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: H3814
Audit ID: 2221
Part D Sponsor Name: ATRIO HEALTH PLANS

Audit Guide Version: MA-PD Sponsor Part D Audit Guide Version 1
Auditing Element: PC02
Audit Type: Routine
Audit Location: Onsite
Date Report Issued: 11/2/2007
Date Report Due: 12/17/2007
Element Accepted Date: 5/5/2008
Element Release Date: 8/15/2008
Element Projected Completion Date: 7/31/2008
3 Year Reporting Cycle: 1/1/2006 - 12/31/2008
Estimated Visit Start Date: 9/18/2007
Estimated Visit Start Date: 9/19/2007
Actual Visit Start Date: 9/18/2007
Actual Visit End Date: 9/20/2007
Part D Sponsor Response Received Date: 12/18/2007
Part D Sponsor Response Due Date: 12/17/2007
CAP Release Date: 8/25/2008
CAP Accepted Date: 5/5/2008

Requirement:

Provision of Notice Regarding Formulary Changes - The Part D sponsor must provide at least 60 days notice to all authorized prescribers, network pharmacies, and pharmacists prior to removing a covered Part D drug from its formulary or making any changes to the preferred or tiered cost-sharing status of a covered Part D drug. If the change involves immediate removal of a Part D drug deemed unsafe by the Food and Drug Administration (FDA) or removed from the market by the manufacturer, the Part D sponsor must provide retrospective notice to all authorized prescribers, network pharmacies, and pharmacists.

Reference:

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

Deficiencies:

ATRIO Health Plan did not meet the documentation requirements regarding notifying prescribers, network pharmacies, and pharmacists of negative formulary changes. AHP¿s policies and procedures did not include (1) a process to notify authorized prescribers, network pharmacies, and pharmacists of negative formulary changes at least 60 days prior to the date the change becomes effective, and (2) a provision to provide retrospective notification to prescribers, network pharmacies, and pharmacists when a drug is immediately removed because the Part D drug was deemed unsafe by the Food and Drug Administration (FDA) or removed from the market by the manufacturer.

Corrective Action Required:

ATRIO Health Plan did not meet the documentation requirements regarding notifying prescribers, network pharmacies, and pharmacists of negative formulary changes. AHP must (1) develop and implement and submit to CMS policies and procedures that include provisions (a) to notify prescribers, network pharmacies, and pharmacists of negative formulary changes at least 60 days prior to the date the change becomes effective, (b) to provide retrospective notice of formulary changes to authorized prescribers, network pharmacies, and pharmacists if a drug is immediately removed from the formulary because it is deemed unsafe by the FDA or removed from the market by the manufacturer, and (c) that describes the method used to provide notification of these formulary changes on its website, (2) submit to CMS documentation demonstrating that its website is providing timely notification, (3) 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, and (4) for each of the prior three tasks of this corrective action request, clearly state in its corrective action plan when it expects to complete the corrective action.

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: H3814
Audit ID: 2221
Part D Sponsor Name: ATRIO HEALTH PLANS

Audit Guide Version: MA-PD Sponsor Part D Audit Guide Version 1
Auditing Element: MR06
Audit Type: Routine
Audit Location: Onsite
Date Report Issued: 11/2/2007
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3 Year Reporting Cycle: 1/1/2006 - 12/31/2008
Estimated Visit Start Date: 9/18/2007
Estimated Visit Start Date: 9/19/2007
Actual Visit Start Date: 9/18/2007
Actual Visit End Date: 9/20/2007
Part D Sponsor Response Received Date: 12/18/2007
Part D Sponsor Response Due Date: 12/17/2007
CAP Release Date: 8/25/2008
CAP Accepted Date: 5/5/2008

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:

ATRIO Health Plan did not meet the requirements to maintain a compensation structure that meets CMS requirements for any person directly employed or contracted to market the plan. Three of the 10 agent contracts (universe was 27) reviewed did not meet the CMS requirement to a include compensation structures to withhold or withdraw payment if an enrollee disenrolls in an unreasonably short timeframe. Case files number 2, 7, and 8 did not include a provision to withhold payment for rapid disenrollment. In addition, case file number 3 did not have a signed contract. CMS requires organizations to establish compensation schedules through a written contract with any person performing marketing.

Corrective Action Required:

ATRIO Health Plan did not meet the documentation requirements to maintain a compensation structure that meets CMS requirements for any person directly employed or contracted to market the plan. AHP (1) must submit documentation to CMS on Samples 2, 7, and 8 that verifies the rapid disenrollment clause, (2) 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, and (3) for each of the prior two tasks of this corrective action request, clearly state in its corrective action plan when it expects to complete the corrective action.

CMS Part D Audit Report

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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
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Part D Sponsor Name: ATRIO HEALTH PLANS

Audit Guide Version: MA-PD Sponsor Part D Audit Guide Version 1
Auditing Element: MR09
Audit Type: Routine
Audit Location: Onsite
Date Report Issued: 11/2/2007
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Element Release Date: 8/15/2008
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3 Year Reporting Cycle: 1/1/2006 - 12/31/2008
Estimated Visit Start Date: 9/18/2007
Estimated Visit Start Date: 9/19/2007
Actual Visit Start Date: 9/18/2007
Actual Visit End Date: 9/20/2007
Part D Sponsor Response Received Date: 12/18/2007
Part D Sponsor Response Due Date: 12/17/2007
CAP Release Date: 8/25/2008
CAP Accepted Date: 5/5/2008

Requirement:

Provision of Notices Regarding Formulary Changes - Prior to removing a covered Part D drug from its formulary or making any changes to the preferred or tiered cost-sharing status of a covered Part D drug, the Part D sponsor must provide a written notice to affected enrollees at least 60 days prior to the date the change becomes effective, or provide such enrollee with a 60 day supply of the Part D drug under the same terms as previously allowed, and written notice of the formulary change at the time an affected enrollee requests a refill of the Part D drug. If the change involves immediate removal of a Part D drug deemed unsafe by the Food and Drug Administration (FDA) or removed from the market by the manufacturer, the Part D sponsor must provide retrospective notice to the affected enrollees.

Reference:

42 CFR § 423.120(b)(5)(i-iii); § 423.120(b)(7); § 423.578(d); Medicare Marketing Guidelines for MAs, MA-PDs, PDPs, and 1876 Cost Plans

Deficiencies:

ATRIO Health Plan did not meet the requirement to provide a written notice to affected enrollees at least 60 days prior to the date that a covered Part D drug is removed from its formulary, or before making any changes to the preferred or tiered cost-sharing status of a covered Part D drug. After reviewing a sample of 10 case files-universe was 1474, the reviewer was unable to confirm that enrollees were provided a 60-day prior notice regarding any formulary change. Although, AHP uses the Explanation of Benefits - EOB - to inform enrollees of any formulary changes, the EOB does not provide an effective date of the formulary change, therefore, CMS could not verify if the enrollee was provided 60-days prior notice 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. In addition, AHP¿s policies and procedures regarding beneficiary notification of formulary changes did not include - 1 a provision to discuss the format for issuing 60-day prior notice to beneficiaries, or - 2 a provision to provide retrospective notice to affected enrollees 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.

Corrective Action Required:

ATRIO Health Plan did not meet the requirement to provide a written notice to affected enrollees at least 60 days prior to the date that a covered Part D drug is removed from its formulary, or before making any changes to the preferred or tiered cost-sharing status of a covered Part D drug. AHP must (1) develop and implement and submit to CMS policies and procedures to include provisions to provide direct written notice to affected enrollees (currently taking the affected drug) at least 60 days prior to the date the change becomes effective or provide such enrollee with a 60-day supply of the drug under the same terms as previously allowed and provide written notice of the formulary change at the time an affected enrollee requests a refill of the drug with a discussion of the format to be used, (2) include a provision to address retrospective notice when a drug is immediately removed from the formulary because it is deemed unsafe by the FDA or removed from the market by the manufacturer, (3) 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, and (4) for each of the prior three tasks of this corrective action request, clearly state in its corrective action plan when it expects to complete the corrective action.

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: H3814
Audit ID: 2221
Part D Sponsor Name: ATRIO HEALTH PLANS

Audit Guide Version: MA-PD Sponsor Part D Audit Guide Version 1
Auditing Element: PH03
Audit Type: Routine
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Estimated Visit Start Date: 9/19/2007
Actual Visit Start Date: 9/18/2007
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Part D Sponsor Response Received Date: 12/18/2007
Part D Sponsor Response Due Date: 12/17/2007
CAP Release Date: 8/25/2008
CAP Accepted Date: 5/5/2008

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:

ATRIO Health Plan did not meet the requirement regarding access to long-term care pharmacies. AHP¿s policies and procedures regarding access to Long Term Care (LTC) pharmacies did not include a provision that it must offer standard contracting terms and conditions, including performance and service criteria to all LTC pharmacies in its Part D service area.

Corrective Action Required:

ATRIO Health Plan did not meet the requirement regarding access to long-term care pharmacies. AHP must (1) develop and implement policies and procedures stating that the AHP must offer standard contracting terms and conditions, including performance and service criteria to any willing LTC pharmacy in its service area, (2) provide instructions and training for any delegates responsible for this requirements and ensure that delegate¿s policies and procedures include this provision, (3) 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, and (4) for each of the prior three tasks of this corrective action request, clearly state in its corrective action plan when it expects to complete the corrective action.

CMS Part D Audit Report

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

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Contract Number: H3814
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Part D Sponsor Name: ATRIO HEALTH PLANS

Audit Guide Version: MA-PD Sponsor Part D Audit Guide Version 1
Auditing Element: FM03
Audit Type: Routine
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Date Report Issued: 11/2/2007
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3 Year Reporting Cycle: 1/1/2006 - 12/31/2008
Estimated Visit Start Date: 9/18/2007
Estimated Visit Start Date: 9/19/2007
Actual Visit Start Date: 9/18/2007
Actual Visit End Date: 9/20/2007
Part D Sponsor Response Received Date: 12/18/2007
Part D Sponsor Response Due Date: 12/17/2007
CAP Release Date: 8/25/2008
CAP Accepted Date: 5/5/2008

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:

ATRIO Health Plan did not meet the documentation requirements regarding the process for providing a notice of ¿maintenance¿ formulary changes to CMS and entities providing other prescription drug coverage. AHP¿s policies and procedures did not include (1) a provision describing the process for providing a notice of ¿maintenance¿ formulary changes to CMS and entities providing other prescription drug coverage, (2) a process for providing a notice of ¿other¿ formulary changes to CMS and entities providing other prescription drug coverage, (3) a process to provide retrospective notice to CMS and entities providing other prescription drug coverage when a drug is immediately removed because it was deemed unsafe by the Food and Drug Administration (FDA) or removed from the market by the manufacturer, and (4) the method used to notify entities providing other prescription drug coverage.

