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: 7517

Region: 02 New York

Contract Number / Name: H5774 AMERICAN HEALTH, INC.

Auditing Guide Version: MA Audit Review Guide, Version 4
Auditing Element: GV01
Review Type: Routine
Review Status: Confirmed
MCO Response Received Date: 12/22/2006
Element Accepted Date: 02/04/2008
Element Release Date: 02/04/2008
CAP Released Date: 02/08/2008

Visit Start Date: 9/19/2006
Exit Conference Date: 09/22/2006
Date Report Issued: 11/07/2006
Date Report Due: 11/06/2006
CAP Accepted Date: 02/08/2008
Audit Closed Date: 02/08/2008
Element Projected Completion Date: 11/15/2007
MCO Response Due Date: 12/22/2006

Requirement:

Organization Determinations and Reconsiderations Not Categorized as Grievances - The MAO must correctly distinguish between organization determinations, reconsiderations, and grievances and process them through the appropriate mechanisms.

Deficiencies:

Due to 30% of the sample records being misclassified, this element is Not Met.

Corrective Action Required:

AMH is required to submit to CMS a new universe in order for the new cases to be selected for review. Once these cases are selected by CMS, AMH will be required to send to the Regional Office the selected cases and the documentation for a desk audit to occur. CMS has determined the time period will be from January 2007 to June 2007. AMH should submit the Universe to CMS no later than July 15, 2007 for sample selection.

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: 7517

Region: 02 New York

Contract Number / Name: H5774 AMERICAN HEALTH, INC.

Auditing Guide Version: MA Audit Review Guide, Version 4
Auditing Element: GV03
Review Type: Routine
Review Status: Confirmed
MCO Response Received Date: 12/22/2006
Element Accepted Date: 02/04/2008
Element Release Date: 02/04/2008
CAP Released Date: 02/08/2008

Visit Start Date: 9/19/2006
Exit Conference Date: 09/22/2006
Date Report Issued: 11/07/2006
Date Report Due: 11/06/2006
CAP Accepted Date: 02/08/2008
Audit Closed Date: 02/08/2008
Element Projected Completion Date: 11/15/2007
MCO Response Due Date: 12/22/2006

Requirement:

Grievance Decision Notification (Timeliness) The MAO must notify the member of its decisions as expeditiously as the case requires based on the member's health status but no later than 30 days after the receipt date of the oral or written grievance. If the compliant involves an MAO's decision to invoke an extension relating to an organization determination or reconsideration, or the compliant involves an MAO's refusal to grant an enrollee's request for an expedited organization determination or expedited reconsideration, the MAO must respond to an enrollee's grievance within 24 hours. Exception: If the member requests an extension, or if the MAO justifies the need for information and documents that the delay is in the interest of the member, the MAO may extend the 30-day timeframe up to an additional 14 days. In this case, the MAO must immediately notify the member in writing of the reasons for the delay.

Deficiencies:

Due to 30% of the sample records being misclassified, this element is Not Met.

Corrective Action Required:

AMH is required to submit a new universe for sample selection and CMS Desk Review. CMS reviewers noted that of the 15 cases provided 10 did not have a resolution included in the case file. CMS reviewer also noted that the Polices and Procedures were not followed as it relates to the grievance cases. AMH must revise its policies and procedures and conduct training of appropriate staff to ensure that procedures are followed. AMH must submit documentation to the regional office that details the nature of this training. Please make sure that the documentation include, the materials used in the training, the individuals conducting the training, and the individuals being trained. CMS has determined the time period will be from January 2007 to June 2007. AMH should submit the Universe to CMS no later than July 15, 2007 for sample selection.

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: 7517

Region: 02 New York

Contract Number / Name: H5774 AMERICAN HEALTH, INC.

Auditing Guide Version: MA Audit Review Guide, Version 4
Auditing Element: GV04
Review Type: Routine
Review Status: Confirmed
MCO Response Received Date: 12/22/2006
Element Accepted Date: 02/04/2008
Element Release Date: 02/04/2008
CAP Released Date: 02/08/2008

Visit Start Date: 9/19/2006
Exit Conference Date: 09/22/2006
Date Report Issued: 11/07/2006
Date Report Due: 11/06/2006
CAP Accepted Date: 02/08/2008
Audit Closed Date: 02/08/2008
Element Projected Completion Date: 11/15/2007
MCO Response Due Date: 12/22/2006

Requirement:

Grievance Decision Notification (Notice Content) The MAO must inform the member of the disposition of the grievance. For quality of care issues, the MAO must also include a description of the member's right to file a written compliant with the QIO.

Deficiencies:

Due to 30% of the sample records being misclassified, this element is Not Met

Corrective Action Required:

AMH is required to submit a new universe for sample selection and CMS Desk Review. CMS reviewers noted that of the 15 cases provided 10 did not have a resolution included in the case file. CMS reviewer also noted that the Polices and Procedures were not followed as it relates to the grievance cases. AMH must revise its policies and procedures and conduct training of appropriate staff to ensure that procedures are followed. AMH must submit documentation to the regional office that details the nature of this training. Please make sure that the documentation include, the materials used in the training, the individuals conducting the training, and the individuals being trained. CMS has determined the time period will be from January 2007 to June 2007. AMH should submit the Universe to CMS no later than July 15, 2007 for sample selection.

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: 7517

Region: 02 New York

Contract Number / Name: H5774 AMERICAN HEALTH, INC.

Auditing Guide Version: MA Audit Review Guide, Version 4
Auditing Element: GV05
Review Type: Routine
Review Status: Confirmed
MCO Response Received Date: 12/22/2006
Element Accepted Date: 02/04/2008
Element Release Date: 02/04/2008
CAP Released Date: 02/08/2008

Visit Start Date: 9/19/2006
Exit Conference Date: 09/22/2006
Date Report Issued: 11/07/2006
Date Report Due: 11/06/2006
CAP Accepted Date: 02/08/2008
Audit Closed Date: 02/08/2008
Element Projected Completion Date: 11/15/2007
MCO Response Due Date: 12/22/2006

Requirement:

Method of Grievance Decision Notification The MAO just respond to written grievances in writing. The MAO must respond to oral grievances either orally or in writing, unless the member requests a written response. The MAO must respond to all grievances related to quality of care in writing, regardless of how the grievance was submitted.

