

## **Center of Medicare**

April 27, 2017

Medac Pharma, Inc. Atten: Katie Lapins 29 N Wacker Dr, Suite 704 Chicago, IL 60606

# **RE:** Notice of Determination to Impose a Civil Money Penalty for Pharmaceutical Manufacturer Contract Number P1407

Dear Katie Lapins:

Pursuant to 42 CFR §423.2340 the Centers for Medicare & Medicaid Services (CMS) is providing notice to Medac Pharma, Inc. of a civil money penalty (CMP) assessment in the amount of \$9,712.52.

#### **Basis for Civil Money Penalty**

CMS is imposing a CMP of \$9,712.52 on Medac Pharma, Inc. based on a report provided by the Third Party Administrator (TPA) for the Coverage Gap Discount Program. The information which the TPA provided indicates that your organization failed to pay specified Part D sponsors for applicable discounts within 38 calendar days from receipt of the first quarter 2016 invoice. This is a violation of 42 CFR \$423.2315(b)(3) and Section II(b) of the Medicare Coverage Gap Discount Program Agreement (Discount Agreement).

Specifically, the following Part D sponsors did not receive payments within the requisite 38-day time period:

• 28 Part D Sponsors: \$38,850.07 (Breakdown on Attachment 3)

The CMP that your company owes is equal to:

• The 25% penalty, \$9,712.52

The determination by CMS to impose a CMP will become final and due no later than June 25, 2017 if you do not request a hearing to appeal in the manner and timeframe described below under Right to Request a Hearing. Please see the required payment method below under Method to Submit CMP Payments.

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Please note that any further failures by Medac Pharma, Inc. to comply with these or any other CMS requirements may subject your organization to termination as described in 42 CFR §423.2345 and section VIII of the Discount Agreement.

#### Method to Submit CMP Payments

All CMP payments must be made using Pay.gov (Instructions on Attachment 1). Pay.gov provides a free service to entities that make online payments to a Federal government agency. The Pay.gov Collection Service collects and processes the Internet-authorized deductions from a checking or savings account via Automated Clearing House (ACH) debit entries processed at the Federal Reserve Bank of Cleveland (FRB-C). Your Pay.gov payment transaction will not require a Username and Password.

Companies sometimes have blocks on their bank accounts that will only allow designating transactions to be processed. It may be necessary to provide your banking institute with the following two pieces of information to unblock the bank account:

- Originating Depository Financial Institution (ODFI): FRB-C is the payment processor for ACH payments made through Pay.gov and will appear as the ACH ODFI. FRB-C processes Pay.gov ACH transactions under the American Bankers Association (ABA) routing numbers 041036046 and 042736141.
- **Company ID**: Every ACH batch contains a company ID number in accordance with the National Automated Clearing House Association (NACHA) requirements. CMS' company ID number for Pay.gov payments is 7505008012.

For Pay.gov technical issues contact Pay.gov Customer Service at (800) 624-1373 or (216) 579-2112, Monday–Friday from 6:00 A.M. to 7:00 P.M. Eastern Time.

You will find it helpful to have the following information available when you complete your payment:

- P# (P####)
- CMP payment demand letter from CMS
- Bank account and routing numbers
- Point of contact regarding the payment
- Business mailing address

#### **Right to Request a Hearing**

Your organization may request a hearing before an administrative law judge of the Department of Health and Human Services, Departmental Appeals Board (DAB) to appeal CMS' determination to impose a civil money penalty in accordance with Section IV(b) of the Discount Agreement. Procedures governing this process are set out in 42 C.F.R. § 423.2340.

You must:

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- file your hearing request electronically by using the Departmental Appeals Board's Electronic Filing System (DAB E-File) at https://dab.efile.hhs.gov no later than sixty (60) days after receiving this letter (Instructions on Attachment 2); and
- mail a copy of your hearing request to CMS:

Craig Miner Deputy Director, Division of Part D Policy Centers for Medicare & Medicaid Services 7500 Security Boulevard MAIL STOP: C1-26-16 Baltimore, MD 21244

Acknowledgement of this letter is required, please reply to <u>CGDPandManufacturers@cms.hhs.gov</u>. If you have any questions about this notice, please contact Sonia Eaddy at <u>Sonia.eaddy@cms.hhs.gov</u>.

