

DEPARTMENT OF HEALTH & HUMAN SERVICES
Centers for Medicare & Medicaid Services
Center for Medicare
7500 Security Boulevard, Mail Stop C1-22-06
Baltimore, Maryland 21244-1850



**Medicare Parts C and D Oversight and Enforcement
Group**

March 26, 2015

VIA EMAIL: (james_roosevelt@tufts-health.com)

Mr. James Roosevelt
Chief Executive Officer
TUFTS Associated HMO, Inc.
705 Mt. Auburn Street
Watertown, MA 02472

Re: 2013 Audit Close-Out Notice for Medicare Advantage and/or Standalone Prescription Drug Plan
Contracts: H2256, H7419 and S0655

Dear Mr. Roosevelt:

On November 22, 2013, 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. 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, Grievances, and Dismissals (ODAG)
4. Parts C & D Compliance Program Effectiveness (CPE)
5. Outbound Enrollment Verification (OEV)

Your organization was afforded 90 calendar days from the date we accepted your corrective action plan 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 subsequent reviews to validate the implementation of required 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, during validation a new condition was identified:**

Mr. James Roosevelt

March 26, 2015

Page 2 of 2

Part D Formulary and Benefit Administration, Transition

- Sponsor failed to properly administer its CMS-approved formulary by applying unapproved utilization management practices.

CMS is closing your audit and your Regional Office Account Manager will track and monitor the issue 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 Tracey Roberts at 410-786-8643 or via email at tracey.roberts@cms.hhs.gov

Sincerely,

/s/

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

cc:

Ms. Jennifer Smith, CMS/MOEG
Ms. Jessica Robinson, CMS/MOEG
Ms. Tracey Roberts, Audit Lead, CMS/MOEG
Mr. Matt Stuhl, Account Manager, CMS/CMHPO/Region II
Ms. Adele Pietrantoni, Branch Manager, CMS/CMHPO/Region II
Mr. Doug Edwards, Associate Regional Manager, CMS/CMHPO/Region II
Ms. Lori Dutcher, Chief Compliance and Ethics Officer, TUFTS, (Lori_Dutcher@tufts-health.com)
Mr. Stephen Camper, Government Programs Compliance Officer, TUFTS, (Stephen_Camper@tufts-health.com)
Mr. Umesh Kurpad, Chief Financial Officer, TUFTS, (Umesh_kurpad@tufts-health.com)
Ms. Julie Uebersax, CMS/CM/MPPG
Mr. Greg Bottiani, CMD/CM/MDBG
Ms. Tyler Whitaker, CMS/CM/MEAG
Ms. Kimberly August, CMS/CM/MCAG
Ms. Tanette Downs, CMS/CPI
Ms. Elizabeth Brady, CMS/CPI
Ms. Rosalind Abankwah, CMS/CPI
Ms. Delores Nichols, CMS/CPI