



CENTER FOR MEDICARE

CORRECTIVE ACTION PLAN REQUEST

February 28, 2019

Contract ID: H2459

Parent Organization Name: UCare Minnesota

Legal Entity Name: UCARE MINNESOTA

Mary Jo Flynn
500 Stinson Boulevard NE
Minneapolis, MN 55413

VIA EMAIL: CMS_Compliance@ucare.org

RE: Failure to Comply with CMS CY2019 Bid Instructions

Dear Mary Jo Flynn:

The Centers for Medicare & Medicaid Services (CMS) is issuing a request for UCare Minnesota., (“UCare”), which operates the Medicare Advantage Prescription Drug Plan (MA-PD) contract identified above, to develop and implement a corrective action plan (CAP) to address the organization’s failure to comply with CY2019 Part D bid submission requirements.

In the 2019 Call Letter (released on April 2, 2018, via the Health Plan Management System (HPMS)) and in an HPMS memo, entitled *Release of Contract Year (CY) 2019 Bid Upload Functionality in HPMS* (released on May 4, 2018), CMS provided instructions for submitting bid, initial actuarial certification, and benefit certification information. Part D program regulations at 42 C.F.R. § 423.265(c) state that each potential Part D sponsor must submit bids (and supplemental information specified by CMS) that reflect the features (e.g., premium amount, cost sharing) and projected cost estimates of each benefit package it expects to offer. For CY2019, sponsors provided their bid information through three different submissions: a proposed formulary, a Bid Pricing Tool (BPT), and a Plan Benefit Package (PBP) submitted together by the statutory June 4, 2018 deadline. In general, the PBP describes the structure of a proposed benefit package (e.g., co-pay amounts, deductibles) while the BPT describes the underlying basis used to calculate the price of the benefit package. The information in all three of these submissions must combine to reflect a consistent benefit package. Additionally, pursuant to 42 C.F.R. § 423.505(k)(4), the sponsor’s CEO or CFO must submit a certification (referred to as the “benefit certification”) that the information provided in each bid is accurate, complete, and truthful.

Federal regulations at 42 C.F.R. § 423.104(f)(3) state that an MA organization offering coordinated care plans must offer required prescription drug coverage throughout its service area. The regulations at 42 C.F.R. § 423.100 define “required prescription drug coverage” as the coverage of Part D drugs under either a basic prescription drug plan or an enhanced alternative plan provided there is no MA monthly supplemental beneficiary premium applied under the plan.

Organizations are responsible for ensuring that complete and accurate CY2019 bids were submitted by the June 4, 2018 deadline. Yet, the Part D portion of UCare’s initial MA-PD bid failed to constitute required prescription drug

coverage. This deficiency was revealed when CMS noticed that UCare's PBP submission did not match its BPT submission. The need for CMS to work with UCare to correct its CY2019 bid to ensure that its PBP and BPT ultimately matched and reflected a consistent benefit package indicates that it failed to comply with Part D regulatory requirements and follow CMS bid instructions.

CMS requests that your organization take corrective action to come into compliance. The first opportunity for UCare to demonstrate that it has taken the necessary corrective action will be the 2020 bid cycle. Therefore, CMS requests that UCare address these areas of noncompliance in the spring of 2019 leading up to the 2020 bid cycle. CMS will rely on UCare's 2020 bid submission to determine whether the corrective action plan has been successfully implemented. CMS will consider the CAP closed once the Division of Formulary and Benefit Operations has determined that UCare's 2020 bid submission demonstrates that it has effectively resolved the issues described above. In addition to the operational consequences stated above, should your organization fail to be in compliance with these requirements in the future, CMS may consider taking enforcement actions in the form of the imposition of intermediate sanctions (e.g., the suspension of marketing and enrollment activities) or civil money penalties or the issuance of a contract termination notice.

Please be aware that this compliance notice will be included in the record of your organization's 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 past performance analysis purposes, this is considered a Part D issue without beneficiary impact. CMS notes that we are issuing this compliance notice based 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 Michael Neuman at (410) 786-7069 or michael.neuman@cms.hhs.gov and copy your account manager.

Sincerely,



Amy Larrick Chavez-Valdez, Director

Medicare Drug Benefit and C&D Data Group

CC via email:

Monica Brown, CMS

Scott Nelson, CMS