Sincerely,

/s/

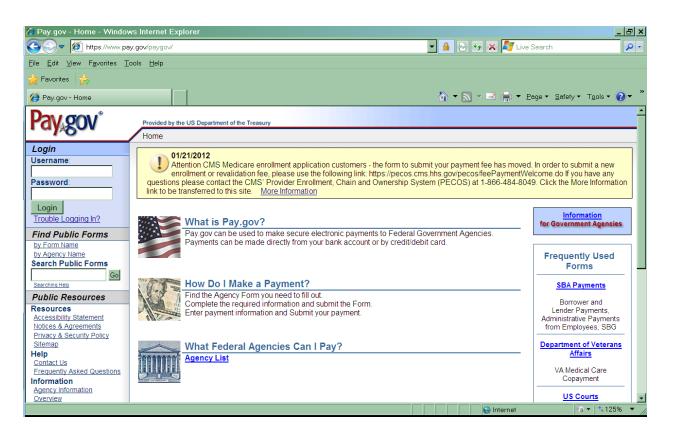
Amy K. Larrick Chavez-Valdez Director, Medicare Drug Benefit and C & D Data Group

cc: Mr. Craig Miner, CMS/CM/MDBG Ms. Cheri Rice, CMS/CM/MPPG Ms. Amanda Johnson, CMS/CM/MPPG Ms. Whitney Hubbard, CMS/OL Mr. Ray Thorn, CMS/OC Ms. Jill Abrams, DHHS/OGC Ms. Jennifer Garver, DHHS/OGC Ms. Katie Lapins March 22, 2017 Page 4 of 11

## Attachment 1

#### Step 1

Access Pay.gov at https://www.pay.gov

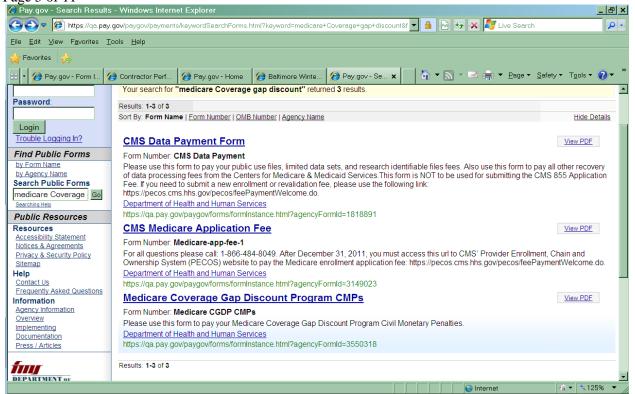


#### Step 2

On the Pay.gov home page,

- In the **Search Public Forms** box (on the left side of the home page), Type: *Medicare Coverage Gap Discount (not case sensitive)*
- then click on Go

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### Step 3

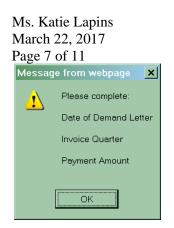
Click on **Medicare Coverage Gap Discount Program CMPs** link. You will be taken to the civil money penalty collection form. Have available your payment demand letter from CMS.

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- Complete the required fields
  - <sup>o</sup> Manufacturer P Number: (P####) must be a P followed by 4-digits
  - <sup>o</sup> Manufacturer Name: manufacturer's complete name
  - <sup>°</sup> **Point of Contact:** person authorized to make the payment
  - **Point of Contact Phone:** (\*\*\*-\*\*\*\*) telephone number must include dashes
  - **Point of Contact Email:** email address
  - <sup>o</sup> Mailing address: Street, city, state, and zip code
  - **Date of Demand Letter:** (MM/DD/YEAR) typed date on the demand letter received from CMS
  - <sup>o</sup> **Quarter**: (Q1, Q2, Q3, Q4) use the drop arrow to select the calendar year quarter in which the invoice payment was late or unpaid
  - **Year:** use the drop down arrow to select the calendar year in which the invoice payment was late or unpaid
  - <sup>°</sup> **Payment Amount:** the total amount indicated on the demand letter from CMS
- Review
- Click on Submit Data

NOTE: You will immediately receive a message if **any** of the required information is missing on the payment form. Click OK, complete the missing information, and click on Submit Data.



