

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

July 30, 2014

E-MAIL: sjenkins@networkhealth.com

Sheila Jenkins
Chief Executive Officer
Ministry Healthcare, Inc.
1570 Midway Place
P.O. Box 120
Menasha, WI 54952

Re: 2013 Audit Close-Out Notice for the Medicare Advantage Plan
Contract: H5215

Dear Ms. Jenkins:

On February 19, 2014, 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 contracts. The audit evaluated your organization's compliance with CMS requirements in the following areas:

1. Part D Formulary and Benefit Administration
2. Part D Coverage Determinations, Appeals, and Grievances
3. Part C Organization Determinations, Appeals, Grievances, and Dismissals
4. Parts C and D Compliance Program Effectiveness
5. Part C and Part D Outbound Enrollment Verification Calls (OEV)

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 and immediate corrective actions.

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 observation was noted:

Observation:

1. **Part D Coverage Determinations, Appeals, and Grievances, Grievances** - In 1 case, Sponsor afforded a one-time override for a tier exception. Sponsor indicated this was a one-time

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occurrence that did not follow their normal exceptions policies and procedures. By granting a one-time override, the beneficiary may be unnecessarily subject to the exceptions process and experience an interruption in therapy for a drug that had already been approved through the exceptions process. CMS expects approved exceptions to be effectuated through the remainder of the plan year. Sponsor indicated that the exception for the beneficiary in this case would be extended through the end of the plan year and a new letter regarding the approved exception would be mailed to the beneficiary.

Your validation provided CMS with a reasonable assurance you are in compliance with program requirements tested during the audit. However, CMS will require heightened monitoring of the conditions and/or observations noted above to ensure Sponsor continues to implement effective correction. Your Account Manager will contact you to address these issues.

CMS is closing your audit.

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 Ms. Doreen Gagliano at 410-786-9733 or via email at Doreen.Gagliano@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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