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: H5428
Audit ID: 881
Part D Sponsor Name: SAN MATEO HEALTH COMMISSION

Audit Guide Version: MA-PD Sponsor Part D Audit Guide Version 1
Auditing Element: CD01
Audit Type: Routine
Audit Location: Onsite
Date Report Issued: 1/11/2008
Date Report Due: 2/25/2008
Element Accepted Date: 3/19/2008
Element Release Date: 3/19/2008
Element Projected Completion Date: 2/22/2008

3 Year Reporting Cycle: 1/1/2006 - 12/31/2008
Estimated Visit Start Date: 9/25/2007
Estimated Visit Start Date: 9/26/2007
Actual Visit Start Date: 11/27/2007
Actual Visit End Date: 11/28/2007
Part D Sponsor Response Received Date: 4/18/2008
Part D Sponsor Response Due Date: 2/25/2008
CAP Release Date: 5/16/2008
CAP Accepted Date: 5/16/2008

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:

CMS reviewed HPSM policies and procedures, a template contract, the Medicare Prescription Drug Coverage and Your Rights pharmacy notice, and health plan (including MedImpact's) documentation to determine compliance with this review element. CMS found that the policy and procedures do not contain: (1) A provision for arranging with their network pharmacies to post or distribute the Medicare Prescription Drug Coverage and Your Rights pharmacy notice instructing enrollees to contact their plan to obtain a coverage determination or request an exception if they disagree with the information provided by the pharmacist. (2) A provision for the Health Plan (or through their PBM) to arrange with it's network pharmacies to post or distribute 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 described above to the location in the LTC facility designated to accept such notices (3) A provision detailing how Part D Sponsors network pharmacies meet the requirement for posting or distributing notices. Although, the MedImpact's policy and procedure (# 310-PD-001) with an unknown effective date addresses specific requirements for contracted pharmacies, the CMS requirements discussed were not delineated.

Corrective Action Required:

HPSM must update it's policies and procedures to include: (1) A provision for arranging with their network pharmacies to post or distribute the Medicare Prescription Drug Coverage and Your Rights pharmacy notice instructing enrollees to contact their plan to obtain a coverage determination or request an exception if they disagree with the information provided by the pharmacist. (2) A provision for the Health Plan (or through their PBM) to arrange with its network pharmacies to post or distribute 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 described above to the location in the LTC facility designated to accept such notices (3) A provision detailing how Part D Sponsors network pharmacies meet the requirement for posting or distributing notices. Although, the MedImpact's policy and procedure (# 310-PD-001) with an unknown effective date addresses specific requirements for contracted pharmacies, the CMS requirements discussed were not delineated. HPSM may want to work with MedImpact to include in both their template contract and audit check list specific language regarding the Medicare documentation requirements.

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
Audit ID: 881
Contract Number: H5428
Part D Sponsor Name: SAN MATEO HEALTH COMMISSION

Audit Guide Version: MA-PD Sponsor Part D Audit Guide Version 1
Auditing Element: CD02
Audit Type: Routine
Audit Location: Onsite
Date Report Issued: 1/11/2008
Date Report Due: 2/25/2008
Element Accepted Date: 3/17/2008
Element Release Date: 3/17/2008
Element Projected Completion Date: 2/22/2008

3 Year Reporting Cycle: 1/1/2006 - 12/31/2008
Estimated Visit Start Date: 9/25/2007
Estimated Visit Start Date: 9/26/2007
Actual Visit Start Date: 11/27/2007
Actual Visit End Date: 11/28/2007
Part D Sponsor Response Received Date: 4/18/2008
Part D Sponsor Response Due Date: 2/25/2008
CAP Release Date: 5/16/2008
CAP Accepted Date: 5/16/2008

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:

CMS reviewed plan policies and procedures to determine compliance with this review element. CMS found that plan policies and procedures were missing a definition of coverage determination that is in accordance with 423.566(b)(1-5)

Corrective Action Required:

HPSM must revise its policies and procedures to include a definition of coverage determination that is in accordance with 423.566(b)(1-5) .

CMS Part D Audit Report

Auditing Results (Public Website Version)

Date Report Generated: 9/30/2008

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

Findings: Not Met
Audit ID: 881
Contract Number: H5428
Part D Sponsor Name: SAN MATEO HEALTH COMMISSION

Audit Guide Version: MA-PD Sponsor Part D Audit Guide Version 1
Auditing Element: CD03
Audit Type: Routine
Audit Location: Onsite
Date Report Issued: 1/11/2008
Date Report Due: 2/25/2008
Element Accepted Date: 3/17/2008
Element Release Date: 3/17/2008
Element Projected Completion Date: 2/22/2008

3 Year Reporting Cycle: 1/1/2006 - 12/31/2008
Estimated Visit Start Date: 9/25/2007
Estimated Visit Start Date: 9/26/2007
Actual Visit Start Date: 11/27/2007
Actual Visit End Date: 11/28/2007
Part D Sponsor Response Received Date: 4/18/2008
Part D Sponsor Response Due Date: 2/25/2008
CAP Release Date: 5/16/2008
CAP Accepted Date: 5/16/2008

Requirement:

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

Reference:

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

Deficiencies:

CMS reviewed plan policies and procedures, a notice template for enrollee notification when a request is forwarded to the IRE, and a sample of ten standard coverage determination case files to determine compliance with this review element. CMS found that four of the ten sample cases were misclassified. The four misclassified cases were not requests for coverage determinations, they were plan generated actions.

