PPi Care Compass — Compliance Risk Brief

Specifically-built documentation, audit trails, and claims integrity for PACE and MLTSS programs

PACE and MLTSS plans face escalating CMS and state enforcement scrutiny. False Claims Act (FCA) settlements, enrollment sanctions, and plan terminations are at record levels. The documentation gaps that drive these actions are preventable.

Representative Client Examples

Large NY MLTC / PACE Plan

Issue: FCA settlements totaling **$50M+** related to billing irregularities and care management documentation deficiencies.

PPi's Role:

Implemented Care Compass to standardize care plan documentation, automate audit trails, and eliminate the manual billing processes that contributed to compliance exposure.

Large NY MLTC Plan

Issue: $10M+ FCA settlement related to billing documentation gaps and claims integrity failures.

PPi's Role:

Deployed Care Compass claims module to strengthen documentation integrity with automated audit trails and encounter reporting to ensure the Company remains in compliance with federal and state Medicaid requirements.

PACE Plan

Issue: CMS compliance risk due to legacy system non-compliance; CMS timeline required resolution within 2.5 months to maintain operational license.

PPi's Role:

Rapidly deployed Care Compass within the 2.5-month window, implementing required functionality to achieve CMS compliance.

How Care Compass Reduces Compliance Risk

Automated Audit Trails	Every care plan action, authorization decision, and billing transaction is timestamped and user-attributed creating the complete documentation record that eliminates FCA exposure from missing or incomplete entries.
Claims Integrity Controls	Built-in adjudication rules flag billing anomalies before submission, reducing erroneous claims at the source rather than resolving them through costly post-payment audits.
IDT Documentation Standards	Structured IDT workflows enforce consistent, discipline-specific documentation across all care team members, reducing the variability in records that triggers state surveyors and CMS auditors.
Real-Time Compliance Dashboards	Plan administrators monitor member-level and program-level compliance metrics in real time, not 60 days later in a state report, enabling proactive remediation before issues escalate.

Transaction-Level Reporting	Every system event creates a reportable transaction, functioning as a GL subledger for plan accounting systems and providing a complete, audit-ready financial and clinical record at all times.

What Our Clients Say

> *"Care Compass has everything we need on a daily basis for all disciplines. If I need to go back and check a piece of information, I can do that pretty quickly. It's a really user-friendly platform, which makes things easier and more straightforward."*
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> **— OT Case Manager, PACE Program**

Care Compass automates audit-ready documentation, enabling all clients to maintain continuous compliance with CMS reporting requirements post-implementation.

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