

DEPARTMENT OF HEALTH & HUMAN SERVICES
Centers for Medicare & Medicaid Services
7500 Security Boulevard
Baltimore, Maryland 21244-1850



MEDICARE DRUG BENEFIT AND C & D DATA GROUP

CORRECTIVE ACTION PLAN (CAP) REQUEST

December 8, 2017

COMPLIANCE OFFICER NAME

Alexis Higginbotham
CHRISTUS HEALTH PLAN
911 Hidden Ridge
Irving, TX 75038

Contract: H1189

Delivered via email to: alexis.higginbotham@christushealth.org

Re: 2017 Data Validation of 2016 Reporting Requirements Data

Dear Ms. Higginbotham,

This is a Corrective Action Plan (CAP) request from the Centers for Medicare and Medicaid Services (CMS) to advise you that CHRISTUS HEALTH PLAN, which operates Medicare Advantage Prescription Drug Plan (MA-PD) contract H1189, did not pass Part C and combined Part C and Part D 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 2017 data validation of 2016 data, the threshold for passing was again 95%. In the CMS HPMS memo issued on September 1, 2017, 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 and Part D requirements because it scored 88% on its Part C average and 93% on its combined Part C and Part D score, 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 and Part D 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 that reads "Jennifer R. Shapiro". The signature is written in a cursive style with a clear, legible font.

Jennifer R. Shapiro
Acting Director
Medicare Drug Benefit and C&D Data Group

CC via email:

Scott Nelson, CMS
Greg Bottiani, CMS
TONI DUPLAIN, CMS