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: H5698
Audit ID: 2321
Part D Sponsor Name: WINDSOR HEALTH PLANS, INC.

Audit Guide Version: MA-PD Sponsor Part D Audit Guide Version 1
Auditing Element: MR01
Audit Type: Routine
Audit Location: Desk Review
Date Report Issued: 1/23/2008
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Element Accepted Date: 5/6/2008
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Element Projected Completion Date: 5/7/2008

3 Year Reporting Cycle: 1/1/2006 - 12/31/2008
Estimated Visit Start Date: 11/26/2007
Estimated Visit Start Date: 11/30/2007
Actual Visit Start Date: 12/3/2007
Actual Visit End Date: 12/7/2007
Part D Sponsor Response Received Date:
Part D Sponsor Response Due Date: 3/8/2008
CAP Release Date: 5/6/2008
CAP Accepted Date: 5/6/2008

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:

Windsor Health Plan (WHP) does not meet this requirement because CMS reviewed WHP's notice template for informing enrollees about inquiries involving excluded drugs and found the notice was consistent with the CMS -issued model notice, Notice of Inquiry Regarding an Excluded Drug -- however, it had not been sent through the CMS marketing review process for approval prior to its use during the audit period. WHP has acknowledged this deficiency and indicated that it has submitted this notice to the CMS marketing review process for approval. WHP does not meet this requirement because CMS reviewed WHP's notice template for enrollee notification when a coverage determination request is forwarded to the IRE and found the notice was consistent with the CMS-issued model notice, Notice of Case Status -- however, it did not display a CMS approval date in the lower left-hand corner in accordance with the CMS Marketing Guidelines. WHP does not meet this requirement because CMS reviewed WHP's notice template for requesting additional information from the enrollee's prescribing physician and found that it did not display the H contract number and CMS approval date in the lower left-hand corner in accordance with the CMS Marketing Guidelines. WHP does not meet this requirement because CMS reviewed WHP's notice template for requesting a reconsideration and found the notice was consistent with the CMS-issued model notice Request for Reconsideration -- however, it did not display the H contract number and CMS approval date in the lower left-hand corner in accordance with the CMS Marketing Guidelines.

Corrective Action Required:

WHP must provide CMS with a CMS-approved notice, Notice of Inquiry Regarding an Excluded Drug. As mentioned above, WHP has already submitted its notice to the CMS marketing review process for approval. WHP submitted to the audit team a "Notice of Case Status" template notice that was reviewed and approved through the CMS marketing material review process in December 2007 (post-audit period). Therefore, no corrective action is required for this deficiency. WHP must provide CMS with a CMS-approved or accepted notice for requesting additional information from the enrollee's prescribing physician (i.e., a notice consistent with the CMS-issued model notice 'Request for Additional Information'). If WHP does not have a notice template that has been approved or accepted by CMS (i.e., a notice consistent with the CMS-issued model notice 'Request for Additional Information'), then it must submit one for CMS approval through the normal marketing review submission process, and provide evidence that it has done this for the purpose of this audit. WHP has indicated that it has already submitted the "Request for Reconsideration" notice template for CMS approval through the normal marketing review submission process. WHP must provide CMS with evidence that it has received CMS approval for this template. WHP must conduct training of appropriate staff on the use of these notice templates 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
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Contract Number: All, Chapter: All, Element: All, Finding: Not Met, Auditor: All

Findings: Not Met
Audit ID: 2321
Contract Number: H5698
Part D Sponsor Name: WINDSOR HEALTH PLANS, INC.

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: 1/23/2008
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Element Release Date: 5/6/2008
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3 Year Reporting Cycle: 1/1/2006 - 12/31/2008
Estimated Visit Start Date: 11/26/2007
Estimated Visit Start Date: 11/30/2007
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Actual Visit End Date: 12/7/2007
Part D Sponsor Response Received Date:
Part D Sponsor Response Due Date: 3/8/2008
CAP Release Date: 5/6/2008
CAP Accepted Date: 5/6/2008

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:

