CMS Part D Audit Report

Auditing Results (Public Website Version)

Date Report Generated: 9/30/2008

Contract Number: All, Chapter: All, Element: All, Finding: Not Met, Auditor: All

Findings: Not Met
Audit ID: 2281
Contract Number: H5995
Part D Sponsor Name: MARION POLK COMMUNITY HEALTH PLAN ADVANTAGE, INC.

Audit Guide Version: MA-PD Sponsor Part D Audit Guide Version 1
Auditing Element: PC02
Audit Type: Routine
Audit Location: Desk Review
Date Report Issued: 1/8/2008
Date Report Due: 2/22/2008
Element Accepted Date: 3/17/2008
Element Release Date: 4/3/2008
Element Projected Completion Date: 3/1/2008

3 Year Reporting Cycle: 1/1/2006 - 12/31/2008
Estimated Visit Start Date: 11/5/2007
Estimated Visit Start Date: 11/9/2007
Actual Visit Start Date: 11/5/2007
Actual Visit End Date: 11/9/2007
Part D Sponsor Response Received Date: 2/22/2008
Part D Sponsor Response Due Date: 2/22/2008
CAP Release Date: 6/26/2008
CAP Accepted Date: 4/23/2008

Requirement:

Provision of Notice Regarding Formulary Changes - The Part D sponsor must provide at least 60 days notice to all authorized prescribers, network pharmacies, and pharmacists prior to removing a covered Part D drug from its formulary or making any changes to the preferred or tiered cost-sharing status of a covered Part D drug. If the change involves immediate removal of a Part D drug deemed unsafe by the Food and Drug Administration (FDA) or removed from the market by the manufacturer, the Part D sponsor must provide retrospective notice to all authorized prescribers, network pharmacies, and pharmacists.

Reference:

42 CFR § 423.120(b)(5)(i); § 423.120(b)(5)(iii); § 423.578(d); Medicare Marketing Guidelines for MAs, MA-PDs, PDPs, and 1876 Cost Plans

Deficiencies:

Marion Polk does not meet this requirement because CMS reviewed Marion Polk's policies and procedures regarding notifying authorized prescribers, network pharmacies, and pharmacists of negative formulary changes and found that they do not include: - A provision to provide retrospective notice of formulary change to authorized prescribers, network pharmacies, and pharmacists if a covered Part D drug is immediately removed from the formulary because it is deemed unsafe by the FDA or removed from the market by the manufacturer, and - A provision to notify authorized prescribers, network pharmacies, and pharmacists of negative formulary changes at least 60 days prior to the date the change becomes effective.

Corrective Action Required:

Marion Polk must revise its policies and procedures to include a provision to provide retrospective notice of formulary change to authorized prescribers, network pharmacies, and pharmacists if a covered Part D drug is immediately removed from the formulary because it is deemed unsafe by the FDA or removed from the market by the manufacturer. Marion Polk must conduct training of its staff on these policies and procedures and submit documentation to CMS that details the nature of this training, including: the materials used in the training, the individuals conducting the training, and the individuals being trained. No corrective action is required on Marion Polk's policies and procedures that lack provisions for notifying authorized prescribers, network pharmacies, and pharmacists of negative formulary changes at least 60 days prior to the date the change becomes effective as well as a description of the methods used to provide notification of formulary changes. CMS reviewed the file "MPCHP Advantage Part D Formulary Upload Requirements." Because it was approved outside the audit period, CMS did not review it to determine compliance with this element. However, CMS did determine that "MPCHP Advantage Part D Formulary Upload Requirements" contains provisions that demonstrate Marion Polk has corrected the aforementioned deficiency in its policies and procedures that CMS is citing for this element.

CMS Part D Audit Report
Auditing Results (Public Website Version)

Date Report Generated: 9/30/2008

Contract Number: All, Chapter: All, Element: All, Finding: Not Met, Auditor: All

Findings: Not Met
Audit ID: 2281
Contract Number: H5995
Part D Sponsor Name: MARION POLK COMMUNITY HEALTH PLAN ADVANTAGE, INC.

Audit Guide Version: MA-PD Sponsor Part D Audit Guide Version 1
Auditing Element: MR09
Audit Type: Routine
Audit Location: Desk Review
Date Report Issued: 1/8/2008
Date Report Due: 2/22/2008
Element Accepted Date: 3/18/2008
Element Release Date: 4/3/2008
Element Projected Completion Date: 3/1/2008

3 Year Reporting Cycle: 1/1/2006 - 12/31/2008
Estimated Visit Start Date: 11/5/2007
Estimated Visit Start Date: 11/9/2007
Actual Visit Start Date: 11/5/2007
Actual Visit End Date: 11/9/2007
Part D Sponsor Response Received Date: 2/22/2008
Part D Sponsor Response Due Date: 2/22/2008
CAP Release Date: 6/26/2008
CAP Accepted Date: 4/23/2008

Requirement:

Provision of Notices Regarding Formulary Changes - Prior to removing a covered Part D drug from its formulary or making any changes to the preferred or tiered cost-sharing status of a covered Part D drug, the Part D sponsor must provide a written notice to affected enrollees at least 60 days prior to the date the change becomes effective, or provide such enrollee with a 60 day supply of the Part D drug under the same terms as previously allowed, and written notice of the formulary change at the time an affected enrollee requests a refill of the Part D drug. If the change involves immediate removal of a Part D drug deemed unsafe by the Food and Drug Administration (FDA) or removed from the market by the manufacturer, the Part D sponsor must provide retrospective notice to the affected enrollees.

Reference:

42 CFR § 423.120(b)(5)(i-iii); § 423.120(b)(7); § 423.578(d); Medicare Marketing Guidelines for MAs, MA-PDs, PDPs, and 1876 Cost Plans

Deficiencies:

Marion Polk does not meet this requirement because CMS reviewed Marion Polk's policies and procedures regarding beneficiary notification of formulary changes and found that they do not include the following: - A provision for ensuring that affected enrollees are provided with a 60 day supply of the Part D drug under the same terms as previously allowed at the time a refill is requested along with written notice of the formulary change if the enrollees do not receive prior notice of a formulary change, and - A provision to provide retrospective written notice to affected enrollees if a covered Part D drug is immediately removed from the formulary because it is deemed unsafe by the FDA or removed from the market by the manufacturer. CMS reviewed a sample of 10 formulary change notices from a universe of 16 and found that 10 cases are non-compliant. Nine cases were non-compliant because Marion Polk did not demonstrate that written notices describe alternative drugs in the same therapeutic category, class or cost-sharing tier as the affected drug, and the expected cost-sharing for those drugs. One case was non-compliant because Marion Polk did not demonstrate that when it did not provide the affected beneficiary with a 60-day notice of the formulary change prior to the change becoming effective, it authorized a 60-day supply of the Part D drug under the same terms as previously allowed at the time a refill was requested. CMS reviewed Marion Polk's documentation regarding its provision of retrospective notice to affected enrollees if a covered Part D drug is removed from the formulary because it is deemed unsafe by the Food and Drug Administration or removed from the market by the manufacturer, and found that Marion Polk did not demonstrate that its written notices describe alternative drugs in the same therapeutic category, class or cost-sharing tier as the affected drug, and the expected cost-sharing for those drugs.

Corrective Action Required:

Marion Polk must revise its policies and procedures to include the following: - A provision for ensuring that affected enrollees are provided with a 60 day supply of the Part D drug under the same terms as previously allowed at the time a refill is requested along with written notice of the formulary change if the enrollees do not receive prior notice of a formulary change, and - A provision to provide retrospective written notice to affected enrollees if a covered Part D drug is immediately removed from the formulary because it is deemed unsafe by the FDA or removed from the market by the manufacturer. Marion Polk must conduct training of its staff on these policies and procedures and submit documentation to CMS that details the nature of this training, including: the materials used in the training, the individuals conducting the training, and the individuals being trained. Marion Polk must provide CMS with documentation demonstrating the following: - Written notices of formulary change describe alternative drugs in the same therapeutic category, class or cost-sharing tier as the affected drug, and the expected cost-sharing for those drugs, and - Marion Polk authorizes a 60-day supply of the Part D drug under the same terms as previously allowed at the time a refill was requested if it does not provide the affected beneficiary with notice of formulary change 60 days before the change is effective.

CMS Part D Audit Report

Auditing Results (Public Website Version)

Date Report Generated: 9/30/2008

Contract Number: All, Chapter: All, Element: All, Finding: Not Met, Auditor: All

Findings: Not Met **Audit ID:** 2281
Contract Number: H5995 **Part D Sponsor Name:** MARION POLK COMMUNITY HEALTH PLAN ADVANTAGE, INC.

Audit Guide Version: MA-PD Sponsor Part D Audit Guide Version 1
Auditing Element: PH03
Audit Type: Routine
Audit Location: Desk Review
Date Report Issued: 1/8/2008
Date Report Due: 2/22/2008
Element Accepted Date: 3/17/2008
Element Release Date: 4/3/2008
Element Projected Completion Date: 3/1/2008

3 Year Reporting Cycle: 1/1/2006 - 12/31/2008
Estimated Visit Start Date: 11/5/2007
Estimated Visit Start Date: 11/9/2007
Actual Visit Start Date: 11/5/2007
Actual Visit End Date: 11/9/2007
Part D Sponsor Response Received Date: 2/22/2008
Part D Sponsor Response Due Date: 2/22/2008
CAP Release Date: 6/26/2008
CAP Accepted Date: 4/23/2008

Requirement:

Access to Long-Term Care Pharmacies - The Part D sponsor must offer standard contracting terms and conditions, including performance and service criteria, to all long-term care (LTC) pharmacies in its Part D plan service area. The Part D sponsor must contract with a sufficient number of LTC pharmacies to provide all of its plans¿ institutionalized enrollees convenient access to their Part D benefits. Note: This element is waived for MA-PFFS organizations that offer a Part D Benefit if they (1) provide plan enrollees access to covered Part D drugs dispensed at all pharmacies without regard to whether they are contracted network pharmacies, and (2) do not charge cost-sharing in excess of that required for qualified prescription drug coverage.

Reference:

42 CFR § 423.120(a)(5); MA-PD Solicitation; Long Term Care Guidance

Deficiencies:

Marion Polk does not meet this requirement because CMS requested Marion Polk's policies and procedures regarding access to long-term care pharmacies and Marion Polk was unable to provide these policies and procedures.

Corrective Action Required:

Marion Polk must create policies and procedures for access to long-term care pharmacies that include a provision stating that Marion Polk must offer standard contracting terms and conditions, including performance and service criteria for long-term care pharmacies that CMS specifies, to any long-term care pharmacy in its service area that requests the contract. Marion Polk must conduct training of appropriate staff on each of these policies and procedures and submit documentation to CMS that details the nature of this training, including: the materials used in the training, the individuals conducting the training, and the individuals being trained.

CMS Part D Audit Report

Auditing Results (Public Website Version)

Date Report Generated: 9/30/2008

Contract Number: All, Chapter: All, Element: All, Finding: Not Met, Auditor: All

Findings: Not Met **Audit ID:** 2281
Contract Number: H5995 **Part D Sponsor Name:** MARION POLK COMMUNITY HEALTH PLAN ADVANTAGE, INC.

Audit Guide Version: MA-PD Sponsor Part D Audit Guide Version 1
Auditing Element: FM03
Audit Type: Routine
Audit Location: Desk Review
Date Report Issued: 1/8/2008
Date Report Due: 2/22/2008
Element Accepted Date: 4/3/2008
Element Release Date: 4/3/2008
Element Projected Completion Date: 3/24/2008

3 Year Reporting Cycle: 1/1/2006 - 12/31/2008
Estimated Visit Start Date: 11/5/2007
Estimated Visit Start Date: 11/9/2007
Actual Visit Start Date: 11/5/2007
Actual Visit End Date: 11/9/2007
Part D Sponsor Response Received Date: 2/22/2008
Part D Sponsor Response Due Date: 2/22/2008
CAP Release Date: 6/26/2008
CAP Accepted Date: 4/23/2008

Requirement:

Provision of Notice Regarding Formulary Changes - The Part D sponsor must provide at least 60 days notice to CMS, State Pharmaceutical Assistance Programs (SPAPs), and entities providing other prescription drug coverage prior to removing a covered Part D drug from its formulary or making any changes to the preferred or tiered cost-sharing status of a covered Part D drug. If the change involves immediate removal of a Part D drug deemed unsafe by the Food and Drug Administration (FDA) or removed from the market by the manufacturer, the Part D sponsor must provide retrospective notice to the parties listed above.

Reference:

42 CFR § 423.120(b)(5)(i); § 423.120(b)(5)(iii); § 423.578(d); Medicare Marketing Guidelines for MAs, MA-PDs, PDPs, and 1876 Cost Plans

Deficiencies:

Marion Polk does not meet this requirement because CMS reviewed Marion Polk's policies and procedures regarding formulary change notification and found they do not include the following: - Provisions for providing notice of "maintenance" and "other" formulary changes to entities providing other prescription drug coverage, and - Provisions for providing retrospective notice to CMS, SPAPs, and entities providing other prescription drug coverage if a covered Part D drug is immediately removed from the formulary because it is deemed unsafe by the FDA or removed from the market by the manufacturer. CMS reviewed Marion Polk's submitted documentation regarding its provision of retrospective notice to CMS, SPAPs, and entities providing other prescription drug coverage if a covered Part D drug is removed from the formulary because it is deemed unsafe by the Food and Drug Administration or removed from the market by the manufacturer, and found that the documentation does not demonstrate that Marion Polk provides such retrospective notice to SPAPs and entities providing other prescription drug coverage.

Corrective Action Required:

Marion Polk must revise its policies and procedures to include provisions for: - providing notice of "maintenance" and "other" formulary changes to entities providing other prescription drug coverage, and - providing retrospective notice to CMS, SPAPs, and entities providing other prescription drug coverage if a covered Part D drug is immediately removed from the formulary because it is deemed unsafe by the FDA or removed from the market by the manufacturer. Marion Polk must conduct training of appropriate staff on these policies and procedures and submit documentation to CMS that details the nature of this training, including: the materials used in the training, the individuals conducting the training, and the individuals being trained. Marion Polk must provide CMS with documentation demonstrating that it provides retrospective notice to CMS, SPAPs, and entities providing other prescription drug coverage if a covered Part D drug is removed from the formulary because it is deemed unsafe by the Food and Drug Administration or removed from the market by the manufacturer.

CMS Part D Audit Report

Auditing Results (Public Website Version)

Date Report Generated: 9/30/2008

Contract Number: All, Chapter: All, Element: All, Finding: Not Met, Auditor: All

Findings: Not Met **Audit ID:** 2281
Contract Number: H5995 **Part D Sponsor Name:** MARION POLK COMMUNITY HEALTH PLAN ADVANTAGE, INC.

