CMS
CENTERS for MEDICARE & MEDICAID SERVICES

<u>CENTER FOR BENEFICIARY CHOICES</u>

Corrective Action Information
Qualifying Conditions

- The corrective action files posted at
  http://www.cms.hhs.gov/MCRAdvPartDEnrolData/ contain corrective action
  information that pertain to Medicare Advantage (MA) and Prescription Drug Plan
  (PDP) organizations operating under contract to CMS to provide Medicare
  services and prescription drugs to Medicare beneficiaries.
- In order to ensure compliance with Medicare program requirements, CMS
  oversees the operations of these organizations through day-to-day monitoring and
  periodic performance audits.
- When CMS determines that an organization does not comply with Medicare
  program requirements, the organization is directed to take all actions necessary to
  comply with Medicare program requirements. This often times takes the form of a
  "corrective action requirement (CAR)" directive (letter) from CMS.
- The CARs listed on this file result from program audits and "ad-hoc" compliance
  interventions. Ad-hoc compliance interventions occur when CMS identifies non-
  compliance outside the audit environment.
- CMS utilizes a risk assessment methodology to determine which organizations it
  audits. As a result, CMS does not audit each MAPD and PDP organization
  annually.
- Reasons why an MA or PDP organization does not appear in these files include:
  no CMS audits conducted in the time period displayed (January 2006 to the date
  of the file), no open deficiencies from scheduled audits or ad-hoc compliance
  issues.
- The audit guides are available for reference to the specific requirements covered
  in audits.

  The Part C (MA) audit guide can be found at:
  http://www.cms.hhs.gov/HealthPlansGenInfo/28_MAGuide.asp#TopOfPage

  The Part D (PDP) audit guide can be found at:
  http://www.cms.hhs.gov/PrescriptionDrugCovContra/08_RxContracting_Reporti
  ngOversight.asp#TopOf

- Please refer to the CAP report "read-me" document for the technical data
  specifications.