Corrective Action Required:

ATRIO Health Plan did not meet the requirements regarding the process for providing a notice of ¿maintenance¿ formulary changes to CMS and entities providing other prescription drug coverage. AHP must (1) develop and implement and submit to CMS policies and procedures that include provisions (a) addressing notice of ¿maintenance¿ formulary changes to CMS and entities providing other drug coverage, in accordance with CMS requirements, (b) addressing notice of ¿other¿ formulary changes to CMS and entities providing other drug coverage, in accordance with CMS requirements, (c) addressing procedures used to provide retrospective notice to CMS and entities providing other drug coverage when drugs are immediately removed from the formulary because they are deemed unsafe by the FDA or removed from the market by the manufacturer, and (d) describing the method used to provide notification of formulary changes, (2) 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, and (3) for each of the prior two tasks of this corrective action request, clearly state in its corrective action plan when it expects to complete the corrective action.

CMS Part D Audit Report

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

Findings: Not Met
Contract Number: H3814
Audit ID: 2221
Part D Sponsor Name: ATRIO HEALTH PLANS

Audit Guide Version: MA-PD Sponsor Part D Audit Guide Version 1
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3 Year Reporting Cycle: 1/1/2006 - 12/31/2008
Estimated Visit Start Date: 9/18/2007
Estimated Visit Start Date: 9/19/2007
Actual Visit Start Date: 9/18/2007
Actual Visit End Date: 9/20/2007
Part D Sponsor Response Received Date: 12/18/2007
Part D Sponsor Response Due Date: 12/17/2007
CAP Release Date: 8/25/2008
CAP Accepted Date: 5/5/2008

Requirement:

Transition Process for Residents of Long-Term Care Facilities - The Part D sponsor must have and implement an appropriate transition process in accordance with CMS requirements for addressing the unique needs of long-term care (LTC) facility residents prescribed Part D drugs that are not on its formulary or that are on its formulary but require prior authorization or step therapy.

Reference:

42 CFR § 423.120(b)(3); MA-PD Solicitation; Information for Part D Sponsors on Requirements for a Transition Process; Transition Process Requirements for Part D Sponsors

Deficiencies:

ATRIO Health Plan did not meet the requirement to have an appropriate transition process for residents in long-term care facilities. AHP¿s policies and procedures did not include provisions (1) for addressing the immediate needs of LTC beneficiaries and timeframes to ensure a seamless transition for LTC facility residents, (2) to abide by extensions to the transition period in accordance with CMS policy, (a) AHP's Prescription Drug Benefit policy and procedure on page 9 discusses an initial 90-day transition period for residents utilizing LTC pharmacies for drug access, but failed to include the 31-day multiple fill or make differentiation between new enrollees and current enrollees, (b) page 11 discusses an emergency fill of 7 days rather than the CMS requirement for 31 days, (c) the MAO does not have a provision to abide by extensions to the transition period in accordance with CMS policy. (CMS transition letter dated 11/01/06), (3) AHP does not have any system reports regarding transition utilization.

Corrective Action Required:

ATRIO Health Plan did not meet the requirement to have an appropriate transition process for residents of long-term care facilities. AHP must (1) correct and implement policies and procedures to include provisions (a) to provide a temporary supply of non-formulary Part D drugs, including Part D drugs that are on its formulary but require prior authorization or step therapy under an its utilization management rules, for a new enrollee in a LTC facility for up to 31 days (unless the prescription is written for less than 31 days), (b) to honor multiple fills of non-formulary Part D drugs for up to 90 days of enrollees¿ coverage in the new AHP, (c) provide an emergency supply of non-formulary drugs, including Part D drugs that require prior authorization or step therapy under its utilization management rules, for current enrollees entering a LTC setting from other care settings, and (d)to the extent that an enrollee in a LTC setting is outside his or her 90-day transition period, to provide an emergency supply of non-formulary Part D drugs, while an exception is being processed for current enrollees in a LTC setting. Emergency supplies of non-formulary Part D drugs must be for at least 31 days of medication, unless the prescription is written for less than 31 days, (2) provide CMS with a system report on its transition process utilization for LTC residents for three consecutive months or until CMS requirements are reached and sustained, (3) 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, and (4) for each of the prior three tasks of this corrective action request, clearly state in its corrective action plan when it expects to complete the corrective action.

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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: H3814
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Part D Sponsor Name: ATRIO HEALTH PLANS

Audit Guide Version: MA-PD Sponsor Part D Audit Guide Version 1
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Audit Type: Routine
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3 Year Reporting Cycle: 1/1/2006 - 12/31/2008
Estimated Visit Start Date: 9/18/2007
Estimated Visit Start Date: 9/19/2007
Actual Visit Start Date: 9/18/2007
Actual Visit End Date: 9/20/2007
Part D Sponsor Response Received Date: 12/18/2007
Part D Sponsor Response Due Date: 12/17/2007
CAP Release Date: 8/25/2008
CAP Accepted Date: 5/5/2008

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:

ATRIO Health Plan did not meet the requirement to post appropriate coverage determination or exception notices in network pharmacies. AHP¿s policies and procedures regarding notices in network pharmacies that provide instructions for obtaining a coverage determination or requesting an exception did not include provisions (1) to arrange with its network pharmacies a requirement to post or distribute the ¿Medicare Prescription Drug Coverage and Your Rights¿, (2) 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, and (3) that its delegates are required to post or distribute the notice.

Corrective Action Required:

ATRIO Health Plan did not meet the requirement to post appropriate coverage determination or exception notices in network pharmacies: AHP must (1) develop and implement policies and procedures that include provisions (a) for arranging with its network pharmacies to post or distribute the ¿Medicare Prescription Drug Coverage and Your Rights¿ notice instructing enrollees to contact their AHPs to obtain a coverage determination or request an exception if they disagree with the information provided by the pharmacist, (b) for sending the ¿Medicare Prescription Drug Coverage and Your Rights¿ notice to the location in the LTC facility designated to accept such notices or if the network or preferred pharmacy is on-site, it must deliver the notice to the location in the LTC facility designated to accept such notices, (2) demonstrate that it monitors network pharmacies to ensure that they are posting or distributing notices regarding procedures for obtaining a coverage determination or requesting an exception, (3) receive monitoring reports on posting and distributing these notices and provide documentation to CMS, (4) 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, and (5) for each of the prior four tasks of this corrective action request, clearly state in its corrective action plan when it expects to complete the corrective action.

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

Findings: Not Met
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Part D Sponsor Name: ATRIO HEALTH PLANS

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Element Release Date: 8/19/2008
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3 Year Reporting Cycle: 1/1/2006 - 12/31/2008
Estimated Visit Start Date: 9/18/2007
Estimated Visit Start Date: 9/19/2007
Actual Visit Start Date: 9/18/2007
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Part D Sponsor Response Received Date: 12/18/2007
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CAP Accepted Date: 5/5/2008

Requirement:

Coverage Determination Policies and Procedures - The Part D sponsor must establish and maintain policies and procedures for tracking and addressing the timely review and resolution of all enrollee requests for coverage determinations (expedited and standard) regarding basic coverage and supplemental benefits, and the amount, including cost sharing, if any, that the enrollee is required to pay for a drug. These procedures must address unplanned transitions, and actions that are coverage determinations as defined in § 423.566(b). The Part D sponsor must establish and maintain efficient and convenient means for individuals (including enrollees, their appointed representatives, or their prescribing physicians) to submit oral or written requests for coverage determinations, document all oral requests in writing, and maintain the documentation in a case file. The Part D sponsor must establish and maintain policies and procedures for tracking and addressing the timely review and resolution of all enrollee requests for re-determinations, reconsiderations by the Independent Review Entity (IRE), and reviews by the Administrative Law Judge (ALJ) received both orally and in writing.

Reference:

42 CFR § 423.566(a); § 423.566(b); § 423.566(c); § 423.570(c)(1-2); MA-PD Solicitation; Reporting Requirements Section VII: Appeals Prescription Drug Benefit Manual; Chapter 18 ¿ Part D Enrollee Grievances, Coverage Determinations, and Appeals; Information for Part D Sponsors on Requirements for a Transition Process

Deficiencies:

ATRIO Health Plan did not meet the requirement to maintain policies and procedures for receiving, tracking, addressing, and maintaining records of coverage determinations. AHP¿s policies and procedures did not include provisions (1) for making timely coverage determinations (standard and expedited) that address basic coverage, supplemental benefits, and cost sharing, or (2) for tracking and addressing all requests for redeterminations, reconsiderations by the Independent Review Entity (IRE), and reviews by the Administrative Law Judge (ALJ) received both orally and in writing.

Corrective Action Required:

ATRIO Health Plan did not meet this requirement to maintain policies and procedures for receiving, tracking, addressing, and maintaining records of coverage determinations. AHP must (1) develop and implement policies and procedures that include provisions (a) for tracking and addressing the timely review and resolution of all enrollee requests for coverage determination (both expedited and standard) regarding basic coverage and supplemental benefits, and the amount, including cost sharing, if any, that the enrollee is required to pay for a drug, and a provision, and (b) for tracking and addressing the timely review and resolution of all enrollee requests for redeterminations, reconsiderations by the Independent Review Entity (IRE), and reviews by the Administrative Law Judge (ALJ), (2) provide CMS with the AHP¿s tracking log for all coverage determinations, redeterminations, reconsiderations by the IRE, and reviews by the ALJ, (3) 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, and (4) for each of the prior three tasks of this corrective action request, clearly state in its corrective action plan when it expects to complete the corrective action.

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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: H3814
Audit ID: 2221
Part D Sponsor Name: ATRIO HEALTH PLANS

Audit Guide Version: MA-PD Sponsor Part D Audit Guide Version 1
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Audit Type: Routine
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Estimated Visit Start Date: 9/18/2007
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Part D Sponsor Response Received Date: 12/18/2007
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CAP Release Date: 8/25/2008
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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:

ATRIO Health Plan did not meet the requirement to provide timely notification of coverage determinations concerning drug benefits. In two of the ten cases (N= 1237) reviewed, the drug benefit requests were not resolved in a timely manner. Neither of the two case files was sent to the IRE within 24 hours per CMS requirements. In addition, AHP¿s policies and procedures regarding enrollee notification of coverage determinations for drug benefits did not include (1) a provision stating that if a coverage determination is denied and the initial notification is provided orally, the plan must send a written notice within 3 calendar days of the oral notification, and (2) the requirement to use a CMS-approved notice.

Corrective Action Required:

ATRIO Health Plan did not meet the requirement to provide timely notification of coverage determinations concerning the drug benefit. AHP must (1) develop and implement policies and procedures that include a provision stating that if a coverage determination is denied and the initial notification is provided orally, the AHP must send written notice within 3-calendar days of the oral notice and that require the use of a CMS approved notice, (2) provide documentation to CMS demonstrating compliance with the notice requirement, (3) 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, and (4) for each of the prior three tasks of this corrective action request, clearly state in its corrective action plan when it expect to complete the corrective action.

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: H3814
Audit ID: 2221
Part D Sponsor Name: ATRIO HEALTH PLANS

Audit Guide Version: MA-PD Sponsor Part D Audit Guide Version 1
Auditing Element: CD04
Audit Type: Routine
Audit Location: Onsite
Date Report Issued: 11/2/2007
Date Report Due: 12/17/2007
Element Accepted Date: 5/5/2008
Element Release Date: 8/19/2008
Element Projected Completion Date: 2/28/2008

3 Year Reporting Cycle: 1/1/2006 - 12/31/2008
Estimated Visit Start Date: 9/18/2007
Estimated Visit Start Date: 9/19/2007
Actual Visit Start Date: 9/18/2007
Actual Visit End Date: 9/20/2007
Part D Sponsor Response Received Date: 12/18/2007
Part D Sponsor Response Due Date: 12/17/2007
CAP Release Date: 8/25/2008
CAP Accepted Date: 5/5/2008

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:

ATRIO Health Plan did not meet the requirement to establish and maintain timely notification of coverage determinations concerning payments. The AHP was not able to provide a copy of the approved CMS notice it is required to send to enrollees when the case is sent to the IRE because of an untimely resolution.