Audit Guide Version: MA-PD Sponsor Part D Audit Guide Version 1
Auditing Element: CN05
Audit Type: Routine
Audit Location: Desk Review
Date Report Issued: 1/8/2008
Date Report Due: 2/22/2008
Element Accepted Date: 4/18/2008
Element Release Date: 4/18/2008
Element Projected Completion Date: 4/15/2008

3 Year Reporting Cycle: 1/1/2006 - 12/31/2008
Estimated Visit Start Date: 11/5/2007
Estimated Visit Start Date: 11/9/2007
Actual Visit Start Date: 11/5/2007
Actual Visit End Date: 11/9/2007
Part D Sponsor Response Received Date: 2/22/2008
Part D Sponsor Response Due Date: 2/22/2008
CAP Release Date: 6/26/2008
CAP Accepted Date: 4/23/2008

Requirement:

Required Contract Provisions: Long-Term Care Pharmacies - The Part D sponsor¿s written contracts with network long-term care pharmacies must include the CMS-specified performance and service criteria for long-term care pharmacies. Note: This element is waived for MA-PFFS organizations that offer a Part D Benefit if they (i) provide plan enrollees access to covered Part D drugs dispensed at all pharmacies without regard to whether they are contracted network pharmacies, and (ii) do not charge cost-sharing in excess of that required for qualified prescription drug coverage.

Reference:

42 CFR § 423.120(a)(5); MA-PD Solicitation; Long Term Care Guidance

Deficiencies:

During staff discussions, Marion Polk stated that it sometimes waited for CMS to post the removed drugs before removing them from the Marion Polk Community Health Plan Advantage website. When a drug has been deemed unsafe by the FDA or has been removed from the market by the manufacturer, Marion Polk should take a proactive approach in removing the drug from its website and providing retrospective notice to its enrollees.

Corrective Action Required:

Marion Polk must provide CMS with an analysis and explanation of why the universe submitted for WS-CN2_D, Required Contract Provisions: Long-Term Care Pharmacies, contained misclassified samples. Based on the analysis, Marion Polk must provide to CMS the root cause as well as a detailed corrective action plan to ensure that this element will be met consistently.

CMS Part D Audit Report

Auditing Results (Public Website Version)

Date Report Generated: 9/30/2008

Contract Number: All, Chapter: All, Element: All, Finding: Not Met, Auditor: All

Findings: Not Met **Audit ID:** 2281
Contract Number: H5995 **Part D Sponsor Name:** MARION POLK COMMUNITY HEALTH PLAN ADVANTAGE, INC.

Audit Guide Version: MA-PD Sponsor Part D Audit Guide Version 1
Auditing Element: CD01
Audit Type: Routine
Audit Location: Desk Review
Date Report Issued: 1/8/2008
Date Report Due: 2/22/2008
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3 Year Reporting Cycle: 1/1/2006 - 12/31/2008
Estimated Visit Start Date: 11/5/2007
Estimated Visit Start Date: 11/9/2007
Actual Visit Start Date: 11/5/2007
Actual Visit End Date: 11/9/2007
Part D Sponsor Response Received Date: 2/22/2008
Part D Sponsor Response Due Date: 2/22/2008
CAP Release Date: 6/26/2008
CAP Accepted Date: 4/23/2008

Requirement:

Notices in Network Pharmacies - The Part D sponsor must arrange with its network pharmacies to post or distribute notices instructing enrollees to contact their plans to obtain a coverage determination or request an exception if they disagree with the information provided by the pharmacist.

Reference:

42 CFR § 423.562(a)(3); Prescription Drug Benefit Manual; Chapter 18 ¿ Part D Enrollee Grievances, Coverage Determinations, and Appeals

Deficiencies:

Marion Polk does not meet this requirement because CMS reviewed Marion Polk's policies and procedures regarding notices in network pharmacies that provide instructions for obtaining a coverage determination or requesting an exception and found they do not include the following: - A provision for arranging with its network pharmacies to post or distribute the "Medicare Prescription Drug Coverage and Your Rights" notice instructing enrollees to contact their plans to obtain a coverage determination or request an exception if they disagree with the information provided by the pharmacist, and - A provision for sending the "Medicare Prescription Drug Coverage and Your Rights" notice to the location in the LTC facility designated to accept such notices, or if the network or preferred pharmacy is on-site, delivering the notice described above to the location in the LTC facility designated to accept such notices. CMS requested a template contract between Marion Polk/PBM and each type of network pharmacy (Retail, Home Infusion, Long-Term Care, and I/T/U) and Marion Polk was only able to provide a template contract between its PBM and a Retail network pharmacy. CMS reviewed this template contract and found that it does not include a provision requiring pharmacies to post or distribute notices regarding procedures for obtaining a coverage determination or requesting an exception. Marion Polk noted in staff discussions that if a pharmacy is found to be non-compliant with requirements for positing and distributing the pharmacy notice, then it requires the pharmacy to correct the deficiency. However, Marion Polk's submitted documentation does not indicate that it or its PBM performed any corrective actions to address the deficiencies discovered during internal monitoring. CMS found that the submitted documentation does not adequately demonstrate that Marion Polk is ensuring its network pharmacies are posting or distributing notices regarding procedures for obtaining a coverage determination or requesting an exception.

Corrective Action Required:

Marion Polk must revise its policies and procedures to include the following: - A provision for arranging with its network pharmacies to post or distribute the "Medicare Prescription Drug Coverage and Your Rights" notice instructing enrollees to contact their plans to obtain a coverage determination or request an exception if they disagree with the information provided by the pharmacist, and - A provision for sending the "Medicare Prescription Drug Coverage and Your Rights" notice to the location in the LTC facility designated to accept such notices, or if the network or preferred pharmacy is on-site, delivering the notice described above to the location in the LTC facility designated to accept such notices. Marion Polk must conduct training of appropriate staff on these policies and procedures and submit documentation to CMS that details the nature of this training, including: the materials used in the training, the individuals conducting the training, and the individuals being trained. Marion Polk must submit a template contract between itself/its PBM and each type of network pharmacy that includes a provision requiring pharmacies to post or distribute notices regarding procedures for obtaining a coverage determination or requesting an exception. Marion Polk must demonstrate that it is ensuring its network pharmacies are posting or distributing the "Medicare Prescription Drug Coverage and Your Rights" notice.

CMS Part D Audit Report
Auditing Results (Public Website Version)

Date Report Generated: 9/30/2008

Contract Number: All, Chapter: All, Element: All, Finding: Not Met, Auditor: All

Findings: Not Met **Audit ID:** 2281
Contract Number: H5995 **Part D Sponsor Name:** MARION POLK COMMUNITY HEALTH PLAN ADVANTAGE, INC.

Audit Guide Version: MA-PD Sponsor Part D Audit Guide Version 1
Auditing Element: CD02
Audit Type: Routine
Audit Location: Desk Review
Date Report Issued: 1/8/2008
Date Report Due: 2/22/2008
Element Accepted Date: 3/17/2008
Element Release Date: 6/26/2008
Element Projected Completion Date: 3/25/2008

3 Year Reporting Cycle: 1/1/2006 - 12/31/2008
Estimated Visit Start Date: 11/5/2007
Estimated Visit Start Date: 11/9/2007
Actual Visit Start Date: 11/5/2007
Actual Visit End Date: 11/9/2007
Part D Sponsor Response Received Date: 2/22/2008
Part D Sponsor Response Due Date: 2/22/2008
CAP Release Date: 6/26/2008
CAP Accepted Date: 4/23/2008

Requirement:

Coverage Determination Policies and Procedures - The Part D sponsor must establish and maintain policies and procedures for tracking and addressing the timely review and resolution of all enrollee requests for coverage determinations (expedited and standard) regarding basic coverage and supplemental benefits, and the amount, including cost sharing, if any, that the enrollee is required to pay for a drug. These procedures must address unplanned transitions, and actions that are coverage determinations as defined in § 423.566(b). The Part D sponsor must establish and maintain efficient and convenient means for individuals (including enrollees, their appointed representatives, or their prescribing physicians) to submit oral or written requests for coverage determinations, document all oral requests in writing, and maintain the documentation in a case file. The Part D sponsor must establish and maintain policies and procedures for tracking and addressing the timely review and resolution of all enrollee requests for re-determinations, reconsiderations by the Independent Review Entity (IRE), and reviews by the Administrative Law Judge (ALJ) received both orally and in writing.

Reference:

42 CFR § 423.566(a); § 423.566(b); § 423.566(c); § 423.570(c)(1-2); MA-PD Solicitation; Reporting Requirements Section VII: Appeals Prescription Drug Benefit Manual; Chapter 18 ¿ Part D Enrollee Grievances, Coverage Determinations, and Appeals; Information for Part D Sponsors on Requirements for a Transition Process

Deficiencies:

Marion Polk does not meet this requirement because CMS reviewed Marion Polk's policies and procedures for receiving, tracking, addressing, and maintaining records of coverage determinations and found they do not include the following: - Provisions for making timely coverage determinations (standard and expedited) that address basic coverage, supplemental benefits, and cost sharing, - A provision stating that individuals who can request a standard or expedited coverage determination are (1) the enrollee, (2) the enrollee's appointed representative, on behalf of the enrollee, and (3) the prescribing physician, on behalf of the enrollee, and - A definition a coverage determination in accordance with § 423.566(b)(1-5). CMS reviewed Marion Polk's policies and procedures regarding reporting requirements for appeals data elements and found that they do not include a provision for quarterly reporting of all data requested in "Reporting Requirements: Appeals." CMS reviewed Marion Polk's documentation regarding its ability to track and address in a timely manner enrollees' oral and written requests for exceptions, coverage determinations, and redeterminations and found that Marion Polk does not consistently track the date of notification, the disposition of the request, and the date of disposition.

Corrective Action Required:

Marion Polk must revise its policies and procedures to include the following: - A provision for quarterly reporting of all data requested in Part D Reporting Requirements: Appeals, - A statement that individuals who can request a standard or expedited coverage determination are the enrollee, the enrollee's appointed representative, on behalf of the enrollee, and the prescribing physician, and - A definition of a coverage determination in accordance with § 423.566(b)(1-5). Marion Polk must conduct training of appropriate staff on these policies and procedures and submit documentation to CMS that details the nature of this training, including: the materials used in the training, the individuals conducting the training, and the individuals being trained. No corrective action is required on Marion Polk's policies and procedures that lack provisions for making timely coverage determinations (standard and expedited) that address basic coverage, supplemental benefits, and cost sharing. CMS reviewed the file "MPCHP Advantage Part D Appeals." Because it was approved outside the audit period, CMS did not review it to determine compliance with this element. However, CMS did determine that "MPCHP Advantage Part D Appeals" contains provisions that demonstrate that Marion Polk has corrected the aforementioned deficiency in its policies and procedures that CMS is citing for this element. Marion Polk must submit documentation to CMS demonstrating that it tracks the date of notification, the disposition of the request, and the date of disposition for exceptions, coverage determinations, and redeterminations.

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Date Report Generated: 9/30/2008

Contract Number: All, Chapter: All, Element: All, Finding: Not Met, Auditor: All

Findings: Not Met **Audit ID:** 2281
Contract Number: H5995 **Part D Sponsor Name:** MARION POLK COMMUNITY HEALTH PLAN ADVANTAGE, INC.

Audit Guide Version: MA-PD Sponsor Part D Audit Guide Version 1
Auditing Element: CD03
Audit Type: Routine
Audit Location: Desk Review
Date Report Issued: 1/8/2008
Date Report Due: 2/22/2008
Element Accepted Date: 3/17/2008
Element Release Date: 6/26/2008
Element Projected Completion Date: 3/25/2008

3 Year Reporting Cycle: 1/1/2006 - 12/31/2008
Estimated Visit Start Date: 11/5/2007
Estimated Visit Start Date: 11/9/2007
Actual Visit Start Date: 11/5/2007
Actual Visit End Date: 11/9/2007
Part D Sponsor Response Received Date: 2/22/2008
Part D Sponsor Response Due Date: 2/22/2008
CAP Release Date: 6/26/2008
CAP Accepted Date: 4/23/2008

Requirement:

Timely Notification of Coverage Determination Concerning Drug Benefit - In response to a drug benefit request, the Part D sponsor must notify the enrollee (and the prescribing physician involved, as appropriate) of its determination as expeditiously as the enrollee¿s health condition requires, but no later than 72 hours after receipt of the request, or, for an exceptions request, the physician¿s supporting statement. If the coverage determination was denied and the initial notification was provided orally, the Part D sponsor must send the written notice to the enrollee within 3 calendar days of the oral notice. Failure to notify the enrollee within the 72 hour timeframe constitutes an adverse coverage determination requiring the Part D sponsor to forward the enrollee¿s request to the Independent Review Entity (IRE) within 24 hours of the expiration of the adjudication timeframe. The Part D sponsor must also inform the enrollee, within 24 hours of the expiration of the adjudication timeframe, when the case is forwarded to the IRE.

Reference:

42 CFR § 423.568(a); § 423.568(e); § 423.578(c)(2); Prescription Drug Benefit Manual; Chapter 18 ¿ Part D Enrollee Grievances, Coverage Determinations, and Appeals

Deficiencies:

Marion Polk does not meet this requirement because CMS reviewed Marion Polk's policies and procedures regarding enrollee notification of coverage determinations concerning drug benefit and found they do not include the following: - A provision stating that failure to notify the enrollee within the timeframe constitutes an adverse coverage determination requiring Marion Polk to forward the enrollee's request to the Independent Review Entity (IRE) within 24 hours of the expiration of the adjudication timeframe, and - A provision stating that Marion Polk must notify the enrollee (and the prescribing physician involved, as appropriate) of its determination as expeditiously as the enrollee's health condition requires, but no later than 72 hours after receipt of the request, or, for an exceptions request, the physician's supporting statement. CMS reviewed a sample of 10 standard coverage determinations concerning benefit from a universe of 277 and found that three cases are non-compliant because Marion Polk did not demonstrate that it notified the enrollee of the determination decision timely.