Windsor Health Plan (WHP) does not meet this requirement because CMS reviewed WHP's policies and procedures regarding its responsibility for and oversight of persons employed or contracted to perform marketing, and found that they did not include a requirement that any person directly employed or contracted to market on behalf of WHP provide a written disclosure statement to all potential enrollees prior to enrollment or at the time of enrollment. WHP did provide the audit team with a copy of a letter (dated 1/15/2007) which states: "The CMS disclosure statement sticker needs to be attached to the copy of the enrollment form you leave with the person you enrolled or placed on the back of your business card and left with the enrollee." Although the disclosure statement to which this letter refers is consistent with the required written disclosure statement language, the requirement is still not met because this statement and the required written disclosure statement are not included in any of WHP's policies and procedures. In addition, WHP sent examples of direct employee business cards with the required disclosure statement printed on back. Although this demonstrated that direct employees are using business cards with the required written disclosure statement on back, CMS requires WHP's policies and procedures to include the provision that any person directly employed or contracted to market on behalf of WHP provide a written disclosure statement to all potential enrollees prior to enrollment or at the time of enrollment. WHP does not meet this requirement because the documentation submitted does not demonstrate that its monitoring activities confirm its marketing representatives are providing the written disclosure statement to all potential enrollees prior to enrollment or at the time of enrollment. Although documents provided to the audit team demonstrate that marketing representatives are monitored, they do not demonstrate that monitoring activities specifically confirm that WHP's marketing representatives are providing the written disclosure statement. Finally, WHP does not meet this requirement because CMS reviewed 10 contract/compensation samples out of a universe of 237 and found that all 10 samples did not include the following required provisions: - A person performing marketing to beneficiaries is prohibited from making payments to beneficiaries. - Any person directly employed or contracted to market on behalf of WHP must provide a written disclosure statement to all potential enrollees prior to enrollment or at the time of enrollment, and the written disclosure statement must state the following: "The person that is discussing plan options with you is either employed by or contracted with Windsor Health Plan, Inc. The person may be compensated based on your enrollment in a plan." - Any coordinated marketing must be done in accordance with all applicable Part D laws, CMS policies, including CMS marketing guidelines and all Federal health care laws (including civil monetary penalty laws). It should also be noted that 2 of the contracted brokers' state licenses were not compliant with the CMS requirement that all marketing representatives must be state licensed, certified, or registered within the state(s) they are conducting marketing activities. Specifically, one broker's license was issued in Arkansas, but her Broker Agent Agreement is relevant for Tennessee only. Similarly, another broker's license was issued in Mississippi, but his Broker Agent Agreement is relevant for Tennessee only.

Corrective Action Required:

WHP 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 WHP provide a written disclosure statement to all potential enrollees prior to enrollment 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 Windsor Health Plan, Inc. The person may be compensated based on your enrollment in a plan." WHP must also include this requirement in its agent/broker training documents. WHP must conduct training of appropriate staff on each of these policies and procedures and submit documentation to CMS that details the nature of this training, including: the materials used in the training, the individuals conducting the training, and the individuals being trained. WHP must monitor its marketing representatives to confirm they are providing the written disclosure statement to all potential enrollees prior to enrollment or at the time of enrollment, and provide CMS with documentation demonstrating that it is doing so. WHP must review the state licenses and Broker Agent Agreements of all its direct employees and contracted brokers to ensure they are valid for the state(s) in which the marketing representatives are actually performing marketing activities. WHP must provide CMS with documentation that indicates it has conducted this review, and made corrective actions as necessary.

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: H5698
Audit ID: 2321
Part D Sponsor Name: WINDSOR HEALTH PLANS, INC.

Audit Guide Version: MA-PD Sponsor Part D Audit Guide Version 1
Auditing Element: FM03
Audit Type: Routine
Audit Location: Desk Review
Date Report Issued: 1/23/2008
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Element Accepted Date: 4/7/2008
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3 Year Reporting Cycle: 1/1/2006 - 12/31/2008
Estimated Visit Start Date: 11/26/2007
Estimated Visit Start Date: 11/30/2007
Actual Visit Start Date: 12/3/2007
Actual Visit End Date: 12/7/2007
Part D Sponsor Response Received Date:
Part D Sponsor Response Due Date: 3/8/2008
CAP Release Date: 5/6/2008
CAP Accepted Date: 5/6/2008

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:

