DEPARTMENT OF HEALTH & HUMAN SERVICES
Centers for Medicare & Medicaid Services
Atlanta Regional Office
61 Forsyth St. S.W., Suite 4T20
Atlanta, Georgia 30303-8909

NOTICE OF NON-COMPLIANCE

June 9, 2016

Contract ID: H1416

Michael Yount
Chief Compliance Officer
Harmony Health Plan of Illinois, Inc.
8735 Henderson Road, Ren1
Tampa, Florida 33634

VIA E-MAIL: MedicareComplianceOfficer@wellcare.com

RE: Failure to Meet Network Adequacy Standards

Dear Mr. Yount:

The Centers for Medicare & Medicaid Services (CMS) is issuing this notice of non-compliance to Harmony Health Plan of Illinois, Inc., which operates Medicare Advantage Prescription Drug Plan (MA-PD) Contract H1416, regarding the organization's failure to meet CMS's network adequacy standards.

Pursuant to 42 C.F.R. §422.112(a)(1)(i) CMS requires that all Medicare Advantage organizations maintain a network of appropriate providers that is sufficient to provide adequate access to covered services to meet the needs of the population served. The current CMS network adequacy criteria are available on CMS's Medicare Advantage Applications website at: https://www.cms.gov/Medicare/Medicare-Advantage/MedicareAdvantageApps/index.html?redirect=/MedicareAdvantageApps/.

CMS deemed your provider termination of Christie Clinic effective January 28, 2016, a significant network change with substantial enrollee impact. On January 28, 2016, CMS requested that Harmony Health Plan of Illinois, Inc. upload HSD tables for Contract H1416 to the Health Plan Management System's (HPMS) Network Management Module (NMM) for a network adequacy review of the counties and specialties affected by the significant network change. Following the review, CMS provided Harmony Health Plan of Illinois, Inc. an opportunity to submit Exception Requests. However, your organization did not submit any Exception Requests for the identified deficiencies in the affected network. CMS's final review has determined that your organization's network is deficient in the areas listed on the Automated Criteria Check (ACC) Reports for the impacted counties and specialty types associated with this contract upload in the NMM in HPMS. Therefore, your organization is out of compliance with Medicare Part C requirements because your organization failed to maintain an adequate network.

CMS expects Harmony Health Plan of Illinois, Inc. to take all necessary steps to meet CMS's current network adequacy standards within 90 days from the date of this notice. Following this 90-day period, CMS will perform a follow-up review of your organization's network by requiring your organization to submit new HSD tables. CMS expects that Harmony Health Plan of Illinois, Inc. will have addressed all known network deficiencies by this date. If the subsequent network review reveals that the organization continues to be noncompliant with CMS's current network adequacy standards, then CMS may take further compliance actions.

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. This letter is considered a Part C issue with 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 organization's own self-disclosure.

Thank you for your cooperation. If you have any questions about this notice, please contact your CMS Account Manager, Laura Collins, at (678) 350-3227 or Laura.Collins@cms.hhs.gov.

Sincerely,

Colleen Carpenter
Acting Associate Regional Administrator
Division of Medicare Health Plan Operations

cc via e-mail:
Christine Reinhard, Part C Compliance Lead, CMS
Ellen Skirvin, Part C Research Analyst, CMS
Laura Collins, Atlanta Regional Office, CMS