Corrective Action Required:

Marion Polk must revise its policies and procedures to include a provision stating that failure to notify the enrollee within the timeframe constitutes an adverse coverage determination that requires Marion Polk to forward the enrollee's request to the Independent Review Entity (IRE) within 24 hours of the expiration of the adjudication timeframe. Marion Polk must conduct training of appropriate staff on these policies and procedures and submit documentation to CMS that details the nature of this training, including: the materials used in the training, the individuals conducting the training, and the individuals being trained. No corrective action is required for Marion Polk concerning the provision in its policies and procedures for notifying the enrollee (and the prescribing physician involved, as appropriate) of its determination as expeditiously as the enrollee¿s health condition requires, but no later than 72 hours after receipt of the request, or, for an exceptions request, the physician's supporting statement. CMS reviewed the files "MPCHP Advantage Part D Appeals" and "MPCHP Advantage Part D: Preauthorization Process for Part D Medications." Because these documents were approved outside the audit period, CMS did not review them to determine compliance with this element. However, CMS did determine that these documents contain provisions that demonstrate that Marion Polk has corrected the aforementioned deficiency in its policies and procedures that CMS is citing for this element. Marion Polk must submit documentation to CMS demonstrating that it consistently notifies the enrollee of the coverage determination decision timely.

CMS Part D Audit Report

Auditing Results (Public Website Version)

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Contract Number: All, Chapter: All, Element: All, Finding: Not Met, Auditor: All

Findings: Not Met **Audit ID:** 2281
Contract Number: H5995 **Part D Sponsor Name:** MARION POLK COMMUNITY HEALTH PLAN ADVANTAGE, INC.

Audit Guide Version: MA-PD Sponsor Part D Audit Guide Version 1
Auditing Element: CD04
Audit Type: Routine
Audit Location: Desk Review
Date Report Issued: 1/8/2008
Date Report Due: 2/22/2008
Element Accepted Date: 3/17/2008
Element Release Date: 4/3/2008
Element Projected Completion Date: 2/22/2008

3 Year Reporting Cycle: 1/1/2006 - 12/31/2008
Estimated Visit Start Date: 11/5/2007
Estimated Visit Start Date: 11/9/2007
Actual Visit Start Date: 11/5/2007
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Part D Sponsor Response Received Date: 2/22/2008
Part D Sponsor Response Due Date: 2/22/2008
CAP Release Date: 6/26/2008
CAP Accepted Date: 4/23/2008

Requirement:

Coverage Determinations Concerning Payment - The Part D sponsor must notify the enrollee of its determination no later than 72 hours after receipt of the payment request, or, for an exceptions request, after receiving the physician's supporting statement. If the coverage determination was denied and the initial notification was provided orally, the Part D sponsor must send the written notice to the enrollee within 3 calendar days of the oral notice. For favorable determinations, the Part D sponsor must authorize payment and notify the enrollee within 72 hours after receiving the request, or, for an exceptions request, after receiving the physician's supporting statement. The Part D sponsor must also make payment (i.e., mail the payment) within 30 calendar days of the request, or, for an exceptions request, after receiving the physician's supporting statement. Failure to notify the enrollee within the 72 hour timeframe constitutes an adverse determination requiring the Part D sponsor to forward the enrollee¿s request to the Independent Review Entity (IRE) within 24 hours of the expiration of the adjudication timeframe. The Part D sponsor must also inform the enrollee, within 24 hours of the expiration of the adjudication timeframe, when the case is forwarded to the IRE. Note: This element also applies to out-of-network (OON) paper claims submitted by beneficiaries or their appointed representatives.

Reference:

42 CFR § 423.568(b); § 423.568(e); MA-PD Solicitation; Prescription Drug Benefit Manual; Chapter 18 ¿ Part D Enrollee Grievances, Coverage Determinations, and Appeals

Deficiencies:

Marion Polk does not meet this requirement because CMS reviewed Marion Polk's policies and procedures regarding enrollee notification of coverage determinations concerning payment and found that they do not include the following: - A provision stating that, for an exceptions request, Marion Polk must notify the enrollee of its determination no later than 72 hours after receiving the physician's supporting statement, - A provision stating that Marion Polk must authorize payment and notify the enrollee within 72 hours after receiving the request, or, for an exceptions request, after receiving the physician's supporting statement, - A provision stating that Marion Polk must make payment (i.e., mail the payment) within 30 calendar days of the request, or, for an exceptions request, after receiving the physician's supporting statement, and - A provision stating that failure to notify the enrollee within the timeframe constitutes an adverse determination requiring Marion Polk to forward the enrollee¿s request to the Independent Review Entity (IRE) within 24 hours of the expiration of the adjudication timeframe.

Corrective Action Required:

Marion Polk must develop policies and procedures for coverage determinations concerning payment that include the following: - A provision stating that, for an exceptions request, Marion Polk must notify the enrollee of its determination no later than 72 hours after receiving the physician's supporting statement, - A provision stating that Marion Polk must authorize payment and notify the enrollee within 72 hours after receiving the request, or, for an exceptions request, after receiving the physician's supporting statement, - A provision stating that Marion Polk must make payment (i.e., mail the payment) within 30 calendar days of the request, or, for an exceptions request, after receiving the physician's supporting statement, and - A provision stating that failure to notify the enrollee within the timeframe constitutes an adverse determination requiring Marion Polk to forward the enrollee's request to the Independent Review Entity (IRE) within 24 hours of the expiration of the adjudication timeframe. Marion Polk must conduct training of appropriate staff on each of these policies and procedures and submit documentation to CMS that details the nature of this training, including: the materials used in the training, the individuals conducting the training, and the individuals being trained.

CMS Part D Audit Report

Auditing Results (Public Website Version)

Date Report Generated: 9/30/2008

Contract Number: All, Chapter: All, Element: All, Finding: Not Met, Auditor: All

Findings: Not Met **Audit ID:** 2281
Contract Number: H5995 **Part D Sponsor Name:** MARION POLK COMMUNITY HEALTH PLAN ADVANTAGE, INC.

Audit Guide Version: MA-PD Sponsor Part D Audit Guide Version 1
Auditing Element: CD05
Audit Type: Routine
Audit Location: Desk Review
Date Report Issued: 1/8/2008
Date Report Due: 2/22/2008
Element Accepted Date: 3/17/2008
Element Release Date: 4/3/2008
Element Projected Completion Date: 2/22/2008

3 Year Reporting Cycle: 1/1/2006 - 12/31/2008
Estimated Visit Start Date: 11/5/2007
Estimated Visit Start Date: 11/9/2007
Actual Visit Start Date: 11/5/2007
Actual Visit End Date: 11/9/2007
Part D Sponsor Response Received Date: 2/22/2008
Part D Sponsor Response Due Date: 2/22/2008
CAP Release Date: 6/26/2008
CAP Accepted Date: 4/23/2008

Requirement:

Denial Notice Requirements for Coverage Determinations - If the Part D sponsor makes an adverse determination, in whole or in part, it must provide the enrollee with written notification, using approved notice language that is readable and understandable, states the specific reasons for the denial, and informs the enrollee of his or her right to a redetermination.

Reference:

42 CFR § 423.568(c-d); Prescription Drug Benefit Manual; Chapter 18 ¿ Part D Enrollee Grievances, Coverage Determinations, and Appeals

Deficiencies:

Marion Polk does not meet this requirement because CMS reviewed Marion Polk's policies and procedures regarding enrollee notification of adverse coverage determinations and found they do not include a provision for providing written notification to the enrollee and/or other applicable party of an adverse coverage determination, including an adverse coverage determination concerning payment.

Corrective Action Required:

Marion Polk must revise its policies and procedures to include a provision for providing written notice of any adverse coverage determination to the enrollee and/or other applicable party. Marion Polk must conduct training of appropriate staff on each of these policies and procedures and submit documentation to CMS that details the nature of this training, including: the materials used in the training, the individuals conducting the training, and the individuals being trained.

CMS Part D Audit Report

Auditing Results (Public Website Version)

Date Report Generated: 9/30/2008

Contract Number: All, Chapter: All, Element: All, Finding: Not Met, Auditor: All

Findings: Not Met **Audit ID:** 2281
Contract Number: H5995 **Part D Sponsor Name:** MARION POLK COMMUNITY HEALTH PLAN ADVANTAGE, INC.

Audit Guide Version: MA-PD Sponsor Part D Audit Guide Version 1
Auditing Element: CD06
Audit Type: Routine
Audit Location: Desk Review
Date Report Issued: 1/8/2008
Date Report Due: 2/22/2008
Element Accepted Date: 3/18/2008
Element Release Date: 4/3/2008
Element Projected Completion Date: 2/22/2008

3 Year Reporting Cycle: 1/1/2006 - 12/31/2008
Estimated Visit Start Date: 11/5/2007
Estimated Visit Start Date: 11/9/2007
Actual Visit Start Date: 11/5/2007
Actual Visit End Date: 11/9/2007
Part D Sponsor Response Received Date: 2/22/2008
Part D Sponsor Response Due Date: 2/22/2008
CAP Release Date: 6/26/2008
CAP Accepted Date: 4/23/2008

Requirement:

Decision to Accept or Deny Request for Expedited Coverage Determination - The Part D sponsor must promptly and correctly determine whether a complaint is a standard coverage determination or an expedited coverage determination. The Part D sponsor must have a means for issuing prompt decisions on expediting a coverage determination if it determines, based on the enrollee¿s request, or as indicated in the prescribing physician¿s request, that applying the standard timeframe for making a coverage determination may seriously jeopardize the enrollee¿s life, health, or ability to regain maximum function.

Reference:

42 CFR § 423.570(c)(3); Prescription Drug Benefit Manual; Chapter 18 ¿ Part D Enrollee Grievances, Coverage Determinations, and Appeals

Deficiencies:

Marion Polk does not meet this requirement because CMS reviewed Marion Polk's policies and procedures regarding decisions to accept or deny requests for expedited coverage determinations and found they do not include a provision: - Stating that all oral requests must be documented in writing and that documentation of request must be maintained in case file, and - Discussing Marion Polk's means for making expedited decisions within the appropriate timeframe for requests received outside of normal business hours.

Corrective Action Required:

Marion Polk must revise its policies and procedures to include provisions: - Stating that all oral requests must be documented in writing and that documentation of request must be maintained in case file, and - Discussing Marion Polk's means for making expedited decisions within the appropriate timeframe for requests received outside of normal business hours. Marion Polk must conduct training of appropriate staff on each of these policies and procedures and submit documentation to CMS that details the nature of this training, including: the materials used in the training, the individuals conducting the training, and the individuals being trained.

CMS Part D Audit Report

Auditing Results (Public Website Version)

Date Report Generated: 9/30/2008

Contract Number: All, Chapter: All, Element: All, Finding: Not Met, Auditor: All

Findings: Not Met **Audit ID:** 2281
Contract Number: H5995 **Part D Sponsor Name:** MARION POLK COMMUNITY HEALTH PLAN ADVANTAGE, INC.

Audit Guide Version: MA-PD Sponsor Part D Audit Guide Version 1
Auditing Element: CD08
Audit Type: Routine
Audit Location: Desk Review
Date Report Issued: 1/8/2008
Date Report Due: 2/22/2008
Element Accepted Date: 3/17/2008
Element Release Date: 4/3/2008
Element Projected Completion Date: 2/22/2008

3 Year Reporting Cycle: 1/1/2006 - 12/31/2008
Estimated Visit Start Date: 11/5/2007
Estimated Visit Start Date: 11/9/2007
Actual Visit Start Date: 11/5/2007
Actual Visit End Date: 11/9/2007
Part D Sponsor Response Received Date: 2/22/2008
Part D Sponsor Response Due Date: 2/22/2008
CAP Release Date: 6/26/2008
CAP Accepted Date: 4/23/2008

Requirement:

Notice Content Requirements for Decision to Deny Request for Expedited Coverage Determination - The notice for the decision to deny a request for an expedited coverage determination must provide an explanation that the Part D sponsor must process the request using the 72 hour timeframe for standard determinations; inform the enrollee of the right to file an expedited grievance; inform the enrollee of the right to resubmit a request for an expedited determination with the prescribing physician¿s support; and provide instructions about the Part D plan¿s grievance process and its timeframes.

Reference:

42 CFR § 423.570(d)(2); Prescription Drug Benefit Manual; Chapter 18 ¿ Part D Enrollee Grievances, Coverage Determinations, and Appeals

Deficiencies:

Marion Polk does not meet this requirement because CMS reviewed Marion Polk's policies and procedures regarding enrollee notification following a decision to deny a request for an expedited coverage determination and found they do not include the following: - A provision stating that both oral and written notice must provide an explanation that Marion Polk must process the request using the 72 hour timeframe for standard determinations, - A provision stating that both oral and written notice must inform the enrollee of the right to file an expedited grievance, - A provision stating that both oral and written notice must inform the enrollee of the right to resubmit a request for an expedited determination with the prescribing physician's support, and - A provision stating that both oral and written notice must provide instructions about Marion Polk's grievance process and its timeframes.

Corrective Action Required:

Marion Polk must update its policies and procedures to include the following provisions: - A provision stating that both oral and written notice must provide an explanation that Marion Polk must process the request using the 72 hour timeframe for standard determinations, - A provision stating that both oral and written notice must inform the enrollee of the right to file an expedited grievance, - A provision stating that both oral and written notice must inform the enrollee of the right to resubmit a request for an expedited determination with the prescribing physician¿s support, and - A provision stating that both oral and written notice must provide instructions about Marion Polk¿s grievance process and its timeframes. Marion Polk must conduct training of appropriate staff on these policies and procedures and submit documentation to CMS that details the nature of this training, including: the materials used in the training, the individuals conducting the training, and the individuals being trained.

CMS Part D Audit Report

Auditing Results (Public Website Version)

Date Report Generated: 9/30/2008

Contract Number: All, Chapter: All, Element: All, Finding: Not Met, Auditor: All

Findings: Not Met **Audit ID:** 2281
Contract Number: H5995 **Part D Sponsor Name:** MARION POLK COMMUNITY HEALTH PLAN ADVANTAGE, INC.

Audit Guide Version: MA-PD Sponsor Part D Audit Guide Version 1
Auditing Element: CD09
Audit Type: Routine
Audit Location: Desk Review
Date Report Issued: 1/8/2008
Date Report Due: 2/22/2008
Element Accepted Date: 3/17/2008
Element Release Date: 4/3/2008
Element Projected Completion Date: 2/22/2008

3 Year Reporting Cycle: 1/1/2006 - 12/31/2008
Estimated Visit Start Date: 11/5/2007
Estimated Visit Start Date: 11/9/2007
Actual Visit Start Date: 11/5/2007
Actual Visit End Date: 11/9/2007
Part D Sponsor Response Received Date: 2/22/2008
Part D Sponsor Response Due Date: 2/22/2008
CAP Release Date: 6/26/2008
CAP Accepted Date: 4/23/2008

Requirement:

Timely Notification of Expedited Coverage Determination - The Part D sponsor must make its expedited coverage determination and notify the enrollee of its decision (adverse or favorable), as expeditiously as the enrollee¿s health condition requires, but no later than 24 hours after receiving the request, or, for an exceptions request, the physician¿s supporting statement. If the decision is adverse and the Part D sponsor first notifies the enrollee of the determination orally, the Part D sponsor must mail written confirmation to the enrollee within 3 calendar days of the oral notification. Failure to notify the enrollee within the 24 hour timeframe constitutes an adverse determination requiring the Part D sponsor to forward the enrollee¿s request to the Independent Review Entity (IRE) within 24 hours of the expiration of the adjudication timeframe. The Part D sponsor must also inform the enrollee, within 24 hours of the expiration of the adjudication timeframe, when the case is forwarded to the IRE.

