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: 961
Contract Number: H3810
Part D Sponsor Name: MID ROGUE INDEPENDENT PHYSICIAN ASSOCIATION

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: 9/17/2007
Date Report Due: 11/1/2007
Element Accepted Date: 11/16/2007
Element Release Date: 1/3/2008
Element Projected Completion Date: 12/15/2007

3 Year Reporting Cycle: 1/1/2006 - 12/31/2008
Estimated Visit Start Date: 7/31/2007
Estimated Visit Start Date: 8/2/2007
Actual Visit Start Date: 7/31/2007
Actual Visit End Date: 8/2/2007
Part D Sponsor Response Received Date: 11/14/2007
Part D Sponsor Response Due Date: 11/1/2007
CAP Release Date: 1/10/2008
CAP Accepted Date: 11/16/2007

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:

Mid Rogue Health Plan does not meet this requirement because CMS reviewed Mid Rogue's policies and procedures regarding notifying authorized prescribers, network pharmacies, and pharmacists of negative formulary changes (900-PD-003 Part D Formulary Print, Version 1.0 and Medicare Part D Member Explanation of Benefits and Provision of Notices Regarding Formulary document number 900-PD-106 from MedImpact) and found that neither document contained the required provisions. During Staff Discussions, Mid Rogue Health Plan staff stated that Mid Rogue notifies authorized prescribers, network pharmacies, and pharmacists of negative formulary changes, via the internet and intranet, at least 60 days prior to the date the change becomes effective. However, this provision must be reflected in written policies and procedures.

Corrective Action Required:

Mid Rogue Health Plan must create policies and procedure for providing notice regarding formulary changes that contain the following provisions: - to notify authorized prescribers, network pharmacies, and pharmacists of negative formulary changes at least 60 days prior to the date the change becomes effective, and - 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. Additionally, the policy and procedure must include a description of the method(s) used to provide notification of formulary changes. Notification method(s) must include, at a minimum, posting formulary changes on Mid Rogue Health Plan's Internet website. Mid Rogue Health Plan 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.

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

Findings: Not Met
Audit ID: 961
Contract Number: H3810
Part D Sponsor Name: MID ROGUE INDEPENDENT PHYSICIAN ASSOCIATION

Audit Guide Version: MA-PD Sponsor Part D Audit Guide Version 1
Auditing Element: MR06
Audit Type: Routine
Audit Location: Desk Review
Date Report Issued: 9/17/2007
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Estimated Visit Start Date: 7/31/2007
Estimated Visit Start Date: 8/2/2007
Actual Visit Start Date: 7/31/2007
Actual Visit End Date: 8/2/2007
Part D Sponsor Response Received Date: 11/14/2007
Part D Sponsor Response Due Date: 11/1/2007
CAP Release Date: 1/10/2008
CAP Accepted Date: 11/16/2007

Requirement:

Plan Responsibility for Persons Employed or Contracted to Perform Marketing - The Part D sponsor must have a compensation structure that meets CMS requirements for any person directly employed or contracted to market the plan. The Part D sponsor must utilize only state licensed, certified, or registered individuals to perform marketing on behalf of the Part D sponsor, whether as an employee or under contract directly or downstream, if a state has such a marketing requirement, and it must conduct monitoring activities to ensure that individuals marketing on behalf of the Part D sponsor comply with all applicable Part D laws, all other Federal health care laws, and CMS policies, including CMS marketing guidelines, to ensure that beneficiaries receive truthful and accurate information.

Reference:

Medicare Marketing Guidelines for MAs, MA-PDs, PDPs, and 1876 Cost Plans

Deficiencies:

Mid Rogue Health Plan does not meet this requirement because CMS reviewed Mid Rogue Health Plan's policies and procedures regarding its responsibility for and oversight of persons employed or contracted to perform marketing (Marketing Employees: Hiring, Contracting, Training, Licensing, Duties, Continuing Education, Testing, Disciplinary Action Policy 300 and Recruiting and Educating New Brokers Policy 350) and found neither included a requirement that any person directly employed or contracted to market on behalf of Mid Rogue Health Plan provide a written disclosure statement to all potential enrollees prior to enrollment or at the time of enrollment. CMS requested documentation demonstrating that Mid Rogue Health Plan conducts ongoing monitoring of the marketing activities of internal and external marketing representatives to confirm that Mid Rogue Health Plan's marketing representatives are providing the written disclosure statement to all potential enrollees prior to enrollment or at the time of enrollment. Auditors reviewed 'Agent Checklist' which appeared to meet this requirement. However, during Staff Discussions, Mid Rogue Health Plan staff stated that prior to two weeks ago direct employees who were marketing on behalf of Mid Rogue Health Plan were not required to provide the disclosure statement to potential enrollees. Additionally, CMS reviewed 10 sample contracts for individuals who perform marketing from a universe of 12 and found that 2 of the samples provided were for direct employees. In both of these sample cases Mid Rogue did not provide a contract or compensation structure. Of the remaining 8 samples, all were contracted employees. One sample did not demonstrate the individual performing marketing was state licensed, certified or registered. Additionally, 8 out of 8 did not include a provision requiring any person contracted to market on behalf of Mid Rogue provide a written disclosure statement to all potential enrollees prior to or at the time of enrollment. The written disclosure statement must state the following: 'The person that is discussing plan options with you is either employed by or contracted with Mid Rogue Health Plan. The person may be compensated based on your enrollment in a plan.'

Corrective Action Required:

Mid Rogue Health Plan must revise its policies and procedures regarding its responsibility for and oversight of persons employed or contracted to perform marketing to include a requirement that any person directly employed or contracted to market on behalf of Mid Rogue Health Plan provide a written disclosure statement to all potential enrollees prior to enrollment or at the time of enrollment. Mid Rogue Health Plan 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. Mid Rogue Health Plan must provide CMS with documentation that its marketing program monitoring activities confirm that Mid Rogue Health Plan's marketing representatives are providing the written disclosure statement to all potential enrollees prior to enrollment or at the time of enrollment. An example of acceptable documentation for this is completed copies of a field evaluation tool or Agent Checklist. Mid Rogue Health Plan must also provide CMS with evidence that it has a current contract/compensation structure in effect for persons conducting marketing for its Part D plans that includes the following provisions: - any coordinated marketing must be done in accordance with all applicable Part D laws, CMS policies, including CMS marketing guidelines and the prohibited activities listed in MR05, and all Federal health care laws (including civil monetary penalty laws), - requiring any person directly employed or contracted to market on behalf of Mid Rogue Health Plan provide a written disclosure statement to all potential enrollees prior to enrollment or at the time of enrollment, and states that the written disclosure statement must state the following: 'The person that is discussing plan options with you is either employed by or contracted with Mid Rogue Health Plan. The person may be compensated based on your enrollment in a plan.' - a compliant incentive structure avoiding incentives toward misleading beneficiaries, cherry picking certain beneficiaries, or churning beneficiaries between plans, - a person/agency performing marketing to beneficiaries is prohibited from making payments to beneficiaries, and - payment will be withheld or withdrawn if an enrollee disenrolls in an unreasonably short time frame. Mid Rogue Health Plan must also ensure that all individual performing marketing are state licensed, certified, or registered. Mid Rogue Health Plan must provide CMS with a copy of the language in the contract/compensation structures and inform CMS when all contract/compensation structures are issued and in effect.

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

Findings: Not Met
Audit ID: 961
Contract Number: H3810
Part D Sponsor Name: MID ROGUE INDEPENDENT PHYSICIAN ASSOCIATION

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: 9/17/2007
Date Report Due: 11/1/2007
Element Accepted Date: 11/16/2007
Element Release Date: 11/16/2007
Element Projected Completion Date: 12/15/2007

3 Year Reporting Cycle: 1/1/2006 - 12/31/2008
Estimated Visit Start Date: 7/31/2007
Estimated Visit Start Date: 8/2/2007
Actual Visit Start Date: 7/31/2007
Actual Visit End Date: 8/2/2007
Part D Sponsor Response Received Date: 11/14/2007
Part D Sponsor Response Due Date: 11/1/2007
CAP Release Date: 1/10/2008
CAP Accepted Date: 11/16/2007

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:

Mid Rogue Health Plan does not meet this requirement because CMS reviewed 10 sample cases of beneficiaries affected by a formulary maintenance change and found that one out of 10 samples provided from a universe of 498 was misclassified. To account for this, the auditor reduced the sample size by one. CMS reviewed the 9 sample cases and found that in 7 sample cases Mid Rogue Health Plan did not provide notice of formulary change to the affected enrollee within 60 days of the effective date of change. Specifically, Mid Rogue submitted explanation of benefits (EOBs) which lacked an effective date of the formulary change. Additionally, in 2 of the sample cases Mid Rogue Health Plan was unable to provide documentation demonstrating notice of formulary change was provided to the enrollee. In these two cases Mid Rogue Health Plan stated that they were unable to retrieve EOB documents from archived files.

Corrective Action Required:

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, Mid Rogue Health Plan must ensure that it provides 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. Mid Rogue Health Plan must provide documentation to CMS demonstrating that it provides written notice to affected enrollees at least 60 days prior to the change, or provides an affected enrollee with a 60-day supply of the drug under the same terms as well as written notice of the formulary change at the time a refill of the drug is requested.

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: 961
Contract Number: H3810
Part D Sponsor Name: MID ROGUE INDEPENDENT PHYSICIAN ASSOCIATION

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: 9/17/2007
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Element Accepted Date: 11/16/2007
Element Release Date: 1/3/2008
Element Projected Completion Date: 12/10/2007

3 Year Reporting Cycle: 1/1/2006 - 12/31/2008
Estimated Visit Start Date: 7/31/2007
Estimated Visit Start Date: 8/2/2007
Actual Visit Start Date: 7/31/2007
Actual Visit End Date: 8/2/2007
Part D Sponsor Response Received Date: 11/14/2007
Part D Sponsor Response Due Date: 11/1/2007
CAP Release Date: 1/10/2008
CAP Accepted Date: 11/16/2007

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:

Mid Rogue Health Plan does not meet this requirement because CMS reviewed Mid Rogue Health Plan's policies and procedures for providing notification of formulary changes to CMS, SPAPs, and entities providing other prescription drug coverage (policies 400-PD-001 Drug Manufacturer Recall and Withdrawal and 900-PD-106 Medicare Part D Member Explanation of Benefits and Provision of Notices Regarding Formulary Changes from MedImpact) and found that neither document contained the required provisions. During Staff Discussions, Mid Rogue stated that it does provide a notice of 'maintenance' and 'other' formulary changes to CMS, SPAPs, and entities providing other prescription drug coverage. However, this must be included in a policy and procedure.

