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: H4729
Audit ID: 6282
Part D Sponsor Name: GROUP HEALTH, INC.

Audit Guide Version: MA-PD Sponsor Part D Audit Guide Version 2
Auditing Element: ZZ95
Audit Type: Ad-Hoc Compliance Event
Audit Location: Desk Review
Date Report Issued: 7/11/2008
Date Report Due: 8/25/2008
Element Accepted Date:
Element Release Date:
Element Projected Completion Date:

3 Year Reporting Cycle: 1/1/2008 - 12/31/2010
Estimated Visit Start Date: 7/11/2008
Estimated Visit Start Date: 8/8/2008
Actual Visit Start Date: 7/11/2008
Actual Visit End Date: 7/11/2008
Part D Sponsor Response Received Date:
Part D Sponsor Response Due Date: 8/25/2008
CAP Release Date:
CAP Accepted Date:

Requirement:

Ad-Hoc Compliance Event 1

Deficiencies:

Formulary review process - excessive outliers in Stage 1 and 2.

Corrective Action Required:

This letter is a request for a corrective action plan (CAP) from Group Health, Inc. (Group Health) to address Medicare Part D contract year 2009 (CY2009) formulary development issues for Medicare Advantage Prescription Drug Plan (MA-PD) contracts H4729 and H5528. During the CY2009 formulary review process, the Centers for Medicare and Medicaid Services (CMS) noticed that Group Health's formulary submissions for Stage 1 and Stage 2 consistently contained high numbers of outliers in comparison to other sponsors. Examples of Group Health's outliers included large numbers of two-drug requirement outliers that were generated after Group Health utilized a classification system that was much too granular to allow for the required two drugs per category/class and large numbers of quantity limit outliers. CMS is especially concerned that no one reviewed the initial formulary submission prior to its transmittal to CMS to check for two drugs per category/class. In several instances, it was evident to CMS that important memos, guidance, and technical manuals had not been carefully reviewed. As a reminder, an approved formulary is a component of an approvable bid, and Group Health must have an approved bid to contract for CY 2009. So far this year, CMS has had to devote an inordinate amount of our pharmacists' time and expertise to addressing Group Health's formulary submission issues. Throughout the rest of this year and into 2009, CMS expects Group Health will take steps to ensure that it can efficiently and accurately administer its formulary in 2009. CMS staff worked intensely with all sponsors throughout the formulary review processes for CY2006 and CY2007. However, during 2008, in preparation for the fourth year of the Part D program, CMS expects all Part D sponsors, including Group Health, to have developed the expertise and resources necessary to complete the CY2009 formulary review process with minimal technical assistance from CMS. In response to this CAP request, CMS asks that Group Health submit the following to CMS: ¿ Updated policies and procedures explaining how Group Health will ensure its formularies meet CMS criteria and will be updated appropriately throughout 2009 consistent with CMS instructions. These policies and procedures should include a quality control process governing each step of formulary development and submission as well as a plan describing how Group Health will be prepared to accommodate the quick tum-around times for future formulary submissions. ¿ A discussion of the steps Group Health will take to ensure it can meet the requirements for the CY201 0 formulary review process. This portion of the CAP should describe any arrangements Group Health has made to ensure that it maintains adequate oversight and control over any organizations or individuals contracted with to provide formulary services on Group Health's behalf. ¿ A plan for how Group Health will ensure that the CY2009 CMS-approved formulary will be accurately reflected in marketing materials (e.g., abridged and comprehensive formularies) and processed in claims adjudication systems. CMS recognizes that Group Health is affiliated with other sponsors that will receive a CAP request that mirrors this one. The sponsors may individually submit CAPs to CMS or they may submit one CAP that reflects the actions that sponsors will undertake. If a single CAP is submitted for several sponsors, a page of the CAP must include (a) language indicating that all sponsors signing the CAP will undertake the actions outlined in the submission and (b) signature of the sponsor's CEO, compliance officer, or both.