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
Contract Number: H2410
Audit ID: 4141
Part D Sponsor Name: MEDICA HEALTH PLANS

Audit Guide Version: MA-PD Sponsor Part D Audit Guide Version 2
Auditing Element: ER09
Audit Type: Routine
Audit Location: Onsite
Date Report Issued: 7/31/2008
Date Report Due: 9/14/2008
Element Accepted Date:
Element Release Date:
Element Projected Completion Date: 11/15/2008

3 Year Reporting Cycle: 1/1/2006 - 12/31/2008
Estimated Visit Start Date: 6/16/2008
Estimated Visit Start Date: 6/19/2008
Actual Visit Start Date: 6/16/2008
Actual Visit End Date: 6/19/2008
Part D Sponsor Response Received Date:
Part D Sponsor Response Due Date: 9/14/2008
CAP Release Date:
CAP Accepted Date:

Requirement:

Auto- and Facilitated-Enrollment of Full Benefit Dual-Eligible Beneficiaries and Other Low Income Subsidy Eligible Beneficiaries - The Part D sponsor must accept auto- and facilitated-enrollments and distribute plan materials in accordance with CMS procedures for full benefit dual eligible and other low income subsidy eligible beneficiaries who have failed to enroll in a Part D plan.

Reference:

42 CFR § 423.34(d) - Medicare Managed Care Manual Ch. 2

Deficiencies:

Medica does not meet the CMS compliance standard because the plan does not have appropriate policies and procedures in place to identify full benefit dual eligible and other low income subsidy eligible beneficiaries who are enrolled in one of the Sponsor¿s plans, identify an applicable MAPD for each identified individual, assigning the correct effective date, notifying the beneficiary within 10 calendar days of identification, including a provision that if the beneficiary does not respond or opt out within 14 calendar days, the sponsor submits the enrollment transaction to CMS to auto or facilitate-enroll the beneficiary, and send them a summary of benefits.

Corrective Action Required:

Medica must develop and implement policies and procedures that meet the above requirements per Chapter 2 of the Medicare Managed Care Manual. Medica must submit this information to the CMS regional office for review.

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

Findings: Not Met
Contract Number: H2410
Audit ID: 4141
Part D Sponsor Name: MEDICA HEALTH PLANS

Audit Guide Version: MA-PD Sponsor Part D Audit Guide Version 2
Auditing Element: ER13
Audit Type: Routine
Audit Location: Onsite
Date Report Issued: 7/31/2008
Date Report Due: 9/14/2008
Element Accepted Date:
Element Release Date:
Element Projected Completion Date: 11/15/2008

3 Year Reporting Cycle: 1/1/2006 - 12/31/2008
Estimated Visit Start Date: 6/16/2008
Estimated Visit Start Date: 6/19/2008
Actual Visit Start Date: 6/16/2008
Actual Visit End Date: 6/19/2008
Part D Sponsor Response Received Date:
Part D Sponsor Response Due Date: 9/14/2008
CAP Release Date:
CAP Accepted Date:

Requirement:

Confirmation of Enrollment for Members of Employer/Union Group Receiving Employer Subsidy - The Part D sponsor must meet CMS requirements for obtaining a confirmation of the intent to enroll from any individual who attempts to enroll in the Part D plan, but whose enrollment is conditionally rejected by CMS due to a detected match indicating that the beneficiary may have existing employer or union drug coverage.

Reference:

Medicare Managed Care Manual Chapter 2

Deficiencies:

Medica does not meet the CMS compliance standard because CMS audited 10 cases from a universe of 35 (for contract H2450) and found 8 cases where the enrollment was not processed correctly due to the confirmation notice being untimely. In addition, Medica does not have written policies and procedures for this area.

