

DEPARTMENT OF HEALTH & HUMAN SERVICES
Centers for Medicare & Medicaid Services
7500 Security Boulevard
Baltimore, Maryland 21244-1850



MEDICARE PARTS C AND D OVERSIGHT AND ENFORCEMENT GROUP

December 8, 2014

E-MAIL: v.perry@advantageplan.com

Ms. Vicki Perry
President and CEO
Advantage Health Solutions, Inc.
9045 River Road, Suite 200
Indianapolis, IN 46240

Re: 2012 Audit Close-Out Notice for the Medicare Advantage and Prescription Drug Plans
Contract(s): H5508, H8822

Dear Ms. Perry:

On November 27, 2012, the Centers for Medicare & Medicaid Services (CMS) issued the final audit report to your organization for the above-referenced Medicare Advantage and/or Prescription Drug Plan contract. This audit report evaluated your organization's compliance with CMS requirements in the following areas:

1. Part D Formulary and Benefit Administration (FA)
2. Part D Coverage Determinations, Appeals, and Grievances (CDAG)
3. Part C Organization Determinations, Appeals, and Grievances (ODAG)
4. Part C Access to Care
5. Parts C and D Compliance Program Effectiveness (CPE)
6. Agent/ Broker Oversight
7. Enrollment and Disenrollment
8. Late Enrollment Penalty (LEP)

Your organization was afforded 90 calendar days from the report date to provide data and documents to CMS to demonstrate and attest that all of the deficiencies in the audit report were sufficiently corrected and not likely to recur. CMS reviewed your evidence of correction submission and also conducted a review to validate the implementation of required corrective actions. A review was also conducted to re-validate the implementation of required corrective actions which did not pass the original validation.

This notice is to inform you that based on the evidence provided by your organization and the validations conducted, you have corrected all conditions; however, the following observations are noted with regards to the re-validation:

CDAG-ET Condition ii

1. Sponsor was untimely in one case due to Sponsor's policy of not calling a beneficiary before 8:00 am and the beneficiary was in a later time zone. Waiting for 8:00 caused the notification to be late by 38 minutes. While CMS can appreciate the intention to not disturb a beneficiary too early in the morning, Sponsor had time to notify the beneficiary the day before. Additionally, Sponsor could have processed the written notification within the required timeframe which would have fulfilled requirements and not required contact at an undesirable time. Sponsor should modify their policy to take into account when the 8:00 am rule would cause them to be late in their notification, and ensure that the notification is made the same day (ET9).
2. Sponsor was untimely in one case as it did not accept the first request because it was not signed by the provider. CMS does not require that a provider sign an expedited request for it to be valid, therefore Sponsor should ensure that any request from a provider is used to start the 24 hour timeline (ET10).

ODAG-CDM Condition v

3. The beneficiary was referred to an out of network DME provider by a non-contracted provider who was on call for the beneficiary's primary care physician; therefore, the claim should have been paid. However, since there were no outreach attempts for clarification even where there was evidence of the beneficiary's immobility, the claim was inappropriately denied. (CDM-3).

CMS is closing your audit and your Regional Office Account Manager will track and monitor the issues identified above.

CMS considers your compliance program's effectiveness to be essential in preventing, detecting and responding to potential non-compliance and fraud, waste, and abuse. Therefore, CMS expects your organization to continue monitoring the effectiveness of the corrective actions you have implemented and to continue to measure and improve the effectiveness of your compliance program. In addition, your Account Manager will continue to monitor and oversee your operations and compliance program to ensure that your organization is in compliance with all CMS requirements.

If you have any questions concerning this notice, please contact Mr. Darryl Brookins at 410-786-7542 or via email at Darryl.Brookins@cms.hhs.gov.

Sincerely,

/s/

Tawanda Holmes
Director, Division of Audit Operations
Medicare Parts C and D Oversight and Enforcement Group

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