Deficiencies:

Due to 30% of the sample records being misclassified, this element is Not Met.

Corrective Action Required:

AMH is required to submit a new universe for sample selection and CMS Desk Review. CMS reviewers noted that of the 15 cases provided 10 did not have a resolution included in the case file. CMS reviewer also noted that the Polices and Procedures were not followed as it relates to the grievance cases. AMH must revise its policies and procedures and conduct training of appropriate staff to ensure that procedures are followed. AMH must submit documentation to the regional office that details the nature of this training. Please make sure that the documentation include, the materials used in the training, the individuals conducting the training, and the individuals being trained. CMS has determined the time period will be from January 2007 to June 2007. AMH should submit the Universe to CMS no later than July 15, 2007 for sample selection.

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Date Report Generated: 9/30/2008

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

Findings: NOT MET

Review ID: 7517

Region: 02 New York

Contract Number / Name: H5774 AMERICAN HEALTH, INC.

Auditing Guide Version: MA Audit Review Guide, Version 4
Auditing Element: OC01
Review Type: Routine
Review Status: Confirmed
MCO Response Received Date: 12/22/2006
Element Accepted Date: 11/15/2007
Element Release Date: 02/04/2008
CAP Released Date: 02/08/2008

Visit Start Date: 9/19/2006
Exit Conference Date: 09/22/2006
Date Report Issued: 11/07/2006
Date Report Due: 11/06/2006
CAP Accepted Date: 02/08/2008
Audit Closed Date: 02/08/2008
Element Projected Completion Date: 11/15/2007
MCO Response Due Date: 12/22/2006

Requirement:

Correct Claim Determinations - The MAO must make correct claim determinations, which include developing the claim for additional information when necessary, for: Services obtained from a non-contracting provider when the services were authorized by a contracted provider or the MAO, Ambulance services dispatched through 911, Emergency services, Urgently needed services, Post-stabilization care services; and Renal dialysis services that Medicare members obtain while temporarily out of the service area.

Deficiencies:

Due to 30% of the sample records being misclassified, this element is Not Met. CMS reviewer determined that 30 out of 30 cases were misclassified. The cases provided did not meet the following requirements: Non Contracted providers claims that were denied for the following reasons: non-emergent, non-urgent, out of area care, not a covered service, and unauthorized services.

Corrective Action Required:

AMH is required to submit to CMS a new universe in order for the new cases to be selected for review. Once these cases are selected by CMS, AMH will be required to send to the Regional Office the selected cases and the documentation for a desk audit to occur. AMH should review the universe description to ensure that that the proper cases are selected. CMS has determined the time period will be from January 2007 to June 2007. AMH should submit the Universe to CMS no later than July 15, 2007 for sample selection.

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Date Report Generated: 9/30/2008

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

Findings: NOT MET

Review ID: 7517

Region: 02 New York

Contract Number / Name: H5774 AMERICAN HEALTH, INC.

Auditing Guide Version: MA Audit Review Guide, Version 4
Auditing Element: OC03
Review Type: Routine
Review Status: Confirmed
MCO Response Received Date: 12/22/2006
Element Accepted Date: 02/04/2008
Element Release Date: 02/04/2008
CAP Released Date: 02/08/2008

Visit Start Date: 9/19/2006
Exit Conference Date: 09/22/2006
Date Report Issued: 11/07/2006
Date Report Due: 11/06/2006
CAP Accepted Date: 02/08/2008
Audit Closed Date: 02/08/2008
Element Projected Completion Date: 01/11/2008
MCO Response Due Date: 12/22/2006

Requirement:

Timely Payment of Non-Contracting Provider Clean Claims - The MAO must pay 95 percent of "clean" claims from non-contracting providers within 30 calendar days of receipt.

Deficiencies:

CMS review of element OCO3 requirement is Not Met. Five of thirty non-contracted provider "clean" claims were not paid within 30 days. AHM stated that in the start-up and presently the system has glitches which are still being worked out. Initially, the system was denying most claims but now affects about fifty percent of submitted claims. AHM is currently developing "Policies and procedures" to outline the process for this area.

Corrective Action Required:

AHM must forward its newly developed Policies and Procedures that outlines the timely payment of clean claims, as well as the process used for identifying late claims and payment of interest on those claims. AHM must also provide a timeline of their process to rectify the issue and improve the system automatic denial of claims.

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Date Report Generated: 9/30/2008

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

Findings: NOT MET

Review ID: 7517

Region: 02 New York

Contract Number / Name: H5774 AMERICAN HEALTH, INC.

Auditing Guide Version: MA Audit Review Guide, Version 4
Auditing Element: OC05
Review Type: Routine
Review Status: Confirmed
MCO Response Received Date: 12/22/2006
Element Accepted Date: 11/15/2007
Element Release Date: 02/04/2008
CAP Released Date: 02/08/2008

Visit Start Date: 9/19/2006
Exit Conference Date: 09/22/2006
Date Report Issued: 11/07/2006
Date Report Due: 11/06/2006
CAP Accepted Date: 02/08/2008
Audit Closed Date: 02/08/2008
Element Projected Completion Date: 11/15/2007
MCO Response Due Date: 12/22/2006

Requirement:

Timely Adjudication of Non-Clean Claims - The MAO must pay or deny all non-contracted claims that do not meet the definition of "clean claims" within 60 calendar days of receipt.

Deficiencies:

Due to 30% of the sample records being misclassified, this element is Not Met. CMS reviewer determined that 30 out of 30 cases were misclassified.

Corrective Action Required:

AMH is required to submit to CMS a new universe in order for the new cases to be selected for review. Once cases are selected by CMS, AMH will be required to send to the Regional Office the selected cases and the documentation for a desk audit to occur. CMS has determined the time period will be from January 2007 to June 2007. AMH should submit the Universe sample to CMS no later than July 15, 2007 for case selection.