Corrective Action Required:

ATRIO Health Plan did not meet the requirement to establish and maintain timely notification of coverage determinations concerning payment. AHP must (1) develop policies and procedures to ensure that approved notices are sent to enrollees within 24 hours of the expiration of the adjudication timeframe, when the case is forwarded to the IRE, (2) 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, and (3) for each of the prior two tasks of this corrective action request, clearly state in its corrective action plan when it expects to complete the corrective action.

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: H3814
Audit ID: 2221
Part D Sponsor Name: ATRIO HEALTH PLANS

Audit Guide Version: MA-PD Sponsor Part D Audit Guide Version 1
Auditing Element: CD05
Audit Type: Routine
Audit Location: Onsite
Date Report Issued: 11/2/2007
Date Report Due: 12/17/2007
Element Accepted Date: 1/11/2008
Element Release Date: 8/22/2008
Element Projected Completion Date: 2/28/2008
3 Year Reporting Cycle: 1/1/2006 - 12/31/2008
Estimated Visit Start Date: 9/18/2007
Estimated Visit Start Date: 9/19/2007
Actual Visit Start Date: 9/18/2007
Actual Visit End Date: 9/20/2007
Part D Sponsor Response Received Date: 12/18/2007
Part D Sponsor Response Due Date: 12/17/2007
CAP Release Date: 8/25/2008
CAP Accepted Date: 5/5/2008

Requirement:

Denial Notice Requirements for Coverage Determinations - If the Part D sponsor makes an adverse determination, in whole or in part, it must provide the enrollee with written notification, using approved notice language that is readable and understandable, states the specific reasons for the denial, and informs the enrollee of his or her right to a redetermination.

Reference:

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

Deficiencies:

ATRIO Health Plan did not meet the requirement to provide approved language and written notification regarding enrollee notification of adverse coverage determinations. Three of the 10 sample case files (Universe was 538) reviewed for standard coverage determinations concerning drug benefits did not contain appropriate notices or documentation to verify that an approved notice was issued to the enrollee. The denial notice documentation language instructed the enrollee to contact MAXIMUS for a redetermination, which is incorrect. Redeterminations are completed in house and not sent to the Independent Review Entity (IRE). Two case files did not contain the appropriate documentation to demonstrate that AHP forwarded the coverage determination request to the IRE when the decision was not made timely. Of these 2 cases, 1 case decision was made timely, however, the notification to the enrollee was not sent timely. In addition, AHP¿s policies and procedures regarding enrollee notification of adverse coverage determinations did not include provisions stating that (1) AHP must send a written notice to the enrollee or the enrollee¿s identified appointed representative of an adverse coverage determination, in whole or in part, and (2) if the enrollee¿s physician files a request on behalf of the enrollee and the MAO did not notify the prescribing physician of an adverse determination orally, the MAO must provide written notice to the enrollee and the enrollee's prescribing physician.

Corrective Action Required:

ATRIO Health Plan did not meet the requirement to provide approved language and written notification regarding enrollee notification of adverse coverage determinations. AHP must (1) revise its policies and procedures to include the provisions that (a) the AHP will send a written notice to the enrollee or it¿s identified appointed representative of an adverse coverage determination, and (b) if the enrollee¿s physician files a request on behalf of the enrollee, and the AHP did not notify the prescribing physician of an adverse determination orally, the AHP must provide written notice to the enrollee and the enrollee¿s prescribing physician, (2) provide documentation demonstrating that the AHP provides enrollees with an approved CMS notice, (3) 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, and (4) for each of the prior three tasks of this corrective action request, clearly state in its corrective action plan when it expects to complete the corrective action.

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: H3814
Audit ID: 2221
Part D Sponsor Name: ATRIO HEALTH PLANS

Audit Guide Version: MA-PD Sponsor Part D Audit Guide Version 1
Auditing Element: CD06
Audit Type: Routine
Audit Location: Onsite
Date Report Issued: 11/2/2007
Date Report Due: 12/17/2007
Element Accepted Date: 1/11/2008
Element Release Date: 8/22/2008
Element Projected Completion Date: 2/28/2008
3 Year Reporting Cycle: 1/1/2006 - 12/31/2008
Estimated Visit Start Date: 9/18/2007
Estimated Visit Start Date: 9/19/2007
Actual Visit Start Date: 9/18/2007
Actual Visit End Date: 9/20/2007
Part D Sponsor Response Received Date: 12/18/2007
Part D Sponsor Response Due Date: 12/17/2007
CAP Release Date: 8/25/2008
CAP Accepted Date: 5/5/2008

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:

ATRIO Health Plan did not meet the requirement that a Part D sponsor must have a means for issuing prompt decisions on expediting a coverage determination. AHP¿s policies and procedures regarding decisions to accept or deny requests for expedited coverage determinations did not (1) include a provision stating that all oral requests must be documented in writing by AHP, (2) require that documentation of the request must be retained in the case file, and (3) include a process to ensure that expedited decisions are made within the appropriate timeframe for requests received outside normal business hours. During staff discussions, the AHP explained that its internal process for making expedited decisions outside normal business hours is that its delegate receives the requests for expedited coverage determinations and makes its determinations within the appropriate timeframe. This process was not documented in the AHP¿s policies and procedures.

Corrective Action Required:

ATRIO Health Plan did not meet the requirement that a Part D sponsor must have a means for issuing prompt decisions on expediting a coverage determination. AHP must (1) revise its policies and procedures to include the provisions that (a) all oral requests must be documented in writing and that documentation of the request must be retained in the case file, and (b) describe its process for handling and receiving expedited coverage determinations outside normal business hours, (2) 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, and (3) for each of the prior two tasks of this corrective action request, clearly state in its corrective action plan when it expects to complete the corrective action.

CMS Part D Audit Report

Auditing Results (Public Website Version)

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

Findings: Not Met
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Part D Sponsor Name: ATRIO HEALTH PLANS

Audit Guide Version: MA-PD Sponsor Part D Audit Guide Version 1
Auditing Element: CD07
Audit Type: Routine
Audit Location: Onsite
Date Report Issued: 11/2/2007
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Element Accepted Date: 1/11/2008
Element Release Date: 8/22/2008
Element Projected Completion Date: 2/28/2008
3 Year Reporting Cycle: 1/1/2006 - 12/31/2008
Estimated Visit Start Date: 9/18/2007
Estimated Visit Start Date: 9/19/2007
Actual Visit Start Date: 9/18/2007
Actual Visit End Date: 9/20/2007
Part D Sponsor Response Received Date: 12/18/2007
Part D Sponsor Response Due Date: 12/17/2007
CAP Release Date: 8/25/2008
CAP Accepted Date: 5/5/2008

Requirement:

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

Reference:

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

Deficiencies:

ATRIO Health Plan did not meet the requirement for timely notification following a decision to deny a request for an expedited coverage determination. AHP¿s policies and procedures did not include (1) a provision regarding enrollee notification following the decision to deny a request for expedited coverage determination in accordance with CMS requirements, and (2) a provision that when it denies a request to expedite a coverage determination, it will automatically transfer the request for processing under the standard coverage determination timeframe, give the enrollee and his or her prescribing physician, if involved, prompt oral notice of denial, and mail written notice to the enrollee within three calendar days in accordance with CMS requirements.

Corrective Action Required:

ATRIO Health Plan did not meet the requirement for timely notification following a decision to deny a request for an expedited coverage determination. AHP must (1) revise its policies and procedures to include provisions (a) to ensure that enrollees are notified of its decision to deny a request for expedited coverage determination in accordance with CMS requirements, and (b) that if it denies a request to expedite a coverage determination, will automatically transfer the request for processing under the standard coverage determination timeframe, and that the enrollee and the prescribing physician, if involved, are given prompt oral notice of denial, and a written notice is mailed to the enrollee, within three calendar days. (2) 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, and (3) for each of the prior two tasks of this corrective action request, clearly state in its corrective action plan when it expects to complete the corrective action.

CMS Part D Audit Report

Auditing Results (Public Website Version)

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

Findings: Not Met
Contract Number: H3814
Audit ID: 2221
Part D Sponsor Name: ATRIO HEALTH PLANS

Audit Guide Version: MA-PD Sponsor Part D Audit Guide Version 1
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Audit Type: Routine
Audit Location: Onsite
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Element Accepted Date: 1/11/2008
Element Release Date: 8/22/2008
Element Projected Completion Date: 2/28/2008

3 Year Reporting Cycle: 1/1/2006 - 12/31/2008
Estimated Visit Start Date: 9/18/2007
Estimated Visit Start Date: 9/19/2007
Actual Visit Start Date: 9/18/2007
Actual Visit End Date: 9/20/2007
Part D Sponsor Response Received Date: 12/18/2007
Part D Sponsor Response Due Date: 12/17/2007
CAP Release Date: 8/25/2008
CAP Accepted Date: 5/5/2008

Requirement:

Notice Content Requirements for Decision to Deny Request for Expedited Coverage Determination - The notice for the decision to deny a request for an expedited coverage determination must provide an explanation that the Part D sponsor must process the request using the 72 hour timeframe for standard determinations; inform the enrollee of the right to file an expedited grievance; inform the enrollee of the right to resubmit a request for an expedited determination with the prescribing physician¿s support; and provide instructions about the Part D plan¿s grievance process and its timeframes.

Reference:

42 CFR § 423.570(d)(2); Prescription Drug Benefit Manual; Chapter 18 ¿ Part D Enrollee Grievances, Coverage Determinations, and Appeals

Deficiencies:

ATRIO Health Plan did not meet the notice content requirements for enrollee notification following the decision to deny a request for an expedited coverage determination. AHP¿s policies and procedures did not include a provision stating that the oral and written notice must (1) provide an explanation that the AHP must process the request using the 72 hour timeframe for standard determinations, (2) inform the enrollee of the right to file an expedited grievance, (3) inform the enrollee of the right to resubmit a request for an expedited determination with the prescribing physician¿s support, and (4) provide instructions about the AHP¿s grievance process and its timeframes.

Corrective Action Required:

ATRIO Health Plan did not meet the notice content requirements for enrollee notification following the decision to deny a request for an expedited coverage determination. AHP must (1) revise its policies and procedures to include the provisions that oral and written notices must (a) provide an explanation that the AHP must process the request using the 72-hour timeframe for standard determinations, inform the enrollee of the right to file an expedited grievance, (b) inform the enrollee of the right to resubmit a request for an expedited determination with the prescribing physician¿s support, and (c) provide instructions about the AHP¿s grievance process and its timeframes, (2) 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 , and (3) for each of the prior two tasks of this corrective action request, clearly state in its corrective action plan when it expects to complete the corrective action.