Corrective Action Required:

Medica must develop and implement policies and procedures that comply with the Medicare Managed Care Chapter 2 requirements for confirmation of enrollment for members of employer/union group receiving employer subsidy. Medica must conduct training of appropriate staff on these policies and procedures and submit documentation to the regional office 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
Contract Number: H2410
Audit ID: 4141
Part D Sponsor Name: MEDICA HEALTH PLANS

Audit Guide Version: MA-PD Sponsor Part D Audit Guide Version 2
Auditing Element: MR01
Audit Type: Routine
Audit Location: Onsite
Date Report Issued: 7/31/2008
Date Report Due: 9/14/2008
Element Accepted Date:
Element Release Date:
Element Projected Completion Date: 10/31/2008

3 Year Reporting Cycle: 1/1/2006 - 12/31/2008
Estimated Visit Start Date: 6/16/2008
Estimated Visit Start Date: 6/19/2008
Actual Visit Start Date: 6/16/2008
Actual Visit End Date: 6/19/2008
Part D Sponsor Response Received Date:
Part D Sponsor Response Due Date: 9/14/2008
CAP Release Date:
CAP Accepted Date:

Requirement:

Submission and Distribution of Marketing Materials - For "non-model" documents and for ¿model¿ documents that the Part D sponsor modifies: The Part D sponsor must certify that Medicare marketing materials use the CMS specified format and acceptable terminology, and submit them for a 45 day review period by CMS. The Part D sponsor must not distribute or make such materials available until it receives notice from CMS that CMS has approved the materials, or until 45 days have expired and the Part D sponsor has not received notice from CMS that the materials have not been approved. For "model" documents that the Part D sponsor uses without modification: The Part D sponsor must submit and certify that Medicare marketing materials use the CMS specified format and acceptable terminology, and submit them for a 10 day review period by CMS. The Part D sponsor must not distribute or make such materials available until it receives notice from CMS that CMS has approved the materials, or until 10 days have expired and the Part D sponsor has not received notice from CMS that the materials have not been approved.

Reference:

42 CFR § 423.50(a)(1), § 423.50(a)(3), MA-PD Solicitation, Medicare Marketing Guidelines for MAs, MA-PDs, PDPs, and 1876 Cost Plans

Deficiencies:

Medica does not meet the CMS compliance standard because Medica submitted copies of enrollment marketing materials as part of audit samples that did not include a correctly formatted marketing material number. This includes the auto/facilitated enrollment letter for element ER09_D and the notice for individuals identified on CMS records as members of employer groups for element ER13.B. Per the marketing guidelines the material ID can be any series of alphanumeric characters but must begin with the organization¿s contract number plus an underscore, followed by numbers or letters chosen at the discretion of the organization, and the CMS approval date.

Corrective Action Required:

Medica must revise these enrollment letters to include a correctly formatted marketing material number and resubmit these documents to the regional office account manager through HPMS for review. Medica must develop and implement policies and procedures that require all marketing documents to comply with the marketing material number format per the CMS marketing guidelines.

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Findings: Not Met
Contract Number: H2410
Audit ID: 4141
Part D Sponsor Name: MEDICA HEALTH PLANS

Audit Guide Version: MA-PD Sponsor Part D Audit Guide Version 2
Auditing Element: PP01
Audit Type: Routine
Audit Location: Onsite
Date Report Issued: 7/31/2008
Date Report Due: 9/14/2008
Element Accepted Date:
Element Release Date:
Element Projected Completion Date: 12/31/2008

3 Year Reporting Cycle: 1/1/2006 - 12/31/2008
Estimated Visit Start Date: 6/16/2008
Estimated Visit Start Date: 6/19/2008
Actual Visit Start Date: 6/16/2008
Actual Visit End Date: 6/19/2008
Part D Sponsor Response Received Date:
Part D Sponsor Response Due Date: 9/14/2008
CAP Release Date:
CAP Accepted Date:

Requirement:

Written Policies and Procedures - The Part D sponsor must adhere to CMS guidance for adopting and maintaining current, written policies and procedures that address all applicable Part D statutes, regulations, and program requirements. These policies and procedures must articulate the specific procedures personnel should follow when performing their duties.

Reference:

42 CFR § 423.504(b)(4)(vi)(A)

Deficiencies:

Medica does not meet the CMS compliance standard because the plan has not updated their enrollment/disenrollment policies and procedures to meet the requirements found in the Enrollment and Disenrollment Chapter of the Medicare Advantage Manual which was last updated on June 20, 2007 at the time of the audit.

Corrective Action Required:

Medica must develop and implement policies and procedures that comply with the requirements of the Enrollment and Disenrollment Chapter of the most current version of the Medicare Advantage Manual. Medica must conduct training of appropriate staff on these policies and procedures and submit documentation to the regional office that details the nature of this training, including: the materials used in the training, the individuals conducting the training, and the individuals being trained.