Windsor Health Plan (WHP) does not meet this requirement because CMS reviewed WHP's policies and procedures for providing notification of formulary changes to CMS, SPAPs, and entities providing other prescription drug coverage (WHP-PHARM-005, WHP-PHARM-006, WHP-PHARM-013, and WHP-PHARM-032), and found that they did not include the following: - A provision with a description of the procedures for providing a notice of "maintenance" formulary changes to CMS, in accordance with CMS requirements. - A provision with a description of the procedures for providing a notice of "other" formulary changes to CMS, in accordance with CMS requirements. - A provision with a description of the procedures for providing retrospective notice to CMS 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. WHP also did not meet this requirement because it did not demonstrate that it provides a retrospective notice to CMS and entities providing other prescription drug coverage if a covered Part D drug is deemed unsafe by the FDA or removed from the market by the manufacturer. In a response to a re-request for documentation demonstrating it provides this retrospective notice to CMS or other prescription drug coverage entities, WHP provided the following statement: "The only negative formulary change implemented by Windsor Health Plan, Inc. (WHP) during the audit period was the FDA removal of the drug Zelnorm which was a nationwide action. No notification was given to any SPAP organizations since there are none in our coverage area during the audit period. We have included the following notices: * Public Advisory (FDA website) * Email notification from FDA, Division of Drug Information * ProCare Rx Pharmacy Bulletin to pharmacies * Letter to WHP members regarding removal of Zelnorm" However, this does not demonstrate that CMS and entities providing other prescription drug coverage were notified. In response to a second re-request for documentation, WHP provided a copy of website notification, and provided the following statement: "WHP had based its notification process on CMS guidance in the Prescription Drug Benefit Manual, Chapter 6, Formulary Requirements (p. 20) dated March 9, 2007, which states that no notice is required to be made to CMS for a drug removed by the FDA or the product manufacturer. In Chapter 3, Marketing Guidelines (p. 64) dated July 26, 2006, there is contradictory guidance stating that CMS must be notified under such circumstances. Going forward, we will comply with the appropriate guidance directed by CMS." Please note that the section WHP referenced in the Prescription Drug Benefit Manual states that Part D plans are not required to obtain CMS approval or give 60 days prior notice in this situation. However, Part D plans are still required to give CMS retrospective notice. Therefore, the guidance is not contradictory. In fact, retrospective notice to CMS is a regulatory requirement [§ 423.120(b)(5)(iii)].

Corrective Action Required:

WHP must revise its policies and procedures for providing notification of formulary changes to CMS, SPAPs, and entities providing other prescription drug coverage (WHP-PHARM-005, WHP-PHARM-006, WHP-PHARM-013, and WHP-PHARM-032) to include the following: - A provision with a description of the procedures for providing a notice of "maintenance" formulary changes to CMS, in accordance with CMS requirements. - A provision with a description of the procedures for providing a notice of "other" formulary changes to CMS, in accordance with CMS requirements. - A provision with a description of the procedures for providing retrospective notice to CMS 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. WHP must conduct training of appropriate staff on each of these policies and procedures and submit documentation to CMS that details the nature of this training, including: the materials used in the training, the individuals conducting the training, and the individuals being trained. WHP must also provide a retrospective notice to CMS, SPAPs, and entities providing other prescription drug coverage if a covered Part D drug is deemed unsafe by the FDA or removed from the market by the manufacturer. Although WHP did not have SPAPs in its coverage area during the audit period, it must provide this notice to SPAPs in the future if SPAPs exist in its coverage area. WHP must conduct training of appropriate staff on the use of this notice 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
Contract Number: H5698
Audit ID: 2321
Part D Sponsor Name: WINDSOR HEALTH PLANS, INC.

Audit Guide Version: MA-PD Sponsor Part D Audit Guide Version 1
Auditing Element: CN05
Audit Type: Routine
Audit Location: Desk Review
Date Report Issued: 1/23/2008
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3 Year Reporting Cycle: 1/1/2006 - 12/31/2008
Estimated Visit Start Date: 11/26/2007
Estimated Visit Start Date: 11/30/2007
Actual Visit Start Date: 12/3/2007
Actual Visit End Date: 12/7/2007
Part D Sponsor Response Received Date:
Part D Sponsor Response Due Date: 3/8/2008
CAP Release Date: 5/6/2008
CAP Accepted Date: 5/6/2008

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:

Windsor Health Plan (WHP) does not meet this requirement. CMS reviewed a sample of 5 network long-term care pharmacy contracts from a universe of 159. One case was misclassified because it contained a retail pharmacy contract, and to account for this the auditors reduced the sample size by 1. CMS reviewed the 4 network long-term care pharmacy contracts and found 3 contracts that were non-compliant because they did not include the CMS-specified performance and service criteria for long-term care pharmacies.

Corrective Action Required:

WHP provided the audit team with revised network long-term care pharmacy contracts for sample cases #2 and #5 that showed that those two contracts were compliant with CMS requirements as of 11/5/2007 (post audit period). WHP must amend its other network long-term care pharmacy contracts to include the CMS-specified performance and service criteria for long-term care pharmacies. WHP must provide a copy of the language in the contract and inform CMS when all amendments are issued and in effect.

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: 2321
Contract Number: H5698
Part D Sponsor Name: WINDSOR HEALTH PLANS, INC.