Reference:

42 CFR § 423.570(e); § 423.572(a-b); § 423.572(d); § 423.578(c)(2); Prescription Drug Benefit Manual; Chapter 18 ¿ Part D Enrollee Grievances, Coverage Determinations, and Appeals

Deficiencies:

Marion Polk does not meet this requirement because CMS reviewed Marion Polk's policies and procedures regarding enrollee notification following a decision on expedited coverage determination and found they do not include the following provisions: - A provision stating that Marion Polk must make its expedited coverage determination and notify the enrollee (and/or other applicable party) of its decision (adverse or favorable), as expeditiously as the enrollee¿s health condition requires, but no later than 24 hours after receiving the request, or, for an exceptions request, the physician's supporting statement, - A provision stating that failure to notify the enrollee within the timeframe constitutes an adverse determination requiring Marion Polk to forward the enrollee¿s request to the Independent Review Entity (IRE) within 24 hours of the expiration of the adjudication timeframe, and - A provision stating that Marion Polk must inform the enrollee within 24 hours when the case is forwarded to the IRE.

Corrective Action Required:

Marion Polk must revise its policies and procedures to include the following provisions: - A provision stating that Marion Polk must make its expedited coverage determination and notify the enrollee (and/or other applicable party) of its decision (adverse or favorable), as expeditiously as the enrollee's health condition requires, but no later than 24 hours after receiving the request, or, for an exceptions request, the physician's supporting statement, - A provision stating that failure to notify the enrollee within the timeframe constitutes an adverse determination requiring Marion Polk to forward the enrollee's request to the Independent Review Entity (IRE) within 24 hours of the expiration of the adjudication timeframe, and - A provision stating that Marion Polk must inform the enrollee within 24 hours when the case is forwarded to the IRE. Marion Polk must conduct training of appropriate staff on these policies and procedures and submit documentation to CMS that details the nature of this training, including: the materials used in the training, the individuals conducting the training, and the individuals being trained.

CMS Part D Audit Report

Auditing Results (Public Website Version)

Date Report Generated: 9/30/2008

Contract Number: All, Chapter: All, Element: All, Finding: Not Met, Auditor: All

Findings: Not Met **Audit ID:** 2281
Contract Number: H5995 **Part D Sponsor Name:** MARION POLK COMMUNITY HEALTH PLAN ADVANTAGE, INC.

Audit Guide Version: MA-PD Sponsor Part D Audit Guide Version 1
Auditing Element: CD10
Audit Type: Routine
Audit Location: Desk Review
Date Report Issued: 1/8/2008
Date Report Due: 2/22/2008
Element Accepted Date: 3/17/2008
Element Release Date: 4/3/2008
Element Projected Completion Date: 2/22/2008

3 Year Reporting Cycle: 1/1/2006 - 12/31/2008
Estimated Visit Start Date: 11/5/2007
Estimated Visit Start Date: 11/9/2007
Actual Visit Start Date: 11/5/2007
Actual Visit End Date: 11/9/2007
Part D Sponsor Response Received Date: 2/22/2008
Part D Sponsor Response Due Date: 2/22/2008
CAP Release Date: 6/26/2008
CAP Accepted Date: 4/23/2008

Requirement:

Notice Content Requirements for Expedited Coverage Determination - The notice of any expedited coverage determination must state the specific reasons for the determination in understandable language. If the determination is not completely favorable, the notice must also: (i) include information concerning the enrollee¿s right to a redetermination; (ii) describe both the standard and expedited redetermination processes, including the enrollee¿s right to request, and conditions for obtaining, an expedited redetermination, and the rest of the appeals process; and (iii) comply with any other requirements specified by CMS.

Reference:

42 CFR § 423.572(c); Prescription Drug Benefit Manual; Chapter 18 ¿ Part D Enrollee Grievances, Coverage Determinations, and Appeals

Deficiencies:

Marion Polk does not meet this requirement because CMS reviewed Marion Polk's policies and procedures regarding enrollee notification following a decision on an expedited coverage determination and found they do not include a provision stating that if the decision is adverse, then Marion Polk must use a notice consistent with the CMS-issued standard notice, Notice of Denial of Medicare Prescription Drug Coverage.

Corrective Action Required:

Marion Polk must revise its policies and procedures to include a provision stating that if the decision is adverse, then it must use a notice consistent with the CMS-issued standard notice, Notice of Denial of Medicare Prescription Drug Coverage. Marion Polk must conduct training of appropriate staff on these policies and procedures and submit documentation to CMS that details the nature of this training, including: the materials used in the training, the individuals conducting the training, and the individuals being trained.

CMS Part D Audit Report

Auditing Results (Public Website Version)

Date Report Generated: 9/30/2008

Contract Number: All, Chapter: All, Element: All, Finding: Not Met, Auditor: All

Findings: Not Met **Audit ID:** 2281
Contract Number: H5995 **Part D Sponsor Name:** MARION POLK COMMUNITY HEALTH PLAN ADVANTAGE, INC.

Audit Guide Version: MA-PD Sponsor Part D Audit Guide Version 1
Auditing Element: CE02
Audit Type: Routine
Audit Location: Desk Review
Date Report Issued: 1/8/2008
Date Report Due: 2/22/2008
Element Accepted Date: 3/18/2008
Element Release Date: 4/3/2008
Element Projected Completion Date: 2/22/2008

3 Year Reporting Cycle: 1/1/2006 - 12/31/2008
Estimated Visit Start Date: 11/5/2007
Estimated Visit Start Date: 11/9/2007
Actual Visit Start Date: 11/5/2007
Actual Visit End Date: 11/9/2007
Part D Sponsor Response Received Date: 2/22/2008
Part D Sponsor Response Due Date: 2/22/2008
CAP Release Date: 6/26/2008
CAP Accepted Date: 4/23/2008

Requirement:

Exceptions Procedures and Criteria (Non-Formulary Drugs) - The Part D sponsor must establish and maintain exceptions procedures, subject to CMS¿ approval, for receipt of an off-formulary drug. The Part D sponsor must grant an exception for a non-formulary Part D drug whenever it determines that the drug is medically necessary, consistent with the prescribing physicians¿ statement that meets CMS criteria, and that the drug would be covered but for the fact that it is an off-formulary drug. The Part D sponsor¿s formulary exceptions process and exception criteria must meet CMS requirements including for unplanned transitions.

Reference:

42 CFR § 423.578(b); § 423.578(b)(1); § 423.578(b)(2); § 423.578(b)(5); MA-PD Solicitation and EP Attestation Addendum; Reporting Requirements for Section VI: Prior Authorization, Step Edits, Non-Formulary Exceptions, and Tier Exceptions; Prescription Drug Benefit Manual; Chapter 18 ¿ Part D Enrollee Grievances, Coverage Determinations, and Appeals; Information for Part D Sponsors on Requirements for a Transition Process

Deficiencies:

Marion Polk does not meet this requirement because CMS reviewed Marion Polk's policies and procedures regarding processing requests for exceptions for non-formulary drugs and found they do not include a provision stating that: - An enrollee's prescribing physician shall be permitted to file a request for a non-formulary exception (the enrollee or the enrollee's appointed representative is also able to file a non-formulary exception request, which Marion Polk already states in its policies and procedures), and - The prescribing physician's statement must indicate that the requested drug is medically required and other on-formulary drugs and dosage limits will not be effective because: (1) All covered Part D drugs on any tier of Marion Polk's formulary would not be as effective for the enrollee as the non-formulary drug, and/or would have adverse effects, (2) The number of doses available under a dose restriction for the prescription drug: (a) Has been ineffective in the treatment of the enrollee's disease or medical condition or, (b) Based on both sound clinical evidence and medical and scientific evidence, the known relevant physical or mental characteristics of the enrollee, and known characteristics of the drug regimen, is likely to be ineffective or adversely affect the drug's effectiveness or patient compliance, or (3) The prescription drug alternative(s) listed on the formulary or required to be used in accordance with step therapy requirements: (a) Has been ineffective in the treatment of the enrollee's disease or medical condition or, based on both sound clinical evidence and medical and scientific evidence, the known relevant physical or mental characteristics of the enrollee, and known characteristics of the drug regimen, is likely to be ineffective or adversely affect the drug's effectiveness or patient compliance, or (b) Has caused or, based on sound clinical evidence and medical and scientific evidence, is likely to cause an adverse reaction or other harm to the enrollee. Also, Marion Polk's policies and procedures regarding processing requests for exceptions for non-formulary drugs do not include a provision stating that: - If Marion Polk makes a request for additional supporting medical documentation, then it must clearly identify the type of information that must be submitted, - Marion Polk must not keep the exceptions request open indefinitely when a physician does not submit a supporting statement, - If Marion Polk is waiting on a physician's statement in support of a formulary exception request, Marion Polk must wait a minimum of 96 hours after receiving a standard request or a minimum of 48 hours after receiving an expedited request before issuing its determination on the formulary exception, and - Marion Polk must grant a formulary exception when it determines that one of the three aforementioned factors has been demonstrated, and the drug would be covered but for the fact that it is an off-formulary drug. CMS requested Marion Polk's model notice for requesting additional information from the enrollee's prescribing physician, and Marion Polk was unable to provide a notice consistent with the CMS-issued model notice, Request for Additional Information.

Corrective Action Required:

Marion Polk must revise its policies and procedures to include provisions stating that: - An enrollee's prescribing physician shall be permitted to file a request for a non-formulary exception (the enrollee or the enrollee's appointed representative is also able to file a non-formulary exception request, which Marion Polk already states in its policies and procedures), and - The prescribing physician¿s statement must indicate that the requested drug is medically required and other on-formulary drugs and dosage limits will not be effective because: (1) All covered Part D drugs on any tier of Marion Polk's formulary would not be as effective for the enrollee as the non-formulary drug, and/or would have adverse effects, (2) The number of doses available under a dose restriction for the prescription drug: (a) Has been ineffective in the treatment of the enrollee¿s disease or medical condition or, (b) Based on both sound clinical evidence and medical and scientific evidence, the known relevant physical or mental characteristics of the enrollee, and known characteristics of the drug regimen, is likely to be ineffective or adversely affect the drug's effectiveness or patient compliance, or (3) The prescription drug alternative(s) listed on the formulary or required to be used in accordance with step therapy requirements: (a) Has been ineffective in the treatment of the enrollee's disease or medical condition or, based on both sound clinical evidence and medical and scientific evidence, the known relevant physical or mental characteristics of the enrollee, and known characteristics of the drug regimen, is likely to be ineffective or adversely affect the drug's effectiveness or patient compliance, or (b) Has caused or, based on sound clinical evidence and medical and scientific evidence, is likely to cause an adverse reaction or other harm to the enrollee. - If Marion Polk makes a request for additional supporting medical documentation, then it must clearly identify the type of information that must be submitted, and - If Marion Polk is waiting on a physician's statement in support of a formulary exception request, Marion Polk must wait a minimum of 96 hours after receiving a standard request or a minimum of 48 hours after receiving an expedited request before issuing its determination on the formulary exception. Marion Polk must conduct training of appropriate staff on these policies and procedures and submit documentation to CMS that details the nature of this training, including: the materials used in the training, the individuals conducting the training, and the individuals being trained. No corrective action is required on Marion Polk's policies and procedures that lack provisions stating that it: (1) Must not keep the exceptions request open indefinitely when a physician does not submit a supporting statement, and (2) Must grant a formulary exception when it determines that one of the three aforementioned factors has been demonstrated, and the drug would be covered but for the fact that it is an off-formulary drug. Marion Polk must provide CMS with a CMS-approved or accepted notice for requesting additional information from the enrollee¿s prescribing physician (i.e., a notice consistent with the CMS-issued model notice, 'Request for Additional Information'). If Marion Polk does not have a notice template that has been approved or accepted by CMS (i.e., a notice consistent with the CMS-issued model notice, 'Request for Additional Information'), then it must submit one for CMS approval through the normal marketing review submission process, and provide evidence that it has done this for the purpose of this audit. Marion Polk must conduct training of appropriate staff on the use of this notice template and submit documentation to CMS that details the nature of this training, including: the materials used in the training, the individuals conducting the training, and the individuals being trained.

CMS Part D Audit Report

Auditing Results (Public Website Version)

Date Report Generated: 9/30/2008

Contract Number: All, Chapter: All, Element: All, Finding: Not Met, Auditor: All

Findings: Not Met
Audit ID: 2281
Contract Number: H5995
Part D Sponsor Name: MARION POLK COMMUNITY HEALTH PLAN ADVANTAGE, INC.

Audit Guide Version: MA-PD Sponsor Part D Audit Guide Version 1
Auditing Element: CE03
Audit Type: Routine
Audit Location: Desk Review
Date Report Issued: 1/8/2008
Date Report Due: 2/22/2008
Element Accepted Date: 4/3/2008
Element Release Date: 4/3/2008
Element Projected Completion Date: 3/26/2008

3 Year Reporting Cycle: 1/1/2006 - 12/31/2008
Estimated Visit Start Date: 11/5/2007
Estimated Visit Start Date: 11/9/2007
Actual Visit Start Date: 11/5/2007
Actual Visit End Date: 11/9/2007
Part D Sponsor Response Received Date: 2/22/2008
Part D Sponsor Response Due Date: 2/22/2008
CAP Release Date: 6/26/2008
CAP Accepted Date: 4/23/2008

Requirement:

Approval of Tiering and Non-Formulary Exceptions Requests - Following approval of a request for a tiering or a non-formulary exception, the Part D sponsor cannot require an approval for a refill or a new prescription following the initial prescription, provided that (i) the enrollee¿s prescribing physician continues to prescribe the drug; (ii) the drug continues to be considered safe for treating the enrollee¿s disease or medical condition; and (iii) the enrollment period has not expired. For tiering exceptions, the Part D sponsor must permit enrollees to obtain an approved non-preferred drug at the more favorable cost-sharing terms applicable to drugs in the preferred tier. For approved non-formulary exceptions, the Part D sponsor has the flexibility to determine what level of cost-sharing applies to all non-formulary drugs approved under the exceptions process, so long as the designated level is one of its existing cost-sharing tiers.