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

Findings: NOT MET

Review ID: 7517

Region: 02 New York

Contract Number / Name: H5774 AMERICAN HEALTH, INC.

Auditing Guide Version: MA Audit Review Guide, Version 4
Auditing Element: OC06
Review Type: Routine
Review Status: Confirmed
MCO Response Received Date: 12/22/2006
Element Accepted Date: 11/15/2007
Element Release Date: 02/04/2008
CAP Released Date: 02/08/2008

Visit Start Date: 9/19/2006
Exit Conference Date: 09/22/2006
Date Report Issued: 11/07/2006
Date Report Due: 11/06/2006
CAP Accepted Date: 02/08/2008
Audit Closed Date: 02/08/2008
Element Projected Completion Date: 11/15/2007
MCO Response Due Date: 12/22/2006

Requirement:

Claim Denials (Notice Content) - If an MAO denies payment, the written denial notice (CMS-10003-Notice of Denial of Payment (NDP)), or an RO-approved modification of the NDP, must be sent to the member. The written denial must clearly state the service denied and the denial reason.

Deficiencies:

Due to 30% of the sample records being misclassified, this element is Not Met. CMS reviewer determined that 30 out of 30 cases were misclassified.

Corrective Action Required:

AMH is required to submit to CMS a new universe in order for the new cases to be selected for review. Once these cases are selected by CMS, AMH will be required to send to the Regional Office the selected cases and the documentation for a desk audit to occur. CMS has determined the time period will be from January 2007 to June 2007. AMH should submit the Universe sample to CMS no later than July 15, 2007 for case selection.

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Date Report Generated: 9/30/2008

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

Findings: NOT MET

Review ID: 7517

Region: 02 New York

Contract Number / Name: H5774 AMERICAN HEALTH, INC.

Auditing Guide Version: MA Audit Review Guide, Version 4
Auditing Element: OC07
Review Type: Routine
Review Status: Confirmed
MCO Response Received Date: 12/22/2006
Element Accepted Date: 01/15/2007
Element Release Date: 02/04/2008
CAP Released Date: 02/08/2008

Visit Start Date: 9/19/2006
Exit Conference Date: 09/22/2006
Date Report Issued: 11/07/2006
Date Report Due: 11/06/2006
CAP Accepted Date: 02/08/2008
Audit Closed Date: 02/08/2008
Element Projected Completion Date: 12/21/2006
MCO Response Due Date: 12/22/2006

Requirement:

Medicare Secondary Payer (Claims) - The MAO must have procedures to identify payers that are primary to Medicare, determine the amounts payable, and coordinate benefits.

Deficiencies:

CMS reviewed Policy and Procedure AHM CLM 009 to determine the finding for this element. The documentation provided was not clear and the CMS reviewer questioned weather staff would be able to follow the procedure for implementation of the process if needed. The Policy and Procedure should clearly delineate the roles between the Claims Analyst and the QA Analyst. CMS reviewer noted there were no timeframes identified or sample letters included with this the documentation. The Policy and Procedure should include systematic instructions to identify Medicare Secondary Payers.

Corrective Action Required:

AMH is required to submit systematic instructions to identify Medicare Secondary Payers. These Policy and Procedures should include timeframes, complete process description, responsibilities of staff involved and any sample letters that will be utilized.

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Date Report Generated: 9/30/2008

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

Findings: NOT MET

Review ID: 7517

Region: 02 New York

Contract Number / Name: H5774 AMERICAN HEALTH, INC.

Auditing Guide Version: MA Audit Review Guide, Version 4
Auditing Element: OP01
Review Type: Routine
Review Status: Confirmed
MCO Response Received Date: 12/22/2006
Element Accepted Date: 11/15/2007
Element Release Date: 02/04/2008
CAP Released Date: 02/08/2008

Visit Start Date: 9/19/2006
Exit Conference Date: 09/22/2006
Date Report Issued: 11/07/2006
Date Report Due: 11/06/2006
CAP Accepted Date: 02/08/2008
Audit Closed Date: 02/08/2008
Element Projected Completion Date: 11/15/2007
MCO Response Due Date: 12/22/2006

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:

Due to 30% of the sample records being misclassified, this element is Not Met. CMS reviewer determined that 9 out of 10 cases were misclassified. The cases are 1, 2, 3, 4, 5, 6, 8, 9, and 10.

Corrective Action Required:

AMH is required to submit to CMS a new universe in order for the new cases to be selected for review. Once these case are selected by CMS, AMH will be required to send to the Regional Office the selected cases and the documentation for a desk audit to occur. CMS has determined the time period will be from January 2007 to June 2007. AMH should submit the Universe sample to CMS no later than July 15, 2007 for case selection.

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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: 7517

Region: 02 New York

Contract Number / Name: H5774 AMERICAN HEALTH, INC.

Auditing Guide Version: MA Audit Review Guide, Version 4
Auditing Element: OP02
Review Type: Routine
Review Status: Confirmed
MCO Response Received Date: 12/22/2006
Element Accepted Date: 11/15/2007
Element Release Date: 02/04/2008
CAP Released Date: 02/08/2008

Visit Start Date: 9/19/2006
Exit Conference Date: 09/22/2006
Date Report Issued: 11/07/2006
Date Report Due: 11/06/2006
CAP Accepted Date: 02/08/2008
Audit Closed Date: 02/08/2008
Element Projected Completion Date: 11/15/2007
MCO Response Due Date: 12/22/2006

Requirement:

Standard Pre-Service Denials (Notice Content) - If the MAO makes an adverse standard pre-service organization determination, the written CMS-10003-NDMC (Notice of Denial of Medical Coverage), or an RO-approved modification of the NDMC, must be sent to the member and must clearly state the service denied and denial reason.

Deficiencies:

Due to 30% of the sample records being misclassified, this element is Not Met. CMS reviewer determined that 9 out of 10 cases were misclassified. The cases are 1, 2, 3, 4, 5, 6, 8, 9, and 10.

