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: 4161
Contract Number: H3204
Part D Sponsor Name: PRESBYTERIAN HEALTH PLAN

Audit Guide Version: MA-PD Sponsor Part D Audit Guide Version 2
Auditing Element: ER13
Audit Type: Routine
Audit Location: Desk Review
Date Report Issued: 5/10/2008
Date Report Due: 6/24/2008
Element Accepted Date: 9/19/2008
Element Release Date:
Element Projected Completion Date: 10/23/2008

3 Year Reporting Cycle: 1/1/2006 - 12/31/2008
Estimated Visit Start Date: 2/25/2008
Estimated Visit Start Date: 3/26/2008
Actual Visit Start Date: 2/25/2008
Actual Visit End Date: 3/26/2008
Part D Sponsor Response Received Date: 6/24/2008
Part D Sponsor Response Due Date: 6/24/2008
CAP Release Date:
CAP Accepted Date: 9/23/2008

Requirement:

Confirmation of Enrollment for Members of Employer/Union Group Receiving Employer Subsidy - The Part D sponsor must meet CMS requirements for obtaining a confirmation of the intent to enroll from any individual who attempts to enroll in the Part D plan, but whose enrollment is conditionally rejected by CMS due to a detected match indicating that the beneficiary may have existing employer or union drug coverage.

Reference:

Medicare Managed Care Manual Chapter 2

Deficiencies:

The Part D Sponsor does not meet this standard. The sponsor does not seek confirmation of enrollment from the beneficiary, who is a member of Employer-Union Group, within 10 calendar days of the receipt of the reply listing with initial CMS rejection of enrollment as described in the PDP Guidance-Eligibility, Enrollment and Disenrollment-Chapter 3.

Corrective Action Required:

The Part D sponsor must conduct training of appropriate staff 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. Beginning June 1, the sponsor needs to conduct an internal audit of enrollment for members of Employer-Union Groups and submit the results to CMS through HPMS to see if staff obtains confirmation from the beneficiary within the 10 calendar days of the receipt of the reply listing with initial CMS rejection of enrollment. The sponsor must provide a detailed description of how it will ensure these requirements are met, including future monitoring.

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Contract Number: H3204
Part D Sponsor Name: PRESBYTERIAN HEALTH PLAN

Audit Guide Version: MA-PD Sponsor Part D Audit Guide Version 2
Auditing Element: PP01
Audit Type: Routine
Audit Location: Desk Review
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Requirement:

Written Policies and Procedures - The Part D sponsor must adhere to CMS guidance for adopting and maintaining current, written policies and procedures that address all applicable Part D statutes, regulations, and program requirements. These policies and procedures must articulate the specific procedures personnel should follow when performing their duties.

Reference:

42 CFR § 423.504(b)(4)(vi)(A)

Deficiencies:

Sponsors Policies and Procedures do not include the following provisions: ER09- distributing plan materials to auto and facilitated enrolled beneficiaries prior to enrollment effective date: 1) proof of health insurance coverage (not EOC), 2) charges for which prospective member will be liable, e.g., any premiums, coinsurance), 3) if sponsor has not yet provided ID card, effective date of coverage and how to obtain services prior to receipt of a member ID card, 4) SB. ER13- 1) contacting beneficiary to confirm his intent to enroll within 10 calendar days of receipt of conditional rejection on TRR, 2) documenting and retaining a record of beneficiary confirmation, whether written or verbal, with record of individuals enrollment request, 3) resubmitting enrollment transaction to CMS with appropriate flag upon receipt of beneficiarys confirmation of his intent to enroll and for denying enrollment and sending a denial notice to beneficiary if he does not respond within 30 calendar days from date he is contacted, or indicates he does not wish to enroll. MR09- ensuring that affected enrollees are provided with a 60 day supply of the Part D drug under the same terms as previously allowed at the time a refill is requested, and are provided written notice of the formulary change, when no prior notice is given. PR02- prohibiting the use of an enrollees SSN or HICN on member ID cards. After the exit conference the sponsor submitted a draft policy which includes this provision. FM03- describing the procedures for providing a notice of formulary maintenance changes, a notice of other formulary changes and retrospective notice to CMS, SPAPs, and entities providing other Rx drug coverage if a covered Part D drug is immediately removed from the formulary when the FDA deems it unsafe or the manufacturer removes it from the market.

Corrective Action Required:

For each of the elements listed in the deficiency section, the Part D sponsor must revise its policies and procedures to include the provisions listed. When revised and approved by appropriate staff, submit a copy to CMS. CMS guidance for the required provisions can be found at: ER09 - 42 CFR 423.34(d), PDP Solicitation-Section 3.5, PDP-EED-Chapter 3-Section 30.1.4. ER13 - PDP-EED-Chapter 3-Sections 20.3.8, 20.4, and 20.5. MR09 - MMG-Section 6. PR02 - PDP and MA-PD Solicitations. FM03 - MMG-Section 6, Prescription Drug Benefit Manual-Chapter 6-Section 30.3. The sponsor must conduct training on the revised policies and procedures to appropriate staff 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.