Corrective Action Required:

HPSM must correct its internal coding to ensure that standard coverage determination cases are correctly classified. HPSM must also resubmit a corrected universe for Standard Coverage Determinations for Benefits (worksheet WSCD1_D) for the same review period as part of its corrective action plan.

CMS Part D Audit Report

Auditing Results (Public Website Version)

Date Report Generated: 9/30/2008

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

Findings: Not Met
Audit ID: 881
Contract Number: H5428
Part D Sponsor Name: SAN MATEO HEALTH COMMISSION

Audit Guide Version: MA-PD Sponsor Part D Audit Guide Version 1
Auditing Element: CD05
Audit Type: Routine
Audit Location: Onsite
Date Report Issued: 1/11/2008
Date Report Due: 2/25/2008
Element Accepted Date: 3/17/2008
Element Release Date: 3/17/2008
Element Projected Completion Date: 2/22/2008

3 Year Reporting Cycle: 1/1/2006 - 12/31/2008
Estimated Visit Start Date: 9/25/2007
Estimated Visit Start Date: 9/26/2007
Actual Visit Start Date: 11/27/2007
Actual Visit End Date: 11/28/2007
Part D Sponsor Response Received Date: 4/18/2008
Part D Sponsor Response Due Date: 2/25/2008
CAP Release Date: 5/16/2008
CAP Accepted Date: 5/16/2008

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:

CMS reviewed plan policies and procedures and a notice template for informing members of an adverse coverage determination. CMS found that plan policies and procedures do not state that adverse coverage determinations, in whole or in part, require written notification to the enrollee (and/or other applicable party).

Corrective Action Required:

HPSM must revise its policies and procedures to state that adverse coverage determinations, in whole or in part, require written notification to the enrollee (and/or other applicable party).

CMS Part D Audit Report

Auditing Results (Public Website Version)

Date Report Generated: 9/30/2008

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

Findings: Not Met
Audit ID: 881
Contract Number: H5428
Part D Sponsor Name: SAN MATEO HEALTH COMMISSION

Audit Guide Version: MA-PD Sponsor Part D Audit Guide Version 1
Auditing Element: CD06
Audit Type: Routine
Audit Location: Onsite
Date Report Issued: 1/11/2008
Date Report Due: 2/25/2008
Element Accepted Date: 3/17/2008
Element Release Date: 3/17/2008
Element Projected Completion Date: 2/22/2008

3 Year Reporting Cycle: 1/1/2006 - 12/31/2008
Estimated Visit Start Date: 9/25/2007
Estimated Visit Start Date: 9/26/2007
Actual Visit Start Date: 11/27/2007
Actual Visit End Date: 11/28/2007
Part D Sponsor Response Received Date: 4/18/2008
Part D Sponsor Response Due Date: 2/25/2008
CAP Release Date: 5/16/2008
CAP Accepted Date: 5/16/2008

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:

CMS reviewed plan policies and procedures and a sample of ten expedited coverage determination case files to determine compliance with this review element. CMS found that plan policies and procedures (A) do not include a telephone number for oral requests, and (B) do not state that oral requests must be documented in writing and that the documentation must be maintained in case file.

Corrective Action Required:

HPSM must revise its policies and procedures to (A) include a telephone number for oral requests, and (B) state that oral requests must be documented in writing and that the documentation must be maintained in case file.

CMS Part D Audit Report

Auditing Results (Public Website Version)

Date Report Generated: 9/30/2008

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

Findings: Not Met
Audit ID: 881
Contract Number: H5428
Part D Sponsor Name: SAN MATEO HEALTH COMMISSION

Audit Guide Version: MA-PD Sponsor Part D Audit Guide Version 1
Auditing Element: CD09
Audit Type: Routine
Audit Location: Onsite
Date Report Issued: 1/11/2008
Date Report Due: 2/25/2008
Element Accepted Date: 3/17/2008
Element Release Date: 3/17/2008
Element Projected Completion Date: 2/22/2008

3 Year Reporting Cycle: 1/1/2006 - 12/31/2008
Estimated Visit Start Date: 9/25/2007
Estimated Visit Start Date: 9/26/2007
Actual Visit Start Date: 11/27/2007
Actual Visit End Date: 11/28/2007
Part D Sponsor Response Received Date: 4/18/2008
Part D Sponsor Response Due Date: 2/25/2008
CAP Release Date: 5/16/2008
CAP Accepted Date: 5/16/2008

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:

CMS reviewed plan policies and procedures, a notice template for member notification when requests are forwarded to the IRE, and a sample of ten expedited coverage determination case files to determine compliance with this review element. CMS had the following findings: (A) plan policies and procedures were missing provisions stating (1) if decision is adverse and the sponsor first notifies the enrollee of the determination orally, the sponsor must mail written confirmation within 3 calendar days of the oral notification. (2) that failure to notify the enrollee within the timeframe constitutes adverse determination and sponsor must forward request to IRE within 24 hours of the expiration of the adjudication timeframe, and (3) that sponsor must inform enrollee within 24 hours when the case is forwarded to IRE.

