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: H0621
Audit ID: 1261
Part D Sponsor Name: COLORADO ACCESS

Audit Guide Version: MA-PD Sponsor Part D Audit Guide Version 1
Auditing Element: MR06
Audit Type: Routine
Audit Location: Onsite
Date Report Issued: 12/21/2007
Date Report Due: 2/4/2008
Element Accepted Date: 4/22/2008
Element Release Date: 4/22/2008
Element Projected Completion Date:

3 Year Reporting Cycle: 1/1/2006 - 12/31/2008
Estimated Visit Start Date: 10/22/2007
Estimated Visit Start Date: 11/9/2007
Actual Visit Start Date: 10/22/2007
Actual Visit End Date: 11/9/2007
Part D Sponsor Response Received Date: 2/1/2008
Part D Sponsor Response Due Date: 2/4/2008
CAP Release Date: 4/24/2008
CAP Accepted Date: 4/24/2008

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:

Colorado Access' policies and procedures do not include provisions for ongoing monitoring of individuals who conduct marketing activities.

Corrective Action Required:

Colorado Access must identify the process and update applicable Policies and Procedures to include provisions for ongoing monitoring of individuals who perform marketing on behalf of the organization. Revised policies and procedures must be submitted 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
Contract Number: H0621
Audit ID: 1261
Part D Sponsor Name: COLORADO ACCESS

Audit Guide Version: MA-PD Sponsor Part D Audit Guide Version 1
Auditing Element: PH03
Audit Type: Routine
Audit Location: Onsite
Date Report Issued: 12/21/2007
Date Report Due: 2/4/2008
Element Accepted Date: 4/7/2008
Element Release Date: 4/7/2008
Element Projected Completion Date:

3 Year Reporting Cycle: 1/1/2006 - 12/31/2008
Estimated Visit Start Date: 10/22/2007
Estimated Visit Start Date: 11/9/2007
Actual Visit Start Date: 10/22/2007
Actual Visit End Date: 11/9/2007
Part D Sponsor Response Received Date: 2/1/2008
Part D Sponsor Response Due Date: 2/4/2008
CAP Release Date: 4/24/2008
CAP Accepted Date: 4/24/2008

Requirement:

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

Reference:

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

Deficiencies:

Colorado Access' policies and procedures regarding access to long-term care pharmacies do not include provisions stating that the Part D sponsor offers standard contracting terms and conditions, including performance and service criteria for long-term care pharmacies to any long-term care pharmacy in its service area that requires the contract.

Corrective Action Required:

Colorado Access must update its policies and procedures regarding access to long-term care pharmacies to include the required provisions for long-term care contracting. Revised policies and procedures must be submitted 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
Contract Number: H0621
Audit ID: 1261
Part D Sponsor Name: COLORADO ACCESS

Audit Guide Version: MA-PD Sponsor Part D Audit Guide Version 1
Auditing Element: FM03
Audit Type: Routine
Audit Location: Onsite
Date Report Issued: 12/21/2007
Date Report Due: 2/4/2008
Element Accepted Date: 4/7/2008
Element Release Date: 4/7/2008
Element Projected Completion Date:

3 Year Reporting Cycle: 1/1/2006 - 12/31/2008
Estimated Visit Start Date: 10/22/2007
Estimated Visit Start Date: 11/9/2007
Actual Visit Start Date: 10/22/2007
Actual Visit End Date: 11/9/2007
Part D Sponsor Response Received Date: 2/1/2008
Part D Sponsor Response Due Date: 2/4/2008
CAP Release Date: 4/24/2008
CAP Accepted Date: 4/24/2008

Requirement:

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

Reference:

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

Deficiencies:

Colorado Access' policies and procedures do not include a provision with a description describing the procedures for providing retrospective notice to CMS and entities providing other prescription drug coverage in accordance with CMS requirements.

Corrective Action Required:

Colorado Access must revise its policies and procedures to include a provision for retrospective notice to CMS and entities providing other prescription drug coverage in accordance with CMS requirements. Revised policies and procedures must be submitted 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
Contract Number: H0621
Audit ID: 1261
Part D Sponsor Name: COLORADO ACCESS

Audit Guide Version: MA-PD Sponsor Part D Audit Guide Version 1
Auditing Element: CN05
Audit Type: Routine
Audit Location: Onsite
Date Report Issued: 12/21/2007
Date Report Due: 2/4/2008
Element Accepted Date: 4/7/2008
Element Release Date: 4/7/2008
Element Projected Completion Date:

3 Year Reporting Cycle: 1/1/2006 - 12/31/2008
Estimated Visit Start Date: 10/22/2007
Estimated Visit Start Date: 11/9/2007
Actual Visit Start Date: 10/22/2007
Actual Visit End Date: 11/9/2007
Part D Sponsor Response Received Date: 2/1/2008
Part D Sponsor Response Due Date: 2/4/2008
CAP Release Date: 4/24/2008
CAP Accepted Date: 4/24/2008

Requirement:

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

Reference:

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

Deficiencies:

Direct contracts between Colorado Access and its long-term care pharmacies do not contain all of the required provisions.