Corrective Action Required:

Mid Rogue Health Plan must create policies and procedure for providing notice regarding formulary changes that contain the following: - a provision with a description of the procedures for providing a notice of 'maintenance' formulary changes to CMS, SPAPs, and entities providing other prescription drug coverage, in accordance with CMS requirements, - a provision with a description of the procedures for providing a notice of 'other' formulary changes to CMS, SPAPs, and entities providing other prescription drug coverage, in accordance with CMS requirements, and - a provision with a description of the procedures 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. Additionally, the policy and procedure must include a description of the method(s) used to provide notification of formulary changes. Notification method(s) must include, at a minimum, posting formulary changes on Mid Rogue Health Plan's Internet website. Mid Rogue Health Plan 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.

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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: 961
Contract Number: H3810
Part D Sponsor Name: MID ROGUE INDEPENDENT PHYSICIAN ASSOCIATION

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: 9/17/2007
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Element Projected Completion Date: 12/10/2007

3 Year Reporting Cycle: 1/1/2006 - 12/31/2008
Estimated Visit Start Date: 7/31/2007
Estimated Visit Start Date: 8/2/2007
Actual Visit Start Date: 7/31/2007
Actual Visit End Date: 8/2/2007
Part D Sponsor Response Received Date: 11/14/2007
Part D Sponsor Response Due Date: 11/1/2007
CAP Release Date: 1/10/2008
CAP Accepted Date: 11/16/2007

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:

Mid Rogue Health Plan does not meet this requirement because CMS reviewed Mid Rogue Health Plan's policies and procedures regarding notices in network pharmacies that provide instructions for obtaining a coverage determination or requesting an exception (MedImpact document Medicare Part D Addendum To MedCare Pharmacy Network Agreement) and found it does not include: - 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, it must deliver the notice described above to the location in the LTC facility designated to accept such notices.

Corrective Action Required:

Mid Rogue Health Plan must create policies and procedures regarding notices in network pharmacies that provide instructions for obtaining a coverage determination or requesting an exception. This policy must include: - 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, it must deliver the notice described above to the location in the LTC facility designated to accept such notices. Mid Rogue Health Plan 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.

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

Findings: Not Met
Audit ID: 961
Contract Number: H3810
Part D Sponsor Name: MID ROGUE INDEPENDENT PHYSICIAN ASSOCIATION

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: 9/17/2007
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Estimated Visit Start Date: 7/31/2007
Estimated Visit Start Date: 8/2/2007
Actual Visit Start Date: 7/31/2007
Actual Visit End Date: 8/2/2007
Part D Sponsor Response Received Date: 11/14/2007
Part D Sponsor Response Due Date: 11/1/2007
CAP Release Date: 1/10/2008
CAP Accepted Date: 11/16/2007

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:

Mid Rogue Health Plan does not meet this requirement because CMS requested policies and procedures regarding reporting requirements for appeals data elements and Mid Rogue Health Plan did not submit policies and procedures that include a provision for quarterly reporting of all data requested in Part D Reporting Requirements: Appeals.

Corrective Action Required:

Mid Rogue Health Plan must create policies and procedures regarding reporting requirements for appeals data elements that include a provision for quarterly reporting of all data requested in Part D Reporting Requirements: Appeals.

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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: 961
Contract Number: H3810
Part D Sponsor Name: MID ROGUE INDEPENDENT PHYSICIAN ASSOCIATION

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: 9/17/2007
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Actual Visit Start Date: 7/31/2007
Actual Visit End Date: 8/2/2007
Part D Sponsor Response Received Date: 11/14/2007
Part D Sponsor Response Due Date: 11/1/2007
CAP Release Date: 1/10/2008
CAP Accepted Date: 11/16/2007

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:

Mid Rogue Health Plan does not meet this requirement because CMS reviewed Mid Rogue Health Plan's policies and procedures regarding enrollee notification of coverage determinations concerning drug benefit (PD002 Standard Drug Coverage Process) and did not find the following provision in its entirety: Mid Rogue Health Plan 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. The language that was not found in the policy was `or, for an exceptions request, the physicians supporting statement'. During Staff Discussions, Mid Rogue Health Plan staff stated that the timeframe for all coverage determinations begins upon receipt of the physician's supporting statement, even for non-exceptions requests. This is not compliant with CMS requirements. Additionally, policy and procedure PD002 Standard Drug Coverage Process did not include the following provision in its entirety: failure to notify the enrollee within the timeframe constitutes an adverse coverage determination requiring Mid Rogue Health Plan to forward the enrollee's request to the Independent Review Entity (IRE) within 24 hours of the expiration of the adjudication timeframe. Specifically, the language that was not found in the policy was `constitutes an adverse coverage determination'. CMS reviewed Mid Rogue Health Plan's notice template for enrollee notification when a request is forwarded to the IRE and found the notice was consistent with CMS-issued model notice, Notice of Case Status. However, it did not display the contract number and CMS approval date in the lower left-hand corner in accordance with CMS Marketing guidelines. Mid Rogue acknowledged to the auditors on August 13, 2007, that this notice was approved by CMS on June 15, 2007. However, that documentation was not submitted as part of the materials for this audit. CMS reviewed a sample of 10 requests for standard coverage determinations regarding drug benefits from a universe of 638 and found that in 9 out of 10 samples Mid Rogue Health Plan did not demonstrate that it made a decision in a timeframe consistent with CMS requirements.

Corrective Action Required:

Mid Rogue Health Plan must revise its PD002 Standard Drug Coverage Process policy and procedure to include the following provisions: - Mid Rogue Health Plan 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, and - failure to notify the enrollee within the timeframe constitutes an adverse coverage determination requiring Mid Rogue Health Plan to forward the enrollee's request to the Independent Review Entity (IRE) within 24 hours of the expiration of the adjudication timeframe. Mid Rogue Health Plan 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. Mid Rogue Health Plan must provide CMS with a CMS-approved notice for enrollee notification when a request is forwarded to the IRE (i.e., a notice consistent with the CMS-issued model notice, `Notice of Case Status'). If Mid Rogue Health Plan does not have a notice template that has been approved by CMS (i.e., a notice consistent with the CMS-issued model notice, `Notice of Case Status'), 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. Mid Rogue Health Plan 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. Mid Rogue Health Plan must notify enrollees of standard coverage determinations concerning benefits within the CMS-approved timeframe and provide documentation of this to CMS.

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

Findings: Not Met
Audit ID: 961
Contract Number: H3810
Part D Sponsor Name: MID ROGUE INDEPENDENT PHYSICIAN ASSOCIATION

Audit Guide Version: MA-PD Sponsor Part D Audit Guide Version 1
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Audit Type: Routine
Audit Location: Desk Review
Date Report Issued: 9/17/2007
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Element Projected Completion Date: 12/10/2007

3 Year Reporting Cycle: 1/1/2006 - 12/31/2008
Estimated Visit Start Date: 7/31/2007
Estimated Visit Start Date: 8/2/2007
Actual Visit Start Date: 7/31/2007
Actual Visit End Date: 8/2/2007
Part D Sponsor Response Received Date: 11/14/2007
Part D Sponsor Response Due Date: 11/1/2007
CAP Release Date: 1/10/2008
CAP Accepted Date: 11/16/2007

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:

Mid Rogue Health Plan does not meet this requirement because CMS requested Mid Rogue Health Plan's policies and procedures regarding enrollee notification of coverage determinations concerning payment and Mid Rogue Health Plan did not submit this documentation. CMS reviewed Mid Rogue Health Plan's notice template for enrollee notification when a request is forwarded to the IRE and found the notice was consistent with CMS-issued model notice, 'Notice of Case Status'. However, it did not display the contract number and CMS approval date in the lower left-hand corner in accordance with CMS Marketing guidelines. Mid Rogue acknowledged to the auditors on August 13, 2007, that this notice was approved by CMS on June 15, 2007. However, that documentation was not submitted as part of the materials for this audit.

Corrective Action Required:

Mid Rogue Health Plan must create policies and procedures regarding enrollee notification of coverage determinations concerning payment that include the required provisions: - Mid Rogue Health Plan 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, - Mid Rogue Health Plan 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, - Mid Rogue Health Plan 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 - failure to notify the enrollee within the timeframe constitutes an adverse determination requiring Mid Rogue Health Plan to forward the enrollee's request to the Independent Review Entity (IRE) within 24 hours of the expiration of the adjudication timeframe. Mid Rogue Health Plan 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. Mid Rogue Health Plan must provide CMS with a CMS-approved notice for enrollee notification when a request is forwarded to the IRE (i.e., a notice consistent with the CMS-issued model notice, `Notice of Case Status'). If Mid Rogue Health Plan does not have a notice template that has been approved by CMS (i.e., a notice consistent with the CMS-issued model notice, `Notice of Case Status'), 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. Mid Rogue Health Plan 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: 961
Contract Number: H3810
Part D Sponsor Name: MID ROGUE INDEPENDENT PHYSICIAN ASSOCIATION

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: 9/17/2007
Date Report Due: 11/1/2007
Element Accepted Date: 11/16/2007
Element Release Date: 12/20/2007
Element Projected Completion Date: 12/10/2007

3 Year Reporting Cycle: 1/1/2006 - 12/31/2008
Estimated Visit Start Date: 7/31/2007
Estimated Visit Start Date: 8/2/2007
Actual Visit Start Date: 7/31/2007
Actual Visit End Date: 8/2/2007
Part D Sponsor Response Received Date: 11/14/2007
Part D Sponsor Response Due Date: 11/1/2007
CAP Release Date: 1/10/2008
CAP Accepted Date: 11/16/2007

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:

Mid Rogue Health Plan does not meet this requirement. CMS reviewed 10 sample cases of standard coverage determinations concerning drug benefits from a universe of 638 and found that in 5 of the sample cases the decision was adverse. In four out of those five sample cases Mid Rogue did not demonstrate that notice of the decision was provided to the enrollee. Additionally, in one out of the 5 sample cases the notice used was not CMS compliant. Specifically, the notice did not contain the OMB control number in the upper right-hand corner. Furthermore, the notice appeared to be a Part C notice (Notice of Denial of Medical Coverage).