Audit Guide Version: MA-PD Sponsor Part D Audit Guide Version 1
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Audit Type: Routine
Audit Location: Desk Review
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3 Year Reporting Cycle: 1/1/2006 - 12/31/2008
Estimated Visit Start Date: 11/26/2007
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Actual Visit Start Date: 12/3/2007
Actual Visit End Date: 12/7/2007
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Part D Sponsor Response Due Date: 3/8/2008
CAP Release Date: 5/6/2008
CAP Accepted Date: 5/6/2008

Requirement:

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

Reference:

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

Deficiencies:

Windsor Health Plan (WHP) does not meet this requirement because CMS reviewed WHP's policies and procedures regarding notices in network pharmacies that provide instructions for obtaining a coverage determination or requesting an exception (WHP-PHARM-028 and WHP-PHARM-038) and found they do not include a provision for sending the "Medicare Prescription Drug Coverage and Your Rights" notice to the location in the long-term care (LTC) facility designated to accept such notices, or if the network or preferred pharmacy is on-site, delivering the notice described above to the location in the LTC facility designated to accept such notices. WHP's template contracts for each network pharmacy type (Retail, Home Infusion, Long-Term Care, and I/T/U) did not include a provision requiring pharmacies to post or distribute notices regarding procedures for obtaining a coverage determination or requesting an exception. WHP was unable to produce documentation demonstrating that it conducted ongoing monitoring of network pharmacies during the audit period to ensure they were posting or distributing notices regarding procedures for obtaining a coverage determination or requesting an exception.

Corrective Action Required:

WHP must revise its policies and procedures regarding notices in network pharmacies that provide instructions for obtaining a coverage determination or requesting an exception (WHP-PHARM-028 and WHP-PHARM-038) to include a provision for sending the "Medicare Prescription Drug Coverage and Your Rights" notice to the location in the LTC facility designated to accept such notices, or if the network or preferred pharmacy is on-site, delivering the notice described above to the location in the LTC facility designated to accept such notices. WHP 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. WHP submitted to the audit team revised copies of its network pharmacy contract templates dated post-audit period. The audit team has reviewed these templates and found them to be compliant with the requirement to include a provision requiring pharmacies to post or distribute notices regarding procedures for obtaining a coverage determination or requesting an exception. Therefore, no further corrective action is required for the second deficiency listed for this element. WHP must demonstrate that its network pharmacies are posting or distributing the "Medicare Prescription Drug Coverage and Your Rights" notice. An example of acceptable documentation for this is results of pharmacy audits showing the number and percent of pharmacies that have undergone audit.

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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: 2321
Contract Number: H5698
Part D Sponsor Name: WINDSOR HEALTH PLANS, INC.

Audit Guide Version: MA-PD Sponsor Part D Audit Guide Version 1
Auditing Element: CD03
Audit Type: Routine
Audit Location: Desk Review
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Part D Sponsor Response Due Date: 3/8/2008
CAP Release Date: 5/6/2008
CAP Accepted Date: 5/6/2008

Requirement:

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

Reference:

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

Deficiencies:

Windsor Health Plan (WHP) does not meet this requirement because CMS reviewed WHP's policy and procedure regarding enrollee notification of coverage determinations concerning drug benefit (WHP-PHARM-004) and found it does not clearly state that failure to notify the enrollee of its determination within the required timeframe "constitutes an adverse coverage determination."

Corrective Action Required:

WHP must revise its policy and procedure regarding enrollee notification of coverage determinations concerning drug benefit (WHP-PHARM-004) to clearly state that failure to notify the enrollee of its determination within the required timeframe "constitutes an adverse coverage determination." WHP must conduct training of appropriate staff on this policy and procedure 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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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: H5698
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Part D Sponsor Name: WINDSOR HEALTH PLANS, INC.

Audit Guide Version: MA-PD Sponsor Part D Audit Guide Version 1
Auditing Element: CD04
Audit Type: Routine
Audit Location: Desk Review
Date Report Issued: 1/23/2008
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CAP Release Date: 5/6/2008
CAP Accepted Date: 5/6/2008

Requirement:

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

Reference:

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

Deficiencies:

Windsor Health Plan (WHP) does not meet this requirement because CMS reviewed WHP's policy and procedure regarding enrollee notification of coverage determinations concerning payment (WHP-PHARM-004) and found it does not clearly state that failure to notify the enrollee of its determination within the required timeframe "constitutes an adverse coverage determination." CMS reviewed a sample of 7 requests for coverage determination concerning payment from a universe of 7. Two cases were misclassified because they were cases for enrollees of WHP's PDP plan, and to account for this the auditors reduced the sample size by 2. CMS reviewed the 5 requests for coverage determination concerning payment and found that 5 cases were non-compliant because WHP did not demonstrate that it notified members of the determination within the 72-hour timeframe required by CMS.