Corrective Action Required:

AMH is required to submit to CMS a new universe in order for the new cases to be selected for review. Once these cases are selected by CMS, AMH will be required to send to the Regional Office the selected cases and the documentation for a desk audit to occur. CMS has determined the time period will be from January 2007 to June 2007. AMH should submit the Universe sample to CMS no later than July 15, 2007 for case selection.

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Date Report Generated: 9/30/2008

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

Findings: NOT MET

Review ID: 7517

Region: 02 New York

Contract Number / Name: H5774 AMERICAN HEALTH, INC.

Auditing Guide Version: MA Audit Review Guide, Version 4
Auditing Element: OP05
Review Type: Routine
Review Status: Confirmed
MCO Response Received Date: 12/22/2006
Element Accepted Date: 09/14/2007
Element Release Date: 02/04/2008
CAP Released Date: 02/08/2008

Visit Start Date: 9/19/2006
Exit Conference Date: 09/22/2006
Date Report Issued: 11/07/2006
Date Report Due: 11/06/2006
CAP Accepted Date: 02/08/2008
Audit Closed Date: 02/08/2008
Element Projected Completion Date:
MCO Response Due Date: 12/22/2006

Requirement:

Expedited Denials (Notice Content) - If the MAO makes an adverse expedited organization determination, the written CMS-10003-NDMC (Notice of Denial of Medical Coverage), or an RO-approved modification of the NDMC, must be sent to the member and must clearly state the service denied and denial reason.

Deficiencies:

CMS reviewer did not have samples for element OPO5.Therefore Policy and Procedure AHMMM024 was reviewed for compliance. This requirement was Not Met. CMS reviewer noted that for the following:- Page 5 - a copy of the written letter was not included with the Policy and Procedure. Page6 - The Notice of Denial of Medical Coverage was not attached to the Policy and Procedure. Page7- Copy of standard notices was not included. That in this policy and procedure the different sections for Receipt and Documentation, Expedited Request, and denial etc.could not be distinguished. AHM must consider bolding the beginning paragragh or using a Header to distinguish these sections.

Corrective Action Required:

AHM needs to make the following updates to Policy and Procedure- AHMMM024:- In this P and P, consider bolding the beginning paragragh or using a Header to distinguish between the different sections for Receipt and Documentatiion, Expedited Request, and denial etc. As referenced on Page #5, include a copy of the written letter with Policy and Procedure. AS referenced on Page #6, attach "The Notice of Denial of Medical Coverage" to the Policy and Procedure. As referenced on Page #7, provide a copy of the standard notices.

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Date Report Generated: 9/30/2008

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

Findings: NOT MET

Review ID: 7517

Region: 02 New York

Contract Number / Name: H5774 AMERICAN HEALTH, INC.

Auditing Guide Version: MA Audit Review Guide, Version 4
Auditing Element: OP06
Review Type: Routine
Review Status: Confirmed
MCO Response Received Date: 12/22/2006
Element Accepted Date: 11/15/2007
Element Release Date: 02/04/2008
CAP Released Date: 02/08/2008

Visit Start Date: 9/19/2006
Exit Conference Date: 09/22/2006
Date Report Issued: 11/07/2006
Date Report Due: 11/06/2006
CAP Accepted Date: 02/08/2008
Audit Closed Date: 02/08/2008
Element Projected Completion Date: 11/15/2007
MCO Response Due Date: 12/22/2006

Requirement:

Organization Determination Extensions (Notice Content) - If an extension is granted for an organization determination, the written notice to the member must include the reasons for the delay, and inform the member of the right to file an expedited grievance if he or she disagrees with the decision to grant an extension.

Deficiencies:

CMS reviewer could not determine from the documentation provided if the required written notice contained the appropriate language. This determination is usually done by reviewing the notices in WS-OP1 but this worksheet was misclassified as a result the information was not reviewed. AMH provided Policy and Procedure MM 005 but a copy of the notice was not provided therefore reviewer could not review or evaluate for required language

Corrective Action Required:

AMH is required to submit a new universe for WS-OP1 and CMS will select cases for a desk audit. AMH must ensure the letters submitted with the case documentation include the appropriate language. AMH must include with Policy and Procedure MM 005 a copy of the letter provided to member when an organization determination extension is utilized.

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Date Report Generated: 9/30/2008

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

Findings: NOT MET

Review ID: 7517

Region: 02 New York

Contract Number / Name: H5774 AMERICAN HEALTH, INC.

Auditing Guide Version: MA Audit Review Guide, Version 4
Auditing Element: OP08
Review Type: Routine
Review Status: Confirmed
MCO Response Received Date: 12/22/2006
Element Accepted Date: 11/15/2007
Element Release Date: 02/04/2008
CAP Released Date: 02/08/2008

Visit Start Date: 9/19/2006
Exit Conference Date: 09/22/2006
Date Report Issued: 11/07/2006
Date Report Due: 11/06/2006
CAP Accepted Date: 02/08/2008
Audit Closed Date: 02/08/2008
Element Projected Completion Date: 11/15/2007
MCO Response Due Date: 12/22/2006

Requirement:

Correctly Distinguishes Between Organization Determinations and Reconsiderations - The MAO must correctly distinguish between organization determinations and reconsiderations.

Deficiencies:

CMS makes a determination of this element by reviewing WS OP1 and WS-OP2. Due to the fact that WS-OP1 is misclassified this element is Not Met.

Corrective Action Required:

AMH is required to submit a new universe for WS-OP1 and CMS will select cases for a desk audit. Once these cases are reviewed the results will be combined with WS-OP2 to make a determination on this element.

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

Findings: NOT MET

Review ID: 7517

Region: 02 New York

Contract Number / Name: H5774 AMERICAN HEALTH, INC.

