to Get Ready

Review Requirements

- Participation Agreement
- Checklists

Keep Documentation Audit Ready

- Internal Auditing

Organize Records

- Know Where Things Are

Beneficiary Compliance

Notification of Alignment

Home Safety Assessment

Respite Eligible Referrals

Care Plan

Annual Assessment/Re-Assessment

Comprehensive Assessment

Review	Review a sample group
Utilize	Utilize checklists
Review	Review selected samples BEFORE submitting to CMS

Questions

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