CMS Part D Audit Report

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

Findings: Not Met
Contract Number: H3814
Audit ID: 2221
Part D Sponsor Name: ATRIO HEALTH PLANS

Audit Guide Version: MA-PD Sponsor Part D Audit Guide Version 1
Auditing Element: CD09
Audit Type: Routine
Audit Location: Onsite
Date Report Issued: 11/2/2007
Date Report Due: 12/17/2007
Element Accepted Date: 1/11/2008
Element Release Date: 8/22/2008
Element Projected Completion Date: 2/28/2008
3 Year Reporting Cycle: 1/1/2006 - 12/31/2008
Estimated Visit Start Date: 9/18/2007
Estimated Visit Start Date: 9/19/2007
Actual Visit Start Date: 9/18/2007
Actual Visit End Date: 9/20/2007
Part D Sponsor Response Received Date: 12/18/2007
Part D Sponsor Response Due Date: 12/17/2007
CAP Release Date: 8/25/2008
CAP Accepted Date: 5/5/2008

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:

ATRIO Health Plan did not meet the requirements for timely notification of expedited coverage determinations. AHP¿s policies and procedures regarding enrollee notification following the decision on expedited coverage determinations did not include the provisions that (1) ATRIO Health Plan must make its expedited coverage determination and notify the enrollee (and/or other applicable party) 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, after receiving the physician¿s supporting statement, (2) failure to notify the enrollee within the timeframe constitutes an adverse determination requiring the AHP to forward the enrollee¿s request to the Independent Review Entity (IRE) within 24 hours of the expiration of the adjudication timeframe, and (3) AHP must inform the enrollee within 24 hours, when the case is forwarded to the IRE.

Corrective Action Required:

ATRIO Health Plan did not meet the documentation requirements for timely notification of expedited coverage determinations. AHP must (1) revise its policies and procedures to include the provisions that (a) AHP must make its expedited coverage determination and notify the enrollee (and/or other applicable party) 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, after receiving the physician¿s supporting statement, (b) failure to notify the enrollee within the timeframe constitutes an adverse determination requiring the AHP to forward the enrollee¿s request to the Independent Review Entity (IRE) within 24 hours of the expiration of the adjudication timeframe, and (c) AHP must inform the enrollee within 24 hours, when the case is forwarded to the IRE, (2) 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, and (3) for each of the prior two tasks of this corrective action request, clearly state in its corrective action plan when it expects to complete the corrective action.

CMS Part D Audit Report

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

Findings: Not Met
Contract Number: H3814
Audit ID: 2221
Part D Sponsor Name: ATRIO HEALTH PLANS

Audit Guide Version: MA-PD Sponsor Part D Audit Guide Version 1
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Audit Type: Routine
Audit Location: Onsite
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Date Report Due: 12/17/2007
Element Accepted Date: 5/5/2008
Element Release Date: 8/22/2008
Element Projected Completion Date: 2/28/2008
3 Year Reporting Cycle: 1/1/2006 - 12/31/2008
Estimated Visit Start Date: 9/18/2007
Estimated Visit Start Date: 9/19/2007
Actual Visit Start Date: 9/18/2007
Actual Visit End Date: 9/20/2007
Part D Sponsor Response Received Date: 12/18/2007
Part D Sponsor Response Due Date: 12/17/2007
CAP Release Date: 8/25/2008
CAP Accepted Date: 5/5/2008

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:

ATRIO Health Plan did not meet the notice content requirements for expedited coverage determinations. AHP¿s policies and procedures regarding enrollee notification following the decision on expedited coverage determination did not include the provisions that (1) if the decision is adverse, then the AHP must use a notice consistent with the CMS-issued standard notice, Notice of Denial of Medicare Prescription Drug Coverage, and (2) if oral notice is provided for adverse decision, the notices must satisfy the following requirements (states the specific reason for the denial and takes into account the enrollee¿s medical condition, disabilities, and special language requirements, if any, provides information regarding the right to appoint a representative to file an appeal on the enrollee¿s behalf, and provides a description of both the standard and expedited redetermination processes and timeframes, including conditions for obtaining an expedited redetermination, and the rest of the appeal process). In addition, AHP was unable to provide CMS with a copy of an approved CMS notice for this review.

Corrective Action Required:

ATRIO Health Plan did not meet the notice content requirements for expedited coverage determinations. AHP must (1) revise its policies and procedures to include the provisions that (a) if the decision is adverse, then the AHP must use a notice consistent with the CMS-issued standard notice, Notice of Denial of Medicare Prescription Drug Coverage, and (b) if oral notice is provided for adverse decisions, the notices must satisfy the following requirements (states the specific reason for the denial and takes into account the enrollee¿s medical condition, disabilities, and special language requirements, if any, provides information regarding the right to appoint a representative to file an appeal on the enrollee¿s behalf, and provides a description of both the standard and expedited redetermination processes and timeframes, including conditions for obtaining an expedited redetermination, and the rest of the appeal process), (2) provide CMS with a CMS-approved notice, (3) 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, and (4) for each of the prior three tasks of this corrective action request, clearly state in its corrective action plan when it expects to complete the corrective action.

CMS Part D Audit Report

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

Findings: Not Met
Contract Number: H3814
Audit ID: 2221
Part D Sponsor Name: ATRIO HEALTH PLANS

Audit Guide Version: MA-PD Sponsor Part D Audit Guide Version 1
Auditing Element: CE01
Audit Type: Routine
Audit Location: Onsite
Date Report Issued: 11/2/2007
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Element Accepted Date: 1/11/2008
Element Release Date: 8/15/2008
Element Projected Completion Date: 2/28/2008
3 Year Reporting Cycle: 1/1/2006 - 12/31/2008
Estimated Visit Start Date: 9/18/2007
Estimated Visit Start Date: 9/19/2007
Actual Visit Start Date: 9/18/2007
Actual Visit End Date: 9/20/2007
Part D Sponsor Response Received Date: 12/18/2007
Part D Sponsor Response Due Date: 12/17/2007
CAP Release Date: 8/25/2008
CAP Accepted Date: 5/5/2008

Requirement:

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

Reference:

42 CFR § 423.578(a)(1-2); § 423.578(a)(4); MA-PD Solicitation and EP Attestation Addendum; Reporting Requirements for Section VI: Prior Authorization, Step Edits, Non-Formulary Exceptions, and Tier Exceptions; Prescription Drug Benefit Manual; Chapter 18 ¿ Part D Enrollee Grievances, Coverage Determinations, and Appeals; Information for Part D Sponsors on Requirements for a Transition Process

Deficiencies:

ATRIO Health Plan did not meet the requirement to establish and maintain reasonable and complete exceptions procedures for a tiered cost-sharing structure. AHP¿s policies and procedures did not include provision stating that (1) if the AHP requires a written statement from the enrollee¿s prescribing physician, it must do so immediately, (2) the prescribing physician is required to demonstrate in the written statement why the exception is needed (would not be as effective as the requested drug and/or would have adverse effects), (3) if it makes a request for additional supporting medical documentation, then it must clearly identify the type of information that must be submitted, (4) it must not keep the exception request open indefinitely when a physician does not submit supporting documentation, (5) if it is waiting on a physician¿s statement to support a tiering-exception request, it must wait a minimum of 96 hours after receiving a standard request or a minimum of 48 hours after receiving an expedited request before issuing its determination on the tiering exception, and (6) if a physician submits an oral statement, its delegate, may require (versus must require) a written statement of why the exception is needed.

Corrective Action Required:

ATRIO Health Plan did not meet the requirement to establish and maintain reasonable and complete exceptions procedures for a tiered cost-sharing structure. AHP must (1) revise its policies and procedures to include provisions that (a) if the AHP requires a written statement from the enrollee¿s prescribing physician that the prescribing physician is required to demonstrate in the statement why the exception is needed (would not be as effective as the requested drug and/or would have adverse effects), it must do so immediately, (b) if the AHP makes a request for additional supporting medical documentation, then it must clearly identify the type of information that must be submitted, (c) it must not keep the exception request open indefinitely when a physician does not submit a supporting documentation, and (d) if the AHP is waiting on physician¿s statement in support of a tiering exception request, it must wait a minimum of 96 hours after receiving a standard request or a minimum of 48 hours after receiving an expedited request before issuing its determination on the tiering exception, (2) 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, and (3) for each of the prior two tasks of this corrective action request, clearly state in its corrective action plan when it expects to complete the corrective action.

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

Findings: Not Met
Contract Number: H3814
Audit ID: 2221
Part D Sponsor Name: ATRIO HEALTH PLANS

Audit Guide Version: MA-PD Sponsor Part D Audit Guide Version 1
Auditing Element: CE02
Audit Type: Routine
Audit Location: Onsite
Date Report Issued: 11/2/2007
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Element Release Date: 8/15/2008
Element Projected Completion Date: 2/28/2008
3 Year Reporting Cycle: 1/1/2006 - 12/31/2008
Estimated Visit Start Date: 9/18/2007
Estimated Visit Start Date: 9/19/2007
Actual Visit Start Date: 9/18/2007
Actual Visit End Date: 9/20/2007
Part D Sponsor Response Received Date: 12/18/2007
Part D Sponsor Response Due Date: 12/17/2007
CAP Release Date: 8/25/2008
CAP Accepted Date: 5/5/2008

Requirement:

Exceptions Procedures and Criteria (Non-Formulary Drugs) - The Part D sponsor must establish and maintain exceptions procedures, subject to CMS¿ approval, for receipt of an off-formulary drug. The Part D sponsor must grant an exception for a non-formulary Part D drug whenever it determines that the drug is medically necessary, consistent with the prescribing physicians¿ statement that meets CMS criteria, and that the drug would be covered but for the fact that it is an off-formulary drug. The Part D sponsor¿s formulary exceptions process and exception criteria must meet CMS requirements including for unplanned transitions.

Reference:

42 CFR § 423.578(b); § 423.578(b)(1); § 423.578(b)(2); § 423.578(b)(5); MA-PD Solicitation and EP Attestation Addendum; Reporting Requirements for Section VI: Prior Authorization, Step Edits, Non-Formulary Exceptions, and Tier Exceptions; Prescription Drug Benefit Manual; Chapter 18 ¿ Part D Enrollee Grievances, Coverage Determinations, and Appeals; Information for Part D Sponsors on Requirements for a Transition Process

Deficiencies:

ATRIO Health Plan did not meet the requirement to establish and maintain exceptions procedures for non-formulary drugs as follows: (1) AHP¿s policies and procedures did not include the provisions that (a) the prescribing physician statement must indicate that the requested drug is medically required and other non-formulary drugs and dosage limits would not be effective, (i) all covered drugs on any tier would not be as effective as the non-formulary drug and/or would have adverse effects, (ii) the number of doses has been ineffective or based on sound clinical evidence, the drug regimen is likely to be ineffective or adversely affect the drugs effectiveness or patient compliance, (iii) the drug alternative listed on the formulary or required to be used in step therapy has been ineffective or has caused an adverse reaction, (b) a request for additional supporting documentation must clearly identify the type of information required from the physician, (c) AHP must wait a minimum of 96 hours after receiving a standard request or a minimum of 48 hours after receiving an expedited request before issuing its determination on the formulary exception, and (d) AHP must grant a formulary exception when it determines that one of the three factors above has been demonstrated, and the drug would be covered but for the fact that it is an off-formulary drug, and (2) AHP did not provide documentation demonstrating the requirement for using a notice template for requesting additional information from the enrollee¿s prescribing physician.