Auditing Guide Version: MA Audit Review Guide, Version 4
Auditing Element: OP13
Review Type: Routine
Review Status: Confirmed
MCO Response Received Date: 12/22/2006
Element Accepted Date: 02/04/2008
Element Release Date: 02/04/2008
CAP Released Date: 02/08/2008

Visit Start Date: 9/19/2006
Exit Conference Date: 09/22/2006
Date Report Issued: 11/07/2006
Date Report Due: 11/06/2006
CAP Accepted Date: 02/08/2008
Audit Closed Date: 02/08/2008
Element Projected Completion Date: 01/11/2008
MCO Response Due Date: 12/22/2006

Requirement:

Detailed Notice of Non-Coverage of Provider Services (Notice Content) - The MAO must include in the Detailed Notice of Non-Coverage of Provider Services an explanation as to why the provider services are no longer reasonable or necessary, or are no longer covered; the applicable Medicare rule, instruction or policy including citations, and how the enrollee may obtain copies of such documents; and other facts or information relevant to the non-coverage decision.

Deficiencies:

CMS reviewer did not have samples for element OP13. Therefore, Policies and Procedures- AHMMM028 and AHMMM025 were reviewed for compliance. This requirement was Not Met. CMS reviewer noted that for the following:- The Detailed Explanation of Non- Coverage was not attached as stated in No.# 7 of the AHMMM028 policy and procedure. Therefore, the notice content could not be reviewed.

Corrective Action Required:

AHM must provide Policy and Procedure AHMMM028 with the Detailed Explanation of Non- Coverage and other attachments stated in No.# 7 on Page 3.

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Date Report Generated: 9/30/2008

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

Findings: NOT MET

Review ID: 7517

Region: 02 New York

Contract Number / Name: H5774 AMERICAN HEALTH, INC.

Auditing Guide Version: MA Audit Review Guide, Version 4
Auditing Element: OP15
Review Type: Routine
Review Status: Confirmed
MCO Response Received Date: 12/22/2006
Element Accepted Date: 02/04/2008
Element Release Date: 02/04/2008
CAP Released Date: 02/08/2008

Visit Start Date: 9/19/2006
Exit Conference Date: 09/22/2006
Date Report Issued: 11/07/2006
Date Report Due: 11/06/2006
CAP Accepted Date: 02/08/2008
Audit Closed Date: 02/08/2008
Element Projected Completion Date: 01/11/2008
MCO Response Due Date: 12/22/2006

Requirement:

Notice of Non-Coverage of Inpatient Hospital Care - The MAO must provide notice to the enrollee of its decision (or that of the delegated provider) of non-coverage of further hospital care no later than the day before hospital coverage ends when the enrollee disagrees with the discharge or noncoverage decision. Prior to issuance of this notice, the MAO secures concurrence from the physician responsible for the patient's care in the hospital. The MAO's notice of non-coverage of further inpatient hospital care must include the reason why further inpatient hospital care is no longer needed; the date and time of the enrollee's liability for continued impatient care; and the enrollee's appeal rights.

Deficiencies:

CMS reviewer reviewed Policies and Procedures AHMMM025 and AHMMM026 for element OP15. This requirement is Not Met. CMS reviewer noted that for the following:- That these Policies and Procedures address Non - Coverage for enrollees receiving skilled nursing, home health or comprehensive outpatient rehabilitation facility services but does not address " Notice of Non-Coverage for Inpatient Hospital Care".

Corrective Action Required:

AHM must provide to CMS a written Policy and Procedure which outlines Non- Coverage for Inpatient Hospital Care. The Policy and Procedure must include the attachment OMB Approval No. 0938-0692. Form No. CMS-R-193.

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: 7517

Region: 02 New York

Contract Number / Name: H5774 AMERICAN HEALTH, INC.

Auditing Guide Version: MA Audit Review Guide, Version 4
Auditing Element: RC02
Review Type: Routine
Review Status: Confirmed
MCO Response Received Date: 12/22/2006
Element Accepted Date: 06/01/2007
Element Release Date: 02/04/2008
CAP Released Date: 02/08/2008

Visit Start Date: 9/19/2006
Exit Conference Date: 09/22/2006
Date Report Issued: 11/07/2006
Date Report Due: 11/06/2006
CAP Accepted Date: 02/08/2008
Audit Closed Date: 02/08/2008
Element Projected Completion Date: 06/01/2007
MCO Response Due Date: 12/22/2006

Requirement:

Adverse Claims Reconsiderations (Timeliness) - If the MAO affirms, in whole or in part, its adverse organization determination, or fails to provide the member with a reconsideration determination within 60 days of receipt of the request (which constitutes an affirmation of its adverse organization determination), it must forward the case to CMS' independent review entity no later than 60 calendar days after receiving the reconsideration request. The MAO concurrently notifies the member that it has forwarded the case to CMS' independent review entity.

Deficiencies:

AMH submitted Policy and Procedure AG 007 for CMS to make its determination. AG 007 speaks to effectuation reconsideration and not the adverse claims reconsideration process. As a result this element is not met.

Corrective Action Required:

AMH must submit Policy and Procedures regarding the adverse claims reconsideration when AMH upholds its initial determination. This policy and procedure must include what happens when the case is sent to the Independent Review Entity and member notification.

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: 7517

Region: 02 New York

Contract Number / Name: H5774 AMERICAN HEALTH, INC.

Auditing Guide Version: MA Audit Review Guide, Version 4
Auditing Element: RC03
Review Type: Routine
Review Status: Confirmed
MCO Response Received Date: 12/22/2006
Element Accepted Date: 03/21/2007
Element Release Date: 02/04/2008
CAP Released Date: 02/08/2008

Visit Start Date: 9/19/2006
Exit Conference Date: 09/22/2006
Date Report Issued: 11/07/2006
Date Report Due: 11/06/2006
CAP Accepted Date: 02/08/2008
Audit Closed Date: 02/08/2008
Element Projected Completion Date: 02/20/2007
MCO Response Due Date: 12/22/2006

Requirement:

Effectuation of Third Party Claims Reconsideration Reversals - If the MAO's determination is reversed in whole or in part by the independent review entity, the MAO must pay for the service no later than 30 calendar days from the date it receives the notice reversing the organization determination. The MAO must also inform the independent review entity that the organization has effectuated the decision.If the MAO's determination is reversed in whole or in part by an ALJ, or at a higher level of appeal, the MAO must authorize or provide the service under dispute as expeditiously as the member's health requires, but no later than 60 days from the date it received notice of the reversal.