Reference:

42 CFR § 423.578(c)(3); § 423.578(c)(4)(i-ii); EP Attestation Addendum; Prescription Drug Benefit Manual; Chapter 18 ¿ Part D Enrollee Grievances, Coverage Determinations, and Appeals

Deficiencies:

Marion Polk does not meet this requirement because CMS reviewed Marion Polk's policies and procedures for determining cost-sharing for approved exceptions and found they do not include a provision stating that enrollees are not required to request an approval following the initial prescription for the remainder of the plan year.

Corrective Action Required:

Marion Polk must revise its policies and procedures to include a provision stating that enrollees are not required to request an approval following the initial prescription for the remainder of the plan year. Marion Polk must conduct training of appropriate staff on these policies and procedures and submit documentation to CMS that details the nature of this training, including: the materials used in the training, the individuals conducting the training, and the individuals being trained.

CMS Part D Audit Report

Auditing Results (Public Website Version)

Date Report Generated: 9/30/2008

Contract Number: All, Chapter: All, Element: All, Finding: Not Met, Auditor: All

Findings: Not Met **Audit ID:** 2281
Contract Number: H5995 **Part D Sponsor Name:** MARION POLK COMMUNITY HEALTH PLAN ADVANTAGE, INC.

Audit Guide Version: MA-PD Sponsor Part D Audit Guide Version 1
Auditing Element: GV01
Audit Type: Routine
Audit Location: Desk Review
Date Report Issued: 1/8/2008
Date Report Due: 2/22/2008
Element Accepted Date: 4/3/2008
Element Release Date: 6/26/2008
Element Projected Completion Date: 6/30/2008

3 Year Reporting Cycle: 1/1/2006 - 12/31/2008
Estimated Visit Start Date: 11/5/2007
Estimated Visit Start Date: 11/9/2007
Actual Visit Start Date: 11/5/2007
Actual Visit End Date: 11/9/2007
Part D Sponsor Response Received Date: 2/22/2008
Part D Sponsor Response Due Date: 2/22/2008
CAP Release Date: 6/26/2008
CAP Accepted Date: 4/23/2008

Requirement:

Complaint Categorization (Grievances vs. Coverage Determinations) - The Part D sponsor must promptly and correctly determine and inform the enrollee whether a complaint is subject to its grievance procedures or its coverage determination procedures.

Reference:

42 CFR § 423.564(b); Prescription Drug Benefit Manual; Chapter 18 ¿ Part D Enrollee Grievances, Coverage Determinations, and Appeals

Deficiencies:

Marion Polk does not meet this requirement because CMS reviewed Marion Polk's policies and procedures regarding the categorization of complaints as inquiries, grievances, or coverage determinations and found they do not include provisions for promptly and correctly categorizing complaints as inquiries, grievances, or coverage determinations/appeals. CMS requested documentation regarding Marion Polk's communication methods for informing enrollees of their complaint categorization, and Marion Polk was unable to demonstrate that it has a means of informing enrollees whether their complaints are subject to grievance procedures or coverage determinations procedures. CMS requested Marion Polk's notice template for informing enrollees about inquiries involving excluded drugs and Marion Polk was unable to demonstrate that, during the audit period, it had a notice that is consistent with the CMS-issued model notice, Notice of Inquiry Regarding an Excluded Drug. CMS reviewed 15 standard grievances from a universe of 21 and found 14 cases where Marion Polk improperly categorized the complaint as a grievance.

Corrective Action Required:

No corrective action is required on Marion Polk's notice for informing enrollees about inquiries involving excluded drugs. CMS reviewed the file "GV01_SNP Rx Notice of Inquiry.pdf." Because the notice has an approval date after the end of the audit period, CMS did not review the template to determine compliance with this element. However, CMS determined that "GV01_SNP Rx Notice of Inquiry.pdf" is consistent with the CMS-issued model notice, Notice of Inquiry Regarding an Excluded Drug and that it demonstrates Marion Polk currently has a notice template that is compliant with the requirements of this element. Marion Polk must revise its policies and procedures to include provisions for promptly and correctly categorizing incoming complaints as inquiries, grievances or coverage determinations/appeals. Marion Polk must conduct training of appropriate staff on these policies and procedures and submit documentation to CMS that details the nature of this training, including: the materials used in the training, the individuals conducting the training, and the individuals being trained. Marion Polk must provide documentation to CMS that illustrates Marion Polk is correctly categorizing complaints as grievances, coverage determinations/appeals or inquiries. In addition, Marion Polk must provide documentation showing that it notifies enrollees whether their complaint is subject to grievance or coverage determination processes, per CMS requirements.

CMS Part D Audit Report

Auditing Results (Public Website Version)

Date Report Generated: 9/30/2008

Contract Number: All, Chapter: All, Element: All, Finding: Not Met, Auditor: All

Findings: Not Met **Audit ID:** 2281
Contract Number: H5995 **Part D Sponsor Name:** MARION POLK COMMUNITY HEALTH PLAN ADVANTAGE, INC.

Audit Guide Version: MA-PD Sponsor Part D Audit Guide Version 1
Auditing Element: GV02
Audit Type: Routine
Audit Location: Desk Review
Date Report Issued: 1/8/2008
Date Report Due: 2/22/2008
Element Accepted Date: 3/17/2008
Element Release Date: 6/26/2008
Element Projected Completion Date: 3/25/2008

3 Year Reporting Cycle: 1/1/2006 - 12/31/2008
Estimated Visit Start Date: 11/5/2007
Estimated Visit Start Date: 11/9/2007
Actual Visit Start Date: 11/5/2007
Actual Visit End Date: 11/9/2007
Part D Sponsor Response Received Date: 2/22/2008
Part D Sponsor Response Due Date: 2/22/2008
CAP Release Date: 6/26/2008
CAP Accepted Date: 4/23/2008

Requirement:

Grievance Policies and Procedures - The Part D sponsor must establish and maintain policies and procedures for tracking and addressing the timely hearing and resolution of all oral and written enrollee grievances including but not limited to the following: fraud and abuse, enrollment/disenrollment, benefit package, pharmacy access/network, marketing, customer service, confidentiality/privacy, and quality of care. The Part D sponsor must also maintain records of such grievances.

Reference:

42 CFR § 423.562(a)(1)(i); § 423.564(a-b); § 423.564(g); MA-PD Solicitation; Prescription Drug Benefit Manual; Chapter 18 ¿ Part D Enrollee Grievances, Coverage Determinations, and Appeals; Reporting Requirements for Section V: Grievances

Deficiencies:

Marion Polk does not meet this requirement because CMS reviewed Marion Polk's policies and procedures regarding reporting requirements for grievances data elements and found that they do not include a provision for marking quarterly reports of all data requested in "Reporting Requirements: Grievances." CMS reviewed Marion Polk's documentation regarding its systems for logging or capturing enrollees' grievances and found that it does not indicate that Marion Polk consistently tracks the disposition of the grievance and the date the enrollee was notified of the disposition.

Corrective Action Required:

Marion Polk must revise its policies and procedures to include a provision for marking quarterly reports of all data requested in "Reporting Requirements: Grievances." Marion Polk must conduct training of appropriate staff on these policies and procedures and submit documentation to CMS that details the nature of this training, including: the materials used in the training, the individuals conducting the training, and the individuals being trained. Marion Polk must provide documentation of its systems demonstrating that Marion Polk tracks and stores the disposition of the grievance and the date the enrollee was notified of the disposition.

CMS Part D Audit Report

Auditing Results (Public Website Version)

Date Report Generated: 9/30/2008

Contract Number: All, Chapter: All, Element: All, Finding: Not Met, Auditor: All

Findings: Not Met **Audit ID:** 2281
Contract Number: H5995 **Part D Sponsor Name:** MARION POLK COMMUNITY HEALTH PLAN ADVANTAGE, INC.

Audit Guide Version: MA-PD Sponsor Part D Audit Guide Version 1
Auditing Element: GV03
Audit Type: Routine
Audit Location: Desk Review
Date Report Issued: 1/8/2008
Date Report Due: 2/22/2008
Element Accepted Date: 3/17/2008
Element Release Date: 4/3/2008
Element Projected Completion Date: 2/22/2008

3 Year Reporting Cycle: 1/1/2006 - 12/31/2008
Estimated Visit Start Date: 11/5/2007
Estimated Visit Start Date: 11/9/2007
Actual Visit Start Date: 11/5/2007
Actual Visit End Date: 11/9/2007
Part D Sponsor Response Received Date: 2/22/2008
Part D Sponsor Response Due Date: 2/22/2008
CAP Release Date: 6/26/2008
CAP Accepted Date: 4/23/2008

Requirement:

Grievance Process Training - The Part D sponsor will train relevant staff and subcontractors on its grievance policies and procedures.

Reference:

MA-PD Solicitation

Deficiencies:

Marion Polk does not meet this requirement because CMS reviewed Marion Polk's policies and procedures regarding grievance process training and found that they do not include a provision for training relevant staff on grievance policies and procedures. CMS reviewed Marion Polk's training documentation and found that it did not demonstrate that Marion Polk conducted staff training on its grievance policies and procedures during the audit period.

Corrective Action Required:

No corrective action is required on Marion Polk's policies and procedures that lack a provision for training relevant staff on grievance policies and procedures. CMS reviewed the file "MPCHP Advantage Grievances Part D." Because it was approved after the end of the audit period, CMS did not review it to determine compliance with this element. However, CMS did determine that "MPCHP Advantage Grievances Part D" contains provisions that demonstrate Marion Polk has corrected the aforementioned deficiency in its policies and procedures that CMS is citing for this element. No corrective action is required on Marion Polk's training documentation. CMS reviewed the sign-in sheets in the file "MPCHP Advantage Grievance and Appeals Training." Because the documentation was dated after the end of the audit period, CMS did not review it to determine compliance with this element. However, CMS did determine that Marion Polk has and implements training on grievance policies and procedures for staff and contractors (if applicable).

CMS Part D Audit Report

Auditing Results (Public Website Version)

Date Report Generated: 9/30/2008

Contract Number: All, Chapter: All, Element: All, Finding: Not Met, Auditor: All

Findings: Not Met **Audit ID:** 2281
Contract Number: H5995 **Part D Sponsor Name:** MARION POLK COMMUNITY HEALTH PLAN ADVANTAGE, INC.

Audit Guide Version: MA-PD Sponsor Part D Audit Guide Version 1
Auditing Element: GV04
Audit Type: Routine
Audit Location: Desk Review
Date Report Issued: 1/8/2008
Date Report Due: 2/22/2008
Element Accepted Date: 3/17/2008
Element Release Date: 6/26/2008
Element Projected Completion Date: 3/25/2008

3 Year Reporting Cycle: 1/1/2006 - 12/31/2008
Estimated Visit Start Date: 11/5/2007
Estimated Visit Start Date: 11/9/2007
Actual Visit Start Date: 11/5/2007
Actual Visit End Date: 11/9/2007
Part D Sponsor Response Received Date: 2/22/2008
Part D Sponsor Response Due Date: 2/22/2008
CAP Release Date: 6/26/2008
CAP Accepted Date: 4/23/2008

Requirement:

Timely Notification of Grievance Disposition - The Part D sponsor must notify the enrollee of its decision as expeditiously as the case requires, based on the enrollee¿s health status, but no later than 30 days after the date the Part D sponsor receives the oral or written grievance (or an additional 14 days if an extension is requested by the enrollee or justified by the Part D sponsor). If the Part D sponsor extends the deadline, it must immediately notify the enrollee in writing of the reason(s) for the delay.

Reference:

42 CFR § 423.564(e)(1-2); MA-PD Solicitation; Prescription Drug Benefit Manual; Chapter 18 ¿ Part D Enrollee Grievances, Coverage Determinations, and Appeals

Deficiencies:

Marion Polk does not meet this requirement because CMS reviewed Marion Polk's policies and procedures regarding enrollee notification of grievance disposition and found they do not include the following: - A provision stating that all concerned parties must be notified of grievance disposition as expeditiously as the enrollee's case requires, based on the enrollee's health status, but not later than 30 days after Marion Polk receives the oral or written grievance. Marion Polk's policies and procedures state that it will send written notice to the member within 30 days of receipt of the grievance. - A provision stating that the 30-day timeframe may be extended by 14 days or less if the enrollee requests the extension or if Marion Polk justifies a need for additional information and documents how the delay is in the interest of the enrollee, and - A provision stating that the enrollee must immediately be notified in writing when Marion Polk extends the deadline. CMS reviewed 15 standard grievances from a universe of 21 and found that eight cases failed to demonstrate that Marion Polk adjudicated the grievances correctly. Specifically: - Three sample cases failed to demonstrate that Marion Polk resolved the issue fully, - Five cases didn¿t demonstrate that Marion Polk notified the enrollee of the grievance disposition.

Corrective Action Required:

Marion Polk must revise its policies and procedures to include the following: - A provision stating that all concerned parties must be notified of grievance disposition as expeditiously as the enrollee's case requires, based on the enrollee's health status, - A provision stating that the 30-day timeframe may be extended by 14 days or less if the enrollee requests the extension or if Marion Polk justifies a need for additional information and documents how the delay is in the interest of the enrollee, and - A provision stating that the enrollee must immediately be notified in writing when Marion Polk extends the deadline for resolving the grievance. Marion Polk must conduct training of appropriate staff on these policies and procedures and submit documentation to CMS that details the nature of this training, including: the materials used in the training, the individuals conducting the training, and the individuals being trained. Marion Polk must provide documentation to CMS that demonstrates it adjudicates enrollee grievances fully and notifies the enrollee of the grievance disposition.

CMS Part D Audit Report

Auditing Results (Public Website Version)

Date Report Generated: 9/30/2008

Contract Number: All, Chapter: All, Element: All, Finding: Not Met, Auditor: All

Findings: Not Met **Audit ID:** 2281
Contract Number: H5995 **Part D Sponsor Name:** MARION POLK COMMUNITY HEALTH PLAN ADVANTAGE, INC.