Corrective Action Required:

HPSM must revise its policies and procedures to include provisions stating (1) if decision is adverse and the sponsor first notifies the enrollee of the determination orally, the sponsor must mail written confirmation within 3 calendar days of the oral notification. (2) that failure to notify the enrollee within the timeframe constitutes adverse determination and sponsor must forward request to IRE within 24 hours of the expiration of the adjudication timeframe, and (3) that sponsor must inform enrollee within 24 hours when the case is forwarded to IRE.

CMS Part D Audit Report

Auditing Results (Public Website Version)

Date Report Generated: 9/30/2008

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

Findings: Not Met
Audit ID: 881
Contract Number: H5428
Part D Sponsor Name: SAN MATEO HEALTH COMMISSION

Audit Guide Version: MA-PD Sponsor Part D Audit Guide Version 1
Auditing Element: CD10
Audit Type: Routine
Audit Location: Onsite
Date Report Issued: 1/11/2008
Date Report Due: 2/25/2008
Element Accepted Date: 4/30/2008
Element Release Date: 4/30/2008
Element Projected Completion Date: 2/22/2008

3 Year Reporting Cycle: 1/1/2006 - 12/31/2008
Estimated Visit Start Date: 9/25/2007
Estimated Visit Start Date: 9/26/2007
Actual Visit Start Date: 11/27/2007
Actual Visit End Date: 11/28/2007
Part D Sponsor Response Received Date: 4/18/2008
Part D Sponsor Response Due Date: 2/25/2008
CAP Release Date: 5/16/2008
CAP Accepted Date: 5/16/2008

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:

CMS reviewed plan policies and procedures, a notice template for notifying members of adverse expedited coverage determinations, and a sample of ten expedited coverage determination case files to determine compliance with this element. CMS found that plan policies and procedures were missing the following: (1) a provision stating that if decision is adverse, sponsor must use Notice of Denial of Medicare Prescription Drug Coverage, and (2) a provision stating that if oral notice is provided for adverse decision, the notice must satisfy the following requirements: a. States the specific reason for the denial and takes into account the enrollee's presenting medical condition, disabilities, and special language requirements, if any. b. Provides information regarding the right to appoint a representative to file an appeal on the enrollee's behalf. c. Provides a description of both the standard and expedited redetermination processes and timeframes, including the conditions for obtaining an expedited redetermination.

Corrective Action Required:

HPSM must revise its policies and procedures to include (1) a provision stating that if decision is adverse, sponsor must use Notice of Denial of Medicare Prescription Drug Coverage, and (2) a provision stating that if oral notice is provided for adverse decision, the notice must satisfy the following requirements: a. States the specific reason for the denial and take into account the enrollee's presenting medical condition, disabilities, and special language requirements, if any. b. Provides information regarding the right to appoint a representative to file an appeal on the enrollee's behalf. c. Provides a description of both the standard and expedited redetermination processes and timeframes, including the conditions for obtaining an expedited redetermination.

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Date Report Generated: 9/30/2008

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

Findings: Not Met
Audit ID: 881
Contract Number: H5428
Part D Sponsor Name: SAN MATEO HEALTH COMMISSION

Audit Guide Version: MA-PD Sponsor Part D Audit Guide Version 1
Auditing Element: GV01
Audit Type: Routine
Audit Location: Onsite
Date Report Issued: 1/11/2008
Date Report Due: 2/25/2008
Element Accepted Date: 3/20/2008
Element Release Date: 3/21/2008
Element Projected Completion Date: 2/22/2008

3 Year Reporting Cycle: 1/1/2006 - 12/31/2008
Estimated Visit Start Date: 9/25/2007
Estimated Visit Start Date: 9/26/2007
Actual Visit Start Date: 11/27/2007
Actual Visit End Date: 11/28/2007
Part D Sponsor Response Received Date: 4/18/2008
Part D Sponsor Response Due Date: 2/25/2008
CAP Release Date: 5/16/2008
CAP Accepted Date: 5/16/2008

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:

CMS reviewed plan policies and procedures, plan documentation demonstrating the plan's communication methods for informing enrollees of complaint categorization, and a sample of two grievance case files to determine compliance with this element. CMS had the following findings: (A) HPSM did not provide a notice consistent with CMS-issued model notice, Notice of Inquiry Regarding an Excluded Drug. (B) In the two cases that CMS audited one of the cases should have been categorized as a coverage determination.

Corrective Action Required:

HPSM must (A) develop and submit for approval a notice that is consistent with CMS-issued model notice, Notice of Inquiry Regarding an Excluded Drug, and (B) describe the steps it is taking to ensure that cases are correctly categorized as grievances, coverage determinations, or both.

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Date Report Generated: 9/30/2008

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

Findings: Not Met
Audit ID: 881
Contract Number: H5428
Part D Sponsor Name: SAN MATEO HEALTH COMMISSION

Audit Guide Version: MA-PD Sponsor Part D Audit Guide Version 1
Auditing Element: GV03
Audit Type: Routine
Audit Location: Onsite
Date Report Issued: 1/11/2008
Date Report Due: 2/25/2008
Element Accepted Date: 3/17/2008
Element Release Date: 3/17/2008
Element Projected Completion Date: 2/22/2008

3 Year Reporting Cycle: 1/1/2006 - 12/31/2008
Estimated Visit Start Date: 9/25/2007
Estimated Visit Start Date: 9/26/2007
Actual Visit Start Date: 11/27/2007
Actual Visit End Date: 11/28/2007
Part D Sponsor Response Received Date: 4/18/2008
Part D Sponsor Response Due Date: 2/25/2008
CAP Release Date: 5/16/2008
CAP Accepted Date: 5/16/2008

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:

CMS reviewed plan policies and procedures and plan documentation consisting of a grievance training presentation to determine compliance with this review element. CMS had the following findings: (A) Plan policies and procedures were missing a provision to train relevant staff and contractors on grievance policies and procedures (B) CMS did not receive sufficient documentation from HPSM to determine compliance with the grievance training requirement. Documentation submitted included training slides but there were no attendance logs or training schedule.

