CMS Medicare Managed Care Auditing Report

Auditing Review Results (Initial Report)-Public Website Version

Date Report Generated: 9/30/2008

Category: All, Element: All, Finding:NOT MET, Reviewer:All

Findings: NOT MET

Review ID: 5157

Region: 09 San Francisco

Contract Number / Name: H1251 HAWAII MED. SRVC. ASSN.

Auditing Guide Version: MA Audit Review Guide, Version 4
Auditing Element: OP01
Review Type: Routine
Review Status: Confirmed
MCO Response Received Date:07/16/2007
Element Accepted Date: 07/26/2007
Element Release Date: 07/26/2007
CAP Released Date:09/13/2007

Visit Start Date: 9/25/2006
Exit Conference Date: 09/28/2006
Date Report Issued: 06/05/2007
Date Report Due: 11/12/2006
CAP Accepted Date:09/13/2007
Audit Closed Date: 09/13/2007
Element Projected Completion Date:
MCO Response Due Date: 07/20/2007

Requirement:

Standard Pre-Service Denials (Timeliness) - If the MAO makes an adverse standard pre-service organization determination, it must notify the member in writing using the CMS-10003-NDMC (Notice of Denial of Medical Coverage), or an RO-approved modification of the NDMC, of its decision as expeditiously as the member's health condition requires, but no later than 14 calendar days after receiving the request (or an additional 14 days if an extension is justified).

Deficiencies:

Based on a sample of 10 denied standard pre-service organization determinations (1 case was misclassified because it was a Part D request) from a universe of 20, the reviewer found 4 cases that did not meet the CMS 14 calendar day timeliness requirement for standard organization determinations. Of the 4 cases, 3 cases were not processed timely and 1 case was inappropriately pended while additional information was collected from a contracted provider to make the denial decision. Extensions to the 14 calendar day timeframe may only be taken if the Medicare member requests the extension or if the health plan justifies the need for additional information and explains how the delay is in the best interest of the member. The 14 day extension is not intended to be used as a routine procedure for collecting information from contracted providers.

Corrective Action Required:

Describe actions HMSA is taking to assure meeting the 14 calendar day processing of standard organization determinations in accordance with CMS policy and regulations. Include in the process how HMSA will assure that extensions to the decision-making process (standard and expedited organization determinations) are only implemented if the Medicare member requests the extension or if the health plan justifies the need for additional information and explains how the delay is in the best interest of the member.

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Review ID: 5157

Region: 09 San Francisco

Contract Number / Name: H1251 HAWAII MED. SRVC. ASSN.

Auditing Guide Version: MA Audit Review Guide, Version 4
Auditing Element: OP04
Review Type: Routine
Review Status: Confirmed
MCO Response Received Date:07/16/2007
Element Accepted Date: 09/07/2007
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Visit Start Date: 9/25/2006
Exit Conference Date: 09/28/2006
Date Report Issued: 06/05/2007
Date Report Due: 11/12/2006
CAP Accepted Date:09/13/2007
Audit Closed Date: 09/13/2007
Element Projected Completion Date:
MCO Response Due Date: 07/20/2007

Requirement:

Requests for Expedited Organization Determinations (Timeliness) - The MAO must promptly decide whether to expedite an organization determination based on regulatory requirements. If the MAO decides not to expedite an organization determination, it must automatically transfer the request to the standard timeframe, provide oral notice to the member of the decision not to expedite within 72 hours of receipt of the request for an expedited organization determination, and provide written notice within 3 calendar days of the oral notice. If the MAO makes an expedited organization determination (favorable or adverse), it must notify the member in writing as expeditiously as the member's health requires, but no later than 72 hours after receiving the request (or an additional 14 calendar days if an extension is justified). If the MAO first notifies the member of its expedited determination orally, it must mail written confirmation to the member within 3 calendar days of the oral notification.

Deficiencies:

Based on a sample of 10 requests for expedited organization determinations from a universe of 17, the reviewer found 4 cases that did not meet the CMS timeliness requirement of 72 hours for expedited organization determinations.

Corrective Action Required:

Describe actions HMSA is taking to assure meeting the 72 hours processing of expedited organization determinations in accordance with CMS policy and regulations.