Corrective Action Required:

ATRIO Health Plan did not meet the requirement to establish and maintain exceptions procedures for non-formulary drugs. AHP must (1) revise its policies and procedures to include the provisions that the prescribing physician statement must indicate that the requested drug is medically required and other non-formulary drugs and dosage limits would not be effective if, (i) all covered drugs on any tier would not be as effective as the non-formulary drug and/or would have adverse effects, (ii) the number of doses has been ineffective or based on sound clinical evidence, the drug regimen is likely to be ineffective or adversely affect the drugs effectiveness or patient compliance, (iii) the drug alternative listed on the formulary or required to be used in step therapy has been ineffective or has caused an adverse reaction, (2) a request for additional supporting documentation must clearly identify the type of information required from the physician, (3) AHP must wait a minimum of 96 hours after receiving a standard request or a minimum of 48 hours after receiving an expedited request before issuing its determination on the formulary exception, and (4) AHP must grant a formulary exception when it determines that one of the three factors above has been demonstrated, and the drug would be covered but for the fact that it is an off-formulary drug, and (5) provide documentation demonstrating the requirement for notice template for requesting additional information from the enrollee¿s prescribing physician, (6) 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, and (7) for each of the prior tasks of this corrective action request, clearly state in its corrective action plan when it expects to complete the corrective action.

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3 Year Reporting Cycle: 1/1/2006 - 12/31/2008
Estimated Visit Start Date: 9/18/2007
Estimated Visit Start Date: 9/19/2007
Actual Visit Start Date: 9/18/2007
Actual Visit End Date: 9/20/2007
Part D Sponsor Response Received Date: 12/18/2007
Part D Sponsor Response Due Date: 12/17/2007
CAP Release Date: 8/25/2008
CAP Accepted Date: 5/5/2008

Requirement:

Approval of Tiering and Non-Formulary Exceptions Requests - Following approval of a request for a tiering or a non-formulary exception, the Part D sponsor cannot require an approval for a refill or a new prescription following the initial prescription, provided that (i) the enrollee¿s prescribing physician continues to prescribe the drug; (ii) the drug continues to be considered safe for treating the enrollee¿s disease or medical condition; and (iii) the enrollment period has not expired. For tiering exceptions, the Part D sponsor must permit enrollees to obtain an approved non-preferred drug at the more favorable cost-sharing terms applicable to drugs in the preferred tier. For approved non-formulary exceptions, the Part D sponsor has the flexibility to determine what level of cost-sharing applies to all non-formulary drugs approved under the exceptions process, so long as the designated level is one of its existing cost-sharing tiers.

Reference:

42 CFR § 423.578(c)(3); § 423.578(c)(4)(i-ii); EP Attestation Addendum; Prescription Drug Benefit Manual; Chapter 18 ¿ Part D Enrollee Grievances, Coverage Determinations, and Appeals

Deficiencies:

ATRIO Health Plan did not meet the requirement for approval of tiering and non-formulary exception requests. AHP¿s policies and procedures did not include a provision stating that enrollees are not required to request an approval following the initial prescription for the remainder of the AHP year.

Corrective Action Required:

ATRIO Health Plan did not meet the requirement for approval of tiering and non-formulary exception requests. AHP must (1) revise its policies and procedures to include a provision that enrollees are not required to request an approval following the initial prescription for the remainder of the year, (2) 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, and (3) for each of the prior two tasks of this corrective action request, clearly state in its corrective action plan when it expects to complete the corrective action.

CMS Part D Audit Report

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Audit Type: Routine
Audit Location: Onsite
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Element Release Date: 8/22/2008
Element Projected Completion Date: 2/28/2008
3 Year Reporting Cycle: 1/1/2006 - 12/31/2008
Estimated Visit Start Date: 9/18/2007
Estimated Visit Start Date: 9/19/2007
Actual Visit Start Date: 9/18/2007
Actual Visit End Date: 9/20/2007
Part D Sponsor Response Received Date: 12/18/2007
Part D Sponsor Response Due Date: 12/17/2007
CAP Release Date: 8/25/2008
CAP Accepted Date: 5/5/2008

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:

ATRIO Health Plan (AHP) did not meet the requirement to correctly determine and inform the enrollee whether a complaint is subject to its grievance procedures or its coverage determination procedures. AHP did not (1) have policies and procedures that describe how it informs enrollees of whether their complaints are subject to grievance procedures or coverage determinations, (2) provide adequate documentation of notices, (3) have policies and procedures or internal training documentation that included the correct definition for Part D grievance, and (4) use the Part D definition of a grievance per CMS¿ instructions under the Part D requirements, using instead the Part C definition.

Corrective Action Required:

ATRIO Health Plan (AHP) did not meet the requirement to correctly determine and inform the enrollee whether a complaint is subject to its grievance procedures or its coverage determination procedures. AHP must (1) develop a process to ensure that it provides enrollees with a CMS-approved Notice of Inquiry Regarding an Excluded Drug, (2) develop a process to ensure that it correctly determines and informs enrollees as to whether or not a complaint is subject to its grievance or coverage determination procedures, (3) revise its grievance policies and procedures to include the correct definition of a Part D grievance, (4) submit to CMS all revised and newly developed grievance policies and procedures related to this deficiency, (5) conduct training of appropriate staff on these policies and procedures, (6) 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, and (7) for each of the prior tasks of this corrective action request, clearly state in its corrective action plan when it expects to complete the corrective action.

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3 Year Reporting Cycle: 1/1/2006 - 12/31/2008
Estimated Visit Start Date: 9/18/2007
Estimated Visit Start Date: 9/19/2007
Actual Visit Start Date: 9/18/2007
Actual Visit End Date: 9/20/2007
Part D Sponsor Response Received Date: 12/18/2007
Part D Sponsor Response Due Date: 12/17/2007
CAP Release Date: 8/25/2008
CAP Accepted Date: 5/5/2008

Requirement:

Grievance Policies and Procedures - The Part D sponsor must establish and maintain policies and procedures for tracking and addressing the timely hearing and resolution of all oral and written enrollee grievances including but not limited to the following: fraud and abuse, enrollment/disenrollment, benefit package, pharmacy access/network, marketing, customer service, confidentiality/privacy, and quality of care. The Part D sponsor must also maintain records of such grievances.

Reference:

42 CFR § 423.562(a)(1)(i); § 423.564(a-b); § 423.564(g); MA-PD Solicitation; Prescription Drug Benefit Manual; Chapter 18 ¿ Part D Enrollee Grievances, Coverage Determinations, and Appeals; Reporting Requirements for Section V: Grievances

Deficiencies:

ATRIO Health Plan did not meet the requirements to establish and maintain policies and procedures for tracking and addressing timely hearing and resolution of oral and written enrollee grievances. AHP¿s grievance policies and procedures did not include (1) a process for accepting information or evidence concerning oral or written grievances, (2) a process for transmitting grievances to appropriate decision-making level in a timely and consistent manner, (3) a provision requiring prompt, appropriate action, including a full investigation of the complaint if necessary, (4) a provision for tracking and maintaining, at a minimum, the date of receipt, disposition of the grievance, and the date that the enrollee was notified of the disposition, and (5) a process for ensuring Part D data reporting as required by CMS.

Corrective Action Required:

ATRIO Health Plan did not meet the requirements to establish and maintain policies and procedures for tracking and addressing timely hearing and resolution of oral and written enrollee grievances. AHP must (1) revise its policies and procedures to include (a) a process to ensure timely and appropriate grievance resolution proceedings, and (b) a process for full investigation of grievance when necessary, (2) develop a process to track and maintain the date of receipt and the date that the enrollee was notified of the disposition of the grievances (3) develop a process to ensure timely and accurate Part D quarterly reporting, (4) submit to CMS all revised or newly developed grievance policies and procedures related to this deficiency, (5)conduct training of appropriate staff on these policies and procedures, (6) 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, and (7) for each of the prior six tasks of this corrective action request, clearly state in its corrective action plan when it expects to complete the corrective action.

CMS Part D Audit Report

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Element Release Date: 8/22/2008
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3 Year Reporting Cycle: 1/1/2006 - 12/31/2008
Estimated Visit Start Date: 9/18/2007
Estimated Visit Start Date: 9/19/2007
Actual Visit Start Date: 9/18/2007
Actual Visit End Date: 9/20/2007
Part D Sponsor Response Received Date: 12/18/2007
Part D Sponsor Response Due Date: 12/17/2007
CAP Release Date: 8/25/2008
CAP Accepted Date: 5/5/2008

Requirement:

Grievance Process Training - The Part D sponsor will train relevant staff and subcontractors on its grievance policies and procedures.

Reference:

MA-PD Solicitation

Deficiencies:

ATRIO Health Plan did not meet the requirement to train relevant staff or its delegates on the Part D sponsor¿s grievance policies and procedures. AHP (1) did not have policies and procedures that contained CMS Part D grievance requirements in any grievance training documents, and (2) could not provide documentation demonstrating that relevant staff members or its delegates were trained on Part D grievance procedures.

Corrective Action Required:

ATRIO Health Plan did not meet the requirement to train relevant staff or delegates on the Part D sponsor¿s grievance policies and procedures. AHP must (1) develop and implement Part D training for all of staff and delegates that are responsible for its Part D administration, and (2) 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, and (3) for each of the prior two tasks of this corrective action request, clearly state in its corrective action plan when it expects to complete the corrective action.

CMS Part D Audit Report

Auditing Results (Public Website Version)

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Element Accepted Date: 5/5/2008
Element Release Date: 8/22/2008
Element Projected Completion Date: 2/28/2008
3 Year Reporting Cycle: 1/1/2006 - 12/31/2008
Estimated Visit Start Date: 9/18/2007
Estimated Visit Start Date: 9/19/2007
Actual Visit Start Date: 9/18/2007
Actual Visit End Date: 9/20/2007
Part D Sponsor Response Received Date: 12/18/2007
Part D Sponsor Response Due Date: 12/17/2007
CAP Release Date: 8/25/2008
CAP Accepted Date: 5/5/2008

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:

ATRIO Health Plan did not meet the requirements to notify enrollees of its decision as expeditiously as the case requires, based on the enrollee¿s health status, but not later than 30 days after the date the Part D sponsor receives the oral or written grievance. AHP¿s polices and procedures did not include (1) a provision stating that all concerned parties must be notified of the grievance disposition as expeditiously as the enrollee¿s case requires, based on the enrollee health status, but not later than 30 days after the AHP receives the oral or written grievance in its policies and procedures, (2) the appropriate timeframes or an explanation for a 14-day or less extension, (3) a process to ensure that enrollees are notified immediately in writing when the AHP extends the deadline, and (4) a process to ensure that it provides enrollees with a CMS-approved Notice.