Deficiencies:

AMH submitted AG 007 for CMS to make its determination. The policy and procedure is incomplete and does not include information regarding effectuation decisions by ALJ or higher levels of appeals.

Corrective Action Required:

AMH must revise this policy to include information regarding effectuation decision of ALJ or higher levels of appeals.

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: 7517

Region: 02 New York

Contract Number / Name: H5774 AMERICAN HEALTH, INC.

Auditing Guide Version: MA Audit Review Guide, Version 4
Auditing Element: RE01
Review Type: Routine
Review Status: Confirmed
MCO Response Received Date: 12/22/2006
Element Accepted Date: 03/14/2007
Element Release Date: 02/04/2008
CAP Released Date: 02/08/2008

Visit Start Date: 9/19/2006
Exit Conference Date: 09/22/2006
Date Report Issued: 11/07/2006
Date Report Due: 11/06/2006
CAP Accepted Date: 02/08/2008
Audit Closed Date: 02/08/2008
Element Projected Completion Date: 02/20/2007
MCO Response Due Date: 12/22/2006

Requirement:

Acceptance of Standard Reconsideration Requests - The MAO must accept written requests for standard reconsiderations of requests for services or payment filed within 60 calendar days of the notice of the organization determination (or if good cause is shown, accepts written requests for standard reconsideration after 60 calendar days).

Deficiencies:

CMS reviewer reviewed Policy and Procedure AHMAG005 for compliance. This requirement is Not Met. CMS reviewer noted that for the following:- Policy and Procedure AHMAG005 does not include information on accepting written requests for standard reconsiderations of requests for services or payment filed within 60 calendar days of the notice of the organization determination. Also, the heading and contents of the policy and procedure does not address reconsiderations but organization determinations. See 70.2 Also, not included is that "if good cause is shown,AHM will accept written requests for standard reconsideration after 60 calendar days. See 70.3. On page #2, reference is made to forwarding "an event " to Quality Department by the RN reviewer if no response from the member after three calls and one letter. AHM did not include that if there is no signed acknowledgement by the member that the case is referred to the independent review entity with a request for denial. See 70.2

Corrective Action Required:

AHM must provide a written policy and procedurewhich address standard reconsideratio Request and the following below :- Information on accepting written requests for standard reconsiderations of requests for services or payment filed within 60 calendar days of the notice of the organization determination. See 70.2 Information that includes "if good cause is shown,AHM will accept written requests for standard reconsideration after 60 calendar days". See 70.3. On page #2, reference to forwarding "an event " to Quality Department by the RN reviewer if no response from the member after three calls and one letter. AHM must include that if there is no signed acknowledgement by the member by the conclusion of the appeal timeframe, plus extension that the case should be referred to the independent review entity with a request for denial. See 70.2

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: 7517

Region: 02 New York

Contract Number / Name: H5774 AMERICAN HEALTH, INC.

Auditing Guide Version: MA Audit Review Guide, Version 4
Auditing Element: RE02
Review Type: Routine
Review Status: Confirmed
MCO Response Received Date: 12/22/2006
Element Accepted Date: 03/14/2007
Element Release Date: 02/04/2008
CAP Released Date: 02/08/2008

Visit Start Date: 9/19/2006
Exit Conference Date: 09/22/2006
Date Report Issued: 11/07/2006
Date Report Due: 11/06/2006
CAP Accepted Date: 02/08/2008
Audit Closed Date: 02/08/2008
Element Projected Completion Date: 02/20/2007
MCO Response Due Date: 12/22/2006

Requirement:

Appropriate Person(s) Conduct the Reconsideration A person or persons who were not involved in making the organization determination must conduct the reconsideration. When the issue is a denial based on lack of medical necessity, the reconsidered determination must be made by a physician with the expertise in the field of medicine that is appropriate for the service at issue. The physician making the reconsidered determination need not, in all cases, be of the same specialty or subspecialty as the treating physician.

Deficiencies:

CMS reviewer reviewed Policy and Procedure AHMAG005 for element REO2 compliance. This requirement is Not Met. CMS reviewer noted that the heading and the contents of this policy and procedure is not specific to reconsiderations.

Corrective Action Required:

AHM must provide a policy and procedure which addresses the process for Standard Reconsideration Request. This policy must also include information on the appropriate person (s) conducting the Reconsiderations.

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: 7517

Region: 02 New York

Contract Number / Name: H5774 AMERICAN HEALTH, INC.

Auditing Guide Version: MA Audit Review Guide, Version 4
Auditing Element: RP01
Review Type: Routine
Review Status: Confirmed
MCO Response Received Date: 12/22/2006
Element Accepted Date: 05/18/2007
Element Release Date: 02/04/2008
CAP Released Date: 02/08/2008

Visit Start Date: 9/19/2006
Exit Conference Date: 09/22/2006
Date Report Issued: 11/07/2006
Date Report Due: 11/06/2006
CAP Accepted Date: 02/08/2008
Audit Closed Date: 02/08/2008
Element Projected Completion Date: 04/26/2007
MCO Response Due Date: 12/22/2006

Requirement:

Favorable Standard Pre-Service Reconsiderations (Timeliness) - If the MAO makes a fully favorable decision on a standard pre-service reconsideration, it must issue a decision to the member, and authorize or provide the service, as expeditiously as the member's health requires, but no later than 30 calendar days after receiving the reconsideration request (or an additional 14 calendar days if an extension is justified).

Deficiencies:

CMS reviewer did not have samples for element RPO1. Therefore,"Policy and Procedure" AHMMM005 was reviewed for compliance. This requirement is Not Met. CMS reviewer noted that for the following:- Policy and procedure AHMMM005 does not address "Standard Pre-Service Reconsiderations". Please see Chapter 13: Section 70.7.1 of the "Medicare Managed Care Manual".

