

DEPARTMENT OF HEALTH & HUMAN SERVICES  
Centers for Medicare & Medicaid Services  
JFK Federal Building, 15 New Sudbury St., Room 2325  
Boston, MA 02203



**Drug & Health Plan Operations**

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January 13, 2025

**WARNING LETTER**

Contract ID: H0342, H2256, H5273, H6750, H8330, H9907, S0655

Parent Organization Name: Point32Health, Inc.

Legal Entity: CAREPARTNERS OF CONNECTICUT, INC., HARVARD PILGRIM HEALTH CARE OF NEW ENGLAND, INC., TUFTS ASSOCIATED HEALTH MAINTENANCE ORGANIZATION, Inc., TUFTS INSURANCE COMPANY

Tami Geroski  
Medicare Compliance Officer  
1 Wellness Way  
Canton, MA 02021

VIA EMAIL: [tami.geroski@point32health.org](mailto:tami.geroski@point32health.org)

Subject: Failure to Provide Timely Notice of Grievance Decisions

Dear Tami Geroski:

The Centers for Medicare & Medicaid Services (CMS) is issuing this warning letter to the legal entities listed above, which operate the Medicare Advantage Prescription Drug Plan (MA-PD) Contract IDs listed above, regarding your organization's failure to provide timely notice of grievance decisions.

Pursuant to 42 C.F.R. §§ 422.564(e)(1) and 423.564(e)(1), MA organizations and Part D sponsors must notify enrollees of the organization's grievance decisions as expeditiously as the case requires, based on the enrollee's health status, but no later than 30 days after the date the organization receives the oral or written grievance. Your organization is out of compliance with these Part C and D requirements because your organization failed to notify enrollees of grievance decisions within regulatory timeframes.

On August 9, 2023, your organization disclosed to CMS that due to staffing issues, a lack of oversight, and a cyber security incident, you failed to resolve Part C and D grievances in a timely manner. You reported that this issue did not impact expedited grievances, but that there was a backlog of 3,334 unresolved grievances received between January 1 and July 31, 2023, with multiple root causes that varied by contract. You identified the primary cause of this backlog as a lack of visibility into the volume of grievances from all intake sources and department assignments. You also reported that high staff turnover and unexpected extended absences drove the untimely resolution of these grievances.

For Contract ID H6750, your organization cited an April 17, 2023, ransomware incident as an exacerbating factor in the backlog of grievances. In response to this incident, you reported that systems

were taken offline for investigation and remediation. Upon regaining access by June 20, 2023, your organization discovered a backlog of grievances received prior to the outage that had become untimely, as well as some grievances received during the outage.

Your organization reported that your failure to meet notification timeframe requirements for 3,334 grievances impacted 2,776 enrollees across all your subsidiaries' MA-PD contracts. Your failure to establish an adequate process to manage grievance volumes and lack of ongoing management oversight resulted in an untimely response to grievances.

Your organization notified all enrollees of their grievance decisions by November 20, 2023, resulting in an almost 11-month delay for some enrollees. You reported to CMS that between August and December 2023, your organization implemented several remedial and corrective actions, such as increasing ongoing management oversight of grievance volumes, staffing, and productivity; working with IT to leverage existing solutions (text analytics and robotic automatic capabilities) to reduce manual processes; and collaborating with Human Resources to redefine requirements for grievance resolution specialists. In addition, CMS has requested that your organization provide a monthly timeliness report of Part C and D grievances to CMS through the end of 2024, with a potential extension based on findings.

Please be aware that this letter 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. CMS determines this instance of non-compliance a Part C and D issue. CMS considers your organization's efforts in self-reporting information concerning the non-compliant activity as a mitigating factor in determining the severity of this notice.

CMS may consider taking additional compliance actions, including a formal request for a corrective action plan (CAP), or 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 if these problems continue without full remediation.

If you have any questions about this notice, please contact your CMS Account Manager Lizamarie Cintron at: (667) 290-9517, or [lizamarie.cintron@cms.hhs.gov](mailto:lizamarie.cintron@cms.hhs.gov).

Sincerely,



Adele Pietrantonio, Director  
Division of Medicare Plan Management  
Medicare Plan Management Group

CC via email:

Lizamarie Cintron, Emily Chapple, CMS  
Theresa Wachter, CMS Baltimore