Corrective Action Required:

ATRIO Health Plan did not meet the requirement to notify the enrollee of its decision as expeditiously as the case requires, based on the enrollee¿s health status, but not later than 30 days after the date the Part D sponsor receives the oral or written grievance. AHP must (1) revise its policies and procedures to include provisions (a) to notify all concerned parties of the grievance disposition as expeditiously as the enrollee¿s case requires based on the enrollee health status but not later than 30 days after the AHP receives the oral or written grievance, (b) that provide appropriate explanations and timeframes for extensions related to grievances, and (c) that explain the justification for the request for additional information and how the delay is in the interest of the enrollee, (d) that include a process to immediately notify enrollees in writing when the AHP extends a grievance deadline, and (e) that include a process to provide enrollees with a CMS-approved Notice, (2) provide CMS documentation demonstrating a compliant notice, (3) 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, and (4) for each of the prior three tasks of this corrective action request, clearly state in its corrective action plan when it expects to complete the corrective action.

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Part D Sponsor Name: ATRIO HEALTH PLANS

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3 Year Reporting Cycle: 1/1/2006 - 12/31/2008
Estimated Visit Start Date: 9/18/2007
Estimated Visit Start Date: 9/19/2007
Actual Visit Start Date: 9/18/2007
Actual Visit End Date: 9/20/2007
Part D Sponsor Response Received Date: 12/18/2007
Part D Sponsor Response Due Date: 12/17/2007
CAP Release Date: 8/25/2008
CAP Accepted Date: 5/5/2008

Requirement:

Method of Grievance Response - The Part D sponsor must respond to all written grievances in writing (including facsimile). If the enrollee orally submits a grievance and requests a written response, the Part D sponsor must respond in writing.

Reference:

42 CFR § 423.564(e)(3)(i-ii); Prescription Drug Benefit Manual; Chapter 18 ¿ Part D Enrollee Grievances, Coverage Determinations, and Appeals

Deficiencies:

ATRIO Health Plan did not meet the requirement to respond to all written grievances in writing, including facsimile. AHP¿s policies and procedures regarding method of grievance responses did not include (1) a provision that all categories of grievances submitted in writing must be responded to in writing, (2) a provision that grievances submitted orally may be responded to either orally or in writing, unless the enrollee requests a written response, and (3) the requirement to use a CMS-approved notice.

Corrective Action Required:

ATRIO Health Plan did not meet the requirement to respond to all written grievances in writing, including facsimile. AHP must (1) revise its grievance policies and procedures to include the provisions that (a) all categories of grievances submitted in writing must be responded to in writing, and (b) grievances submitted orally are responded to either orally or in writing, unless the enrollee requests a written response, (2) provide documentation to CMS demonstrating that it notifies enrollees of all categories of grievance resolution in a timely and consistent manner, (3) develop a process to ensure that it uses CMS approved notices to notify enrollees, (4) 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, and (5) for each of the prior four tasks of this corrective action request, clearly state in its corrective action plan when it expects to complete the corrective action.

CMS Part D Audit Report

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

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Part D Sponsor Name: ATRIO HEALTH PLANS

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Audit Type: Routine
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3 Year Reporting Cycle: 1/1/2006 - 12/31/2008
Estimated Visit Start Date: 9/18/2007
Estimated Visit Start Date: 9/19/2007
Actual Visit Start Date: 9/18/2007
Actual Visit End Date: 9/20/2007
Part D Sponsor Response Received Date: 12/18/2007
Part D Sponsor Response Due Date: 12/17/2007
CAP Release Date: 8/25/2008
CAP Accepted Date: 5/5/2008

Requirement:

Grievance Response ¿ Quality of Care - The Part D sponsor must respond in writing to all grievances related to the quality of care. The response must include a description of the enrollee¿s right to file a written complaint with the Quality Improvement Organization (QIO). If a complaint is submitted to the QIO, the Part D sponsor must cooperate with the QIO in resolving the complaint.

Reference:

42 CFR § 423.564(e)(3)(iii); Prescription Drug Benefit Manual; Chapter 18 ¿ Part D Enrollee Grievances, Coverage Determinations, and Appeals

Deficiencies:

ATRIO Health Plan did not meet the requirement to respond in writing to all grievances related to the quality of care. AHP¿s policies and procedures did not include provisions (1) that clearly states AHP¿s commitment to cooperate with the QIO in resolving grievance cases, (2) that it will include a description of the enrollee¿s right to file a written complaint with the QIO, and (3) that it will use only approved CMS notices to notify enrollees.

Corrective Action Required:

ATRIO Health Plan did not meet the requirement to respond in writing to all grievances related to the quality of care. AHP must (1) develop policies and procedures that include provisions that (a) states AHP¿s commitment to work with the QIO in resolving grievance cases, (b) include a description of the enrollee¿s right to file a written complaint with the QIO, (c) include a provision to only use CMS-approved notices to notify Medicare enrollees, (2) provide revised policies and procedures for these deficiencies to CMS, (3) 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, and (4) for each of the prior three tasks of this corrective action request, clearly state in its corrective action plan when it expects to complete the corrective action.

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Estimated Visit Start Date: 9/18/2007
Estimated Visit Start Date: 9/19/2007
Actual Visit Start Date: 9/18/2007
Actual Visit End Date: 9/20/2007
Part D Sponsor Response Received Date: 12/18/2007
Part D Sponsor Response Due Date: 12/17/2007
CAP Release Date: 8/25/2008
CAP Accepted Date: 5/5/2008

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:

ATRIO Health Plan did not meet the requirement to respond to an enrollee¿s expedited grievance within 24 hours. AHP¿s policies and procedures regarding the timely response to expedited grievances do not contain the requirement to have a 24-hour timeframe for responding to an enrollee¿s expedited grievance if the complaint involves a refusal by the AHP to grant an enrollee¿s request for an expedited coverage determination or an expedited redetermination, and the enrollee has not yet purchased or received the drug that is in dispute.

Corrective Action Required:

ATRIO Health Plan did not meet the requirement to respond to an enrollee¿s expedited grievance within 24 hours. AHP must (1) revise its policies and procedures to include a provision stating the AHP must respond within 24 hours to the enrollee¿s expedited grievance if the complaint involves a refusal by the AHP 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, (2) 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, and (3) for each of the prior two tasks of this corrective action request, clearly state in its corrective action plan when it expects to complete the corrective action.

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Audit Type: Routine
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Element Release Date: 8/15/2008
Element Projected Completion Date: 2/28/2008
3 Year Reporting Cycle: 1/1/2006 - 12/31/2008
Estimated Visit Start Date: 9/18/2007
Estimated Visit Start Date: 9/19/2007
Actual Visit Start Date: 9/18/2007
Actual Visit End Date: 9/20/2007
Part D Sponsor Response Received Date: 12/18/2007
Part D Sponsor Response Due Date: 12/17/2007
CAP Release Date: 8/25/2008
CAP Accepted Date: 5/5/2008

Requirement:

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

Reference:

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

Deficiencies:

ATRIO Health Plan did not meet the requirement to have policies, procedures, and systems that allows it to accept written requests for standard redeterminations of coverage determinations filed within 60-calendar days of the notice of the coverage determination. AHP¿s policies and procedures did not include provisions for (1) accepting written requests for standard redetermination filed by enrollees within 60-calendar days of the notice of the coverage determination, and (2) providing a reasonable opportunity to receive evidence and allegations of law and fact, in person or in writing, related to the disputed issue. In addition, AHP did not provide documentation demonstrating its system for accepting requests for standard determinations for Part D. The documentation provided did not meet Part D requirements.

Corrective Action Required:

ATRIO Health Plan did not meet the requirement to have policies, procedures, and systems that allows it to accept written requests for standard redeterminations of coverage determinations filed within 60-calendar days of the notice of the coverage determination. AHP must (1) revise its policies and procedures to include provisions for accepting written requests for standard Part D determinations, and for providing a reasonable opportunity to receive evidence and allegations of law and fact, in person or in writing, related to the disputed issue, (2) 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, and (3) for each of the prior three tasks of this corrective action request, clearly state in its corrective action plan when it expects to complete the corrective action.

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: H3814
Audit ID: 2221
Part D Sponsor Name: ATRIO HEALTH PLANS

Audit Guide Version: MA-PD Sponsor Part D Audit Guide Version 1
Auditing Element: RE02
Audit Type: Routine
Audit Location: Onsite
Date Report Issued: 11/2/2007
Date Report Due: 12/17/2007
Element Accepted Date: 5/5/2008
Element Release Date: 8/18/2008
Element Projected Completion Date: 2/28/2008

3 Year Reporting Cycle: 1/1/2006 - 12/31/2008
Estimated Visit Start Date: 9/18/2007
Estimated Visit Start Date: 9/19/2007
Actual Visit Start Date: 9/18/2007
Actual Visit End Date: 9/20/2007
Part D Sponsor Response Received Date: 12/18/2007
Part D Sponsor Response Due Date: 12/17/2007
CAP Release Date: 8/25/2008
CAP Accepted Date: 5/5/2008

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:

ATRIO Health Plan did not meet the requirement to 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. AHP¿s policies and procedures did not include provisions for (1) maintaining 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, (b) including the name of a designated office and or department to receive both oral or written requests and a telephone number for oral requests, (c) a process for documenting all oral requests in writing, and (4) a process for maintaining documentation of expedited redetermination requests in a case file. In addition, AHP was unable to provide documentation demonstrating its systems for expedited reviews because it had no expedited reviews during this review period.

Corrective Action Required:

ATRIO Health Plan did not meet the requirement to 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. AHP must (1) revise its policies and procedures to include provisions (a) for maintaining 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, (b) to include the name of a designated office and or department to receive both oral or written requests and a telephone number for oral requests, (c) for documenting all oral requests in writing, (d) for maintaining documentation of expedited redetermination requests in a case file, (2) demonstrate its system of accepting oral and written requests for expedited redeterminations by providing an expedited redetermination log or a systems report, (3) 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, and (4) for each of the prior three tasks of this corrective action request, clearly state in its corrective action plan when it expects to complete the corrective action.

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: H3814
Audit ID: 2221
Part D Sponsor Name: ATRIO HEALTH PLANS

Audit Guide Version: MA-PD Sponsor Part D Audit Guide Version 1
Auditing Element: RE03
Audit Type: Routine
Audit Location: Onsite
Date Report Issued: 11/2/2007
Date Report Due: 12/17/2007
Element Accepted Date: 1/11/2008
Element Release Date: 8/18/2008
Element Projected Completion Date: 2/28/2008
3 Year Reporting Cycle: 1/1/2006 - 12/31/2008
Estimated Visit Start Date: 9/18/2007
Estimated Visit Start Date: 9/19/2007
Actual Visit Start Date: 9/18/2007
Actual Visit End Date: 9/20/2007
Part D Sponsor Response Received Date: 12/18/2007
Part D Sponsor Response Due Date: 12/17/2007
CAP Release Date: 8/25/2008
CAP Accepted Date: 5/5/2008

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:

ATRIO Health Plan did not meet the requirements for promptly deciding whether to accept or deny requests for expedited redeterminations. AHP¿s policies and procedures did not include the provisions that (1) a decision to accept or deny an expedited redetermination request is based on the fact that applying the standard timeframe for making a redetermination may seriously jeopardize the enrollee¿s life, health or ability to regain maximum function, (2) AHP automatically expedites a request when the enrollee¿s physician indicates that applying the standard timeframe may seriously jeopardize the enrollee¿s life, health or ability to regain maximum function, and (3) any additional medical information the AHP requires must be requested within 24 hours of receiving the initial expedited request

Corrective Action Required:

ATRIO Health Plan did not meet the requirements for promptly deciding whether to accept or deny requests for expedited redeterminations. AHP must (1) revise its policies and procedures to include the provisions that (a) the decision to accept or deny an expedited redetermination request is based on the fact that applying the standard timeframe for making a redetermination may seriously jeopardize the enrollee¿s life, health, or ability to regain maximum function, (b) AHP automatically expedites a request when the enrollee¿s physician indicates that applying the standard timeframe may seriously jeopardize the enrollee¿s life, health, or ability to regain maximum function, and (c) any additional medical information the AHP requires must be requested within 24 hours of receiving the initial expedited request, (2) 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, and (3) for each of the prior three tasks of this corrective action request, clearly state in its corrective action plan when it expects to complete the corrective action.