Corrective Action Required:

AHM must provide a "Policy and Procedure" which outlines all the processes for "Favorable Standard pre-Service Reconsideration". Please see Chapter 13: 70.7.1 of the "Medicare Managed Care Manual".

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: 7517

Region: 02 New York

Contract Number / Name: H5774 AMERICAN HEALTH, INC.

Auditing Guide Version: MA Audit Review Guide, Version 4
Auditing Element: RP02
Review Type: Routine
Review Status: Confirmed
MCO Response Received Date: 12/22/2006
Element Accepted Date: 05/18/2007
Element Release Date: 02/04/2008
CAP Released Date: 02/08/2008

Visit Start Date: 9/19/2006
Exit Conference Date: 09/22/2006
Date Report Issued: 11/07/2006
Date Report Due: 11/06/2006
CAP Accepted Date: 02/08/2008
Audit Closed Date: 02/08/2008
Element Projected Completion Date: 04/26/2007
MCO Response Due Date: 12/22/2006

Requirement:

Adverse Standard Pre-Service Reconsiderations (Timeliness) - If the MAO is unable to make a fully favorable decision on a standard pre-service reconsideration, it must forward the case to CMS' independent review entity as expeditiously as the member's health requires, but no later than 30 calendar days after receiving the reconsideration request (or an additional 14 calendar days if an extension is justified). The MAO must concurrently notify the member of this action.

Deficiencies:

CMS reviewer did not have samples for element RPO2. Therefore,Policy and Procedure AHMMM005 was reviewed for compliance. This requirement is Not Met. CMS reviewer noted that for the following:- Policy and Procedure AHMMM005 does not address " Adverse Standard Pre-Service Reconsiderations. See Chapter 13: 70.7.3 of the "Medicare Managed Care Manual".

Corrective Action Required:

AHM must provide a "Policy and Procedure" which outlines all the processes for "Adverse Standard Pre-Service Reconsiderations". Please see Chapter 13: 70.7.3 of the "Medicare Managed Care Manual".

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: 7517

Region: 02 New York

Contract Number / Name: H5774 AMERICAN HEALTH, INC.

Auditing Guide Version: MA Audit Review Guide, Version 4
Auditing Element: RP03
Review Type: Routine
Review Status: Confirmed
MCO Response Received Date: 12/22/2006
Element Accepted Date: 05/18/2007
Element Release Date: 02/04/2008
CAP Released Date: 02/08/2008

Visit Start Date: 9/19/2006
Exit Conference Date: 09/22/2006
Date Report Issued: 11/07/2006
Date Report Due: 11/06/2006
CAP Accepted Date: 02/08/2008
Audit Closed Date: 02/08/2008
Element Projected Completion Date: 04/26/2007
MCO Response Due Date: 12/22/2006

Requirement:

Effectuation of Third Party Standard Pre-Service Reconsideration Reversals - If the MAO's determination is reversed in whole or in part by the independent review entity, the MAO must authorize the service within 72 hours from the date it receives the notice reversing the determination, or provide the service as quickly as the member's health requires (but no later than 14 calendar days from that date). The MAO must also inform the independent review entity that the organization has effectuated the decision.If the MAO's determination is reversed in whole or in part by an ALJ, or at a higher level of appeal, the MAO must authorize or provide the service under dispute as expeditiously as the member's health requires, but no later than 60 days from the date it received notice of the reversal.

Deficiencies:

CMS reviewer did not have samples for element RPO3. Therefore, Policy and Procedure" AHMAG007 was reviewed for compliance. This requirement is Not Met. CMS reviewer noted that for the following:- Information pertaining to the "MAO's determination being reversed in whole or in part by an ALJ, or at a higher level of appeal was not included in policy and procedure AHMAG007. Information in the policy and procedure on AHM authorizing or providing the service under dispute as expeditiously as the member's health requires no later than 60 days from the date it received notice of the reversal" is missing. See Chapter 13: 140.3 of the "Medicare Managed Care Manual".

Corrective Action Required:

AHM must include information in the "Policy and Procedure" - AHMAG007 which addresses information pertaining to the "MAO's determination being reversed in whole or in part by an ALJ, or at a higher level of appeal was not included in policy and procedure AHMAG007. Information on AHM authorizing or providing the service under dispute as expeditiously as the member's health requires no later than 60 days from the date it received notice of the reversal" is missing. See Chapter 13: 140.3 of the "Medicare Managed Care Manual".

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: 7517

Region: 02 New York

Contract Number / Name: H5774 AMERICAN HEALTH, INC.

Auditing Guide Version: MA Audit Review Guide, Version 4
Auditing Element: RP04
Review Type: Routine
Review Status: Confirmed
MCO Response Received Date: 12/22/2006
Element Accepted Date: 05/18/2007
Element Release Date: 02/04/2008
CAP Released Date: 02/08/2008

Visit Start Date: 9/19/2006
Exit Conference Date: 09/22/2006
Date Report Issued: 11/07/2006
Date Report Due: 11/06/2006
CAP Accepted Date: 02/08/2008
Audit Closed Date: 02/08/2008
Element Projected Completion Date: 04/26/2007
MCO Response Due Date: 12/22/2006

Requirement:

Receipt and Documentation of Expedited Reconsideration Requests - The MAO must establish an efficient and convenient means for individuals to submit oral or written requests for expedited reconsiderations, document all oral requests in writing, and maintain the documentation in a case file.

Deficiencies:

CMS reviewer reviewed Policy and Procedure AHMAG006 for element RP04 compliance. This requirement is Not Met. CMS reviewer noted that for the following:- Policy and Procedure , AHMAG006 does not outline the process for submitting Expedited Reconsiderations when it is oral versus written. Also, the policy and procedure does not include information on maintaining a case file for documented oral requests.