Corrective Action Required:

HPSM must (A) revise its policies and procedures to include a provision for training relevant staff on grievance polices and procedures (B) conduct grievance training for its staff and submit documentation of training to CMS.

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Auditing Results (Public Website Version)

Date Report Generated: 9/30/2008

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

Findings: Not Met
Audit ID: 881
Contract Number: H5428
Part D Sponsor Name: SAN MATEO HEALTH COMMISSION

Audit Guide Version: MA-PD Sponsor Part D Audit Guide Version 1
Auditing Element: GV04
Audit Type: Routine
Audit Location: Onsite
Date Report Issued: 1/11/2008
Date Report Due: 2/25/2008
Element Accepted Date: 3/20/2008
Element Release Date: 3/21/2008
Element Projected Completion Date: 2/22/2008

3 Year Reporting Cycle: 1/1/2006 - 12/31/2008
Estimated Visit Start Date: 9/25/2007
Estimated Visit Start Date: 9/26/2007
Actual Visit Start Date: 11/27/2007
Actual Visit End Date: 11/28/2007
Part D Sponsor Response Received Date: 4/18/2008
Part D Sponsor Response Due Date: 2/25/2008
CAP Release Date: 5/16/2008
CAP Accepted Date: 5/16/2008

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:

CMS reviewed plan policies and procedures, a notice template for informing enrollees of grievance deadline extension, and a sample of two grievance cases to determine compliance with this review element. CMS had the following findings: (A) Plan policies and procedures did not state that members will be immediately notified in writing when plan extends the deadline (B) the plan did not provide a notice consistent with CMS-issued model notice, Notice of Plan's Decision to Extend the Deadline for Making a Decision Regarding a Grievance, and (C) In the two cases that CMS audited both of the members were not notified of the grievance decision timely.

Corrective Action Required:

HPSM must (A) revise its policies and procedures to include the provision stating that members will be immediately notified in writing when the plan extends the deadline (B) develop and submit for approval a notice consistent with CMS-issued model notice, Notice of Plan's Decision to Extend the Deadline for Making a Decision Regarding a Grievance, and (C) explain to CMS what actions it will take to ensure that it is meeting the timeliness standards for grievances in accordance with CMS policy and regulations. The corrective action must include a detailed description of HPSM's internal monitoring activities to ensure compliance for this element.

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Date Report Generated: 9/30/2008

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

Findings: Not Met
Audit ID: 881
Contract Number: H5428
Part D Sponsor Name: SAN MATEO HEALTH COMMISSION

Audit Guide Version: MA-PD Sponsor Part D Audit Guide Version 1
Auditing Element: GV05
Audit Type: Routine
Audit Location: Onsite
Date Report Issued: 1/11/2008
Date Report Due: 2/25/2008
Element Accepted Date: 3/18/2008
Element Release Date: 3/18/2008
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Estimated Visit Start Date: 9/25/2007
Estimated Visit Start Date: 9/26/2007
Actual Visit Start Date: 11/27/2007
Actual Visit End Date: 11/28/2007
Part D Sponsor Response Received Date: 4/18/2008
Part D Sponsor Response Due Date: 2/25/2008
CAP Release Date: 5/16/2008
CAP Accepted Date: 5/16/2008

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:

CMS reviewed plan policies and procedures, the Notice of Plan's Decision Regarding a Grievance, and a sample of two grievance cases to determine compliance with this review element. CMS had the following findings: (A) Plan policies and procedures do not state that oral grievances will be responded to in writing if the member requests a written response, and (B) The plan's Notice of Plan's Decision Regarding a Grievance does not include days and hours of operation.

Corrective Action Required:

HPSM must (A) revise its policies and procedures to include a provision stating that oral grievances will be responded to in writing if the member requests a written response, and (B) revise its Notice of Plan's Decision Regarding a Grievance to include days and hours of operation and submit to CMS for approval.

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Auditing Results (Public Website Version)

Date Report Generated: 9/30/2008

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

Findings: Not Met
Audit ID: 881
Contract Number: H5428
Part D Sponsor Name: SAN MATEO HEALTH COMMISSION

Audit Guide Version: MA-PD Sponsor Part D Audit Guide Version 1
Auditing Element: GV06
Audit Type: Routine
Audit Location: Onsite
Date Report Issued: 1/11/2008
Date Report Due: 2/25/2008
Element Accepted Date: 3/18/2008
Element Release Date: 3/18/2008
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Estimated Visit Start Date: 9/25/2007
Estimated Visit Start Date: 9/26/2007
Actual Visit Start Date: 11/27/2007
Actual Visit End Date: 11/28/2007
Part D Sponsor Response Received Date: 4/18/2008
Part D Sponsor Response Due Date: 2/25/2008
CAP Release Date: 5/16/2008
CAP Accepted Date: 5/16/2008

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:

CMS reviewed plan policies and procedures and a notice template for notification of disposition of a quality of care grievance to determine compliance with this review element. CMS found that the plan's Notice of Plan's Decision Regarding a Quality of Care Grievance incorrectly states that Lumetra processes appeals and it doesn't include days and hours of operation.