Corrective Action Required:

When Mid Rogue Health Plan makes an adverse standard coverage determination concerning drug benefit decision, it must always notify the enrollee of its decision, as well as use a notice consistent with the CMS-issued standard notice, Notice of Denial of Medicare Prescription Drug Coverage, that contains the required OMB control number displayed in the upper right-hand corner of the 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: 961
Contract Number: H3810
Part D Sponsor Name: MID ROGUE INDEPENDENT PHYSICIAN ASSOCIATION

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: 9/17/2007
Date Report Due: 11/1/2007
Element Accepted Date: 11/16/2007
Element Release Date: 12/20/2007
Element Projected Completion Date: 12/10/2007

3 Year Reporting Cycle: 1/1/2006 - 12/31/2008
Estimated Visit Start Date: 7/31/2007
Estimated Visit Start Date: 8/2/2007
Actual Visit Start Date: 7/31/2007
Actual Visit End Date: 8/2/2007
Part D Sponsor Response Received Date: 11/14/2007
Part D Sponsor Response Due Date: 11/1/2007
CAP Release Date: 1/10/2008
CAP Accepted Date: 11/16/2007

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:

Mid Rogue Health Plan does not meet this requirement because CMS reviewed Mid Rogue Health Plan's policies and procedures regarding decisions to accept or deny requests for expedited coverage determinations (PD004 Expedited Coverage Process) and found it does not state that Mid Rogue Health Plan must grant a request for an expedited 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. Additionally, the document did not state that all oral requests must be documented in writing and that documentation of the request must be maintained in a case file.

Corrective Action Required:

Mid Rogue Health Plan must revise is Policy PD004 Expedited Coverage Process to state: - Mid Rogue Health Plan must grant a request for an expedited 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, and - all oral requests must be documented in writing and that documentation of the request must be maintained in a case file. Mid Rogue Health Plan 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: 961
Contract Number: H3810
Part D Sponsor Name: MID ROGUE INDEPENDENT PHYSICIAN ASSOCIATION

Audit Guide Version: MA-PD Sponsor Part D Audit Guide Version 1
Auditing Element: CD07
Audit Type: Routine
Audit Location: Desk Review
Date Report Issued: 9/17/2007
Date Report Due: 11/1/2007
Element Accepted Date: 11/16/2007
Element Release Date: 12/20/2007
Element Projected Completion Date: 12/10/2007

3 Year Reporting Cycle: 1/1/2006 - 12/31/2008
Estimated Visit Start Date: 7/31/2007
Estimated Visit Start Date: 8/2/2007
Actual Visit Start Date: 7/31/2007
Actual Visit End Date: 8/2/2007
Part D Sponsor Response Received Date: 11/14/2007
Part D Sponsor Response Due Date: 11/1/2007
CAP Release Date: 1/10/2008
CAP Accepted Date: 11/16/2007

Requirement:

Timely Notification Following Decision to Deny Request for Expedited Coverage Determination - If the Part D sponsor decides not to expedite a coverage determination, it must automatically transfer the request to the standard timeframe, provide prompt oral notice to the enrollee and prescribing physician of the decision not to expedite, and provide equivalent written notice within 3 calendar days of the oral notice.

Reference:

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

Deficiencies:

Mid Rogue Health Plan does not meet this requirement because CMS reviewed Mid Rogue Health Plan's policies and procedures regarding enrollee notification following the decision to deny a request for expedited coverage determination (PD004 Expedited Coverage Process) and found it does not state that if Mid Rogue Health Plan denies a request to expedite a coverage determination, it must automatically transfer the request to the standard coverage determination process, `give the enrollee and his or her prescribing physician, if involved, prompt oral notice of the denial, and subsequently deliver (i.e., mail) to the enrollee, within 3 calendar days, written notice'. Specifically, the language in quotation marks was not found.

Corrective Action Required:

Mid Rogue Health Plan must revise its PD004 Expedited Coverage Process document to state that if Mid Rogue Health Plan denies a request to expedite a coverage determination, it must automatically transfer the request to the standard coverage determination process, `give the enrollee and his or her prescribing physician, if involved, prompt oral notice of the denial, and subsequently deliver (i.e., mail) to the enrollee, within 3 calendar days, written notice'. Specifically, the language in quotation marks must be added. Mid Rogue Health Plan 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: 961
Contract Number: H3810
Part D Sponsor Name: MID ROGUE INDEPENDENT PHYSICIAN ASSOCIATION

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: 9/17/2007
Date Report Due: 11/1/2007
Element Accepted Date: 11/16/2007
Element Release Date: 12/20/2007
Element Projected Completion Date: 12/10/2007

3 Year Reporting Cycle: 1/1/2006 - 12/31/2008
Estimated Visit Start Date: 7/31/2007
Estimated Visit Start Date: 8/2/2007
Actual Visit Start Date: 7/31/2007
Actual Visit End Date: 8/2/2007
Part D Sponsor Response Received Date: 11/14/2007
Part D Sponsor Response Due Date: 11/1/2007
CAP Release Date: 1/10/2008
CAP Accepted Date: 11/16/2007

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:

Mid Rogue Health Plan does not meet this requirement because CMS reviewed Mid Rogue Health Plan's policies and procedures regarding enrollee notification following a decision to deny a request for an expedited coverage determination (PD004 Expedited Coverage Process) and found it did not include provisions stating that both oral and written notice must: - 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 Mid Rogue Health Plan's grievance process and its timeframes. Additionally, the policy did not include a provision stating that `oral and' written notice must provide an explanation that Mid Rogue Health Plan must process the request using the 72 hour timeframe for standard determinations. Specifically, the language in quotation marks was not found. CMS reviewed Mid Rogue Health Plan's notice template notifying the enrollee that a request for an expedited coverage determination is denied and found the notice was consistent with CMS-issued model notice, 'Notice of Right to an Expedited Grievance'. However, it did not display the contract number and CMS approval date in the lower left-hand corner in accordance with CMS Marketing guidelines. Mid Rogue acknowledged to the auditors on August 13, 2007, that this notice was approved by CMS on June 15, 2007. However, that documentation was not submitted as part of the materials for this audit.

Corrective Action Required:

Mid Rogue Health Plan must revise its PD004 Expedited Coverage Process policy to include provisions stating that both oral and written notice must: - 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 Mid Rogue Health Plan's grievance process and its timeframes. Additionally, the policy must include a provision that `oral and' written notice must provide an explanation that Mid Rogue Health Plan must process the request using the 72 hour timeframe for standard determinations. Specifically, the language in quotation marks must be added. Mid Rogue Health Plan 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. Mid Rogue Health Plan must provide CMS with a CMS-approved notice for notifying the enrollee that a request for an expedited coverage determination is denied (i.e., a notice consistent with the CMS-issued model notice, `Notice of Right to an Expedited Grievance'). If Mid Rogue Health Plan does not have a notice template that has been approved by CMS (i.e., a notice consistent with the CMS-issued model notice, `Notice of Right to an Expedited Grievance'), 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. Mid Rogue Health Plan 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: 961
Contract Number: H3810
Part D Sponsor Name: MID ROGUE INDEPENDENT PHYSICIAN ASSOCIATION

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: 9/17/2007
Date Report Due: 11/1/2007
Element Accepted Date: 11/16/2007
Element Release Date: 12/20/2007
Element Projected Completion Date: 12/10/2007

3 Year Reporting Cycle: 1/1/2006 - 12/31/2008
Estimated Visit Start Date: 7/31/2007
Estimated Visit Start Date: 8/2/2007
Actual Visit Start Date: 7/31/2007
Actual Visit End Date: 8/2/2007
Part D Sponsor Response Received Date: 11/14/2007
Part D Sponsor Response Due Date: 11/1/2007
CAP Release Date: 1/10/2008
CAP Accepted Date: 11/16/2007

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:

Mid Rogue Health Plan does not meet this requirement because CMS reviewed Mid Rogue Health Plan's policies and procedures regarding enrollee notification following a decision on an expedited coverage determination (PD004 Expedited Coverage Process) and found it did not include provisions stating that: - if the decision is adverse and Mid Rogue Health Plan first notifies the enrollee of the determination orally, Mid Rogue Health Plan must mail written confirmation to the enrollee within 3 calendar days of the oral notification, - failure to notify the enrollee within the timeframe `constitutes an adverse determination' requiring Mid Rogue Health Plan to forward the enrollee's request to the IRE within 24 hours of the expiration of the adjudication timeframe, and - Mid Rogue Health Plan must inform the enrollee, within 24 hours, when the case is forwarded to the IRE. CMS reviewed Mid Rogue Health Plan's notice template for enrollee notification when a request is forwarded to the IRE and found the notice was consistent with CMS-issued model notice, 'Notice of Case Status'. However, it did not display the contract number and CMS approval date in the lower left-hand corner in accordance with CMS Marketing guidelines. Mid Rogue acknowledged to the auditors on August 13, 2007, that this notice was approved by CMS on June 15, 2007. However, that documentation was not submitted as part of the materials for this audit.