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: H3814
Audit ID: 2221
Part D Sponsor Name: ATRIO HEALTH PLANS

Audit Guide Version: MA-PD Sponsor Part D Audit Guide Version 1
Auditing Element: RE05
Audit Type: Routine
Audit Location: Onsite
Date Report Issued: 11/2/2007
Date Report Due: 12/17/2007
Element Accepted Date: 5/5/2008
Element Release Date: 8/18/2008
Element Projected Completion Date: 2/28/2008

3 Year Reporting Cycle: 1/1/2006 - 12/31/2008
Estimated Visit Start Date: 9/18/2007
Estimated Visit Start Date: 9/19/2007
Actual Visit Start Date: 9/18/2007
Actual Visit End Date: 9/20/2007
Part D Sponsor Response Received Date: 12/18/2007
Part D Sponsor Response Due Date: 12/17/2007
CAP Release Date: 8/25/2008
CAP Accepted Date: 5/5/2008

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:

ATRIO Health Plan did not meet the requirement for timely notification and effectuation of standard redetermination concerning covered drug benefits. CMS reviewed 10 case files (universe was 76) for standard redetermination concerning drug benefit. One case file was misclassified and two case files contained late redetermination notices. AHP¿s policies and procedures did not include provisions (1) to notify enrollees of an adverse standard redetermination, (2) for effectuating favorable redeterminations as expeditiously as the enrollee¿s health requires or within 7 calendar days from the date it received the request for a standard redetermination, (3) stating that failure to notify the enrollee within the timeframe constitutes an adverse redetermination requiring the AHP to forward the enrollee¿s complete file to the Independent Review Entity (IRE) within 24 hours of the expiration of the adjudication timeframe, (4) stating the AHP must inform the enrollee, within 24 hours, when the case is forwarded to the IRE, and (5) to use a notice template for requesting reconsideration.

Corrective Action Required:

ATRIO Health Plan did not meet the documentation requirement for timely notification and effectuation of standard redetermination concerning covered drug benefits. AHP must (1) revise its policies and procedures to include provisions (a) for effectuating favorable redeterminations as expeditiously as the enrollee¿s health requires or within 7 calendar days from the date it received the request for a standard redetermination, (b) stating that failure to notify the enrollee within the timeframe constitutes an adverse redetermination requiring the AHP to forward the enrollee¿s complete file to the Independent Review Entity (IRE) within 24 hours of the expiration of the adjudication timeframe, (c) stating the AHP must inform the enrollee, within 24 hours, when the case is forwarded to the IRE, and (d) use a notice consistent with CMS-issued model notice, (2) provide documentation of the notice to CMS, (3) 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, and (4) for each of the prior three tasks of this corrective action request, clearly state in its corrective action plan when it expects to complete the corrective action.

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: H3814
Audit ID: 2221
Part D Sponsor Name: ATRIO HEALTH PLANS

Audit Guide Version: MA-PD Sponsor Part D Audit Guide Version 1
Auditing Element: RE06
Audit Type: Routine
Audit Location: Onsite
Date Report Issued: 11/2/2007
Date Report Due: 12/17/2007
Element Accepted Date: 5/5/2008
Element Release Date: 8/18/2008
Element Projected Completion Date: 2/28/2008
3 Year Reporting Cycle: 1/1/2006 - 12/31/2008
Estimated Visit Start Date: 9/18/2007
Estimated Visit Start Date: 9/19/2007
Actual Visit Start Date: 9/18/2007
Actual Visit End Date: 9/20/2007
Part D Sponsor Response Received Date: 12/18/2007
Part D Sponsor Response Due Date: 12/17/2007
CAP Release Date: 8/25/2008
CAP Accepted Date: 5/5/2008

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:

ATRIO Health Plan did not meet the requirement for timely notification and effectuation of standard redeterminations concerning payment. AHP¿s policies and procedures did not include the provisions that (1) for favorable redeterminations to the enrollee (concerning payment) it must authorize payment within 7 calendar days and make payment within 30 calendar days from the date it received the request for a standard redetermination, (2) failure to notify the enrollee within the timeframe constitutes an adverse redetermination decision requiring the AHP to forward the enrollee¿s complete file to the Independent Review Entity (IRE) within 24 hours of the expiration of the adjudication timeframe, (3) it must inform the enrollee, within 24 hours, when the case is forwarded to the IRE. In addition, AHP did not provide documentation demonstrating notice consistent with CMS-issued model notice.

Corrective Action Required:

ATRIO Health Plan did not meet the documentation requirement for timely notification and effectuation of standard redeterminations concerning payment. AHP must (1) revise its policies and procedures to include the provisions that (a) for favorable redeterminations to the enrollee (concerning payment), the AHP must authorize payment within 7 calendar days and make payment within 30 calendar days from the date it received the request for a standard redetermination, (b) failure to notify the enrollee within the timeframe constitutes an adverse redetermination decision requiring the AHP to forward the enrollee¿s complete file to the Independent Review Entity (IRE) within 24 hours of the expiration of the adjudication timeframe, and (c) that it must inform the enrollee, within 24 hours, when the case is forwarded to the IRE, (2) submit documentation demonstrating , including policies and procedures,that it provides enrollees with a notice consistent with CMS-issued model notice, Request for Reconsideration, notice template for notifying enrollees of an adverse standard determination, (3) 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, and (4) for each of the prior three tasks of this corrective action request, clearly state in its corrective action plan when it expects to complete the corrective action.

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: H3814
Audit ID: 2221
Part D Sponsor Name: ATRIO HEALTH PLANS

Audit Guide Version: MA-PD Sponsor Part D Audit Guide Version 1
Auditing Element: RE07
Audit Type: Routine
Audit Location: Onsite
Date Report Issued: 11/2/2007
Date Report Due: 12/17/2007
Element Accepted Date: 5/5/2008
Element Release Date: 8/16/2008
Element Projected Completion Date: 2/28/2008
3 Year Reporting Cycle: 1/1/2006 - 12/31/2008
Estimated Visit Start Date: 9/18/2007
Estimated Visit Start Date: 9/19/2007
Actual Visit Start Date: 9/18/2007
Actual Visit End Date: 9/20/2007
Part D Sponsor Response Received Date: 12/18/2007
Part D Sponsor Response Due Date: 12/17/2007
CAP Release Date: 8/25/2008
CAP Accepted Date: 5/5/2008

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:

ATRIO Health Plan did not meet the documentation requirement for timely notification of expedited redeterminations and requests for medical information. AHP¿s policies and procedures did not include provision stating that (1) the AHP must notify the enrollee (and the prescribing physician involved, as appropriate) of its redetermination as expeditiously as the enrollee¿s health condition requires, but no later than 72 hours after it received the request for an expedited redetermination. ATRIO Health Plan uses 24 hours rather than 72 hours, (2) notification of a favorable decision may be made orally or in writing, (3) an initial notification of an adverse decision may be made orally, so long as a follow-up written decision is mailed within 3 calendar days of the oral notification, (4) any request for medical information must be requested within 24 hours of the enrollee¿s initial request, (5) failure to notify the enrollee within the timeframe constitutes an adverse redetermination decision requiring the AHP to forward the enrollee¿s request to the Independent Review Entity (IRE) within 24 hours of the expiration of the adjudication timeframe, and (6) it must inform the enrollee, within 24 hours, when the case is forwarded to the IRE. In addition, AHP did not provide documentation demonstrating a notice consistent with CMS-issued model notice.

Corrective Action Required:

ATRIO Health Plan did not meet the documentation requirement for timely notification of expedited redeterminations and requests for medical information. AHP must (1) revise its policies and procedures to include the provisions that (a) the AHP must notify the enrollee (and the prescribing physician involved, as appropriate) of its redetermination as expeditiously as the enrollee¿s health condition requires, but no later than 72 hours after it received the request for an expedited redetermination, (b) notification of a favorable decision may be made orally or in writing, (c) an initial notification of an adverse decision may be made orally, so long as a follow-up written decision is mailed within 3 calendar days of the oral notification, (d) any request for medical information must be requested within 24 hours of the enrollee¿s initial request, (e) failure to notify the enrollee within the timeframe constitutes an adverse redetermination decision requiring the AHP to forward the enrollee¿s request to the Independent Review Entity (IRE) within 24 hours of the expiration of the adjudication timeframe, and (f) the AHP must inform the enrollee, within 24 hours, when the case is forwarded to the IRE, (2) submit documentation demonstrating, including policies and procedures, that AHP provides enrollees with a notice consistent with CMS-issued model notice, Request for Reconsideration, and notice consistent with CMS-issued model, Notice of Right to an Expedited Grievance when appropriate, (3) conduct training on these policies and procedures and submit documentation to CMS that details the nature of this training, including materials used in the training, and the individuals being trained, and (4) for each of the prior three tasks of this corrective action request, clearly state in its corrective action plan when it expects to complete the corrective action.

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: H3814
Audit ID: 2221
Part D Sponsor Name: ATRIO HEALTH PLANS

Audit Guide Version: MA-PD Sponsor Part D Audit Guide Version 1
Auditing Element: RE08
Audit Type: Routine
Audit Location: Onsite
Date Report Issued: 11/2/2007
Date Report Due: 12/17/2007
Element Accepted Date: 5/5/2008
Element Release Date: 8/22/2008
Element Projected Completion Date: 2/28/2008

3 Year Reporting Cycle: 1/1/2006 - 12/31/2008
Estimated Visit Start Date: 9/18/2007
Estimated Visit Start Date: 9/19/2007
Actual Visit Start Date: 9/18/2007
Actual Visit End Date: 9/20/2007
Part D Sponsor Response Received Date: 12/18/2007
Part D Sponsor Response Due Date: 12/17/2007
CAP Release Date: 8/25/2008
CAP Accepted Date: 5/5/2008

Requirement:

Expedited Coverage Redetermination Reversals - If, on an expedited redetermination of a request for benefit, the Part D sponsor reverses, in whole or in part, its coverage determination, it 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 the Part D sponsor receives the request for redetermination.

Reference:

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

Deficiencies:

ATRIO HEALTH PLAN did not meet the requirement for expedited coverage redetermination reversals. AHP¿s policies and procedures did not include a provision for authorizing or providing the benefits in dispute within the 72-hour required timeframe. In addition, AHP did not provide documentation demonstrating its systems for authorizing or providing benefits under dispute within 72 hours of receiving request for redetermination for expedited coverage determination reversals.