Corrective Action Required:

HPSM must revise its Notice of Plan's Decision Regarding a Quality of Care Grievance to correct the language regarding appeals and to include the plan days and hours of operation, and submit it to CMS for approval.

CMS Part D Audit Report

Auditing Results (Public Website Version)

Date Report Generated: 9/30/2008

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

Findings: Not Met
Audit ID: 881
Contract Number: H5428
Part D Sponsor Name: SAN MATEO HEALTH COMMISSION

Audit Guide Version: MA-PD Sponsor Part D Audit Guide Version 1
Auditing Element: RE01
Audit Type: Routine
Audit Location: Onsite
Date Report Issued: 1/11/2008
Date Report Due: 2/25/2008
Element Accepted Date: 3/17/2008
Element Release Date: 3/17/2008
Element Projected Completion Date: 2/22/2008

3 Year Reporting Cycle: 1/1/2006 - 12/31/2008
Estimated Visit Start Date: 9/25/2007
Estimated Visit Start Date: 9/26/2007
Actual Visit Start Date: 11/27/2007
Actual Visit End Date: 11/28/2007
Part D Sponsor Response Received Date: 4/18/2008
Part D Sponsor Response Due Date: 2/25/2008
CAP Release Date: 5/16/2008
CAP Accepted Date: 5/16/2008

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:

CMS reviewed plan policies and procedures to determine compliance with this element. CMS found that plan policies and procedures were missing the provision stating that the plan must provide a reasonable opportunity to receive evidence and allegations of law and fact, in person or in writing, related to the disputed issue.

Corrective Action Required:

HPSM must revise its policies and procedures to include the provision stating that the plan must provide a reasonable opportunity to receive evidence and allegations of law and fact, in person or in writing, related to the disputed issue.

CMS Part D Audit Report

Auditing Results (Public Website Version)

Date Report Generated: 9/30/2008

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

Findings: Not Met
Audit ID: 881
Contract Number: H5428
Part D Sponsor Name: SAN MATEO HEALTH COMMISSION

Audit Guide Version: MA-PD Sponsor Part D Audit Guide Version 1
Auditing Element: RE02
Audit Type: Routine
Audit Location: Onsite
Date Report Issued: 1/11/2008
Date Report Due: 2/25/2008
Element Accepted Date: 3/18/2008
Element Release Date: 3/18/2008
Element Projected Completion Date: 2/22/2008

3 Year Reporting Cycle: 1/1/2006 - 12/31/2008
Estimated Visit Start Date: 9/25/2007
Estimated Visit Start Date: 9/26/2007
Actual Visit Start Date: 11/27/2007
Actual Visit End Date: 11/28/2007
Part D Sponsor Response Received Date: 4/18/2008
Part D Sponsor Response Due Date: 2/25/2008
CAP Release Date: 5/16/2008
CAP Accepted Date: 5/16/2008

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:

CMS reviewed plan policies and procedures to determine compliance with this element. CMS found that plan policies and procedures were missing the telephone number for oral requests and/or a fax number to facilitate receipt of expedited requests.

Corrective Action Required:

HPSM must revise its policies and procedures to include the telephone number for oral requests and/or a fax number to facilitate receipt of expedited requests.

CMS Part D Audit Report

Auditing Results (Public Website Version)

Date Report Generated: 9/30/2008

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

Findings: Not Met
Audit ID: 881
Contract Number: H5428
Part D Sponsor Name: SAN MATEO HEALTH COMMISSION

Audit Guide Version: MA-PD Sponsor Part D Audit Guide Version 1
Auditing Element: RE03
Audit Type: Routine
Audit Location: Onsite
Date Report Issued: 1/11/2008
Date Report Due: 2/25/2008
Element Accepted Date: 3/18/2008
Element Release Date: 3/18/2008
Element Projected Completion Date: 2/22/2008

3 Year Reporting Cycle: 1/1/2006 - 12/31/2008
Estimated Visit Start Date: 9/25/2007
Estimated Visit Start Date: 9/26/2007
Actual Visit Start Date: 11/27/2007
Actual Visit End Date: 11/28/2007
Part D Sponsor Response Received Date: 4/18/2008
Part D Sponsor Response Due Date: 2/25/2008
CAP Release Date: 5/16/2008
CAP Accepted Date: 5/16/2008

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:

CMS reviewed plan policies and procedures and a sample of three expedited redetermination case files to determine compliance with this review element. CMS found that plan policies and procedures were missing the provision stating that any additional medical information that the Part D sponsor requires, must be requested within 24 hours of receiving the initial request for an expedited redetermination.

Corrective Action Required:

HPSM must revise its policies and procedures to include the provision stating that any additional medical information that the Part D sponsor requires, must be requested within 24 hours of receiving the initial request for an expedited redetermination.