Corrective Action Required:

Mid Rogue Health Plan must revise its PD004 Expedited Coverage Process policy to include provisions stating that: - if the decision is adverse and Mid Rogue Health Plan first notifies the enrollee of the determination orally, Mid Rogue Health Plan must mail written confirmation to the enrollee within 3 calendar days of the oral notification, - failure to notify the enrollee within the timeframe constitutes an adverse determination requiring Mid Rogue Health Plan to forward the enrollee's request to the IRE within 24 hours of the expiration of the adjudication timeframe, and - Mid Rogue Health Plan must inform the enrollee, within 24 hours, when the case is forwarded to the IRE. Mid Rogue Health Plan 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. Mid Rogue Health Plan must provide CMS with a CMS-approved notice for enrollee notification when a request is forwarded to the IRE (i.e., a notice consistent with the CMS-issued model notice, `Notice of Case Status'). If Mid Rogue Health Plan does not have a notice template that has been approved by CMS (i.e., a notice consistent with the CMS-issued model notice, `Notice of Case Status), 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. Mid Rogue Health Plan 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: 961
Contract Number: H3810
Part D Sponsor Name: MID ROGUE INDEPENDENT PHYSICIAN ASSOCIATION

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: 9/17/2007
Date Report Due: 11/1/2007
Element Accepted Date: 11/16/2007
Element Release Date: 12/20/2007
Element Projected Completion Date: 12/10/2007

3 Year Reporting Cycle: 1/1/2006 - 12/31/2008
Estimated Visit Start Date: 7/31/2007
Estimated Visit Start Date: 8/2/2007
Actual Visit Start Date: 7/31/2007
Actual Visit End Date: 8/2/2007
Part D Sponsor Response Received Date: 11/14/2007
Part D Sponsor Response Due Date: 11/1/2007
CAP Release Date: 1/10/2008
CAP Accepted Date: 11/16/2007

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:

Mid Rogue Health Plan does not meet this requirement because CMS reviewed Mid Rogue Health Plan's policies and procedures regarding enrollee notification following a decision on an expedited coverage determination (PD004 Expedited Coverage Process) and found it did not include provisions stating that: -if the decision is adverse, then Mid Rogue Health Plan must use a notice consistent with the CMS-issued standard notice, Notice of Denial of Medicare Prescription Drug Coverage, and -if oral notice is provided for adverse decision, the notices must satisfy the following requirements: -state the specific reason for the denial and take into account the enrollee's presenting medical condition, disabilities, and special language requirements, if any, -provide information regarding the right to appoint a representative to file an appeal on the enrollee's behalf, and -provide a description of both the standard and expedited redetermination processes and timeframes, including conditions for obtaining an expedited redetermination, and the rest of the appeals process.

Corrective Action Required:

Mid Rogue Health Plan must revise its PD004 Expedited Coverage Process policy to include provisions stating that: -if the decision is adverse, then Mid Rogue Health Plan must use a notice consistent with the CMS-issued standard notice, Notice of Denial of Medicare Prescription Drug Coverage, and -if oral notice is provided for adverse decision, the notices must satisfy the following requirements: -state the specific reason for the denial and take into account the enrollee's presenting medical condition, disabilities, and special language requirements, if any, -provide information regarding the right to appoint a representative to file an appeal on the enrollee's behalf, and -provide a description of both the standard and expedited redetermination processes and timeframes, including conditions for obtaining an expedited redetermination, and the rest of the appeals process. Mid Rogue Health Plan 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: 961
Contract Number: H3810
Part D Sponsor Name: MID ROGUE INDEPENDENT PHYSICIAN ASSOCIATION

Audit Guide Version: MA-PD Sponsor Part D Audit Guide Version 1
Auditing Element: CE01
Audit Type: Routine
Audit Location: Desk Review
Date Report Issued: 9/17/2007
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Element Accepted Date: 11/16/2007
Element Release Date: 12/20/2007
Element Projected Completion Date: 12/10/2007

3 Year Reporting Cycle: 1/1/2006 - 12/31/2008
Estimated Visit Start Date: 7/31/2007
Estimated Visit Start Date: 8/2/2007
Actual Visit Start Date: 7/31/2007
Actual Visit End Date: 8/2/2007
Part D Sponsor Response Received Date: 11/14/2007
Part D Sponsor Response Due Date: 11/1/2007
CAP Release Date: 1/10/2008
CAP Accepted Date: 11/16/2007

Requirement:

Exceptions Procedures and Criteria (Tiered Cost-Sharing) - The Part D sponsor must establish and maintain reasonable and complete exceptions procedures, subject to CMS¿ approval, for exceptions requests to the Part D sponsor¿s tiered cost-sharing structure. The exceptions procedures must address situations where a formulary¿s tiering structure changes during the year, and an enrollee is using a drug affected by the change. The Part D sponsor must grant an exception for non-preferred drugs when medically necessary and consistent with the prescribing physician¿s statement that meets CMS criteria. The Part D sponsor¿s tiered cost-sharing exceptions process and exception criteria must meet CMS requirements including for unplanned transitions.

Reference:

42 CFR § 423.578(a)(1-2); § 423.578(a)(4); 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:

Mid Rogue Health Plan does not meet this requirement because CMS reviewed policies and procedures regarding processing requests for exceptions to its tiered cost-sharing structure (policy PD003) and found it does not include provisions stating that: -Mid Rogue Health Plan must not keep the exceptions request open indefinitely when a physician does not submit a supporting statement, and -if Mid Rogue Health Plan is waiting on a physician's statement in support of a tiering exception request, Mid Rogue Health Plan 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 tiering exception. During Staff Discussions, Mid Rogue Health Plan staff confirmed that the plan does not keep exceptions requests open indefinitely when a physician does not submit a supporting statement. However, this must be reflected in a policy and procedure. CMS reviewed Mid Rogue Health Plan's notice template for requesting additional information from the enrollee's prescribing physician and found the notice was consistent with CMS-issued model notice, Request for Additional Information. However, it did not display the contract number and CMS approval date in the lower left-hand corner in accordance with CMS Marketing guidelines. Mid Rogue acknowledged to the auditors on August 13, 2007, that this notice was approved by CMS on June 15, 2007. However, that documentation was not submitted as part of the materials for this audit.

Corrective Action Required:

Mid Rogue Health Plan must revise its policy PD003 to include provisions stating that: -Mid Rogue Health Plan must not keep the exceptions request open indefinitely when a physician does not submit a supporting statement, and -if Mid Rogue Health Plan is waiting on a physician's statement in support of a tiering exception request, Mid Rogue Health Plan 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 tiering exception. Mid Rogue Health Plan 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. Mid Rogue Health Plan must provide CMS with a CMS-approved 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 Mid Rogue Health Plan does not have a notice template that has been approved 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. Mid Rogue Health Plan 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: 961
Contract Number: H3810
Part D Sponsor Name: MID ROGUE INDEPENDENT PHYSICIAN ASSOCIATION

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: 9/17/2007
Date Report Due: 11/1/2007
Element Accepted Date: 11/16/2007
Element Release Date: 12/20/2007
Element Projected Completion Date: 12/10/2007

3 Year Reporting Cycle: 1/1/2006 - 12/31/2008
Estimated Visit Start Date: 7/31/2007
Estimated Visit Start Date: 8/2/2007
Actual Visit Start Date: 7/31/2007
Actual Visit End Date: 8/2/2007
Part D Sponsor Response Received Date: 11/14/2007
Part D Sponsor Response Due Date: 11/1/2007
CAP Release Date: 1/10/2008
CAP Accepted Date: 11/16/2007

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:

Mid Rogue Health Plan does not meet this requirement because CMS reviewed policies and procedures regarding processing requests for exceptions for non-formulary drugs (PD003 and `Mid Rogue Independent Physician Association: H3810 II. Exceptions Process' submitted for element CD01) and found they do not include: -a provision stating that Mid Rogue Health Plan must not keep the exceptions request open indefinitely when a physician does not submit a supporting statement, -a provision stating that if Mid Rogue Health Plan is waiting on a physician's statement in support of a formulary exception request, Mid Rogue Health Plan 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 -a provision stating that Mid Rogue Health Plan must grant a formulary exception when it determines that one of the three factors (detailed below) has been demonstrated, and the drug would be covered but for the fact that it is an off-formulary drug. (1) All covered Part D drugs on any tier of Mid Rogue Health Plan'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 theenrollee, 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 evidences likely to cause an adverse reaction or other harm to the enrollee. CMS reviewed Mid Rogue Health Plan's notice template for requesting additional information from the enrollee's prescribing physician and found the notice was consistent with CMS-issued model notice, Request for Additional Information. However, it did not display the contract number and CMS approval date in the lower left-hand corner in accordance with CMS Marketing guidelines. Mid Rogue acknowledged to the auditors on August 13, 2007, that this notice was approved by CMS on June 15, 2007. However, that documentation was not submitted as part of the materials for this audit.

Corrective Action Required:

Mid Rogue Health Plan must revise its policies and procedures regarding processing requests for exceptions for non-formulary drugs to include: -a provision stating that Mid Rogue Health Plan must not keep the exceptions request open indefinitely when a physician does not submit a supporting statement, -a provision stating that if Mid Rogue Health Plan is waiting on a physician's statement in support of a formulary exception request, Mid Rogue Health Plan 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 -a provision stating that Mid Rogue Health Plan must grant a formulary exception when it determines that one of the three factors (detailed below) has been demonstrated, and the drug would be covered but for the fact that it is an off-formulary drug. (1) All covered Part D drugs on any tier of Mid Rogue Health Plan '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. Mid Rogue Health Plan 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. Mid Rogue Health Plan must provide CMS with a CMS-approved 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 Mid Rogue Health Plan does not have a notice template that has been approved 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. Mid Rogue Health Plan 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: 961
Contract Number: H3810
Part D Sponsor Name: MID ROGUE INDEPENDENT PHYSICIAN ASSOCIATION

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: 9/17/2007
Date Report Due: 11/1/2007
Element Accepted Date: 11/16/2007
Element Release Date: 12/20/2007
Element Projected Completion Date: 12/10/2007

3 Year Reporting Cycle: 1/1/2006 - 12/31/2008
Estimated Visit Start Date: 7/31/2007
Estimated Visit Start Date: 8/2/2007
Actual Visit Start Date: 7/31/2007
Actual Visit End Date: 8/2/2007
Part D Sponsor Response Received Date: 11/14/2007
Part D Sponsor Response Due Date: 11/1/2007
CAP Release Date: 1/10/2008
CAP Accepted Date: 11/16/2007

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:

Mid Rogue Health Plan does not meet this requirement. CMS reviewed Mid Rogue Health Plan's notice template for informing enrollees about inquiries involving excluded drugs. The notice was consistent with CMS -issued model notice, Notice of Inquiry Regarding an Excluded Drug. However, it did not display the contract number and CMS approval date in the lower left-hand corner in accordance with CMS Marketing guidelines. Mid Rogue acknowledged to the auditors on August 13, 2007, that this notice was approved by CMS on June 15, 2007. However, that documentation was not submitted as part of the materials for this audit.