## Step 4

Have your banking information available to enter the payment information. Enter bank information, review, and print your payment confirmation to complete your Pay.gov payment.

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The system has populated the Payment Date with the next available payment date.
Online Payment
Step 1: Enter Payment Information 1 2 3
Pay Via Bank Account (ACH) About ACH Debit Required fields are indicated with a red asterisk *
Account Holder Name: * Payment Amount: \$1,000.00
Account Type:
Routing Number: *
Account Number:
Confirm Account Number:
Check Number:
Routing Number Account Number Check Number
Payment Date: 01/27/2012 * (MMxDDr/YYY)
Select the "Continue with ACH Payment" button to continue to the next step in the ACH Debit Payment Process. Continue with ACH Payment Cancel Return To Your Form
Note: Please avoid navigating the site using your browser's Back Button - this may lead to incomplete data being transmitted and pages being loaded incorrectly. Please use the links provided whenever possible.
All information provided on this website copyright © 2005. United States Department of the Tressury, Fnancial Management Service, 401 14th Street SW, Washington, DC 20227
Contact Us   Frequently Asked Questions   Notices & Agreements   Accessibility Policy   Privacy and Security Policy

- Enter Payment Information
  - ° Account Holder Name: name as it appears on the actual banking account

# Notice the payment amount you entered on the previous screen has populated. Click on Return To Your Form to correct the payment amount.

- Account Type: (Personal Checking, Personal Savings, Business Checking, or Business Savings) use the drop down arrow to select account type
- **Routing Number**: bank routing number
- ° Account Number: bank account number
- ° Confirm Account Number: re-type your bank account number
- <sup>°</sup> Check Number: check number used for this payment
- **Payment Date:** automatically populates the next available date in which the financial institutes can initiate the payment transaction

**Continue with ACH Payment-** will move you the next step of your payment **Cancel-** will cancel all information entered during this session **Return To Your Form-** will take you back to the Civil Money Penalty form

Note: You will be redirected to the Pay.gov home page to start a new session if you click on Continue with ACH Payment before the account information is entered.

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Email Confirmation Receipt				
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Authorization and Disclosure				
Required fields are indicated with a red asterisk $^{\star}$				
I agree to the authorization and disclosure language. 🗹	*			
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transaction.				
I. Consumers				
A. Authorization				_
You acknowledge that you have read and	understand the consumer di	sclosure language and authorize	the Federal Reserve financial institution	n of
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notification of its termination in such terminated for any reason by Pay.gov.	h time and in such manner a	s to afford Pay.gov a reasonabl	e opportunity to act on it, or unless othe	erwise
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B. Disclosure				
In case of errors or questions about a	transaction, immediately c	ontact the Federal agency using	the Pay.gov service or contact Pay.gov d	irectly.
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• Review the payment summary,

- <sup>°</sup> Enter email address(es) to receive the payment confirmation
- ° Please add to the CC box: <u>cgdp\_manufacturers@cms.hhs.gov</u>
- <sup>°</sup> Read and/or print the Authorization and Disclosure. If you agree, Click, *I agree to the authorization and disclosure language*

**Submit Payment-** will submit your payment and move you to the final step of your payment

**Cancel-** will cancel all information entered during this session **Return To Your Form-** will take you back to the Civil Money Penalty form

• Print the payment confirmation.

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### Attachment 2

Department of Health and Human Services, Departmental Appeals Board (DAB)

#### Registering to Use DAB E-File

To file a new appeal using DAB E-File, you first need to register a new account by:

- clicking "Register" on the DAB E-File home page;
- entering the information requested on the "Register New Account" form; and
- clicking "Register Account" at the bottom of the form. If you have more than one representative, each representative must register separately to use DAB-File on your behalf.