CMS Part D Audit Report

Auditing Results (Public Website Version)

Date Report Generated: 9/30/2008

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

Findings: Not Met
Audit ID: 881
Contract Number: H5428
Part D Sponsor Name: SAN MATEO HEALTH COMMISSION

Audit Guide Version: MA-PD Sponsor Part D Audit Guide Version 1
Auditing Element: RE04
Audit Type: Routine
Audit Location: Onsite
Date Report Issued: 1/11/2008
Date Report Due: 2/25/2008
Element Accepted Date: 3/18/2008
Element Release Date: 3/18/2008
Element Projected Completion Date: 2/22/2008

3 Year Reporting Cycle: 1/1/2006 - 12/31/2008
Estimated Visit Start Date: 9/25/2007
Estimated Visit Start Date: 9/26/2007
Actual Visit Start Date: 11/27/2007
Actual Visit End Date: 11/28/2007
Part D Sponsor Response Received Date: 4/18/2008
Part D Sponsor Response Due Date: 2/25/2008
CAP Release Date: 5/16/2008
CAP Accepted Date: 5/16/2008

Requirement:

Actions Following Decision to Deny Request for Expedited Redetermination - If the Part D sponsor denies a request for an expedited redetermination, it must automatically transfer the request to the standard redetermination timeframe, provide prompt oral notice to the enrollee, according to CMS requirements, and provide equivalent written notice within 3 calendar days of the oral notice.

Reference:

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

Deficiencies:

CMS reviewed plan policies and procedures to determine compliance with this review element. HPSM expedites all requests for expedited redetermination so they did not have a sample of case files. CMS found that HPSM did not have a notice consistent with CMS model notice, Notice of Right to an Expedited Grievance.

Corrective Action Required:

HPSM must develop and submit for approval a notice consistent with CMS-issued model notice, Notice of Right to an Expedited Grievance. On December 7, 2007, HPSM submitted a Notice of Right to an Expedited Grievance. No further corrective action is required

CMS Part D Audit Report

Auditing Results (Public Website Version)

Date Report Generated: 9/30/2008

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

Findings: Not Met
Audit ID: 881
Contract Number: H5428
Part D Sponsor Name: SAN MATEO HEALTH COMMISSION

Audit Guide Version: MA-PD Sponsor Part D Audit Guide Version 1
Auditing Element: RE05
Audit Type: Routine
Audit Location: Onsite
Date Report Issued: 1/11/2008
Date Report Due: 2/25/2008
Element Accepted Date: 3/18/2008
Element Release Date: 3/18/2008
Element Projected Completion Date: 2/22/2008

3 Year Reporting Cycle: 1/1/2006 - 12/31/2008
Estimated Visit Start Date: 9/25/2007
Estimated Visit Start Date: 9/26/2007
Actual Visit Start Date: 11/27/2007
Actual Visit End Date: 11/28/2007
Part D Sponsor Response Received Date: 4/18/2008
Part D Sponsor Response Due Date: 2/25/2008
CAP Release Date: 5/16/2008
CAP Accepted Date: 5/16/2008

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:

CMS reviewed plan policies and procedures, various notice templates, and a sample of eight standard redetermination case files to determine compliance with this review element. CMS found that HPSM was missing a notice consistent with CMS-issued model notice, Request for Reconsideration.

Corrective Action Required:

HPSM must develop and submit for approval a notice consistent with CMS-issued model notice, Request for Reconsideration. On December 7, 2007, HPSM submitted a Request for Reconsideration notice. No further corrective action is required.

CMS Part D Audit Report

Auditing Results (Public Website Version)

Date Report Generated: 9/30/2008

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

Findings: Not Met
Audit ID: 881
Contract Number: H5428
Part D Sponsor Name: SAN MATEO HEALTH COMMISSION

Audit Guide Version: MA-PD Sponsor Part D Audit Guide Version 1
Auditing Element: RE06
Audit Type: Routine
Audit Location: Onsite
Date Report Issued: 1/11/2008
Date Report Due: 2/25/2008
Element Accepted Date: 3/18/2008
Element Release Date: 3/18/2008
Element Projected Completion Date: 2/22/2008

3 Year Reporting Cycle: 1/1/2006 - 12/31/2008
Estimated Visit Start Date: 9/25/2007
Estimated Visit Start Date: 9/26/2007
Actual Visit Start Date: 11/27/2007
Actual Visit End Date: 11/28/2007
Part D Sponsor Response Received Date: 4/18/2008
Part D Sponsor Response Due Date: 2/25/2008
CAP Release Date: 5/16/2008
CAP Accepted Date: 5/16/2008

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:

CMS reviewed plan policies and procedures, various notice templates, and a sample of one standard redetermination case file to determine compliance with this review element. CMS found that HPSM was missing a notice consistent with CMS-issued model notice, Request for Reconsideration.