Corrective Action Required:

Mid Rogue Health Plan must provide CMS with a CMS-approved notice to inform enrollees about inquiries involving excluded drugs (i.e., a notice consistent with the CMS-issued model notice, 'Notice of Inquiry Regarding an Excluded Drug'). If Mid Rogue Health Plan does not have a notice template that has been approved by CMS (i.e., a notice consistent with the CMS-issued model notice, 'Notice of Inquiry Regarding an Excluded Drug'), 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. Mid Rogue Health Plan 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: 961
Contract Number: H3810
Part D Sponsor Name: MID ROGUE INDEPENDENT PHYSICIAN ASSOCIATION

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: 9/17/2007
Date Report Due: 11/1/2007
Element Accepted Date: 11/16/2007
Element Release Date: 12/20/2007
Element Projected Completion Date: 12/10/2007

3 Year Reporting Cycle: 1/1/2006 - 12/31/2008
Estimated Visit Start Date: 7/31/2007
Estimated Visit Start Date: 8/2/2007
Actual Visit Start Date: 7/31/2007
Actual Visit End Date: 8/2/2007
Part D Sponsor Response Received Date: 11/14/2007
Part D Sponsor Response Due Date: 11/1/2007
CAP Release Date: 1/10/2008
CAP Accepted Date: 11/16/2007

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:

Mid Rogue Health Plan does not meet this requirement because CMS reviewed Mid Rogue Health Plan's policies and procedures regarding tracking, addressing, and maintaining records of grievances (PD Grievance Procedure) and found it did not include a provision requiring prompt, appropriate action, including a full investigation of the complaint if necessary. Additionally, CMS reviewed Mid Rogue Health Plan's policies and procedures regarding reporting requirements for grievances data elements (PD Grievance Procedure) and found it did not include a provision for quarterly reporting of all data requested in Part D Reporting Requirements: Grievances. Auditors note that PD Grievance Procedure states `QI Director will report new data every 6 months to DMAP, CMS, and other governing entities'. However, this reporting is required to be submitted quarterly.

Corrective Action Required:

Mid Rogue Health Plan must add a provision requiring prompt, appropriate action, including a full investigation of the complaint if necessary, to its PD Grievance Procedure policy. Mid Rogue Health Plan must revise its PD Grievance Procedure policy to include a provision for quarterly reporting of all data requested in Part D Reporting Requirements: Grievances. Mid Rogue Health Plan 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: 961
Contract Number: H3810
Part D Sponsor Name: MID ROGUE INDEPENDENT PHYSICIAN ASSOCIATION

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: 9/17/2007
Date Report Due: 11/1/2007
Element Accepted Date: 11/16/2007
Element Release Date: 12/20/2007
Element Projected Completion Date: 12/10/2007

3 Year Reporting Cycle: 1/1/2006 - 12/31/2008
Estimated Visit Start Date: 7/31/2007
Estimated Visit Start Date: 8/2/2007
Actual Visit Start Date: 7/31/2007
Actual Visit End Date: 8/2/2007
Part D Sponsor Response Received Date: 11/14/2007
Part D Sponsor Response Due Date: 11/1/2007
CAP Release Date: 1/10/2008
CAP Accepted Date: 11/16/2007

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:

Mid Rogue Health Plan does not meet this requirement because CMS reviewed Mid Rogue Health Plans policies and procedures regarding enrollee notification of grievance disposition (PD Grievance Procedure) and found this document does not include provisions stating: - all concerned parties must be notified of grievance disposition as expeditiously as the enrollees case requires, based on the enrollees health status, but not later than 30 days after Mid Rogue Health Plan receives the oral or written grievance, - the 30-day timeframe may be extended by 14 days or less if the enrollee requests the extension or if Mid Rogue Health Plan justifies a need for additional information and documents how the delay is in the interest of the enrollee, and - the enrollee must immediately be notified in writing when Mid Rogue Health Plan extends the deadline. During Staff Discussions, Mid Rogue Health Plan staff stated that all concerned parties are notified of grievance disposition as expeditiously as the enrollees case requires, based on the enrollees health status, but not later than 30 days after Mid Rogue Health Plan receives the oral or written grievance. However, this must be reflected in a policy and procedure document. CMS reviewed Mid Rogue Health Plans notice template for informing enrollees of grievance deadline extension and found the notice was consistent with CMS-issued model notice, Notice of Plans Decision to Extend the Deadline for Making a Decision Regarding a Grievance. However, it did not display the contract number and CMS approval date in the lower left-hand corner in accordance with CMS Marketing guidelines. Mid Rogue acknowledged to the auditors on August 13, 2007, that this notice was approved by CMS on June 15, 2007. However, that documentation was not submitted as part of the materials for this audit. Additionally, CMS reviewed a sample of 2 standard grievances from a universe of 2 and found one sample did not demonstrate that the issue was resolved and the enrollee was notified of grievance resolution within the CMS-approved timeframes.

Corrective Action Required:

Mid Rogue Health Plan must revise its PD Grievance Procedure policy to include provisions stating: - all concerned parties must be notified of grievance disposition as expeditiously as the enrollees case requires, based on the enrollees health status, but not later than 30 days after Mid Rogue Health Plan receives the oral or written grievance, - the 30-day timeframe may be extended by 14 days or less if the enrollee requests the extension or if Mid Rogue Health Plan justifies a need for additional information and documents how the delay is in the interest of the enrollee, and - the enrollee must immediately be notified in writing when Mid Rogue Health Plan extends the deadline. Mid Rogue Health Plan 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. Mid Rogue Health Plan must provide CMS with a CMS-approved notice for informing enrollees of grievance deadline extension (i.e., a notice consistent with the CMS-issued model notice, `Notice of Plans Decision to Extend the Deadline for Making a Decision Regarding a Grievance). If Mid Rogue Health Plan does not have a notice template that has been approved by CMS (i.e., a notice consistent with the CMS-issued model notice, `Notice of Plans Decision to Extend the Deadline for Making a Decision Regarding a Grievance), 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. Mid Rogue Health Plan 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. Mid Rogue Health Plan must notify enrollees of grievance resolution within the CMS-approved timeframe, and provide documentation demonstrating this to CMS.

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: 961
Contract Number: H3810
Part D Sponsor Name: MID ROGUE INDEPENDENT PHYSICIAN ASSOCIATION

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: 9/17/2007
Date Report Due: 11/1/2007
Element Accepted Date: 11/16/2007
Element Release Date: 12/20/2007
Element Projected Completion Date: 12/10/2007

3 Year Reporting Cycle: 1/1/2006 - 12/31/2008
Estimated Visit Start Date: 7/31/2007
Estimated Visit Start Date: 8/2/2007
Actual Visit Start Date: 7/31/2007
Actual Visit End Date: 8/2/2007
Part D Sponsor Response Received Date: 11/14/2007
Part D Sponsor Response Due Date: 11/1/2007
CAP Release Date: 1/10/2008
CAP Accepted Date: 11/16/2007

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:

Mid Rogue Health Plan does not meet this requirement because CMS reviewed Mid Rogue Health Plans policies and procedures regarding method of grievance responses (PD Grievance Procedure) and found this document does not: -state that all grievances submitted in writing must be responded to in writing, and -state that grievances submitted orally may be responded to either orally or in writing, unless the enrollee requests a written response. CMS reviewed Mid Rogue Health Plans notice template for notification of grievance disposition and found the notice was consistent with CMS-issued model notice, Notice of Plan's Decision Regarding a Grievance. However, it did not display the contract number and CMS approval date in the lower left-hand corner in accordance with CMS Marketing guidelines. Mid Rogue acknowledged to the auditors on August 13, 2007, that this notice was approved by CMS on June 15, 2007. However, that documentation was not submitted as part of the materials for this audit. Additionally, CMS reviewed a sample of 2 standard grievances from a universe of 2 and found both samples demonstrated noncompliance. In one sample, Mid Rogue did not demonstrate the enrollee was notified of grievance resolution. In the second sample, Mid Rogue documented that the member received a letter as notification of the grievance resolution. However, a copy of the letter was not submitted and, therefore, auditors could not confirm that the notice was compliant (specifically, consistent with CMS-issued model notice, Notice of Plans Decision Regarding a Grievance.)

Corrective Action Required:

Mid Rogue Health Plan must revise its PD Grievance Procedure policy document to include provisions that state: -all grievances submitted in writing must be responded to in writing, and -grievances submitted orally may be responded to either orally or in writing, unless the enrollee requests a written response. Mid Rogue Health Plan 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. Mid Rogue Health Plan must provide CMS with a CMS-approved notice for notification of grievance disposition (i.e., a notice consistent with the CMS-issued model notice, `Notice of Plans Decision Regarding a Grievance). If Mid Rogue Health Plan does not have a notice template that has been approved by CMS (i.e., a notice consistent with the CMS-issued model notice, `Notice of Plans Decision Regarding a Grievance), 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. Mid Rogue Health Plan 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. Mid Rogue Health Plan must always notify the enrollee of grievance resolution. Additionally, when a grievance is responded in writing, Mid Rogue Health Plan must use a notice consistent with CMS-issued model notice, Notice of Plans Decision Regarding a Grievance. Mid Rogue Health Plan must provide documentation demonstrating this to CMS.

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: 961
Contract Number: H3810
Part D Sponsor Name: MID ROGUE INDEPENDENT PHYSICIAN ASSOCIATION

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: 9/17/2007
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Element Accepted Date: 11/16/2007
Element Release Date: 12/20/2007
Element Projected Completion Date: 12/10/2007

3 Year Reporting Cycle: 1/1/2006 - 12/31/2008
Estimated Visit Start Date: 7/31/2007
Estimated Visit Start Date: 8/2/2007
Actual Visit Start Date: 7/31/2007
Actual Visit End Date: 8/2/2007
Part D Sponsor Response Received Date: 11/14/2007
Part D Sponsor Response Due Date: 11/1/2007
CAP Release Date: 1/10/2008
CAP Accepted Date: 11/16/2007

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:

Mid Rogue Health Plan does not meet this requirement. CMS reviewed Mid Rogue Health Plan's notice template for notification of grievance disposition. The notice was consistent with CMS-issued model notice, Notice of Plan's Decision Regarding a Grievance. However, it did not display the contract number and CMS approval date in the lower left-hand corner in accordance with CMS Marketing guidelines. Mid Rogue acknowledged to the auditors on August 13, 2007, that this notice was approved by CMS on June 15, 2007. However, that documentation was not submitted as part of the materials for this audit.

