

CMS Part D Audit Report

Auditing Results (Public Website Version)

Date Report Generated: 4/30/2009

Contract Number: All, Chapter: All, Element: All, Finding: Not Met, Auditor: All

Findings: Not Met
Contract Number: H0562

Audit ID: 5042
Part D Sponsor Name: HEALTH NET_OF CA

Audit Guide Version: MA-PD Sponsor Part D Audit Guide Version 2
Auditing Element: MR07
Audit Type: Routine
Audit Location: Onsite
Date Report Issued: 2/2/2009
Date Report Due: 3/19/2009
Element Accepted Date: 4/17/2009
Element Release Date: 4/17/2009
Element Projected Completion Date:

3 Year Reporting Cycle: 1/1/2006 - 12/31/2008
Estimated Visit Start Date: 12/8/2008
Estimated Visit Start Date: 12/19/2008
Actual Visit Start Date: 12/8/2008
Actual Visit End Date: 12/19/2008
Part D Sponsor Response Received Date: 3/19/2009
Part D Sponsor Response Due Date: 3/19/2009
CAP Release Date:
CAP Accepted Date:

Requirement:

Marketing Materials Provided For Significant Non-English Speaking Populations - For markets with a significant non-English speaking population, the Part D sponsor provides marketing materials in the language of these individuals.

Reference:

42 CFR § 423.50(d)(5), Medicare Marketing Guidelines for MAs, MA-PDs, PDPs, and 1876 Cost Plans

Deficiencies:

Health Net does not meet this requirement. Health Net's population language analysis indicates that it has a significant (more than 10 percent of the population in its service area) non-English speaking population. However, Health Net does not produce any materials in other languages. In addition, Health Net did not have policies and procedures in place during the audit period addressing marketing materials for the non-English speaking populations in their service areas.

Corrective Action Required:

Health Net must achieve and maintain effective oversight of its marketing materials provided for significant non-English speaking populations. Health Net must (1) produce the following documents in the primary languages of each significant non-English speaking population identified in its service areas: Summary of Benefits, Evidence of Coverage, Annual Notice of Change, Enrollment Instructions and Forms, and (2) submit these documents to CMS along with signed and certified letters that attest that the translations convey the same information and level of detail as the corresponding English versions. Health Net submitted a policy and procedure addressing the translation of marketing materials dated 10/31/2008. Since the policy and procedure includes CMS requirements, no further corrective action is required.

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Part D Sponsor Name: HEALTH NET_OF CA

Audit Guide Version: MA-PD Sponsor Part D Audit Guide Version 2

3 Year Reporting Cycle: 1/1/2006 - 12/31/2008

Auditing Element: PP01

Estimated Visit Start Date: 12/8/2008

Audit Type: Routine

Estimated Visit Start Date: 12/19/2008

Audit Location: Onsite

Actual Visit Start Date: 12/8/2008

Date Report Issued: 2/2/2009

Actual Visit End Date: 12/19/2008

Date Report Due: 3/19/2009

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Requirement:

Written Policies and Procedures - The Part D sponsor must adhere to CMS guidance for adopting and maintaining current, written policies and procedures that address all applicable Part D statutes, regulations, and program requirements. These policies and procedures must articulate the specific procedures personnel should follow when performing their duties.

Reference:

42 CFR § 423.504(b)(4)(vi)(A)

Deficiencies:

Health Net does not meet this requirement. CMS reviewed Health Net policies and procedures for the selected elements and found that they 1) are non-existent for certain functions, 2) do not address all applicable Part D statutes, regulations, and program requirements, and/or 3) do not articulate the specific procedures personnel should follow when performing their duties. The deficiencies in the policies and procedures are as follows: ER09 - Health Net did not have a policy and procedure in place during the audit period that addresses MA plan processing of auto- and facilitated-enrollment of full benefit dual-eligible and other low income subsidy eligible beneficiaries. ER13 - Health Net's policies and procedures are missing the following: (1) a provision for contacting the beneficiary to confirm his/her intent to enroll within 10 calendar days of receipt of the conditional rejection on the TRR, (2) a provision for documenting and retaining a record of the beneficiary confirmation, whether written or verbal, with the record of the individual's enrollment request, and (3) a provision for denying the enrollment and sending a denial notice to the beneficiary if s/he indicates s/he does not wish to enroll.

Corrective Action Required:

Health Net must achieve and maintain effective oversight of these functions. Health Net must (A) develop or revise policies and procedures as follows: ER09 - Health Net must develop policies and procedures that address MA plan processing of auto- and facilitated-enrollment of full benefit dual-eligible and other low income subsidy eligible beneficiaries, and are in compliance with the guidance outlined in the Medicare Managed Care Manual Chapter 2, Section 40.1.5. ER13 - Health Net must revise its policies and procedures to include the missing provisions stated above, (B) train appropriate staff on the new or revised policies and procedures, and (C) provide the RO with documentation on the training as follows: the materials used, the names and titles of the person(s) providing the training, and the name and position of each individual that received the training.