Corrective Action Required:

WHP must revise its policy and procedure regarding enrollee notification of coverage determinations concerning payment (WHP-PHARM-004) to clearly state that failure to notify the enrollee of its determination within the required timeframe "constitutes an adverse coverage determination." WHP must conduct training of appropriate staff on this policy and procedure 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. WHP must notify enrollees of standard coverage determinations concerning payment within the CMS-approved timeframe and provide documentation of this 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: H5698
Audit ID: 2321
Part D Sponsor Name: WINDSOR HEALTH PLANS, INC.

Audit Guide Version: MA-PD Sponsor Part D Audit Guide Version 1
Auditing Element: CD06
Audit Type: Routine
Audit Location: Desk Review
Date Report Issued: 1/23/2008
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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:

Windsor Health Plan (WHP) does not meet this requirement because CMS reviewed WHP's policies and procedures regarding decisions to accept or deny requests for expedited coverage determinations (WHP-PHARM-004, WHP-PHARM-032, and WHP-PHARM-019) and found that they do not discuss a means for making expedited decisions within the appropriate timeframe for requests received outside of normal business hours. During staff discussions, WHP staff described its procedures for addressing after-hours requests. However, these procedures must be included in WHP's written policies and procedures.

Corrective Action Required:

WHP must revise its policy and procedure regarding decisions to accept or deny requests for expedited coverage determinations (WHP-PHARM-004) to include a discussion of the means for making expedited decisions within the appropriate timeframe for requests received outside of normal business hours. WHP must conduct training of appropriate staff on this policy and procedure 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
Contract Number: H5698
Audit ID: 2321
Part D Sponsor Name: WINDSOR HEALTH PLANS, INC.

Audit Guide Version: MA-PD Sponsor Part D Audit Guide Version 1
Auditing Element: CD09
Audit Type: Routine
Audit Location: Desk Review
Date Report Issued: 1/23/2008
Date Report Due: 3/8/2008
Element Accepted Date: 4/7/2008
Element Release Date: 5/6/2008
Element Projected Completion Date: 4/30/2008

3 Year Reporting Cycle: 1/1/2006 - 12/31/2008
Estimated Visit Start Date: 11/26/2007
Estimated Visit Start Date: 11/30/2007
Actual Visit Start Date: 12/3/2007
Actual Visit End Date: 12/7/2007
Part D Sponsor Response Received Date:
Part D Sponsor Response Due Date: 3/8/2008
CAP Release Date: 5/6/2008
CAP Accepted Date: 5/6/2008

Requirement:

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

Reference:

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

Deficiencies:

Windsor Health Plan (WHP) does not meet this requirement because CMS reviewed WHP's policy and procedure regarding enrollee notification following a decision on an expedited coverage determination (WHP-PHARM-004) and found that it does not include a provision stating that if the expedited coverage determination decision is adverse and WHP first notifies the enrollee of the determination orally, WHP must mail written confirmation to the enrollee within 3 calendar days of the oral notification. WHP does not meet this requirement because CMS reviewed WHP's policy and procedure regarding enrollee notification following decision on an expedited coverage determination (WHP-PHARM-004) and found it does not clearly state that failure to notify the enrollee of its determination within the required timeframe "constitutes an adverse coverage determination." CMS reviewed a sample of 10 requests for expedited coverage determination cases from a universe of 92. One case was misclassified because it should have been a standard coverage determination case, and to account for this the auditors reduced the sample size by 1. CMS reviewed the 9 requests for expedited coverage determination and found that 2 cases are non-compliant because WHP did not demonstrate that it notified members of its determination within the 24-hour timeframe required by CMS.

Corrective Action Required:

WHP must revise its policy and procedure regarding enrollee notification following a decision on an expedited coverage determination (WHP-PHARM-004) to include a provision stating that if a decision is adverse and WHP first notifies the enrollee of the determination orally, WHP must mail written confirmation to the enrollee within 3 calendar days of the oral notification. WHP must revise its policy and procedure regarding enrollee notification following decision on an expedited coverage determination (WHP-PHARM-004) to clearly state that failure to notify the enrollee of its determination within the required timeframe "constitutes an adverse coverage determination." WHP must conduct training of appropriate staff on this policy and procedure 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. WHP must notify enrollees of its expedited coverage determination decisions within a timeframe that is compliant with CMS requirements and provide documentation of 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
Contract Number: H5698
Audit ID: 2321
Part D Sponsor Name: WINDSOR HEALTH PLANS, INC.