Corrective Action Required:

Mid Rogue Health Plan must provide CMS with a CMS-approved notice for notification of grievance disposition (i.e., a notice consistent with the CMS-issued model notice, 'Notice of Plan's Decision Regarding a Grievance'). If Mid Rogue Health Plan does not have a notice template that has been approved by CMS (i.e., a notice consistent with the CMS-issued model notice, 'Notice of Plan's Decision Regarding a Grievance'), 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. Mid Rogue Health Plan 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: 961
Contract Number: H3810
Part D Sponsor Name: MID ROGUE INDEPENDENT PHYSICIAN ASSOCIATION

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: 9/17/2007
Date Report Due: 11/1/2007
Element Accepted Date: 11/16/2007
Element Release Date: 12/20/2007
Element Projected Completion Date: 12/10/2007

3 Year Reporting Cycle: 1/1/2006 - 12/31/2008
Estimated Visit Start Date: 7/31/2007
Estimated Visit Start Date: 8/2/2007
Actual Visit Start Date: 7/31/2007
Actual Visit End Date: 8/2/2007
Part D Sponsor Response Received Date: 11/14/2007
Part D Sponsor Response Due Date: 11/1/2007
CAP Release Date: 1/10/2008
CAP Accepted Date: 11/16/2007

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:

Mid Rogue Health Plan does not meet this requirement because CMS reviewed Mid Rogue Health Plan's policies and procedures regarding timely response to expedited grievances (PD Grievance Procedure) and did not find the language in quotation marks: includes a 24-hour timeframe for responding to an enrollee's expedited grievance 'if the complaint involves a refusal by Mid Rogue Health Plan 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'

Corrective Action Required:

Mid Rogue Health Plan must revise its PD Grievance Procedure policy to include a 24-hour timeframe for responding to an enrollee's expedited grievance if the complaint involves a refusal by Mid Rogue Health Plan 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. Mid Rogue Health Plan 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: 961
Contract Number: H3810
Part D Sponsor Name: MID ROGUE INDEPENDENT PHYSICIAN ASSOCIATION

Audit Guide Version: MA-PD Sponsor Part D Audit Guide Version 1
Auditing Element: RE01
Audit Type: Routine
Audit Location: Desk Review
Date Report Issued: 9/17/2007
Date Report Due: 11/1/2007
Element Accepted Date: 11/16/2007
Element Release Date: 12/20/2007
Element Projected Completion Date: 12/10/2007

3 Year Reporting Cycle: 1/1/2006 - 12/31/2008
Estimated Visit Start Date: 7/31/2007
Estimated Visit Start Date: 8/2/2007
Actual Visit Start Date: 7/31/2007
Actual Visit End Date: 8/2/2007
Part D Sponsor Response Received Date: 11/14/2007
Part D Sponsor Response Due Date: 11/1/2007
CAP Release Date: 1/10/2008
CAP Accepted Date: 11/16/2007

Requirement:

Request for Redeterminations (Standard) - The Part D sponsor must have policies, procedures, and systems in place that allow it to accept written requests for standard redeterminations of coverage determinations filed within 60 calendar days of the notice of the coverage determination. The Part D sponsor must provide the enrollee or the prescribing physician with a reasonable opportunity to hand-deliver or present in writing, evidence and allegations of fact or law related to the issue in dispute.

Reference:

42 CFR § 423.582(a-b); § 423.586; MA-PD Solicitation; Prescription Drug Benefit Manual; Chapter 18 ¿ Part D Enrollee Grievances, Coverage Determinations, and Appeals

Deficiencies:

Mid Rogue Health Plan does not meet this requirement because CMS reviewed Mid Rogue Health Plan's policies and procedures for accepting requests for standard redeterminations (PD008 Standard Redetermination Process) and found it did not include a provision for accepting written requests for standard redeterminations of coverage determinations filed by enrollees within 60 calendar days of the notice of the coverage determination. Policy PD008 did refer to a 60 day timeframe, however it is regarding a member's right to file a reconsideration request 60 days after initial receipt of the redetermination request.

Corrective Action Required:

Mid Rogue Health Plan must revise its PD008 Standard Redetermination Process policy to include a provision for accepting written requests for standard redeterminations of coverage determinations filed by enrollees within 60 calendar days of the notice of the coverage determination. Mid Rogue Health Plan 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: 961
Contract Number: H3810
Part D Sponsor Name: MID ROGUE INDEPENDENT PHYSICIAN ASSOCIATION

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: 9/17/2007
Date Report Due: 11/1/2007
Element Accepted Date: 11/16/2007
Element Release Date: 12/20/2007
Element Projected Completion Date: 12/10/2007

3 Year Reporting Cycle: 1/1/2006 - 12/31/2008
Estimated Visit Start Date: 7/31/2007
Estimated Visit Start Date: 8/2/2007
Actual Visit Start Date: 7/31/2007
Actual Visit End Date: 8/2/2007
Part D Sponsor Response Received Date: 11/14/2007
Part D Sponsor Response Due Date: 11/1/2007
CAP Release Date: 1/10/2008
CAP Accepted Date: 11/16/2007

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:

Mid Rogue Health Plan does not meet this requirement because CMS reviewed Mid Rogue Health Plan's policies and procedures regarding decisions to accept or deny requests for expedited redeterminations (PD 007 Expedited Re-determination Process) and found it did not include a provision stating that Mid Rogue Health Plan automatically expedites a request when the enrollee's physician indicates that applying the standard timeframe for making a redetermination may seriously jeopardize the enrollee's life, health, or ability to regain maximum function.

Corrective Action Required:

Mid Rogue Health Plan must revise its policy PD 007 Expedited Re-determination Process to include a provision stating that Mid Rogue Health Plan automatically expedites a request when the enrollee's physician indicates that applying the standard timeframe for making a redetermination may seriously jeopardize the enrollee's life, health, or ability to regain maximum function. Mid Rogue Health Plan 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: 961
Contract Number: H3810
Part D Sponsor Name: MID ROGUE INDEPENDENT PHYSICIAN ASSOCIATION

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: 9/17/2007
Date Report Due: 11/1/2007
Element Accepted Date: 11/16/2007
Element Release Date: 12/20/2007
Element Projected Completion Date: 12/10/2007

3 Year Reporting Cycle: 1/1/2006 - 12/31/2008
Estimated Visit Start Date: 7/31/2007
Estimated Visit Start Date: 8/2/2007
Actual Visit Start Date: 7/31/2007
Actual Visit End Date: 8/2/2007
Part D Sponsor Response Received Date: 11/14/2007
Part D Sponsor Response Due Date: 11/1/2007
CAP Release Date: 1/10/2008
CAP Accepted Date: 11/16/2007

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:

Mid Rogue Health Plan does not meet this requirement because CMS reviewed Mid Rogue Health Plan's policies and procedures for enrollee notification following decision to deny a request for an expedited redetermination (PD007 Expedited Re-determination Process) and found it did not include provisions stating that Mid Rogue Health Plan must provide prompt oral notice to the enrollee, and provide equivalent written notice within 3 calendar days of the oral notice. CMS reviewed Mid Rogue Health Plan's notice template notifying the enrollee that a request for an expedited redetermination is denied and found the notice was consistent with CMS-issued model notice, Notice of Right to an Expedited Grievance. However, it did not display the contract number and CMS approval date in the lower left-hand corner in accordance with CMS Marketing guidelines. Mid Rogue acknowledged to the auditors on August 13, 2007, that this notice was approved by CMS on June 15, 2007. However, that documentation was not submitted as part of the materials for this audit.

Corrective Action Required:

Mid Rogue Health Plan must revise its policy PD007 Expedited Re-determination Process to include a provision stating that Mid Rogue Health Plan must provide prompt oral notice to the enrollee, and provide equivalent written notice within 3 calendar days of the oral notice. Mid Rogue Health Plan 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. Mid Rogue Health Plan must provide CMS with a CMS-approved notice for notifying the enrollee that a request for an expedited redetermination is denied (i.e., a notice consistent with the CMS-issued model notice, `Notice of Right to an Expedited Grievance'). If Mid Rogue Health Plan does not have a notice template that has been approved by CMS (i.e., a notice consistent with the CMS-issued model notice, `Notice of Right to an Expedited Grievance'), 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. Mid Rogue Health Plan 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: 961
Contract Number: H3810
Part D Sponsor Name: MID ROGUE INDEPENDENT PHYSICIAN ASSOCIATION

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: 9/17/2007
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Element Accepted Date: 11/16/2007
Element Release Date: 12/20/2007
Element Projected Completion Date: 12/10/2007

3 Year Reporting Cycle: 1/1/2006 - 12/31/2008
Estimated Visit Start Date: 7/31/2007
Estimated Visit Start Date: 8/2/2007
Actual Visit Start Date: 7/31/2007
Actual Visit End Date: 8/2/2007
Part D Sponsor Response Received Date: 11/14/2007
Part D Sponsor Response Due Date: 11/1/2007
CAP Release Date: 1/10/2008
CAP Accepted Date: 11/16/2007

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:

Mid Rogue Health Plan does not meet this requirement because CMS reviewed Mid Rogue Health Plan's policies and procedures regarding timely notification and effectuation of standard redeterminations concerning covered drug benefit (PD008 Standard Redetermination Process) and found it did not include a provision stating that Mid Rogue Health Plan must inform the enrollee, within 24 hours, when the case is forwarded to the IRE. During Staff Discussions, Mid Rogue Health Plan staff stated that it informs the enrollee within 24 hours when the case is forwarded to the IRE. However, this must be reflected in a policy and procedure document. Policy PD008 did not contain a provision for effectuating the favorable redetermination as expeditiously as the enrollee's health condition requires or within 7 calendar days from the date it received the request for a standard redetermination. The policy stated that the redetermination decision would be effectuated within 10 days. Additionally, policy PD008 did not include: a provision stating that failure to notify the enrollee within the timeframe `constitutes an adverse redetermination' requiring Mid Rogue Health Plan to forward the enrollee's complete file to the Independent Review Entity (IRE) within 24 hours of the expiration of the adjudication timeframe. Specifically, the language in quotation marks was not found. CMS reviewed Mid Rogue Health Plan's notice template for notifying enrollees of an adverse standard redetermination and found the notice was consistent with CMS-issued model notice, Notice of Redetermination. However, it did not display the contract number and CMS approval date in the lower left-hand corner in accordance with CMS Marketing guidelines. Mid Rogue acknowledged to the auditors on August 13, 2007, that this notice was approved by CMS on June 15, 2007. However, that documentation was not submitted as part of the materials for this audit. CMS reviewed Mid Rogue Health Plan'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 the contract number and CMS approval date in the lower left-hand corner in accordance with CMS Marketing guidelines. Mid Rogue acknowledged to the auditors on August 13, 2007, that this notice was approved by CMS on June 15, 2007. However, that documentation was not submitted as part of the materials for this audit. CMS reviewed Mid Rogue Health Plan's notice template for enrollee notification when a request is forwarded to the IRE and found the notice was consistent with CMS-issued model notice, Notice of Case Status. However, it did not display the contract number and CMS approval date in the lower left-hand corner in accordance with CMS Marketing guidelines. Mid Rogue acknowledged to the auditors on August 13, 2007, that this notice was approved by CMS on June 15, 2007. However, that documentation was not submitted as part of the materials for this audit. Additionally, CMS reviewed two requests for standard redeterminations concerning drug benefits from a universe of two and found that one out of the two samples did not demonstrate the date the member was notified in writing of the initial denial, the date the redetermination request was received, that the redetermination decision was made timely, and that the case file was forwarded to the IRE as required when a decision is untimely.

Corrective Action Required:

Mid Rogue Health Plan must revise its policy PD008 Standard Redetermination Process to include the following: - a provision stating that Mid Rogue Health Plan must inform the enrollee, within 24 hours, when the case is forwarded to the IRE, - a provision for effectuating the favorable redetermination as expeditiously as the enrollee's health condition requires or within 7 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 Mid Rogue Health Plan to forward the enrollee's complete file to the Independent Review Entity (IRE) within 24 hours of the expiration of the adjudication timeframe. Mid Rogue Health Plan 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. Mid Rogue Health Plan must provide CMS with CMS-approved notices for: notifying enrollees of an adverse standard redetermination (i.e., a notice consistent with the CMS-issued model notice, `Notice of Redetermination'), requesting a reconsideration (i.e., a notice consistent with the CMS-issued model notice, `Request for Reconsideration'), and enrollee notification when a request is forwarded to the IRE (i.e., a notice consistent with the CMS-issued model notice, `Notice of Case Status'). If Mid Rogue Health Plan does not have a notice template that has been approved by CMS (i.e., notices consistent with the CMS-issued model notices, `Notice of Redetermination',`Request for Reconsideration', and `Notice of Case Status', respectively), then it must submit these for CMS approval through the normal marketing review submission process, and provide evidence that it has done this for the purpose of this audit. Mid Rogue Health Plan 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. Mid Rogue Health Plan must be able to demonstrate, and provide documentation of this to CMS, the date the member was notified in writing of the initial coverage determination regarding drug benefit denial, the date the standard redetermination concerning drug benefit request was received, that the redetermination decision was made timely, and that in all cases when a standard redetermination concerning drug benefit decision is untimely, the case file is forwarded to the IRE as required.

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: 961
Contract Number: H3810
Part D Sponsor Name: MID ROGUE INDEPENDENT PHYSICIAN ASSOCIATION

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: 9/17/2007
Date Report Due: 11/1/2007
Element Accepted Date: 11/16/2007
Element Release Date: 12/20/2007
Element Projected Completion Date: 12/10/2007

3 Year Reporting Cycle: 1/1/2006 - 12/31/2008
Estimated Visit Start Date: 7/31/2007
Estimated Visit Start Date: 8/2/2007
Actual Visit Start Date: 7/31/2007
Actual Visit End Date: 8/2/2007
Part D Sponsor Response Received Date: 11/14/2007
Part D Sponsor Response Due Date: 11/1/2007
CAP Release Date: 1/10/2008
CAP Accepted Date: 11/16/2007

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:

Mid Rogue Health Plan does not meet this requirement because CMS reviewed Mid Rogue Health Plan's policies and procedures regarding timely notification and effectuation of standard redeterminations concerning payment (PD008 Standard Redetermination Process) and found it does not: - state that for redeterminations favorable to the enrollee, Mid Rogue Health Plan 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, - include provisions stating that failure to notify the enrollee within the timeframe constitutes an adverse redetermination decision requiring Mid Rogue Health Plan to forward the enrollee's complete file to the Independent Review Entity (IRE) within 24 hours of the expiration of the adjudication timeframe, and - include a provision stating that Mid Rogue Health Plan must inform the enrollee, within 24 hours, when the case is forwarded to the IRE. During Staff Discussions, Mid Rogue Health Plan staff confirmed that for redeterminations favorable to the enrollee, Mid Rogue authorizes payment within 7 calendar days and makes payment within 30 calendar days from the date it received the request for a standard redetermination. Additionally, Mid Rogue Health Plan staff confirmed that it informs enrollees within 24 hours when the case is forwarded to the IRE. However, these provisions must be included in a policy and procedure document. CMS reviewed Mid Rogue Health Plan's notice template for notifying enrollees of an adverse standard redetermination and found the notice was consistent with CMS-issued model notice, Notice of Redetermination. However, it did not display the contract number and CMS approval date in the lower left-hand corner in accordance with CMS Marketing guidelines. Mid Rogue acknowledged to the auditors on August 13, 2007, that this notice was approved by CMS on June 15, 2007. However, that documentation was not submitted as part of the materials for this audit. CMS reviewed Mid Rogue Health Plan'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 the contract number and CMS approval date in the lower left-hand corner in accordance with CMS Marketing guidelines. Mid Rogue acknowledged to the auditors on August 13, 2007, that this notice was approved by CMS on June 15, 2007. However, that documentation was not submitted as part of the materials for this audit. CMS reviewed Mid Rogue Health Plan's notice template for enrollee notification when a request is forwarded to the IRE and found the notice was consistent with CMS-issued model notice, Notice of Case Status. However, it did not display the contract number and CMS approval date in the lower left-hand corner in accordance with CMS Marketing guidelines. Mid Rogue acknowledged to the auditors on August 13, 2007, that this notice was approved by CMS on June 15, 2007. However, that documentation was not submitted as part of the materials for this audit.

Corrective Action Required:

Mid Rogue Health Plan must revise its policy PD008 Standard Redetermination Process to include the following: - for redeterminations favorable to the enrollee, Mid Rogue Health Plan 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 decision requiring Mid Rogue Health Plan 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 Mid Rogue Health Plan must inform the enrollee, within 24 hours, when the case is forwarded to the IRE. Mid Rogue Health Plan 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. Mid Rogue Health Plan must provide CMS with CMS-approved notices for: notifying enrollees of an adverse standard redetermination (i.e., a notice consistent with the CMS-issued model notice, `Notice of Redetermination'), requesting a reconsideration (i.e., a notice consistent with the CMS-issued model notice, `Request for Reconsideration'), and enrollee notification when a request is forwarded to the IRE (i.e., a notice consistent with the CMS-issued model notice, `Notice of Case Status'). If Mid Rogue Health Plan does not have a notice template that has been approved by CMS (i.e., notices consistent with the CMS-issued model notices, `Notice of Redetermination', `Request for Reconsideration', and `Notice of Case Status', respectively), then it must submit these for CMS approval through the normal marketing review submission process, and provide evidence that it has done this for the purpose of this audit. Mid Rogue Health Plan 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: 961
Contract Number: H3810
Part D Sponsor Name: MID ROGUE INDEPENDENT PHYSICIAN ASSOCIATION

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: 9/17/2007
Date Report Due: 11/1/2007
Element Accepted Date: 11/16/2007
Element Release Date: 12/20/2007
Element Projected Completion Date: 12/10/2007

3 Year Reporting Cycle: 1/1/2006 - 12/31/2008
Estimated Visit Start Date: 7/31/2007
Estimated Visit Start Date: 8/2/2007
Actual Visit Start Date: 7/31/2007
Actual Visit End Date: 8/2/2007
Part D Sponsor Response Received Date: 11/14/2007
Part D Sponsor Response Due Date: 11/1/2007
CAP Release Date: 1/10/2008
CAP Accepted Date: 11/16/2007

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:

Mid Rogue Health Plan does not meet this requirement because CMS reviewed Mid Rogue Health Plan'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 (PD007 Expedited Redetermination Process) and did not find the language in quotation marks: - a provision stating that Mid Rogue Health Plan 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 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', and - a provision stating that failure to notify the enrollee of the `redetermination decision' within the timeframe `constitutes an adverse redetermination decision' requiring Mid Rogue Health Plan to forward the enrollee's request to the Independent Review Entity (IRE) within 24 hours of the expiration of the adjudication timeframe. Additionally, policy PD007 did not include a provision stating that Mid Rogue Health Plan must inform the enrollee, within 24 hours, when the case is forwarded to the IRE. Although Mid Rogue Health Plan staff stated during Staff Discussions that Mid Rogue does inform the enrollee within 24 hours when the case is forwarded to the IRE, this provision must be in a policy and procedure. CMS reviewed Mid Rogue Health Plan's notice template for notifying enrollees of an adverse standard redetermination and found the notice was consistent with CMS-issued model notice, Notice of Redetermination. However, it did not display the contract number and CMS approval date in the lower left-hand corner in accordance with CMS Marketing guidelines. Mid Rogue acknowledged to the auditors on August 13, 2007, that this notice was approved by CMS on June 15, 2007. However, that documentation was not submitted as part of the materials for this audit. CMS reviewed Mid Rogue Health Plan'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 the contract number and CMS approval date in the lower left-hand corner in accordance with CMS Marketing guidelines. Mid Rogue acknowledged to the auditors on August 13, 2007, that this notice was approved by CMS on June 15, 2007. However, that documentation was not submitted as part of the materials for this audit. CMS reviewed Mid Rogue Health Plan's notice template for enrollee notification when a request is forwarded to the IRE and found the notice was consistent with CMS-issued model notice, Notice of Case Status. However, it did not display the contract number and CMS approval date in the lower left-hand corner in accordance with CMS Marketing guidelines. Mid Rogue acknowledged to the auditors on August 13, 2007, that this notice was approved by CMS on June 15, 2007. However, that documentation was not submitted as part of the materials for this audit.