Audit Guide Version: MA-PD Sponsor Part D Audit Guide Version 1
Auditing Element: GV05
Audit Type: Routine
Audit Location: Desk Review
Date Report Issued: 1/8/2008
Date Report Due: 2/22/2008
Element Accepted Date: 3/17/2008
Element Release Date: 6/26/2008
Element Projected Completion Date: 3/25/2008

3 Year Reporting Cycle: 1/1/2006 - 12/31/2008
Estimated Visit Start Date: 11/5/2007
Estimated Visit Start Date: 11/9/2007
Actual Visit Start Date: 11/5/2007
Actual Visit End Date: 11/9/2007
Part D Sponsor Response Received Date: 2/22/2008
Part D Sponsor Response Due Date: 2/22/2008
CAP Release Date: 6/26/2008
CAP Accepted Date: 4/23/2008

Requirement:

Method of Grievance Response - The Part D sponsor must respond to all written grievances in writing (including facsimile). If the enrollee orally submits a grievance and requests a written response, the Part D sponsor must respond in writing.

Reference:

42 CFR § 423.564(e)(3)(i-ii); Prescription Drug Benefit Manual; Chapter 18 ¿ Part D Enrollee Grievances, Coverage Determinations, and Appeals

Deficiencies:

Marion Polk does not meet this requirement because CMS reviewed 15 standard grievances from a universe of 21 and found that five cases failed to demonstrate that Marion Polk's method of responding to the enrollee regarding the grievance was correct. Specifically, five cases didn't demonstrate that Marion Polk notified the enrollee of the grievance disposition.

Corrective Action Required:

Marion Polk must provide documentation to CMS that demonstrates it notifies the enrollee of the grievance disposition. When notifying the enrollee of the grievance disposition, Marion Polk must adhere to the requirements that written grievances must be responded to in writing, any oral grievances in which an enrollee requests written response must be responded to in writing, and all grievances related to quality of care issues must be responded to in writing regardless of how the grievance was submitted.

CMS Part D Audit Report

Auditing Results (Public Website Version)

Date Report Generated: 9/30/2008

Contract Number: All, Chapter: All, Element: All, Finding: Not Met, Auditor: All

Findings: Not Met **Audit ID:** 2281
Contract Number: H5995 **Part D Sponsor Name:** MARION POLK COMMUNITY HEALTH PLAN ADVANTAGE, INC.

Audit Guide Version: MA-PD Sponsor Part D Audit Guide Version 1
Auditing Element: GV06
Audit Type: Routine
Audit Location: Desk Review
Date Report Issued: 1/8/2008
Date Report Due: 2/22/2008
Element Accepted Date: 3/17/2008
Element Release Date: 4/3/2008
Element Projected Completion Date: 2/22/2008

3 Year Reporting Cycle: 1/1/2006 - 12/31/2008
Estimated Visit Start Date: 11/5/2007
Estimated Visit Start Date: 11/9/2007
Actual Visit Start Date: 11/5/2007
Actual Visit End Date: 11/9/2007
Part D Sponsor Response Received Date: 2/22/2008
Part D Sponsor Response Due Date: 2/22/2008
CAP Release Date: 6/26/2008
CAP Accepted Date: 4/23/2008

Requirement:

Grievance Response ¿ Quality of Care - The Part D sponsor must respond in writing to all grievances related to the quality of care. The response must include a description of the enrollee¿s right to file a written complaint with the Quality Improvement Organization (QIO). If a complaint is submitted to the QIO, the Part D sponsor must cooperate with the QIO in resolving the complaint.

Reference:

42 CFR § 423.564(e)(3)(iii); Prescription Drug Benefit Manual; Chapter 18 ¿ Part D Enrollee Grievances, Coverage Determinations, and Appeals

Deficiencies:

Marion Polk does not meet this requirement because CMS reviewed Marion Polk's policies and procedures regarding grievances related to quality of care and found they did not state Marion Polk's commitment to cooperating with the QIO in resolving grievance cases.

Corrective Action Required:

Marion Polk must revise its policies and procedures to include a statement of Marion Polk's commitment to cooperating with the QIO in resolving grievance cases. Marion Polk must conduct training of appropriate staff on these policies and procedures and submit documentation to CMS that details the nature of this training, including: the materials used in the training, the individuals conducting the training, and the individuals being trained.

CMS Part D Audit Report

Auditing Results (Public Website Version)

Date Report Generated: 9/30/2008

Contract Number: All, Chapter: All, Element: All, Finding: Not Met, Auditor: All

Findings: Not Met **Audit ID:** 2281
Contract Number: H5995 **Part D Sponsor Name:** MARION POLK COMMUNITY HEALTH PLAN ADVANTAGE, INC.

Audit Guide Version: MA-PD Sponsor Part D Audit Guide Version 1
Auditing Element: GV07
Audit Type: Routine
Audit Location: Desk Review
Date Report Issued: 1/8/2008
Date Report Due: 2/22/2008
Element Accepted Date: 3/17/2008
Element Release Date: 4/3/2008
Element Projected Completion Date: 2/22/2008

3 Year Reporting Cycle: 1/1/2006 - 12/31/2008
Estimated Visit Start Date: 11/5/2007
Estimated Visit Start Date: 11/9/2007
Actual Visit Start Date: 11/5/2007
Actual Visit End Date: 11/9/2007
Part D Sponsor Response Received Date: 2/22/2008
Part D Sponsor Response Due Date: 2/22/2008
CAP Release Date: 6/26/2008
CAP Accepted Date: 4/23/2008

Requirement:

Timely Response to Expedited Grievances - The Part D sponsor must respond to an enrollee¿s grievance within 24 hours if the complaint involves a refusal by the Part D sponsor to grant an enrollee¿s request for an expedited coverage determination or an expedited redetermination, and the enrollee has not yet purchased or received the drug that is in dispute.

Reference:

42 CFR § 423.564(f); Prescription Drug Benefit Manual; Chapter 18 ¿ Part D Enrollee Grievances, Coverage Determinations, and Appeals

Deficiencies:

Marion Polk does not meet this requirement because CMS reviewed Marion Polk's policies and procedures regarding timely response to expedited grievances and found that they do not include a provision for responding to an enrollee's expedited grievance within 24 hours if the complaint involves a refusal by the Part D sponsor to grant an enrollee¿s request for an expedited coverage determination or an expedited redetermination.

Corrective Action Required:

No corrective action is required on Marion Polk's policies and procedures. CMS reviewed the file "MPCHP Advantage Grievances Part D." Because it was approved after the end of the audit period, CMS did not review it to determine compliance with this element. However, CMS did determine that "MPCHP Advantage Grievances Part D" contains provisions that demonstrate Marion Polk has corrected the aforementioned deficiency in its policies and procedures that CMS is citing for this element.

CMS Part D Audit Report

Auditing Results (Public Website Version)

Date Report Generated: 9/30/2008

Contract Number: All, Chapter: All, Element: All, Finding: Not Met, Auditor: All

Findings: Not Met **Audit ID:** 2281

Contract Number: H5995 **Part D Sponsor Name:** MARION POLK COMMUNITY HEALTH PLAN ADVANTAGE, INC.

Audit Guide Version: MA-PD Sponsor Part D Audit Guide Version 1
Auditing Element: RE02
Audit Type: Routine
Audit Location: Desk Review
Date Report Issued: 1/8/2008
Date Report Due: 2/22/2008
Element Accepted Date: 3/17/2008
Element Release Date: 4/3/2008
Element Projected Completion Date: 2/22/2008

3 Year Reporting Cycle: 1/1/2006 - 12/31/2008
Estimated Visit Start Date: 11/5/2007
Estimated Visit Start Date: 11/9/2007
Actual Visit Start Date: 11/5/2007
Actual Visit End Date: 11/9/2007
Part D Sponsor Response Received Date: 2/22/2008
Part D Sponsor Response Due Date: 2/22/2008
CAP Release Date: 6/26/2008
CAP Accepted Date: 4/23/2008

Requirement:

Request for Redeterminations (Expedited) - The Part D sponsor must establish and maintain an efficient and convenient means for an enrollee or a prescribing physician acting on behalf of an enrollee to submit oral or written requests for expedited redeterminations, document all oral requests in writing, and maintain the documentation in a case file. The Part D sponsor must provide the enrollee or the prescribing physician with a reasonable opportunity to present in person or in writing evidence and allegations of fact or law related to the issue in dispute. Since the opportunity to submit evidence is limited, the Part D sponsor must inform the enrollee or the prescribing physician of the conditions for submitting such evidence.

Reference:

42 CFR § 423.584(c)(1); § 423.586; MA-PD Solicitation; Prescription Drug Benefit Manual; Chapter 18 ¿ Part D Enrollee Grievances, Coverage Determinations, and Appeals

Deficiencies:

Marion Polk does not meet this requirement because CMS reviewed Marion Polk's policies and procedures for accepting and addressing requests for expedited redeterminations and found they do not include a provision for maintaining an efficient and convenient means for an enrollee or a prescribing physician acting on behalf of an enrollee to submit oral or written requests for expedited redeterminations.

Corrective Action Required:

Marion Polk must revise its policies and procedures to include a provision for maintaining an efficient and convenient means for an enrollee or a prescribing physician acting on behalf of an enrollee to submit oral or written requests for expedited redeterminations. Marion Polk must conduct training of appropriate staff on these policies and procedures and submit documentation to CMS that details the nature of this training, including: the materials used in the training, the individuals conducting the training, and the individuals being trained.

CMS Part D Audit Report

Auditing Results (Public Website Version)

Date Report Generated: 9/30/2008

Contract Number: All, Chapter: All, Element: All, Finding: Not Met, Auditor: All

Findings: Not Met **Audit ID:** 2281
Contract Number: H5995 **Part D Sponsor Name:** MARION POLK COMMUNITY HEALTH PLAN ADVANTAGE, INC.

Audit Guide Version: MA-PD Sponsor Part D Audit Guide Version 1
Auditing Element: RE03
Audit Type: Routine
Audit Location: Desk Review
Date Report Issued: 1/8/2008
Date Report Due: 2/22/2008
Element Accepted Date: 3/17/2008
Element Release Date: 4/3/2008
Element Projected Completion Date: 2/22/2008

3 Year Reporting Cycle: 1/1/2006 - 12/31/2008
Estimated Visit Start Date: 11/5/2007
Estimated Visit Start Date: 11/9/2007
Actual Visit Start Date: 11/5/2007
Actual Visit End Date: 11/9/2007
Part D Sponsor Response Received Date: 2/22/2008
Part D Sponsor Response Due Date: 2/22/2008
CAP Release Date: 6/26/2008
CAP Accepted Date: 4/23/2008

Requirement:

Decision to Accept or Deny Request for Expedited Redetermination - The Part D sponsor must promptly decide whether to expedite the redetermination if it determines, based on the enrollee¿s request, or as indicated in the prescribing physician¿s request, that applying the standard timeframe for making a redetermination may seriously jeopardize the enrollee¿s life, health, or ability to regain maximum function.

Reference:

42 CFR § 423.584(c)(2); Prescription Drug Benefit Manual; Chapter 18 ¿ Part D Enrollee Grievances, Coverage Determinations, and Appeals

Deficiencies:

Marion Polk does not meet this requirement because CMS reviewed Marion Polk's policies and procedures regarding decisions to accept or deny requests for expedited redeterminations and found they do not include: - A provision stating that that the decision to accept or deny an expedited redetermination request is based on the enrollee's request indicating that applying the standard timeframe for making a redetermination may seriously jeopardize the enrollee's life, health, or ability to regain maximum function, and - A provision stating that any additional medical information Marion Polk requires, must be requested within 24 hours of receiving the initial request for an expedited redetermination.

Corrective Action Required:

Marion Polk must revise its policies and procedures to include a provision stating that any additional medical information Marion Polk requires, must be requested within 24 hours of receiving the initial request for an expedited redetermination. Marion Polk must conduct training of appropriate staff on these policies and procedures and submit documentation to CMS that details the nature of this training, including: the materials used in the training, the individuals conducting the training, and the individuals being trained. No corrective action is required on Marion Polk's policies and procedures that lack a provision stating that that the decision to accept or deny an expedited redetermination request is based on the enrollee's request indicating that applying the standard timeframe for making a redetermination may seriously jeopardize the enrollee¿s life, health, or ability to regain maximum function. CMS reviewed the file, "CD02a_MPCHP Advantage Part D Appeals.doc." Because it was revised outside the audit period, CMS did not review it to determine compliance with this element. However, CMS did determine that "CD02a_MPCHP Advantage Part D Appeals.doc" contains provisions that demonstrate that Marion Polk has corrected the aforementioned deficiency in its policies and procedures that CMS is citing for this element.

CMS Part D Audit Report

Auditing Results (Public Website Version)

Date Report Generated: 9/30/2008

Contract Number: All, Chapter: All, Element: All, Finding: Not Met, Auditor: All

Findings: Not Met **Audit ID:** 2281
Contract Number: H5995 **Part D Sponsor Name:** MARION POLK COMMUNITY HEALTH PLAN ADVANTAGE, INC.

Audit Guide Version: MA-PD Sponsor Part D Audit Guide Version 1
Auditing Element: RE04
Audit Type: Routine
Audit Location: Desk Review
Date Report Issued: 1/8/2008
Date Report Due: 2/22/2008
Element Accepted Date: 3/17/2008
Element Release Date: 4/3/2008
Element Projected Completion Date: 2/22/2008

3 Year Reporting Cycle: 1/1/2006 - 12/31/2008
Estimated Visit Start Date: 11/5/2007
Estimated Visit Start Date: 11/9/2007
Actual Visit Start Date: 11/5/2007
Actual Visit End Date: 11/9/2007
Part D Sponsor Response Received Date: 2/22/2008
Part D Sponsor Response Due Date: 2/22/2008
CAP Release Date: 6/26/2008
CAP Accepted Date: 4/23/2008

Requirement:

Actions Following Decision to Deny Request for Expedited Redetermination - If the Part D sponsor denies a request for an expedited redetermination, it must automatically transfer the request to the standard redetermination timeframe, provide prompt oral notice to the enrollee, according to CMS requirements, and provide equivalent written notice within 3 calendar days of the oral notice.

Reference:

42 CFR § 423.584(d-e); Prescription Drug Benefit Manual; Chapter 18 ¿ Part D Enrollee Grievances, Coverage Determinations, and Appeals

Deficiencies:

Marion Polk does not meet this requirement because CMS reviewed Marion Polk's policies and procedures regarding enrollee notification following decision to deny request for expedited redetermination and found they do not include a provision stating that Marion Polk must provide prompt oral notice to the enrollee, and provide equivalent written notice within 3 calendar days of the oral notice.

Corrective Action Required:

Marion Polk must revise its policies and procedures to include a provision stating that Marion Polk must provide prompt oral notice to the enrollee, and provide equivalent written notice within 3 calendar days of the oral notice. Marion Polk must conduct training of appropriate staff on these policies and procedures and submit documentation to CMS that details the nature of this training, including: the materials used in the training, the individuals conducting the training, and the individuals being trained.

