

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**

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**CORRECTIVE ACTION PLAN (CAP) REQUEST**

December 8, 2017

Nicole Beadle  
Compliance Officer  
PARAMOUNT CARE, INC.  
1901 Indian Wood Circle  
Maumee, OH 43537

Contract: H3653

*Delivered via email to:* nicole.beadle@promedica.org

**Re: 2017 Data Validation of 2016 Reporting Requirements Data**

Dear Ms. Beadle,

This is a Corrective Action Plan (CAP) request from the Centers for Medicare and Medicaid Services (CMS) to advise you that PARAMOUNT CARE, INC., which operates Medicare Advantage Prescription Drug Plan (MA-PD) contract H3653, 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](http://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 requirements because it scored 94% for the Part C overall 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](mailto: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](mailto:PartCandD_Data_Validation@cms.hhs.gov). For questions about compliance implications, please contact Gregory Bottiani at [Gregory.Bottiani@cms.hhs.gov](mailto: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, flowing style.

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

CC via email:

Scott Nelson, CMS  
Greg Bottiani, CMS  
KENVIN IVORY-KENNEDY, CMS