Corrective Action Required:

Mid Rogue Health Plan must revise its policy PD007 Expedited Redetermination Process to include the following: - a provision stating that Mid Rogue Health Plan 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 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 failure to notify the enrollee of the redetermination decision within the timeframe constitutes an adverse redetermination decision requiring Mid Rogue Health Plan 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 Mid Rogue Health Plan must inform the enrollee, within 24 hours, when the case is forwarded to the IRE. Mid Rogue Health Plan 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. Mid Rogue Health Plan must provide CMS with CMS-approved notices for: notifying enrollees of an adverse standard redetermination (i.e., a notice consistent with the CMS-issued model notice, `Notice of Redetermination'), requesting a reconsideration (i.e., a notice consistent with the CMS-issued model notice, `Request for Reconsideration'), and enrollee notification when a request is forwarded to the IRE (i.e., a notice consistent with the CMS-issued model notice, `Notice of Case Status'). If Mid Rogue Health Plan does not have a notice template that has been approved by CMS (i.e., notices consistent with the CMS-issued model notices, `Notice of Redetermination', `Request for Reconsideration', and `Notice of Case Status', respectively), then it must submit these for CMS approval through the normal marketing review submission process, and provide evidence that it has done this for the purpose of this audit. Mid Rogue Health Plan 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: 961
Contract Number: H3810
Part D Sponsor Name: MID ROGUE INDEPENDENT PHYSICIAN ASSOCIATION

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: 9/17/2007
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Element Release Date: 12/20/2007
Element Projected Completion Date: 12/10/2007

3 Year Reporting Cycle: 1/1/2006 - 12/31/2008
Estimated Visit Start Date: 7/31/2007
Estimated Visit Start Date: 8/2/2007
Actual Visit Start Date: 7/31/2007
Actual Visit End Date: 8/2/2007
Part D Sponsor Response Received Date: 11/14/2007
Part D Sponsor Response Due Date: 11/1/2007
CAP Release Date: 1/10/2008
CAP Accepted Date: 11/16/2007

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:

Mid Rogue Health Plan does not meet this requirement because CMS reviewed Mid Rogue Health Plan's policies and procedures regarding personnel conducting redeterminations (policies PD007 and PD008) and found they do not include: - a provision stating that a person or persons who were not involved in making the coverage determination conducts the redetermination, and - a provision stating that if the issue is a denial based on lack of medical necessity, then Mid Rogue Health Plan must ensure that the redetermination is made by a physician with the expertise in the field of medicine that is appropriate for the services at issue. CMS reviewed a sample of 2 requests for standard redeterminations concerning drug benefits from a universe of two and found that in two cases Mid Rogue did not demonstrate that it uses appropriate personnel to conduct redeterminations. Specifically, sample one demonstrated that the Medical Director reviewed both the initial coverage determination and the redetermination requests. Sample two did demonstrate that the person involved in making the initial coverage determination was not the same person who made the redetermination decision. However, the initial denial was based on a lack of medical necessity, and Mid Rogue Health Plan did not demonstrate that the redetermination was performed by a physician with expertise in the field of medicine that is appropriate for the benefits at issue.

Corrective Action Required:

Mid Rogue Health Plan must revise its policies PD007 and PD008 to include: - a provision stating that a person or persons who were not involved in making the coverage determination conducts the redetermination, and - a provision stating that if the issue is a denial based on lack of medical necessity, then Mid Rogue Health Plan must ensure that the redetermination is made by a physician with the expertise in the field of medicine that is appropriate for the services at issue. Mid Rogue Health Plan 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. Mid Rogue Health Plan must demonstrate, and provide documentation of this to CMS, that the person making the initial coverage determination decision is not the person making the redetermination decision. Mid Rogue Health Plan must provide documentation to CMS demonstrating that Mid Rogue Health Plan uses appropriate personnel to conduct redeterminations. Specifically, the person involved in making the initial coverage determination decision must not be the same person making the redetermination decision. Additionally, when the initial coverage determination denial is based on a lack of medical necessity, as defined in Chapter 18 of the Prescription Drug Benefit Manual, the redetermination must be performed by a physician with expertise in the field of medicine that is appropriate for the benefits at issue.

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: 961
Contract Number: H3810
Part D Sponsor Name: MID ROGUE INDEPENDENT PHYSICIAN ASSOCIATION

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: 9/17/2007
Date Report Due: 11/1/2007
Element Accepted Date: 11/16/2007
Element Release Date: 12/20/2007
Element Projected Completion Date: 12/10/2007

3 Year Reporting Cycle: 1/1/2006 - 12/31/2008
Estimated Visit Start Date: 7/31/2007
Estimated Visit Start Date: 8/2/2007
Actual Visit Start Date: 7/31/2007
Actual Visit End Date: 8/2/2007
Part D Sponsor Response Received Date: 11/14/2007
Part D Sponsor Response Due Date: 11/1/2007
CAP Release Date: 1/10/2008
CAP Accepted Date: 11/16/2007

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:

Mid Rogue Health Plan does not meet this requirement because CMS reviewed Mid Rogue Health Plan's policies and procedures for forwarding case files to the IRE upon the IRE's request in a timely manner (policies PD007 and PD008) and found they do not state: - 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 - 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. During Staff Discussions Mid Rogue Health Plan staff confirmed that case files are sent to the IRE within 24 hours (expedited requests) or 48 hours (standard requests) from the time the IRE requests the case file. However these provisions must be included in a policy and procedure document.

Corrective Action Required:

Mid Rogue Health Plan must revise its policies PD007 and PD008 to contain the following: - 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 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. Mid Rogue Health Plan 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: 961
Contract Number: H3810
Part D Sponsor Name: MID ROGUE INDEPENDENT PHYSICIAN ASSOCIATION

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: 9/17/2007
Date Report Due: 11/1/2007
Element Accepted Date: 11/16/2007
Element Release Date: 12/20/2007
Element Projected Completion Date: 12/10/2007

3 Year Reporting Cycle: 1/1/2006 - 12/31/2008
Estimated Visit Start Date: 7/31/2007
Estimated Visit Start Date: 8/2/2007
Actual Visit Start Date: 7/31/2007
Actual Visit End Date: 8/2/2007
Part D Sponsor Response Received Date: 11/14/2007
Part D Sponsor Response Due Date: 11/1/2007
CAP Release Date: 1/10/2008
CAP Accepted Date: 11/16/2007

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:

Mid Rogue Health Plan does not meet this requirement because CMS requested policies and procedures for effectuating third party reversals on an appeal of a request for a benefit and Mid Rogue Health Plan did not submit this documentation.

Corrective Action Required:

Mid Rogue Health Plan must create policies and procedures for effectuating third party reversals on an appeal of a request for benefit that include the following: - 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. Mid Rogue Health Plan 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: 961
Contract Number: H3810
Part D Sponsor Name: MID ROGUE INDEPENDENT PHYSICIAN ASSOCIATION

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: 9/17/2007
Date Report Due: 11/1/2007
Element Accepted Date: 11/16/2007
Element Release Date: 12/20/2007
Element Projected Completion Date: 12/10/2007

3 Year Reporting Cycle: 1/1/2006 - 12/31/2008
Estimated Visit Start Date: 7/31/2007
Estimated Visit Start Date: 8/2/2007
Actual Visit Start Date: 7/31/2007
Actual Visit End Date: 8/2/2007
Part D Sponsor Response Received Date: 11/14/2007
Part D Sponsor Response Due Date: 11/1/2007
CAP Release Date: 1/10/2008
CAP Accepted Date: 11/16/2007

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:

Mid Rogue Health Plan does not meet this requirement because CMS requested policies and procedures for effectuating third party reversals on an appeal of a request for payment and Mid Rogue Health Plan did not submit this documentation.

Corrective Action Required:

Mid Rogue Health Plan must create policies and procedures for effectuating third party reversals on an appeal of a request for payment that include the following: - a provision stating that payment must be authorized within 72 hours from the date it receives notice reversing the decision, - a provision stating that payment must be made no later than 30 days from the date it receives notice reversing the decision, and - a provision requiring a notice to be sent informing the IRE of the effectuation. Mid Rogue Health Plan 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: 961
Contract Number: H3810
Part D Sponsor Name: MID ROGUE INDEPENDENT PHYSICIAN ASSOCIATION

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: 9/17/2007
Date Report Due: 11/1/2007
Element Accepted Date: 11/16/2007
Element Release Date: 12/20/2007
Element Projected Completion Date: 12/10/2007

3 Year Reporting Cycle: 1/1/2006 - 12/31/2008
Estimated Visit Start Date: 7/31/2007
Estimated Visit Start Date: 8/2/2007
Actual Visit Start Date: 7/31/2007
Actual Visit End Date: 8/2/2007
Part D Sponsor Response Received Date: 11/14/2007
Part D Sponsor Response Due Date: 11/1/2007
CAP Release Date: 1/10/2008
CAP Accepted Date: 11/16/2007

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:

Mid Rogue Health Plan does not meet this requirement because CMS requested policies and procedures for effectuating third party reversals on an appeal of an expedited request for a benefit and Mid Rogue Health Plan did not submit this documentation.

Corrective Action Required:

Mid Rogue Health Plan must create policies and procedures for effectuating third party reversals on an appeal of an expedited request for a benefit that contain the following: - 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 provision requiring a notice to be sent informing the IRE of the effectuation. Mid Rogue Health Plan 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.