Corrective Action Required:

HPSM must develop and submit for approval a notice consistent with CMS-issued model notice, Request for Reconsideration. On December 7, 2007, HPSM submitted a Request for Reconsideration notice. No further corrective action is required

CMS Part D Audit Report

Auditing Results (Public Website Version)

Date Report Generated: 9/30/2008

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

Findings: Not Met
Audit ID: 881
Contract Number: H5428
Part D Sponsor Name: SAN MATEO HEALTH COMMISSION

Audit Guide Version: MA-PD Sponsor Part D Audit Guide Version 1
Auditing Element: RE07
Audit Type: Routine
Audit Location: Onsite
Date Report Issued: 1/11/2008
Date Report Due: 2/25/2008
Element Accepted Date: 3/18/2008
Element Release Date: 3/18/2008
Element Projected Completion Date: 2/22/2008

3 Year Reporting Cycle: 1/1/2006 - 12/31/2008
Estimated Visit Start Date: 9/25/2007
Estimated Visit Start Date: 9/26/2007
Actual Visit Start Date: 11/27/2007
Actual Visit End Date: 11/28/2007
Part D Sponsor Response Received Date: 4/18/2008
Part D Sponsor Response Due Date: 2/25/2008
CAP Release Date: 5/16/2008
CAP Accepted Date: 5/16/2008

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:

CMS reviewed plan policies and procedures, various notice templates, and a sample of three expedited redetermination case files to determine compliance with this review element. CMS had the following findings: (A) plan policies and procedures regarding expedited redeterminations (Section 11.0) were missing the following: (1) a provision indicating that 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, (2) a provision stating that medical information must be requested within 24 hours of the enrollee's initial request, (3) a provision stating that 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, and (4) a provision stating that the Part D sponsor must inform the enrollee, within 24 hours, when the case is forwarded to the IRE. (B) HPSM was missing two notices: Notice of Right to an Expedited Grievance and Request for Reconsideration.

Corrective Action Required:

HPSM must (A) revise its policies and procedures to include the following (1) a provision indicating that 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, (2) a provision stating that medical information must be requested within 24 hours of the enrollee's initial request, (3) a provision stating that 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, and (4) a provision stating that the Part D sponsor must inform the enrollee, within 24 hours, when the case is forwarded to the IRE, and (B) develop and submit for approval notices consistent with CMS-issued model notices, Notice of Right to an Expedited Grievance and Request for Reconsideration. On December 7, 2007, HPSM submitted a Notice of Right to an Expedited Grievance and Request for Reconsideration notice.

CMS Part D Audit Report

Auditing Results (Public Website Version)

Date Report Generated: 9/30/2008

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

Findings: Not Met
Audit ID: 881
Contract Number: H5428
Part D Sponsor Name: SAN MATEO HEALTH COMMISSION

Audit Guide Version: MA-PD Sponsor Part D Audit Guide Version 1
Auditing Element: RE09
Audit Type: Routine
Audit Location: Onsite
Date Report Issued: 1/11/2008
Date Report Due: 2/25/2008
Element Accepted Date: 3/18/2008
Element Release Date: 3/18/2008
Element Projected Completion Date: 2/22/2008

3 Year Reporting Cycle: 1/1/2006 - 12/31/2008
Estimated Visit Start Date: 9/25/2007
Estimated Visit Start Date: 9/26/2007
Actual Visit Start Date: 11/27/2007
Actual Visit End Date: 11/28/2007
Part D Sponsor Response Received Date: 4/18/2008
Part D Sponsor Response Due Date: 2/25/2008
CAP Release Date: 5/16/2008
CAP Accepted Date: 5/16/2008

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:

CMS reviewed plan policies and procedures to determine compliance with this review element. CMS found that the policies and procedures were missing the provision stating that a physician who was not involved in making the coverage determination will conduct the redetermination.

Corrective Action Required:

HPSM must revise its policies and procedures to include the provision stating that a physician who was not involved in making the coverage determination will conduct the redetermination.

CMS Part D Audit Report

Auditing Results (Public Website Version)

Date Report Generated: 9/30/2008

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

Findings: Not Met
Audit ID: 881
Contract Number: H5428
Part D Sponsor Name: SAN MATEO HEALTH COMMISSION

Audit Guide Version: MA-PD Sponsor Part D Audit Guide Version 1
Auditing Element: RE10
Audit Type: Routine
Audit Location: Onsite
Date Report Issued: 1/11/2008
Date Report Due: 2/25/2008
Element Accepted Date: 3/20/2008
Element Release Date: 3/21/2008
Element Projected Completion Date: 2/22/2008

3 Year Reporting Cycle: 1/1/2006 - 12/31/2008
Estimated Visit Start Date: 9/25/2007
Estimated Visit Start Date: 9/26/2007
Actual Visit Start Date: 11/27/2007
Actual Visit End Date: 11/28/2007
Part D Sponsor Response Received Date: 4/18/2008
Part D Sponsor Response Due Date: 2/25/2008
CAP Release Date: 5/16/2008
CAP Accepted Date: 5/16/2008

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:

CMS reviewed plan policies and procedures and one sample case file to determine compliance with this element. CMS had the following findings: (A) plan policies and procedures were missing (1) a provision stating that case files must be sent to the IRE within 24 hours for expedited requests, and (2) a provision stating that 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, and (B) the one case file that was forwarded to the IRE was forwarded one day late.

Corrective Action Required:

HPSM must (A) revise its policies and procedures to include (1) a provision stating that case files must be sent to the IRE within 24 hours for expedited requests, and (2) a provision stating that 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, and (B) explain to CMS what actions it will take to ensure that it is meeting the timeliness standards for transferring case file to the IRE in accordance with CMS requirements. The corrective action must include a detailed description of HPSM's internal monitoring activities to ensure compliance for this element.