#### Filing an Appeal through DAB E-File

The e-mail address and password provided during registration must be entered on the login screen at http://dab.efile.hhs.gov/user\_sessions/new to access DAB E-File. A registered user's access to DAB E-File is restricted to the appeals for which he is a party or authorized representative. Once registered, you may file your appeal by:

- clicking the "File New Appeal" link on the "Manage Existing Appeals" screen, then clicking "Civil Remedies Division" on the "File New Appeal" screen; and
- entering and uploading the requested information and documents on the "File New Appeal Civil Remedies Division" form.

At a minimum, the Civil Remedies Division (CRD) requires a party to file a signed request for hearing and the underlying notice letter from CMS that sets forth the action taken and the party's appeal rights. All documents must be submitted in Portable Document Format ('PDF"). Any document, including a request for hearing, will be deemed to have been filed on a given day, if it is uploaded to DAB E-File on or before 11:59 p.m. ET of that day. A party that files a request for hearing via DAB E-File will be deemed to have consented to accept electronic service of appeal-related documents that CMS files, or CRD issues on behalf of the Administrative Law Judge, via DAB E-File. Correspondingly, CMS will also be deemed to have consented to electronic service. More detailed instructions on DAB E-File for CRD cases can be found by clicking the CRD E-File Procedures link on the File New Appeal Screen for CRD appeals.

The DAB no longer accepts requests for a hearing submitted by U.S. mail or commercial carrier, unless you do not have access to a computer or internet services. In those circumstances you may contact the Civil Remedies Division to request a waiver from e-filing and provide an explanation as to why you cannot file electronically or you may mail a written request for a waiver along with your written request for a hearing. A written request for a hearing must be filed no later than sixty (60) days after receiving this letter, by mailing to the following address:

Department of Health and Human Services Departmental Appeals Board, MS 6132 Director, Civil Remedies Division 330 Independence Avenue, S.W. Cohen Building – Room G-644 Washington, D.C. 20201 (202) 565-9462

The request for a hearing will contain a statement as to the specific issues or findings of fact and conclusions of law in the notice letter with which the petitioner or respondent disagrees, and the basis for his or her contention that the specific issues or findings and conclusions were incorrect. 42 C.F.R. § 423.1020(b).

## Attachment 3

	Contract		Invoiced
	Number	Contract Name	Amount
1	H0504	Blue Shield of California	407.41
2	H0524	Kaiser Foundation Health Plan Inc	7,913.59
3	H0630	Kaiser Foundation Health Plan Inc	238.00
4	H2001	UnitedHealth Group Inc	677.34
5	H2108	HealthSpring Life & Health	225.12
6	H3811	Samaritan Advantage Health Plan	231.17
7	H3890	Hopkins Health Advantage Inc.	228.48
8	H4922	AgeWell New York LLC	225.79
9	H5521	Aetna Health Management	456.96
10	H6609	HUMANA INSURANCE COMPANY	906.97
11	R9896	UnitedHealth Group Inc	223.51
12	S2468	Blue Shield of California	455.62
13	S3474	Heartland Fidelity Insurance Company	653.19
14	S5596	Anthem, Inc.	356.11
15	S5601	CVS Health	6,147.08
16	S5660	Medco Containment Life Insurance Company	12,321.02
17	S5715	HCSC Insurance Services Company	1,102.04
18	S5755	United American Insurance Company	236.55
19	S5768	Coventry Health and Life Insurance Company	234.45
20	S5805	UnitedHealth Group Inc	226.06
21	S5820	UnitedHealth Group Inc	449.44
22	S5884	HUMANA INSURANCE COMPANY	224.45
23	S5921	UnitedHealth Group Inc	201.69
24	S5966	Health Insurance Plan of Greater NY	793.75
25	S5975	Moda Health Plan, Inc.	234.26
26	S7950	Medco Containment Life Insurance Company	918.61
27	S8841	Catamaran Insurance of Ohio, Inc.	693.51
28	S9579	STONEBRIDGE LIFE INSURANCE COMPANY	1,867.90
			\$38,850.07