Audit Guide Version: MA-PD Sponsor Part D Audit Guide Version 1
Auditing Element: CD10
Audit Type: Routine
Audit Location: Desk Review
Date Report Issued: 1/23/2008
Date Report Due: 3/8/2008
Element Accepted Date: 4/7/2008
Element Release Date: 5/6/2008
Element Projected Completion Date: 4/30/2008

3 Year Reporting Cycle: 1/1/2006 - 12/31/2008
Estimated Visit Start Date: 11/26/2007
Estimated Visit Start Date: 11/30/2007
Actual Visit Start Date: 12/3/2007
Actual Visit End Date: 12/7/2007
Part D Sponsor Response Received Date:
Part D Sponsor Response Due Date: 3/8/2008
CAP Release Date: 5/6/2008
CAP Accepted Date: 5/6/2008

Requirement:

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

Reference:

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

Deficiencies:

Windsor Health Plan (WHP) does not meet this requirement because CMS reviewed WHP's policy and procedure regarding enrollee notification following a decision on an expedited coverage determination (WHP-PHARM-004) and found it does not include a provision stating that if oral notice is provided for an adverse decision on an expedited coverage determination, the notice must (1) state the specific reason for the denial and take into account the enrollee's presenting medical condition, disabilities, and special language requirements, if any, (2) provide information regarding the right to appoint a representative to file an appeal on the enrollee's behalf and (3) 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. During staff discussions, WHP staff stated that when it provides oral notice it does address each of these requirements. However, the requirements for oral notice must be included in WHP's written policies and procedures.

Corrective Action Required:

WHP must revise its policy and procedure regarding enrollee notification following a decision on an expedited coverage determination (WHP-PHARM-004) to include a provision stating that if oral notice is provided for an adverse decision on an expedited coverage determination, the notice must (1) state the specific reason for the denial and take into account the enrollee's presenting medical condition, disabilities, and special language requirements, if any, (2) provide information regarding the right to appoint a representative to file an appeal on the enrollee's behalf and (3) 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. WHP must conduct training of appropriate staff on this policy and procedure 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
Contract Number: H5698
Audit ID: 2321
Part D Sponsor Name: WINDSOR HEALTH PLANS, INC.

Audit Guide Version: MA-PD Sponsor Part D Audit Guide Version 1
Auditing Element: GV01
Audit Type: Routine
Audit Location: Desk Review
Date Report Issued: 1/23/2008
Date Report Due: 3/8/2008
Element Accepted Date: 4/7/2008
Element Release Date: 5/6/2008
Element Projected Completion Date: 4/30/2008

3 Year Reporting Cycle: 1/1/2006 - 12/31/2008
Estimated Visit Start Date: 11/26/2007
Estimated Visit Start Date: 11/30/2007
Actual Visit Start Date: 12/3/2007
Actual Visit End Date: 12/7/2007
Part D Sponsor Response Received Date:
Part D Sponsor Response Due Date: 3/8/2008
CAP Release Date: 5/6/2008
CAP Accepted Date: 5/6/2008

Requirement:

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

Reference:

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

Deficiencies:

Windsor Health Plan (WHP) does not meet this requirement. CMS reviewed a sample of 15 standard grievances from a universe of 31. Two cases were misclassified, and to account for this the auditors reduced the sample size by 2. CMS reviewed the 13 remaining standard grievance samples and found that in all 13 cases, there was no evidence that the member was informed whether his/her complaint was subject to grievance or coverage determination procedures.

Corrective Action Required:

WHP must inform members whether their complaint is subject to grievance or coverage determination procedures to demonstrate compliance with CMS requirements.

CMS Part D Audit Report

Auditing Results (Public Website Version)

Date Report Generated: 9/30/2008

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

Findings: Not Met
Audit ID: 2321
Contract Number: H5698
Part D Sponsor Name: WINDSOR HEALTH PLANS, INC.

Audit Guide Version: MA-PD Sponsor Part D Audit Guide Version 1
Auditing Element: GV04
Audit Type: Routine
Audit Location: Desk Review
Date Report Issued: 1/23/2008
Date Report Due: 3/8/2008
Element Accepted Date: 4/7/2008
Element Release Date: 5/6/2008
Element Projected Completion Date: 4/30/2008

3 Year Reporting Cycle: 1/1/2006 - 12/31/2008
Estimated Visit Start Date: 11/26/2007
Estimated Visit Start Date: 11/30/2007
Actual Visit Start Date: 12/3/2007
Actual Visit End Date: 12/7/2007
Part D Sponsor Response Received Date:
Part D Sponsor Response Due Date: 3/8/2008
CAP Release Date: 5/6/2008
CAP Accepted Date: 5/6/2008

Requirement:

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

Reference:

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

Deficiencies:

Windsor Health Plan (WHP) does not meet this requirement because CMS reviewed WHP's policy and procedure regarding enrollee notification of grievance disposition (WHP-GA-013) and found that it did not include a provision stating that all concerned parties must be notified of grievance disposition as expeditiously as the enrollee's case requires, based on the enrollee's health status, but not later than 30 days after the Sponsor receives the oral or written grievance. In particular, the policy and procedure does not specify that notification must occur "as expeditiously as the enrollee's case requires, based on the enrollee's health status." In addition, the policy and procedure only addresses the timeliness of written responses to grievances. It does not address timeliness of oral responses to grievances, as required.