Corrective Action Required:

Colorado Access must amend its direct long-term care contracts to include all required provisions. CMS provided Long Term Care Pharmacy guidelines entitled "Long Term Guidance" which lists the minimum performance and service criteria that LTC pharmacies must meet in order to be a Part D pharmacy in its LTC network. This guidance is located at: http://www.cms.hhs.gov/PrescriptionDrugCovContra/Downloads/LTCGuidance.pdf. The amended contract template and associated signature pages must be submitted to CMS for review.

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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: H0621
Audit ID: 1261
Part D Sponsor Name: COLORADO ACCESS

Audit Guide Version: MA-PD Sponsor Part D Audit Guide Version 1
Auditing Element: RE02
Audit Type: Routine
Audit Location: Onsite
Date Report Issued: 12/21/2007
Date Report Due: 2/4/2008
Element Accepted Date: 2/22/2008
Element Release Date: 4/22/2008
Element Projected Completion Date:

3 Year Reporting Cycle: 1/1/2006 - 12/31/2008
Estimated Visit Start Date: 10/22/2007
Estimated Visit Start Date: 11/9/2007
Actual Visit Start Date: 10/22/2007
Actual Visit End Date: 11/9/2007
Part D Sponsor Response Received Date: 2/1/2008
Part D Sponsor Response Due Date: 2/4/2008
CAP Release Date: 4/24/2008
CAP Accepted Date: 4/24/2008

Requirement:

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

Reference:

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

Deficiencies:

Colorado Access' policies and procedures do not include a provision for documenting all oral requests for expedited redeterminations in writing and maintaining the documentation in the case file (please see Chapter 18, Section 70.8.1 of the Prescription Drug Benefit Manual). Policies and procedures do not include a telephone number for oral requests for expedited redeterminations (please see Chapter 18, Section 70.8.1 of the Prescription Drug Benefit Manual).

Corrective Action Required:

Colorado Access must update policies and procedures to include a provision for documenting all oral requests for expedited redeterminations in writing and maintaining the documentation in the case file. Update policies and procedures to include a telephone number for oral requests for expedited redeterminations. Revised policies and procedures must be submitted 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
Contract Number: H0621
Audit ID: 1261
Part D Sponsor Name: COLORADO ACCESS

Audit Guide Version: MA-PD Sponsor Part D Audit Guide Version 1
Auditing Element: RE03
Audit Type: Routine
Audit Location: Onsite
Date Report Issued: 12/21/2007
Date Report Due: 2/4/2008
Element Accepted Date: 2/22/2008
Element Release Date: 4/22/2008
Element Projected Completion Date:

3 Year Reporting Cycle: 1/1/2006 - 12/31/2008
Estimated Visit Start Date: 10/22/2007
Estimated Visit Start Date: 11/9/2007
Actual Visit Start Date: 10/22/2007
Actual Visit End Date: 11/9/2007
Part D Sponsor Response Received Date: 2/1/2008
Part D Sponsor Response Due Date: 2/4/2008
CAP Release Date: 4/24/2008
CAP Accepted Date: 4/24/2008

Requirement:

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

Reference:

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

Deficiencies:

Colorado Access' policies and procedures do not include a provision stating that any additional medical information the Part D sponsor requires must be requested within 24 hours of receiving the initial request for expedited determination (please see Chapter 18, Section 70.8.1 of the Prescription Drug Benefit Manual).

Corrective Action Required:

Colorado Access must update its policies and procedures to include a provision stating that any additional medical information the Part D sponsor requires must be requested within 24 hours of receiving the initial request for expedited determination. Revised policies and procedures must be submitted 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
Contract Number: H0621
Audit ID: 1261
Part D Sponsor Name: COLORADO ACCESS

Audit Guide Version: MA-PD Sponsor Part D Audit Guide Version 1
Auditing Element: RE07
Audit Type: Routine
Audit Location: Onsite
Date Report Issued: 12/21/2007
Date Report Due: 2/4/2008
Element Accepted Date: 4/22/2008
Element Release Date: 4/22/2008
Element Projected Completion Date:

3 Year Reporting Cycle: 1/1/2006 - 12/31/2008
Estimated Visit Start Date: 10/22/2007
Estimated Visit Start Date: 11/9/2007
Actual Visit Start Date: 10/22/2007
Actual Visit End Date: 11/9/2007
Part D Sponsor Response Received Date: 2/1/2008
Part D Sponsor Response Due Date: 2/4/2008
CAP Release Date: 4/24/2008
CAP Accepted Date: 4/24/2008

Requirement:

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

Reference:

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

Deficiencies:

Colorado Access' policies and procedures do not include a provision stating that notification of a favorable decision regarding expedited redeterminations may be made orally or in writing (please see Section 70.8.1, Chapter 18 of the Prescription Drug Benefit Manual). Colorado Access's policies and procedures do not include a provision stating that medical information must be requested within 24 hours of the enrollee's initial request for an expedited redetermination (please see Section 70.8.1, Chapter 18 of the Prescription Drug Benefit Manual).