Corrective Action Required:

ATRIO Health Plan must meet the requirement for expedited coverage redetermination reversals. AHP must (1) revise its policies and procedures to include a provision for authorizing or providing the benefits in dispute within a 72-hour required timeframe, (2) provide documentation demonstrating its systems for authorizing or providing benefits under dispute within 72 hours of receiving request for redetermination for expedited coverage determination reversals, (3) 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, and (4) for each of the prior three tasks of this corrective action request, clearly state in its corrective action plan when it expects to complete the corrective action.

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: H3814
Audit ID: 2221
Part D Sponsor Name: ATRIO HEALTH PLANS

Audit Guide Version: MA-PD Sponsor Part D Audit Guide Version 1
Auditing Element: RE09
Audit Type: Routine
Audit Location: Onsite
Date Report Issued: 11/2/2007
Date Report Due: 12/17/2007
Element Accepted Date: 1/11/2008
Element Release Date: 8/18/2008
Element Projected Completion Date: 2/28/2008
3 Year Reporting Cycle: 1/1/2006 - 12/31/2008
Estimated Visit Start Date: 9/18/2007
Estimated Visit Start Date: 9/19/2007
Actual Visit Start Date: 9/18/2007
Actual Visit End Date: 9/20/2007
Part D Sponsor Response Received Date: 12/18/2007
Part D Sponsor Response Due Date: 12/17/2007
CAP Release Date: 8/25/2008
CAP Accepted Date: 5/5/2008

Requirement:

Review of Adverse Coverage Determinations - The Part D sponsor must ensure that a person or persons who were not involved in making the coverage determination conducts the redetermination. When the issue is a denial based on lack of medical necessity, the Part D sponsor must ensure the redetermination is made by a physician with the expertise in the field of medicine that is appropriate for the services at issue. The physician making the redetermination need not, in all cases, be of the same specialty or subspecialty as the prescribing physician.

Reference:

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

Deficiencies:

ATRIO Health Plan did not meet the documentation requirement for reviews of adverse coverage determinations. AHP¿s policies and procedures regarding personnel conducting redeterminations did not include the provisions that (1) a person or persons who were not involved in making the coverage determination conducts the redetermination, and (2) if the issue is a denial based on lack of medical necessity then AHP must ensure the redetermination is made by a physician with the expertise in the field of medicine that is appropriate for the service at issue.

Corrective Action Required:

ATRIO Health Plan did not meet the documentation requirement for review of adverse coverage determination. AHP must (1) revise its policies and procedures to include provisions stating that (a) a person(s) who were not involved in making the coverage determination conducts the redetermination, and (b) if the issue is a denial based on lack of medical necessity then it must ensure the redetermination is made by a physician with the expertise in the field of medicine that is appropriate for the service at issue, (2) 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, and (3) for each of the prior two tasks of this corrective action request, clearly state in its corrective action plan when it expects to complete the corrective action.

CMS Part D Audit Report

Auditing Results (Public Website Version)

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

Findings: Not Met
Contract Number: H3814
Audit ID: 2221
Part D Sponsor Name: ATRIO HEALTH PLANS

Audit Guide Version: MA-PD Sponsor Part D Audit Guide Version 1
Auditing Element: RE10
Audit Type: Routine
Audit Location: Onsite
Date Report Issued: 11/2/2007
Date Report Due: 12/17/2007
Element Accepted Date: 1/11/2008
Element Release Date: 8/18/2008
Element Projected Completion Date: 2/28/2008
3 Year Reporting Cycle: 1/1/2006 - 12/31/2008
Estimated Visit Start Date: 9/18/2007
Estimated Visit Start Date: 9/19/2007
Actual Visit Start Date: 9/18/2007
Actual Visit End Date: 9/20/2007
Part D Sponsor Response Received Date: 12/18/2007
Part D Sponsor Response Due Date: 12/17/2007
CAP Release Date: 8/25/2008
CAP Accepted Date: 5/5/2008

Requirement:

Timely Transfer to IRE Upon Reconsideration Request - In cases where an enrollee has filed a reconsideration request and the IRE has requested the enrollee's file, the Part D sponsor must transfer the case file to the IRE within 24 hours (expedited requests) or 48 hours (standard requests) from the time it receives the IRE¿s request for the case file.

Reference:

Prescription Drug Benefit Manual; Chapter 18 ¿ Part D Enrollee Grievances, Coverage Determinations, and Appeals

Deficiencies:

ATRIO Health Plan did not meet the requirement for timely transfer to the Independent Review Entity (IRE) upon a reconsideration request. AHP¿s policies and procedures for forwarding case files to the IRE upon the IRE¿s timely request did not include the provisions that (1) case files must be sent to the IRE within 24 hours for expedited requests or 48 hours for standard requests from the time the IRE requests the case file, and (2) a hard copy of the case file must be delivered to the IRE by overnight delivery at its designated address, or by fax at its designated fax number.

Corrective Action Required:

ATRIO Health Plan did not meet the documentation requirement for timely transfer to the Independent Review Entity (IRE) upon a reconsideration request. AHP must (1) revise and submit to CMS its policies and procedures to include (a) a provision that case files must be sent to the IRE within 24 hours for expedited requests or 48 hours for standard requests from the time the IRE requests the case file, and (b) a hard copy of the case file must be delivered to the IRE by overnight delivery at its designated address, or by fax at its designated fax number, (2) 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, and (3) for each of the prior two tasks of this corrective action request, clearly state in its corrective action plan when it expects to complete the corrective action.

CMS Part D Audit Report

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Part D Sponsor Name: ATRIO HEALTH PLANS

Audit Guide Version: MA-PD Sponsor Part D Audit Guide Version 1
Auditing Element: RV01
Audit Type: Routine
Audit Location: Onsite
Date Report Issued: 11/2/2007
Date Report Due: 12/17/2007
Element Accepted Date: 5/5/2008
Element Release Date: 8/18/2008
Element Projected Completion Date: 2/28/2008
3 Year Reporting Cycle: 1/1/2006 - 12/31/2008
Estimated Visit Start Date: 9/18/2007
Estimated Visit Start Date: 9/19/2007
Actual Visit Start Date: 9/18/2007
Actual Visit End Date: 9/20/2007
Part D Sponsor Response Received Date: 12/18/2007
Part D Sponsor Response Due Date: 12/17/2007
CAP Release Date: 8/25/2008
CAP Accepted Date: 5/5/2008

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:

ATRIO Health Plan did not meet the requirement for effectuating third party reversals on an appeal of a request for a benefit. AHP¿s policies and procedures did not include (1) a provision requiring a notice to be sent to the Independent Review Entity (IRE) of the effectuation, and (2) AHP did not provide documentation demonstrating use of a notice consistent with CMS-issued model notice, Notice of Effectuation to the IRE.

Corrective Action Required:

ATRIO Health Plan did not meet the documentation requirement for effectuating third party reversals on an appeal of a request for a benefit. AHP must (1) revise and submit to CMS its policies and procedure requiring that a notice be sent to the IRE informing them of the effectuation, (2) submit documentation demonstrating that it provides the IRE with a notice consistent with CMS-issued model notice, (3) 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, and (4) for each of the prior three tasks of this corrective action request, clearly state in its corrective action plan when it expects to complete the corrective action.

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: H3814
Audit ID: 2221
Part D Sponsor Name: ATRIO HEALTH PLANS

Audit Guide Version: MA-PD Sponsor Part D Audit Guide Version 1
Auditing Element: RV02
Audit Type: Routine
Audit Location: Onsite
Date Report Issued: 11/2/2007
Date Report Due: 12/17/2007
Element Accepted Date: 5/5/2008
Element Release Date: 8/19/2008
Element Projected Completion Date: 2/28/2008

3 Year Reporting Cycle: 1/1/2006 - 12/31/2008
Estimated Visit Start Date: 9/18/2007
Estimated Visit Start Date: 9/19/2007
Actual Visit Start Date: 9/18/2007
Actual Visit End Date: 9/20/2007
Part D Sponsor Response Received Date: 12/18/2007
Part D Sponsor Response Due Date: 12/17/2007
CAP Release Date: 8/25/2008
CAP Accepted Date: 5/5/2008

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:

ATRIO Health Plan did not meet the requirements for effectuation of third party reversals on an appeal for request of payment. AHP¿s policies and procedures did not include the provisions that (1) a payment must be authorized within 72 hours from the date it receives notice reversing the decision, and (2) payment must be made no later than 30 days from the date of decision. In addition, AHP did not provide documentation demonstrating an approved notice informing the Independent Review Entity (IRE) of effectuation of decision.

Corrective Action Required:

ATRIO Health Plan did not meet the requirements for effectuation of third party reversals on an appeal for request of payment. AHP must (1) revise and submit to CMS its policies and procedures for effectuating third party reversals on an appeal of a request for payment to include the provisions that (a) payment must be authorized within 72 hours from the date it receives notice reversing the decision, and (b) payment must be made no later than 30 days from the date of decision, (2) provide documentation of the approved notice informing the IRE of effectuation of its decision, (3) 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, and (4) for each of the prior three tasks of this corrective action request, clearly state in its corrective action plan when it expects to complete the corrective action.

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: H3814
Audit ID: 2221
Part D Sponsor Name: ATRIO HEALTH PLANS

Audit Guide Version: MA-PD Sponsor Part D Audit Guide Version 1
Auditing Element: RV03
Audit Type: Routine
Audit Location: Onsite
Date Report Issued: 11/2/2007
Date Report Due: 12/17/2007
Element Accepted Date: 5/5/2008
Element Release Date: 8/19/2008
Element Projected Completion Date: 2/28/2008
3 Year Reporting Cycle: 1/1/2006 - 12/31/2008
Estimated Visit Start Date: 9/18/2007
Estimated Visit Start Date: 9/19/2007
Actual Visit Start Date: 9/18/2007
Actual Visit End Date: 9/20/2007
Part D Sponsor Response Received Date: 12/18/2007
Part D Sponsor Response Due Date: 12/17/2007
CAP Release Date: 8/25/2008
CAP Accepted Date: 5/5/2008

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:

ATRIO Health Plan did not meet the requirements for effectuating third party reversals on an appeal of an expedited request for a benefit. AHP¿s policies and procedures did not include the provisions that (1) the benefit under dispute must be authorized or provided as expeditiously as the enrollee¿s health requires but no later than 24 hours after the date it receives notice reversing the decision, and (2) a notice must be sent informing the IRE of the effectuation. In addition, AHP did not provide documentation demonstrating a notice informing the Independent Review Entity (IRE) of the effectuation of decision.

Corrective Action Required:

ATRIO Health Plan did not meet the requirements for effectuating third party reversals on an appeal of an expedited request for a benefit. AHP must (1) revise and submit its policies and procedures to include the provisions that (a) a benefit under dispute must be authorized or provided as expeditiously as the enrollee¿s health requires but no later than 24 hours after the date it receives notice reversing the decision, and (b) a notice must be sent informing the IRE of the effectuation, (2) the AHP must provide documentation demonstrating a notice informing the Independent Review Entity (IRE) of the effectuation of decision, (3) 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, and (4) for each of the prior three tasks of this corrective action request, clearly state in its corrective action plan when it expects to complete the corrective action.