CMS Part D Audit Report

Auditing Results (Public Website Version)

Date Report Generated: 9/30/2008

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

Findings: Not Met
Audit ID: 881
Contract Number: H5428
Part D Sponsor Name: SAN MATEO HEALTH COMMISSION

Audit Guide Version: MA-PD Sponsor Part D Audit Guide Version 1
Auditing Element: RV01
Audit Type: Routine
Audit Location: Onsite
Date Report Issued: 1/11/2008
Date Report Due: 2/25/2008
Element Accepted Date: 3/18/2008
Element Release Date: 3/18/2008
Element Projected Completion Date: 2/22/2008

3 Year Reporting Cycle: 1/1/2006 - 12/31/2008
Estimated Visit Start Date: 9/25/2007
Estimated Visit Start Date: 9/26/2007
Actual Visit Start Date: 11/27/2007
Actual Visit End Date: 11/28/2007
Part D Sponsor Response Received Date: 4/18/2008
Part D Sponsor Response Due Date: 2/25/2008
CAP Release Date: 5/16/2008
CAP Accepted Date: 5/16/2008

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:

CMS reviewed plan policies and procedures and a notice template for notifying the IRE of effectuation of a decision to determine compliance with this element. CMS found that HPSM was missing a notice consistent with CMS-issued model notice, Notice of Effectuation to Part D IRE.

Corrective Action Required:

HPSM must develop and submit for approval a notice consistent with CMS-issued model notice, Notice of Effectuation to Part D IRE. On December 7, 2007, HPSM submitted a Notice of Effectuation to Part D IRE. No further corrective action is required

CMS Part D Audit Report

Auditing Results (Public Website Version)

Date Report Generated: 9/30/2008

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

Findings: Not Met
Audit ID: 881
Contract Number: H5428
Part D Sponsor Name: SAN MATEO HEALTH COMMISSION

Audit Guide Version: MA-PD Sponsor Part D Audit Guide Version 1
Auditing Element: RV02
Audit Type: Routine
Audit Location: Onsite
Date Report Issued: 1/11/2008
Date Report Due: 2/25/2008
Element Accepted Date: 3/18/2008
Element Release Date: 3/18/2008
Element Projected Completion Date: 2/22/2008

3 Year Reporting Cycle: 1/1/2006 - 12/31/2008
Estimated Visit Start Date: 9/25/2007
Estimated Visit Start Date: 9/26/2007
Actual Visit Start Date: 11/27/2007
Actual Visit End Date: 11/28/2007
Part D Sponsor Response Received Date: 4/18/2008
Part D Sponsor Response Due Date: 2/25/2008
CAP Release Date: 5/16/2008
CAP Accepted Date: 5/16/2008

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:

CMS reviewed plan policies and procedures and a notice template for notifying the IRE of effectuation of a decision to determine compliance with this element. CMS had the following findings: (A) plan policies and procedures regarding payment were missing the following: (1) a provision stating that payment must be authorized within 72 hours from the date it receives notice reversing the decision, (2) a provision stating that payment must be made no later than 30 days from the date it receives notice reversing the decision, and (3) a provision requiring a notice to be sent informing the IRE of the effectuation, and (B) the plan was missing a notice consistent with CMS-issued model notice, Notice of Effectuation to Part D IRE.

Corrective Action Required:

HPSM must (A) revise its policies and procedures to include: (1) a provision stating that payment must be authorized within 72 hours from the date it receives notice reversing the decision, (2) a provision stating that payment must be made no later than 30 days from the date it receives notice reversing the decision, and (3) a provision requiring a notice to be sent informing the IRE of the effectuation, and (B) develop and submit for approval a notice consistent with CMS-issued model notice, Notice of Effectuation to Part D IRE. On December 7, 2007, HPSM submitted a Notice of Effectuation to Part D IRE.

CMS Part D Audit Report

Auditing Results (Public Website Version)

Date Report Generated: 9/30/2008

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

Findings: Not Met
Audit ID: 881
Contract Number: H5428
Part D Sponsor Name: SAN MATEO HEALTH COMMISSION

Audit Guide Version: MA-PD Sponsor Part D Audit Guide Version 1
Auditing Element: RV03
Audit Type: Routine
Audit Location: Onsite
Date Report Issued: 1/11/2008
Date Report Due: 2/25/2008
Element Accepted Date: 3/18/2008
Element Release Date: 3/18/2008
Element Projected Completion Date: 2/22/2008

3 Year Reporting Cycle: 1/1/2006 - 12/31/2008
Estimated Visit Start Date: 9/25/2007
Estimated Visit Start Date: 9/26/2007
Actual Visit Start Date: 11/27/2007
Actual Visit End Date: 11/28/2007
Part D Sponsor Response Received Date: 4/18/2008
Part D Sponsor Response Due Date: 2/25/2008
CAP Release Date: 5/16/2008
CAP Accepted Date: 5/16/2008

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:

CMS reviewed plan policies and procedures and a notice template for notifying the IRE of effectuation of a decision to determine compliance with this element. CMS found that the plan was missing a notice consistent with CMS-issued model notice, Notice of Effectuation to Part D IRE.

Corrective Action Required:

HPSM must develop and submit for approval a notice consistent with CMS-issued model notice, Notice of Effectuation to Part D IRE. On December 7, 2007, HPSM submitted a Notice of Effectuation to Part D IRE. No further corrective action is required.