Corrective Action Required:

Colorado Access must update its policies and procedures to include a provision stating that notification of a favorable decision regarding expedited redeterminations may be made orally or in writing. Update policies and procedures to include a provision stating that medical information must be requested within 24 hours of the enrollee's initial request for an expedited redetermination. Revised policies and procedures must be submitted 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
Contract Number: H0621
Audit ID: 1261
Part D Sponsor Name: COLORADO ACCESS

Audit Guide Version: MA-PD Sponsor Part D Audit Guide Version 1
Auditing Element: RV01
Audit Type: Routine
Audit Location: Onsite
Date Report Issued: 12/21/2007
Date Report Due: 2/4/2008
Element Accepted Date: 2/22/2008
Element Release Date: 4/22/2008
Element Projected Completion Date:

3 Year Reporting Cycle: 1/1/2006 - 12/31/2008
Estimated Visit Start Date: 10/22/2007
Estimated Visit Start Date: 11/9/2007
Actual Visit Start Date: 10/22/2007
Actual Visit End Date: 11/9/2007
Part D Sponsor Response Received Date: 2/1/2008
Part D Sponsor Response Due Date: 2/4/2008
CAP Release Date: 4/24/2008
CAP Accepted Date: 4/24/2008

Requirement:

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

Reference:

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

Deficiencies:

Colorado Access' policies and procedures do not include provisions for effectuating third party reversals on an appeal of a request for a benefit (please see Section 130.2, Chapter 18 of the Prescription Drug Benefit Manual).

Corrective Action Required:

Colorado Access must update policies and procedures to include provisions for effectuating third party reversals on an appeal of a request for a benefit. Revised policies and procedures must be submitted to CMS.

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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: H0621
Audit ID: 1261
Part D Sponsor Name: COLORADO ACCESS

Audit Guide Version: MA-PD Sponsor Part D Audit Guide Version 1
Auditing Element: RV02
Audit Type: Routine
Audit Location: Onsite
Date Report Issued: 12/21/2007
Date Report Due: 2/4/2008
Element Accepted Date: 2/22/2008
Element Release Date: 4/22/2008
Element Projected Completion Date:

3 Year Reporting Cycle: 1/1/2006 - 12/31/2008
Estimated Visit Start Date: 10/22/2007
Estimated Visit Start Date: 11/9/2007
Actual Visit Start Date: 10/22/2007
Actual Visit End Date: 11/9/2007
Part D Sponsor Response Received Date: 2/1/2008
Part D Sponsor Response Due Date: 2/4/2008
CAP Release Date: 4/24/2008
CAP Accepted Date: 4/24/2008

Requirement:

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

Reference:

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

Deficiencies:

Colorado Access' policies and procedures do not include provisions for effectuating third party reversals on an appeal of a request for payment (please see Section 130.2, Chapter 18 of the Prescription Drug Benefit Manual).

Corrective Action Required:

Colorado Access must update its policies and procedures to include provisions for effectuating third party reversals on an appeal of a request for payment. Updated policies and procedures must be submitted to CMS.

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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: H0621
Audit ID: 1261
Part D Sponsor Name: COLORADO ACCESS

Audit Guide Version: MA-PD Sponsor Part D Audit Guide Version 1
Auditing Element: RV03
Audit Type: Routine
Audit Location: Onsite
Date Report Issued: 12/21/2007
Date Report Due: 2/4/2008
Element Accepted Date: 2/22/2008
Element Release Date: 4/22/2008
Element Projected Completion Date:

3 Year Reporting Cycle: 1/1/2006 - 12/31/2008
Estimated Visit Start Date: 10/22/2007
Estimated Visit Start Date: 11/9/2007
Actual Visit Start Date: 10/22/2007
Actual Visit End Date: 11/9/2007
Part D Sponsor Response Received Date: 2/1/2008
Part D Sponsor Response Due Date: 2/4/2008
CAP Release Date: 4/24/2008
CAP Accepted Date: 4/24/2008

Requirement:

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

Reference:

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

Deficiencies:

Colorado Access' policies and procedures do not include provisions for effectuating third party reversals on an appeal of an expedited request for a benefit (please see Section 130.2, Chapter 18 of the Prescription Drug Benefit Manual).

Corrective Action Required:

Colorado Access must update policies and procedures to include provisions for effectuating third party reversals on an appeal of an expedited request for a benefit. Revised policies and procedures must be submitted to CMS.