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## CORRECTIVE ACTION PLAN (CAP) REQUEST

February 28, 2018

Contract ID: H3979

Legal Entity Name: GHS HEALTH MAINTENANCE ORGANIZATION, INC.

Kim Green

Blue Cross Blue Shield of Illinois  
300 East Randolph Street  
Chicago, IL 60601

VIA EMAIL: Kim\_Green@bcbsil.com

### **Re: Request for Corrective Action Plan for Failure to Submit 4Rx Data**

Dear Kim Green:

The Centers for Medicare & Medicaid Services (CMS) is issuing a request for the development and implementation of a Corrective Action Plan (CAP) to your organization, due to non-compliance with the Part D program requirement that sponsors need to successfully submit 4Rx data for at least 99% of their 2018 plan year CMS-generated enrollments within 72 hours after receiving the transaction reply report (TRR) for CMS-generated enrollments.

CMS requires each Part D sponsor to submit data in mandatory fields for each enrollment transaction. This data, referred to as 4Rx, stands for Rx ID, Rx BIN, Rx PCN, and Rx Group. The 4Rx data helps to adjudicate drug claims in a timely and efficient manner and support E1 eligibility queries for pharmacies. Sponsors are notified of CMS-generated enrollments, which include Auto-assigned Enrollments, Facilitated Enrollments, Rollovers, Reassignments, and UI Transactions, through TRRs. Part D sponsors are responsible for submitting to CMS a valid plan change transaction "type 72" for updating 4Rx data within 72 hours after receiving the TRR for CMS-generated enrollments.

Pursuant to 42 CFR § 423.32(c), Part D sponsors must process enrollment requests in a timely manner, which includes prompt submission of 4Rx data. As stated in the Health Plan Management System (HPMS) memos dated March 6, 2008 and April 9, 2009, Part D sponsors not meeting a 99% 4Rx data completion standard are identified as out of compliance with their obligation to process enrollment requests in a timely manner.

In a HPMS memo dated September 26, 2017, CMS announced the processing schedule for CY 2018 enrollment transactions to ensure 4Rx data are available timely. Furthermore, the memorandum reminded sponsors that CMS would continue to monitor 4Rx completeness. Auto-assigned and facilitated 2018 enrollments began processing in late October, 2017. The rollovers and terminations were processed on or about November 4, 2017. Our data indicates that your contract missed the 72 hour processing requirement and did not meet the 99% 4Rx completeness requirement for its CY 2018 enrollment transactions.

Your organization's failure to timely submit the required data places it out of compliance with Part D requirements. Beneficiaries and pharmacists rely on the 4Rx information in CMS systems to be complete and accurate so there is no interruption in service or problems accessing needed prescriptions. Therefore, CMS is issuing this CAP request.

CMS requests that your organization take immediate action to come into compliance. CMS will consider the CAP request closed once all outstanding 4Rx data loads into our systems.

We appreciate your prompt attention to this matter. Should your organization continue to fail in meeting the 4Rx completion standard, CMS will consider additional compliance and enforcement actions, including imposition of intermediate sanctions (*e.g.*, the suspension of marketing and enrollment activities).

Please be aware that this letter will be included in the record of your organizations past Medicare contract performance, which CMS will consider as part of our review of any application for new or expanded Medicare contracts your organization may submit.

For purposes of the past performance analysis, CMS considers this a Part D issue that has beneficiary impact. CMS notes that we are issuing this compliance notice based exclusively on information that we obtained from sources other than the sponsor's own self-disclosure.

If you have any questions about this notice, please contact Donna Kellett at [donna.kellett@cms.hhs.gov](mailto:donna.kellett@cms.hhs.gov) and copy your account manager.

Sincerely,

A handwritten signature in black ink, appearing to read 'Amy Larrick Chavez-Valdez', with a long horizontal line extending to the right.

Amy Larrick Chavez-Valdez, Director

Medicare Drug Benefit and C&D Data Group

CC via email:

Sandra Mason, CMS

Scott Nelson, CMS