

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

February 25, 2022

Mr. Todd Shamesh
President and Chief Executive Officer
Vibra Health Plan, Inc.
2500 Elmerton Avenue
Harrisburg, PA 17177

Re: Notice of Imposition of Civil Money Penalty for Medicare Advantage-Prescription Drug
Contract Number: H9408

Dear Mr. Shamesh:

Pursuant to 42 C.F.R. §§ 422.752(c)(1), 422.760(b), 423.752(c)(1), and 423.760(b), the Centers for Medicare & Medicaid Services (CMS) is providing notice to Vibra Health Plan, Inc. (Vibra Health), that CMS has made a determination to impose a civil money penalty (CMP) in the amount of **\$9,328** for Medicare Advantage-Prescription Drug (MA-PD) Contract Number H9408.

An MA-PD organization's primary responsibility is to provide Medicare enrollees with medical services and prescription drug benefits in accordance with Medicare requirements. CMS has determined that Vibra Health failed to meet that responsibility.

Summary of Noncompliance

In 2020, CMS conducted an audit of Vibra Health's 2018 Medicare financial information. In a financial audit report issued on October 21, 2020, CMS auditors reported that Vibra Health failed to comply with Medicare requirements related to Part C cost sharing in violation of 42 C.F.R. Part 422, Subpart F. More specifically, auditors found that in 2018 Vibra Health failed to comply with cost-sharing requirements by charging incorrect coinsurance amounts to enrollees for medical services. Vibra Health's failure was systemic and adversely affected (or had the substantial likelihood of adversely affecting) enrollees because they may have experienced increased out-of-pocket costs.

Part C Cost-Sharing Requirements

(42 C.F.R. §§ 422.111(b), 422.254, and 422.270; Chapter 4, Section 50 of the Medicare Managed Care Manual (IOM Pub. 100-16))

Every year, an MA-PD organization must submit to CMS an aggregate monthly bid amount which must include a description of deductibles, coinsurance, and copayments applicable under the plan and the actuarial value of the deductibles, coinsurance, and copayments. When the bid is approved by CMS the MA-PD organization must provide to each enrollee a description of the benefits offered under a plan, including the applicable cost-sharing for the benefits (see 42 C.F.R. § 422.111(b)). The MA-PD organization must not charge an enrollee a different amount from what was approved in the bid and disclosed to the enrollee for that benefit. Pursuant to 42 C.F.R. § 422.270(b), if the MA-PD organization charges amounts in excess of the agreed upon cost-sharing, then the MA-PD organization must agree to refund all amounts incorrectly collected from its Medicare enrollees.

Violations Related to Part C Cost Sharing

CMS determined that Vibra Health failed to comply with cost sharing requirements by charging incorrect coinsurance amounts. More specifically, Vibra Health's contracts with providers required the plan to pay them utilizing the Contract Year (CY) 2018 Medicare fee schedules, however, the plan failed to download and update their systems with a correct schedule. This caused claims to providers to be paid incorrectly which resulted in enrollees being overcharged for their coinsurance. Vibra Health did not refund the enrollees until after the financial audit concluded, which was two years after the incurred costs. This failure violates 42 C.F.R. § 422.270(b) and Chapter 4, Section 50 of the Medicare Managed Care Manual (IOM Pub.100-16).

Basis for Civil Money Penalty

Pursuant to 42 C.F.R. § 422.752 (c)(1)(i), CMS may impose a CMP for any determination made under § 422.510. Specifically, CMS may issue a CMP if a MA-PD has failed substantially to follow Medicare requirements according to its contract. Pursuant to § 422.760(b)(2), a penalty may be imposed for each enrollee directly adversely affected (or with the substantial likelihood of being adversely affecting) by the deficiency.

CMS has determined that Vibra Health failed substantially to carry out the terms of its contract (42 C.F.R. § 422.510(a)(1)) and that Vibra Health's violations of Part C requirements directly adversely affected (or had the substantial likelihood of adversely affecting) enrollees.

Right to Request a Hearing

Vibra Health may request a hearing to appeal CMS's determination in accordance with the procedures outlined in 42 C.F.R. Parts 422 and 423, Subpart T. Vibra Health must send a request for a hearing to the Departmental Appeals Board (DAB) office listed below by April 27, 2022. The request for hearing must identify the specific issues and the findings of fact and conclusions

of law with which Vibra Health disagrees. Vibra Health must also specify the basis for each contention that the finding or conclusion of law is incorrect.

The request should be filed through the DAB E-File System (<https://dab.efile.hhs.gov>) unless the party is not able to file the documents electronically. If a party is unable to use DAB E-File, it must send appeal-related documents to the Civil Remedies Division using a postal or commercial delivery service at the following address:

Civil Remedies Division
Department of Health and Human Services
Departmental Appeals Board
Medicare Appeals Council, MS 6132
330 Independence Ave., S.W.
Cohen Building Room G-644
Washington, D.C. 20201

Please see https://dab.efile.hhs.gov/appeals/to_cr_d_instructions for additional guidance on filing the appeal.

A copy of the hearing request should also be sent to CMS at the following address:

Kevin Stansbury
Director, Division of Compliance Enforcement
Centers for Medicare & Medicaid Services
7500 Security Boulevard
Baltimore, MD 21244
Mail Stop: C1-22-06
Email: kevin.stansbury@cms.hhs.gov

If Vibra Health does not request an appeal in the manner and timeframe described above, the initial determination by CMS to impose a CMP will become final and due on April 28, 2022. Vibra Health may choose to have the penalty deducted from its monthly payment, transfer the funds electronically, or mail a check to CMS. To notify CMS of your intent to make payment and for instructions on how to make payment, please call or email the enforcement contact provided in the email notification.

Impact of CMP

Further failures by Vibra Health to provide its enrollees with Medicare benefits in accordance with CMS requirements may result in CMS imposing additional remedies available under law, including contract termination, intermediate sanctions, penalties, or other enforcement actions as described in 42 C.F.R. Parts 422 and 423, Subparts K and O.

If Vibra Health has any questions about this notice, please call or email the enforcement contact provided in the email notification.

Sincerely,

/s/

John A. Scott
Director
Medicare Parts C and D Oversight and Enforcement Group

cc: Kevin Stansbury, CMS/CMS/MOEG/DCE
Tamara McCloy, CMS/ OPOLE
Mortez Williams, CMS/OPOLE
Ruth Lande Rogers, CMS/ OPOLE
Maureen Savory, CMS/OPOLE