



CENTER FOR MEDICARE

November 02, 2018

Ad-Hoc CAP

Contract ID: H7680

Parent Organization Name: Universal Health Services, Inc.

Legal Entity Name: PROMINENCE HEALTHFIRST OF TEXAS

Philip Ramirez
Compliance Officer
1510 Meadow Wood Lane
Reno, NV 89502

VIA EMAIL: philip.ramirez@uhsinc.com

Re: 2018 Data Validation of 2017 Reporting Requirements Data

Dear Philip Ramirez:

This is a Corrective Action Plan (CAP) request from the Centers for Medicare and Medicaid Services (CMS) to advise you that PROMINENCE HEALTHFIRST OF TEXAS, which operates H7680, did not pass Part C data validation.

Organizations contracted to offer Medicare Part C and/or Part D benefits are required to submit data per the Medicare Part C and D Reporting Requirements. The data are subject to validation through an independent yearly review in order to ensure they are reliable, valid, complete, comparable, and timely. Detailed information about data validation requirements can be found at www.cms.gov/Medicare/Prescription-Drug-Coverage/PrescriptionDrugCovContra/PartCDDDataValidation.html. Certain thresholds must be met for submitted data to achieve a *passing score*, as explained under the Appendix K *Pass/Not Pass Methodology*. For the 2018 data validation of 2017 data, the threshold for passing was again 95%. In the CMS HPMS memo issued on September 28, 2018, we stated organizations that fell below the threshold would receive a letter from CMS notifying them of their result (Not Pass) and requesting remediation plans.

Your organization is out of compliance with Part C requirements because it scored 92% on its Part C average, below the passing threshold. Please prepare a corrective action plan that describes how your organization intends to improve its performance in the non-compliant area(s), and then, no later than 30 calendar days after the date at the top of this letter, submit the corrective action plan via email to PartCandD_Data_Validation@cms.hhs.gov. CMS will not provide a formal response to the corrective action plan. CMS will monitor your organization's upcoming submissions to determine whether you implemented the necessary plan to achieve compliance. Should your organization fail to come into compliance, CMS may consider taking additional compliance actions, including an enforcement action.

Please be aware that this letter will be included in the record of your organization's past Medicare contract performance, which will be considered by CMS when reviewing any requests by your organization for new or expanded Medicare contracts. This letter is considered a Part C issue without beneficiary impact for past performance purposes. 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.

We appreciate your prompt attention to this matter. If you have questions about data validation, please submit them via email to PartCandD_Data_Validation@cms.hhs.gov. For questions about compliance implications, please contact Gregory Bottiani at Gregory.Bottiani@cms.hhs.gov, and copy your account manager.

Sincerely,

A handwritten signature in black ink, appearing to read 'Amy', followed by a long horizontal flourish.

Amy Larrick Chavez-Valdez, Director

Medicare Drug Benefit and C&D Data Group

CC via email:

Scott Nelson, CMS
Greg Bottiani, CMS
Harold Goodwin, CMS