CMS Part D Audit Report
Auditing Results (Public Website Version)

Date Report Generated: 9/30/2008

Contract Number: All, Chapter: All, Element: All, Finding: Not Met, Auditor: All

Findings: Not Met
Audit ID: 2281
Contract Number: H5995
Part D Sponsor Name: MARION POLK COMMUNITY HEALTH PLAN ADVANTAGE, INC.

Audit Guide Version: MA-PD Sponsor Part D Audit Guide Version 1
Auditing Element: RE05
Audit Type: Routine
Audit Location: Desk Review
Date Report Issued: 1/8/2008
Date Report Due: 2/22/2008
Element Accepted Date: 4/4/2008
Element Release Date: 6/26/2008
Element Projected Completion Date: 6/30/2008

3 Year Reporting Cycle: 1/1/2006 - 12/31/2008
Estimated Visit Start Date: 11/5/2007
Estimated Visit Start Date: 11/9/2007
Actual Visit Start Date: 11/5/2007
Actual Visit End Date: 11/9/2007
Part D Sponsor Response Received Date: 2/22/2008
Part D Sponsor Response Due Date: 2/22/2008
CAP Release Date: 6/26/2008
CAP Accepted Date: 4/23/2008

Requirement:

Timely Notification and Effectuation of Standard Redetermination Concerning Covered Drug Benefit - If the Part D sponsor makes a redetermination that is favorable for the enrollee, or affirms in whole or in part its original adverse coverage determination, it must notify the enrollee in writing of its redetermination as expeditiously as the enrollee¿s health condition requires, but no later than 7 calendar days from the date it received the request for a standard redetermination, meeting CMS requirements. For favorable redeterminations for the enrollee, the Part D sponsor must effectuate it as expeditiously as the enrollee¿s health condition requires, but no later than 7 calendar days from the date it receives the request. Failure to notify the enrollee within the timeframe constitutes an adverse redetermination decision requiring the Part D sponsor to forward the enrollee¿s request to the Independent Review Entity (IRE) within 24 hours of the expiration of the adjudication timeframe. The Part D sponsor must also inform the enrollee, within 24 hours of the expiration of the adjudication timeframe, when the case is forwarded to the IRE.

Reference:

42 CFR § 423.590(a)(1-2); § 423.590(c); § 423.590(g)(1-4); § 423.636(a)(1); Prescription Drug Benefit Manual; Chapter 18 ¿ Part D Enrollee Grievances, Coverage Determinations, and Appeals

Deficiencies:

Marion Polk does not meet this requirement because CMS reviewed Marion Polk's policies and procedures regarding timely notification and effectuation of standard redeterminations concerning covered drug benefit and found they do not include: - A provision stating that failure to notify the enrollee within the timeframe constitutes an adverse redetermination requiring Marion Polk to forward the enrollee's complete file to the Independent Review Entity (IRE) within 24 hours of the expiration of the adjudication timeframe, and - A provision stating that Marion Polk must inform the enrollee, within 24 hours, when the case is forwarded to the IRE. CMS reviewed Marion Polk's notice template for requesting a reconsideration and found the notice was consistent with CMS-issued model notice, Request for Reconsideration. However, it did not display it H contract number in the lower left-hand corner in accordance with CMS Marketing guidelines. CMS reviewed a sample of two requests for standard redeterminations concerning drug benefit from a universe of two and found that one case is non-compliant because Marion Polk did not demonstrate that it provided the notice, Request for Reconsideration, for denied redeterminations concerning drug benefit.

Corrective Action Required:

Marion Polk must update its policies and procedures to include a provision stating that Marion Polk must inform the enrollee, within 24 hours, when the case is forwarded to the IRE. Marion Polk must conduct training of its staff on these policies and procedures and submit documentation to CMS that details the nature of this training, including: the materials used in the training, the individuals conducting the training, and the individuals being trained. Marion Polk must provide CMS with documentation demonstrating that Marion Polk provides enrollees with the notice, Request for Reconsideration, for denied redeterminations concerning drug benefit. Marion Polk must provide CMS with a CMS-approved or accepted notice for requesting a reconsideration (i.e., a notice consistent with the CMS-issued model notice, Request for Reconsideration). If Marion Polk does not have a notice template that has been approved or accepted by CMS, then it must submit one for CMS approval through the normal marketing review submission process, and provide evidence that it has done this for the purpose of this audit. Marion Polk must conduct training of appropriate staff on the use of this notice template and submit documentation to CMS that details the nature of this training, including: the materials used in the training, the individuals conducting the training, and the individuals being trained. No corrective action is required on Marion Polk's policies and procedures that lack a provision stating that failure to notify the enrollee within the timeframe constitutes an adverse redetermination requiring Marion Polk to forward the enrollee's complete file to the Independent Review Entity (IRE) within 24 hours of the expiration of the adjudication timeframe. CMS reviewed the file, "CD02a_MPCHP Advantage Part D Appeals.doc." Because it was revised outside the audit period, CMS did not review it to determine compliance with this element. However, CMS did determine that "CD02a_MPCHP Advantage Part D Appeals.doc" contains provisions that demonstrate that Marion Polk has corrected the aforementioned deficiency in its policies and procedures that CMS is citing for this element.

CMS Part D Audit Report
Auditing Results (Public Website Version)

Date Report Generated: 9/30/2008

Contract Number: All, Chapter: All, Element: All, Finding: Not Met, Auditor: All

Findings: Not Met
Audit ID: 2281
Contract Number: H5995
Part D Sponsor Name: MARION POLK COMMUNITY HEALTH PLAN ADVANTAGE, INC.

Audit Guide Version: MA-PD Sponsor Part D Audit Guide Version 1
Auditing Element: RE06
Audit Type: Routine
Audit Location: Desk Review
Date Report Issued: 1/8/2008
Date Report Due: 2/22/2008
Element Accepted Date: 4/4/2008
Element Release Date: 4/4/2008
Element Projected Completion Date: 6/30/2008

3 Year Reporting Cycle: 1/1/2006 - 12/31/2008
Estimated Visit Start Date: 11/5/2007
Estimated Visit Start Date: 11/9/2007
Actual Visit Start Date: 11/5/2007
Actual Visit End Date: 11/9/2007
Part D Sponsor Response Received Date: 2/22/2008
Part D Sponsor Response Due Date: 2/22/2008
CAP Release Date: 6/26/2008
CAP Accepted Date: 4/23/2008

Requirement:

Timely Notification and Effectuation of Standard Redetermination Concerning Payment - If the Part D sponsor makes a redetermination that is favorable for the enrollee, or affirms in whole or in part its adverse coverage determination, it must issue its redetermination (in writing for the adverse redeterminations) no later than 7 calendar days from the date it received the request, meeting CMS requirements. For favorable redeterminations for the enrollee, the Part D sponsor must authorize the payment within 7 calendar days from the date it receives the request for redetermination. It must then make the payment no later than 30 calendar days after the date it receives the request for redetermination. Failure to notify the enrollee within the timeframe constitutes an adverse redetermination decision requiring the Part D sponsor to forward the enrollee¿s request to the Independent Review Entity (IRE) within 24 hours of the expiration of the adjudication timeframe. The Part D sponsor must also inform the enrollee, within 24 hours of the expiration of the adjudication timeframe, when the case is forwarded to the IRE.

Reference:

42 CFR § 423.590(b-c); § 423.590(g)(1-4); § 423.636(a)(2); Prescription Drug Benefit Manual; Chapter 18 ¿ Part D Enrollee Grievances, Coverage Determinations, and Appeals

Deficiencies:

Marion Polk does not meet this requirement because CMS reviewed Marion Polk's policies and procedures regarding timely notification and effectuation of standard redeterminations concerning payment and found they do not include: - A provision stating that for redeterminations favorable to the enrollee, Marion Polk must authorize payment within 7 calendar days and make payment within 30 calendar days from the date it received the request for a standard redetermination, - A provision stating that failure to notify the enrollee within the timeframe constitutes an adverse redetermination requiring Marion Polk to forward the enrollee's complete file to the Independent Review Entity (IRE) within 24 hours of the expiration of the adjudication timeframe, and - A provision stating that Marion Polk must inform the enrollee, within 24 hours, when the case is forwarded to the IRE. CMS reviewed Marion Polk's notice template for requesting a reconsideration and found the notice was consistent with CMS-issued model notice, Request for Reconsideration. However, it did not display its H contract number in the lower left-hand corner in accordance with CMS Marketing guidelines.

Corrective Action Required:

Marion Polk must update its policies and procedures to include a provision stating that Marion Polk must inform the enrollee, within 24 hours, when the case is forwarded to the IRE. Marion Polk must conduct training of its staff on these policies and procedures and submit documentation to CMS that details the nature of this training, including: the materials used in the training, the individuals conducting the training, and the individuals being trained. Marion Polk must provide CMS with a CMS-approved or accepted notice for requesting a reconsideration (i.e., a notice consistent with the CMS-issued model notice, Request for Reconsideration). If Marion Polk does not have a notice template that has been approved or accepted by CMS, then it must submit one for CMS approval through the normal marketing review submission process, and provide evidence that it has done this for the purpose of this audit. Marion Polk must conduct training of appropriate staff on the use of this notice template and submit documentation to CMS that details the nature of this training, including: the materials used in the training, the individuals conducting the training, and the individuals being trained. No corrective action is required on Marion Polk's policies and procedures that lack: - A provision stating that for redeterminations favorable to the enrollee, Marion Polk must authorize payment within 7 calendar days and make payment within 30 calendar days from the date it received the request for a standard redetermination, and - A provision stating that failure to notify the enrollee within the timeframe constitutes an adverse redetermination requiring Marion Polk to forward the enrollee's complete file to the Independent Review Entity (IRE) within 24 hours of the expiration of the adjudication timeframe. CMS reviewed the file, "CD02a_MPCHP Advantage Part D Appeals." Because it was revised outside the audit period, CMS did not review it to determine compliance with this element. However, CMS did determine that "CD02a_MPCHP Advantage Part D Appeals" contains provisions that demonstrate that Marion Polk has corrected the aforementioned deficiency in its policies and procedures that CMS is citing for this element.

CMS Part D Audit Report
Auditing Results (Public Website Version)

Date Report Generated: 9/30/2008

Contract Number: All, Chapter: All, Element: All, Finding: Not Met, Auditor: All

Findings: Not Met **Audit ID:** 2281
Contract Number: H5995 **Part D Sponsor Name:** MARION POLK COMMUNITY HEALTH PLAN ADVANTAGE, INC.

Audit Guide Version: MA-PD Sponsor Part D Audit Guide Version 1
Auditing Element: RE07
Audit Type: Routine
Audit Location: Desk Review
Date Report Issued: 1/8/2008
Date Report Due: 2/22/2008
Element Accepted Date: 4/4/2008
Element Release Date: 4/4/2008
Element Projected Completion Date: 6/30/2008

3 Year Reporting Cycle: 1/1/2006 - 12/31/2008
Estimated Visit Start Date: 11/5/2007
Estimated Visit Start Date: 11/9/2007
Actual Visit Start Date: 11/5/2007
Actual Visit End Date: 11/9/2007
Part D Sponsor Response Received Date: 2/22/2008
Part D Sponsor Response Due Date: 2/22/2008
CAP Release Date: 6/26/2008
CAP Accepted Date: 4/23/2008

Requirement:

Timely Notification of Expedited Redetermination and Request for Medical Information - If a Part D sponsor grants a request for expedited redetermination, it must complete its redetermination and give the enrollee (and the prescribing physician involved, as appropriate), notice of its decision as expeditiously as the enrollee¿s health condition requires but no later than 72 hours after receiving the request. If medical information is necessary, the Part D sponsor must make the request within 24 hours of receiving the initial request for an expedited redetermination. Failure to notify the enrollee within the timeframe constitutes an adverse redetermination decision requiring the Part D sponsor to forward the enrollee¿s request to the Independent Review Entity (IRE) within 24 hours of the expiration of the adjudication timeframe. The Part D sponsor must also inform the enrollee, within 24 hours of the expiration of the adjudication timeframe, when the case is forwarded to the IRE.

Reference:

42 CFR § 423.584(e); § 423.590(d-e); § 423.638(a); Prescription Drug Benefit Manual; Chapter 18 ¿ Part D Enrollee Grievances, Coverage Determinations, and Appeals

Deficiencies:

Marion Polk does not meet this requirement because CMS reviewed Marion Polk's policies and procedures regarding enrollee notification following a decision on an expedited redetermination and requesting medical information required for making a decision on an expedited redetermination and found they do not include: - A provision stating that Marion Polk must notify the enrollee (and the prescribing physician involved, as appropriate) of its redetermination as expeditiously as the enrollee's health condition requires, but no later than 72 hours after it received the request for an expedited redetermination, - A provision indicating that notification of a favorable decision may be made orally or in writing, - A provision indicating that initial notification of an adverse decision may be made orally, so long as a follow-up written decision is mailed within 3 calendar days of the oral notification, - A provision stating that medical information must be requested within 24 hours of the enrollee's initial request, - A provision stating that failure to notify the enrollee within the timeframe constitutes an adverse redetermination decision requiring Marion Polk to forward the enrollee's request to the Independent Review Entity (IRE) within 24 hours of the expiration of the adjudication timeframe, and - A provision stating that Marion Polk must inform the enrollee, within 24 hours, when the case is forwarded to the IRE. CMS reviewed Marion Polk's notice template for requesting a reconsideration and found the notice was consistent with CMS-issued model notice, Request for Reconsideration. However, it did not display it H contract number in the lower left-hand corner in accordance with CMS Marketing guidelines.

Corrective Action Required:

Marion Polk must revise its policies and procedures to include provisions stating that: - A provision indicating that notification of a favorable decision may be made orally or in writing, - A provision indicating that initial notification of an adverse decision may be made orally, so long as a follow-up written decision is mailed within 3 calendar days of the oral notification, - A provision stating that medical information must be requested within 24 hours of the enrollee¿s initial request, and - A provision stating that Marion Polk must inform the enrollee, within 24 hours, when the case is forwarded to the IRE. Marion Polk must conduct training of its staff on these policies and procedures and submit documentation to CMS that details the nature of this training, including: the materials used in the training, the individuals conducting the training, and the individuals being trained. Marion Polk must provide CMS with a CMS-approved or accepted notice for requesting a reconsideration (i.e., a notice consistent with the CMS-issued model notice, Request for Reconsideration). If Marion Polk does not have a notice template that has been approved or accepted by CMS, then it must submit one for CMS approval through the normal marketing review submission process, and provide evidence that it has done this for the purpose of this audit. Marion Polk must conduct training of appropriate staff on the use of this notice template and submit documentation to CMS that details the nature of this training, including: the materials used in the training, the individuals conducting the training, and the individuals being trained. No corrective action is required on Marion Polk's policies and procedures that lack a provision stating that failure to notify the enrollee within the timeframe constitutes an adverse redetermination decision requiring Marion Polk to forward the enrollee¿s request to the Independent Review Entity (IRE) within 24 hours of the expiration of the adjudication timeframe. CMS reviewed the file, "CD02a_MPCHP Advantage Part D Appeals.doc." Because it was revised outside the audit period, CMS did not review it to determine compliance with this element. However, CMS did determine that "CD02a_MPCHP Advantage Part D Appeals.doc." contains provisions that demonstrate that Marion Polk has corrected the aforementioned deficiency in its policies and procedures that CMS is citing for this element.