Corrective Action Required:

WHP must revise its policy and procedure regarding enrollee notification of grievance disposition (WHP-GA-013) to include the specification that notification must occur "as expeditiously as the enrollee's case requires, based on the enrollee's health status." In addition, the policy and procedure must address timeliness of oral responses to grievances as well as written responses. WHP must conduct training of appropriate staff on this policy and procedure 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: 2321
Contract Number: H5698
Part D Sponsor Name: WINDSOR HEALTH PLANS, INC.

Audit Guide Version: MA-PD Sponsor Part D Audit Guide Version 1
Auditing Element: GV07
Audit Type: Routine
Audit Location: Desk Review
Date Report Issued: 1/23/2008
Date Report Due: 3/8/2008
Element Accepted Date: 4/7/2008
Element Release Date: 5/6/2008
Element Projected Completion Date: 4/30/2008

3 Year Reporting Cycle: 1/1/2006 - 12/31/2008
Estimated Visit Start Date: 11/26/2007
Estimated Visit Start Date: 11/30/2007
Actual Visit Start Date: 12/3/2007
Actual Visit End Date: 12/7/2007
Part D Sponsor Response Received Date:
Part D Sponsor Response Due Date: 3/8/2008
CAP Release Date: 5/6/2008
CAP Accepted Date: 5/6/2008

Requirement:

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

Reference:

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

Deficiencies:

Windsor Health Plan (WHP) does not meet this requirement because CMS reviewed WHP's policy and procedure regarding timely response to expedited grievances (WHP-GA-013) and found that it did not include a provision stating that WHP must respond within 24 hours to an enrollee's expedited grievance if the complaint involves a refusal by WHP 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. While WHP's policy and procedure (WHP-GA-013) indicates that the Grievance and Appeals Coordinator will respond verbally to the member regarding an expedited grievance within 24 hours of receipt of a formal grievance, it does not specify the conditions under which WHP must respond within 24 hours to an enrollee's expedited grievance.

Corrective Action Required:

WHP must revise its policy and procedure regarding timely response to expedited grievances (WHP-GA-013) to include a provision stating that WHP must respond within 24 hours to the enrollee's expedited grievance if the complaint involves a refusal by WHP to grant an enrollee's request for an expedited coverage determination or an expedited redetermination, and the enrollee has not yet purchased the drug that is in dispute. WHP must conduct training of appropriate staff on this policy and procedure 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
Contract Number: H5698
Audit ID: 2321
Part D Sponsor Name: WINDSOR HEALTH PLANS, INC.

Audit Guide Version: MA-PD Sponsor Part D Audit Guide Version 1
Auditing Element: RE05
Audit Type: Routine
Audit Location: Desk Review
Date Report Issued: 1/23/2008
Date Report Due: 3/8/2008
Element Accepted Date: 5/6/2008
Element Release Date: 5/6/2008
Element Projected Completion Date: 5/7/2008

3 Year Reporting Cycle: 1/1/2006 - 12/31/2008
Estimated Visit Start Date: 11/26/2007
Estimated Visit Start Date: 11/30/2007
Actual Visit Start Date: 12/3/2007
Actual Visit End Date: 12/7/2007
Part D Sponsor Response Received Date:
Part D Sponsor Response Due Date: 3/8/2008
CAP Release Date: 5/6/2008
CAP Accepted Date: 5/6/2008

Requirement:

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

Reference:

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

Deficiencies:

Windsor Health Plan (WHP) does not meet this requirement because CMS reviewed WHP's policy and procedure regarding timely notification and effectuation of standard redeterminations concerning drug benefits (WHP-GA-012) and found it does not include a provision stating that WHP must inform the enrollee within 24 hours when the case is forwarded to the IRE because WHP did not notify the enrollee within the required timeframe. During staff discussions, WHP staff stated that it did not need to forward any cases to the IRE during the audit period, and that if it did, WHP would automatically advise the member that his/her case had been forwarded. However, the 24-hour timeframe for member notification must be included in WHP's written policies and procedures. CMS reviewed a sample of 10 requests for standard redeterminations concerning drug benefit from a universe of 10 and found that 3 cases were non-compliant because WHP did not demonstrate that it provides enrollees with a CMS-approved notice, Request for Reconsideration, for denied redeterminations concerning drug benefit.