CMS Part D Audit Report

Auditing Results (Public Website Version)

Date Report Generated: 9/30/2008

Contract Number: All, Chapter: All, Element: All, Finding: Not Met, Auditor: All

Findings: Not Met
Audit ID: 2281
Contract Number: H5995
Part D Sponsor Name: MARION POLK COMMUNITY HEALTH PLAN ADVANTAGE, INC.

Audit Guide Version: MA-PD Sponsor Part D Audit Guide Version 1
Auditing Element: RE09
Audit Type: Routine
Audit Location: Desk Review
Date Report Issued: 1/8/2008
Date Report Due: 2/22/2008
Element Accepted Date: 3/17/2008
Element Release Date: 4/3/2008
Element Projected Completion Date: 2/22/2008

3 Year Reporting Cycle: 1/1/2006 - 12/31/2008
Estimated Visit Start Date: 11/5/2007
Estimated Visit Start Date: 11/9/2007
Actual Visit Start Date: 11/5/2007
Actual Visit End Date: 11/9/2007
Part D Sponsor Response Received Date: 2/22/2008
Part D Sponsor Response Due Date: 2/22/2008
CAP Release Date: 6/26/2008
CAP Accepted Date: 4/23/2008

Requirement:

Review of Adverse Coverage Determinations - The Part D sponsor must ensure that a person or persons who were not involved in making the coverage determination conducts the redetermination. When the issue is a denial based on lack of medical necessity, the Part D sponsor must ensure the redetermination is made by a physician with the expertise in the field of medicine that is appropriate for the services at issue. The physician making the redetermination need not, in all cases, be of the same specialty or subspecialty as the prescribing physician.

Reference:

42 CFR § 423.590(f)(1-2); Prescription Drug Benefit Manual; Chapter 18 ¿ Part D Enrollee Grievances, Coverage Determinations, and Appeals

Deficiencies:

Marion Polk does not meet this requirement because CMS reviewed a sample of two requests for standard reconsiderations concerning drug benefit from a universe of two and found that one case is non-compliant because Marion Polk did not demonstrate that it uses appropriate personnel to conduct redeterminations.

Corrective Action Required:

Marion Polk must submit documentation demonstrating that it uses appropriate personnel to conduct redeterminations.

CMS Part D Audit Report

Auditing Results (Public Website Version)

Date Report Generated: 9/30/2008

Contract Number: All, Chapter: All, Element: All, Finding: Not Met, Auditor: All

Findings: Not Met **Audit ID:** 2281

Contract Number: H5995 **Part D Sponsor Name:** MARION POLK COMMUNITY HEALTH PLAN ADVANTAGE, INC.

Audit Guide Version: MA-PD Sponsor Part D Audit Guide Version 1
Auditing Element: RE10
Audit Type: Routine
Audit Location: Desk Review
Date Report Issued: 1/8/2008
Date Report Due: 2/22/2008
Element Accepted Date: 3/17/2008
Element Release Date: 4/3/2008
Element Projected Completion Date: 2/22/2008

3 Year Reporting Cycle: 1/1/2006 - 12/31/2008
Estimated Visit Start Date: 11/5/2007
Estimated Visit Start Date: 11/9/2007
Actual Visit Start Date: 11/5/2007
Actual Visit End Date: 11/9/2007
Part D Sponsor Response Received Date: 2/22/2008
Part D Sponsor Response Due Date: 2/22/2008
CAP Release Date: 6/26/2008
CAP Accepted Date: 4/23/2008

Requirement:

Timely Transfer to IRE Upon Reconsideration Request - In cases where an enrollee has filed a reconsideration request and the IRE has requested the enrollee's file, the Part D sponsor must transfer the case file to the IRE within 24 hours (expedited requests) or 48 hours (standard requests) from the time it receives the IRE¿s request for the case file.

Reference:

Prescription Drug Benefit Manual; Chapter 18 ¿ Part D Enrollee Grievances, Coverage Determinations, and Appeals

Deficiencies:

Marion Polk does not meet this requirement because CMS reviewed Marion Polk's policies and procedures regarding forwarding case files to the IRE upon the IRE's request in a timely manner and found they do not include: - A provision stating that case files must be sent the IRE within 24 hours (expedited requests) or 48 hours (standard requests) from the time the IRE requests the case file, and - A provision stating that a hard copy of the case file must be delivered to the IRE by overnight delivery at its designated address, or by fax at its designated fax number.

Corrective Action Required:

Marion Polk must update its policies and procedures to include a provision stating that a hard copy of the case file must be delivered to the IRE by overnight delivery at its designated address, or by fax at its designated fax number. Marion Polk must conduct training of its staff on these policies and procedures and submit documentation to CMS that details the nature of this training, including: the materials used in the training, the individuals conducting the training, and the individuals being trained. No corrective action is required on Marion Polk's policies and procedures that lack a provision stating that case files must be sent the IRE within 24 hours (expedited requests) or 48 hours (standard requests) from the time the IRE requests the case file. CMS reviewed the file, "CD02a_MPCHP Advantage Part D Appeals.doc." Because it was revised outside the audit period, CMS did not review it to determine compliance with this element. However, CMS did determine that "CD02a_MPCHP Advantage Part D Appeals.doc" contains provisions that demonstrate that Marion Polk has corrected the aforementioned deficiency in its policies and procedures that CMS is citing for this element.

CMS Part D Audit Report

Auditing Results (Public Website Version)

Date Report Generated: 9/30/2008

Contract Number: All, Chapter: All, Element: All, Finding: Not Met, Auditor: All

Findings: Not Met **Audit ID:** 2281
Contract Number: H5995 **Part D Sponsor Name:** MARION POLK COMMUNITY HEALTH PLAN ADVANTAGE, INC.

Audit Guide Version: MA-PD Sponsor Part D Audit Guide Version 1
Auditing Element: RV01
Audit Type: Routine
Audit Location: Desk Review
Date Report Issued: 1/8/2008
Date Report Due: 2/22/2008
Element Accepted Date: 3/17/2008
Element Release Date: 4/3/2008
Element Projected Completion Date: 2/22/2008

3 Year Reporting Cycle: 1/1/2006 - 12/31/2008
Estimated Visit Start Date: 11/5/2007
Estimated Visit Start Date: 11/9/2007
Actual Visit Start Date: 11/5/2007
Actual Visit End Date: 11/9/2007
Part D Sponsor Response Received Date: 2/22/2008
Part D Sponsor Response Due Date: 2/22/2008
CAP Release Date: 6/26/2008
CAP Accepted Date: 4/23/2008

Requirement:

Effectuation of Third Party Reversals ¿ Benefits (Standard) - If, on appeal of a request for benefit, the Part D sponsor 's determination is reversed in whole or in part by the Independent Review Entity (IRE), or at a higher level of appeal, the Part D sponsor must authorize or provide the benefit under dispute as expeditiously as the enrollee¿s health requires but no later than 72 hours after the date it receives notice reversing the determination. The Part D sponsor must also inform the IRE that the organization has effectuated the decision.

Reference:

42 CFR § 423.636(b)(1); Prescription Drug Benefit Manual; Chapter 18 ¿ Part D Enrollee Grievances, Coverage Determinations, and Appeals

Deficiencies:

Marion Polk does not meet this requirement because CMS reviewed Marion Polk's policies and procedures regarding effectuating third party reversals on an appeal of a request for a benefit and found they do not include: - A provision stating that the benefit under dispute must be authorized or provided within 72 hours from the date it receives notice reversing the decision, and - A provision requiring a notice to be sent informing the IRE of the effectuation.

Corrective Action Required:

No corrective action is required on Marion Polk's policies and procedures. CMS reviewed the file, "CD02a_MPCHP Advantage Part D Appeals.doc." Because it was revised outside the audit period, CMS did not review it to determine compliance with this element. However, CMS did determine that "CD02a_MPCHP Advantage Part D Appeals.doc" contains provisions that demonstrate that Marion Polk has corrected the aforementioned deficiencies in its policies and procedures that CMS is citing for this element.

CMS Part D Audit Report

Auditing Results (Public Website Version)

Date Report Generated: 9/30/2008

Contract Number: All, Chapter: All, Element: All, Finding: Not Met, Auditor: All

Findings: Not Met **Audit ID:** 2281
Contract Number: H5995 **Part D Sponsor Name:** MARION POLK COMMUNITY HEALTH PLAN ADVANTAGE, INC.

Audit Guide Version: MA-PD Sponsor Part D Audit Guide Version 1
Auditing Element: RV02
Audit Type: Routine
Audit Location: Desk Review
Date Report Issued: 1/8/2008
Date Report Due: 2/22/2008
Element Accepted Date: 3/17/2008
Element Release Date: 4/3/2008
Element Projected Completion Date: 2/22/2008

3 Year Reporting Cycle: 1/1/2006 - 12/31/2008
Estimated Visit Start Date: 11/5/2007
Estimated Visit Start Date: 11/9/2007
Actual Visit Start Date: 11/5/2007
Actual Visit End Date: 11/9/2007
Part D Sponsor Response Received Date: 2/22/2008
Part D Sponsor Response Due Date: 2/22/2008
CAP Release Date: 6/26/2008
CAP Accepted Date: 4/23/2008

Requirement:

Effectuation of Third Party Reversals ¿ Payment (Standard) - If, on appeal of a request for payment, the Part D sponsor 's determination is reversed in whole or in part by the Independent Review Entity (IRE), or at a higher level of appeal, the Part D sponsor must authorize the payment within 72 hours, but make payment no later than 30 calendar days from the date it receives notice reversing the coverage determination. The Part D sponsor must also inform the IRE that the organization has effectuated the decision.

Reference:

42 CFR § 423.636(b)(2); Prescription Drug Benefit Manual; Chapter 18 ¿ Part D Enrollee Grievances, Coverage Determinations, and Appeals

Deficiencies:

Marion Polk does not meet this requirement because CMS reviewed Marion Polk's policies and procedures for effectuating third party reversals on an appeal of a request for payment and found they do not include provisions stating that: - Payment must be authorized within 72 hours from the date Marion Polk receives notice reversing the decision, - Payment must be made no later than 30 days from the date Marion Polk receives notice reversing the decision, and - A notice must be sent informing the IRE of the effectuation.

Corrective Action Required:

Marion Polk must revise its policies and procedures to include a provision stating that payment must be made no later than 30 days from the date it receives notice reversing the decision. Marion Polk must conduct training of its staff on these policies and procedures and submit documentation to CMS that details the nature of this training, including: the materials used in the training, the individuals conducting the training, and the individuals being trained. No corrective action is required on Marion Polk's policies and procedures that lack: - A provision stating that payment must be authorized within 72 hours from the date Marion Polk receives notice reversing the decision, and - A provision stating that a notice must be sent informing the IRE of the effectuation. CMS reviewed the file, "CD02a_MPCHP Advantage Part D Appeals.doc." Because it was revised outside the audit period, CMS did not review it to determine compliance with this element. However, CMS did determine that "CD02a_MPCHP Advantage Part D Appeals.doc" contains provisions that demonstrate that Marion Polk has corrected the aforementioned deficiencies in its policies and procedures that CMS is citing for this element.

CMS Part D Audit Report

Auditing Results (Public Website Version)

Date Report Generated: 9/30/2008

Contract Number: All, Chapter: All, Element: All, Finding: Not Met, Auditor: All

Findings: Not Met **Audit ID:** 2281
Contract Number: H5995 **Part D Sponsor Name:** MARION POLK COMMUNITY HEALTH PLAN ADVANTAGE, INC.

Audit Guide Version: MA-PD Sponsor Part D Audit Guide Version 1
Auditing Element: RV03
Audit Type: Routine
Audit Location: Desk Review
Date Report Issued: 1/8/2008
Date Report Due: 2/22/2008
Element Accepted Date: 3/17/2008
Element Release Date: 4/3/2008
Element Projected Completion Date: 2/22/2008

3 Year Reporting Cycle: 1/1/2006 - 12/31/2008
Estimated Visit Start Date: 11/5/2007
Estimated Visit Start Date: 11/9/2007
Actual Visit Start Date: 11/5/2007
Actual Visit End Date: 11/9/2007
Part D Sponsor Response Received Date: 2/22/2008
Part D Sponsor Response Due Date: 2/22/2008
CAP Release Date: 6/26/2008
CAP Accepted Date: 4/23/2008

Requirement:

Effectuation of Third Party Reversals ¿ Benefits (Expedited) - If the expedited determination or expedited redetermination for benefits by the Part D sponsor is reversed in whole or in part by the Independent Review Entity (IRE), or at a higher level of appeal, the Part D sponsor must authorize or provide the benefit under dispute as expeditiously as the enrollee¿s health requires but no later than 24 hours after the date it receives notice reversing the determination. The Part D sponsor must also inform the IRE that the organization has effectuated the decision.

Reference:

42 CFR § 423.638(b); Prescription Drug Benefit Manual; Chapter 18 ¿ Part D Enrollee Grievances, Coverage Determinations, and Appeals

Deficiencies:

Marion Polk does not meet this requirement because CMS reviewed Marion Polk's policies and procedures for effectuating third party reversals on an appeal of an expedited request for a benefit and found they do not include provisions stating that: - The benefit under dispute must be authorized or provided as expeditiously as the enrollee's health requires but no later than 24 hours after the date it receives notice reversing the decision, and - A notice must be sent informing the IRE of the effectuation.

Corrective Action Required:

No corrective action is required on Marion Polk's policies and procedures. CMS reviewed the file, "CD02a_MPCHP Advantage Part D Appeals.doc." Because it was revised outside the audit period, CMS did not review it to determine compliance with this element. However, CMS did determine that "CD02a_MPCHP Advantage Part D Appeals.doc" contains provisions that demonstrate that Marion Polk has corrected the deficiencies in its policies and procedures that CMS is citing for this element.