Corrective Action Required:

WHP must revise its policy and procedure regarding timely notification and effectuation of standard redeterminations concerning drug benefits (WHP-GA-012) to include a provision stating that WHP must inform the enrollee within 24 hours when the case is forwarded to the IRE because WHP did not notify the enrollee within the required timeframe. WHP must conduct training of its staff on this policy and procedure 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. WHP must provide CMS with documentation demonstrating that it is using a CMS-approved notice, Request for Reconsideration, for denied redeterminations concerning drug benefit.

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: H5698
Audit ID: 2321
Part D Sponsor Name: WINDSOR HEALTH PLANS, INC.

Audit Guide Version: MA-PD Sponsor Part D Audit Guide Version 1
Auditing Element: RE06
Audit Type: Routine
Audit Location: Desk Review
Date Report Issued: 1/23/2008
Date Report Due: 3/8/2008
Element Accepted Date: 5/6/2008
Element Release Date: 5/6/2008
Element Projected Completion Date: 5/7/2008

3 Year Reporting Cycle: 1/1/2006 - 12/31/2008
Estimated Visit Start Date: 11/26/2007
Estimated Visit Start Date: 11/30/2007
Actual Visit Start Date: 12/3/2007
Actual Visit End Date: 12/7/2007
Part D Sponsor Response Received Date:
Part D Sponsor Response Due Date: 3/8/2008
CAP Release Date: 5/6/2008
CAP Accepted Date: 5/6/2008

Requirement:

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

Reference:

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

Deficiencies:

Windsor Health Plan (WHP) does not meet this requirement because CMS reviewed WHP's policy and procedure regarding timely notification and effectuation of standard redeterminations concerning payment (WHP-GA-012) and found it does not include a provision stating that WHP must inform the enrollee within 24 hours when the case is forwarded to the IRE because WHP did not notify the enrollee within the required timeframe. During staff discussions, WHP staff stated that it did not need to forward any cases to the IRE during the audit period, and that if it did, WHP would automatically advise the member that his/her case had been forwarded. However, the 24-hour timeframe for member notification must be included in WHP's written policies and procedures.

Corrective Action Required:

WHP must revise its policy and procedure regarding timely notification and effectuation of standard redeterminations concerning payment (WHP-GA-012) to include a provision stating that WHP must inform the enrollee within 24 hours when the case is forwarded to the IRE because WHP did not notify the enrollee within the required timeframe. WHP must conduct training of its staff on this policy and procedure 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
Contract Number: H5698
Audit ID: 2321
Part D Sponsor Name: WINDSOR HEALTH PLANS, INC.

Audit Guide Version: MA-PD Sponsor Part D Audit Guide Version 1
Auditing Element: RE07
Audit Type: Routine
Audit Location: Desk Review
Date Report Issued: 1/23/2008
Date Report Due: 3/8/2008
Element Accepted Date: 5/6/2008
Element Release Date: 5/6/2008
Element Projected Completion Date: 5/7/2008

3 Year Reporting Cycle: 1/1/2006 - 12/31/2008
Estimated Visit Start Date: 11/26/2007
Estimated Visit Start Date: 11/30/2007
Actual Visit Start Date: 12/3/2007
Actual Visit End Date: 12/7/2007
Part D Sponsor Response Received Date:
Part D Sponsor Response Due Date: 3/8/2008
CAP Release Date: 5/6/2008
CAP Accepted Date: 5/6/2008

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:

Windsor Health Plan (WHP) does not meet this requirement because CMS reviewed WHP's policy and procedure regarding enrollee notification following decision on expedited redetermination (WHP-GA-012) and found it does not include a provision stating that WHP must inform the enrollee within 24 hours when the case is forwarded to the IRE because WHP did not notify the enrollee within the required timeframe. During staff discussions, WHP staff stated that it did not need to forward any cases to the IRE during the audit period, and that if it did, WHP would automatically advise the member that his/her case had been forwarded. However, the 24-hour timeframe for member notification must be included in WHP's written policies and procedures. CMS reviewed a sample of 7 requests for expedited redeterminations from a universe of 13 and found that 1 case was non-compliant because WHP did not demonstrate that it requested additional medical information within the 24-hour timeframe required by CMS.

Corrective Action Required:

WHP must revise its policy and procedure regarding enrollee notification following decision on expedited redetermination (WHP-GA-012) to include a provision stating that WHP must inform the enrollee within 24 hours when the case is forwarded to the IRE because WHP did not notify the enrollee within the required timeframe. WHP must conduct training of its staff on this policy and procedure 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. WHP must also provide CMS with documentation demonstrating that when it needs to request additional medical information, it makes the request within 24 hours of receiving the initial request for an expedited redetermination.