Corrective Action Required:

AHM's "Policy and Procedure" - AHMAG006 must include information which address the process for submitting "Expedited Reconsiderations" when it is oral versus written, and should also include information and the process for maintaining a case file on documented oral requests.

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: 7517

Region: 02 New York

Contract Number / Name: H5774 AMERICAN HEALTH, INC.

Auditing Guide Version: MA Audit Review Guide, Version 4
Auditing Element: RP05
Review Type: Routine
Review Status: Confirmed
MCO Response Received Date: 12/22/2006
Element Accepted Date: 07/05/2007
Element Release Date: 02/04/2008
CAP Released Date: 02/08/2008

Visit Start Date: 9/19/2006
Exit Conference Date: 09/22/2006
Date Report Issued: 11/07/2006
Date Report Due: 11/06/2006
CAP Accepted Date: 02/08/2008
Audit Closed Date: 02/08/2008
Element Projected Completion Date: 06/15/2007
MCO Response Due Date: 12/22/2006

Requirement:

Requests for Expedited Reconsiderations (Timeliness)The MAO must promptly decide whether to expedite a reconsideration based on regulatory requirements. If the MAO decides not to expedite a reconsideration, 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 reconsideration, and provide written notice within 3 calendar days of the oral notice. If the MAO decides to expedite the reconsideration, it must make a determination and notify the member as expeditiously as the member's health requires, but no later than 72 hours from the time it receives the request for reconsideration (or an additional 14 calendar days if an extension is justified). If the MAO makes an expedited reconsideration determination that is fully favorable to the member, it must authorize or provide the service as expeditiously as the member's health requires, but no later than 72 hours from the time it receives the request for reconsideration (or an additional 14 calendar days if an extension is justified). If the MAO first notifies the member of its fully favorable expedited determination orally it must mail written confirmation to the member within 3 calendar days of the oral notification. If the MAO affirms, in whole or in part, its adverse expedited organization determination, it must forward the case to CMS' independent review entity as expeditiously as the member's health requires, but not later than 24 hours after the decision. If the MAO fails to provide the member with the results of its reconsideration within the timeframes specified above (as expeditiously as the member's health condition requires or within 72 hours), this failure constitutes an adverse reconsideration determination and the MAO must submit the file to CMS' independent review entity within 24 hours. The MAO must concurrently notify the member in writing that it has forwarded the case file to CMS' independent review entity.

Deficiencies:

CMS reviewer did not have samples for element RPO5. Therefore, Policy and Procedure AHMAG006 was reviewed for compliance. This requirement is Not Met. CMS reviewer noted that for the following:- The "Denial Request for Expedited Appeal Letter referred to on Page 2 of the "Policy and Procedure" was not attached. Information was not included in the "Policy and Procedure" process on "if AHM makes an expedited reconsideration that is favourable to the member. Although AHM included the 72 hours timeframe for notification on an oral requests, information was not provided concerning "sending a written notice within 3 calendar days of the oral notice". See Chapter 13 - 80.1 of the "Medicare Managed Care Manual". Information provide on page #2 of this policy and procedure on the MD Reviewer,please clarify how this section ties in with the expedited appeal process?

Corrective Action Required:

AHM must included in its Policy and Procedure: The "Denial Request for Expedited Appeal Letter referred to on Page 2 of the "Policy and Procedure" was not attached. Information was not included in the "Policy and Procedure" process on "if AHM makes an expedited reconsideration that is favourable to the member. Although AHM included the 72 hours timeframe for notification on an oral requests, information was not provided concerning "sending a written notice within 3 calendar days of the oral notice". See Chapter 13 - 80.1 of the "Medicare Managed Care Manual". AHM please explain the following below: Information provide on page #2 of this policy and procedure on the MD Reviewer,please clarify how this section ties in with the expedited appeal process?

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: 7517

Region: 02 New York

Contract Number / Name: H5774 AMERICAN HEALTH, INC.

Auditing Guide Version: MA Audit Review Guide, Version 4
Auditing Element: RP06
Review Type: Routine
Review Status: Confirmed
MCO Response Received Date: 12/22/2006
Element Accepted Date: 09/14/2007
Element Release Date: 02/04/2008
CAP Released Date: 02/08/2008

Visit Start Date: 9/19/2006
Exit Conference Date: 09/22/2006
Date Report Issued: 11/07/2006
Date Report Due: 11/06/2006
CAP Accepted Date: 02/08/2008
Audit Closed Date: 02/08/2008
Element Projected Completion Date: 08/15/2007
MCO Response Due Date: 12/22/2006

Requirement:

Decision Not to Expedite a Reconsideration (Notice Content) - If the MAO decides not to expedite a reconsideration, the notice to the member of the decision not to expedite must explain that the MAO will process the request using the standard timeframe, inform the member of the right to file a grievance if he or she disagrees with the decision not to expedite, inform the member of the right to resubmit a request for an expedited reconsideration with any physician's support, and provide instructions about the MAO grievance process and its timeframes.

Deficiencies:

CMS reviewer reviewed "Policy and Procedure" AHMAG006 for Element RPO6 compliance. This requirement is Not Met. CMS reviewer noted for the following:- That "Policy and Procedure" does not contain contents on MAO time frame for processing "Decisions not to Expedite Reconsiderations", instructions on how the member will be provided with information about their rights to file a grievance. The Policy and Procedure also does not include information on resubmitting a request for an expedited reconsideration with a physician's support. The Policy and Procedure does not provide instructions on AHM grievance process and timeframe. See Chapter 13 - 80.1 of the Medicare Managed Care Manual.

Corrective Action Required:

AHM Policy and Procedure,AHMAG006 must contain the following: Contents on MAO time frame for processing "Decisions not to Expedite Reconsiderations". Instructions on how the member will be provided with information about their rights to file a grievance. Information on how to resubmit a request for an expedited reconsideration with a physician's support. Instructions on AHM grievance process and timeframe. Please refer to Chapter 13 - 80.1 of the Medicare Managed Care Manual.

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: 7517

Region: 02 New York

Contract Number / Name: H5774 AMERICAN HEALTH, INC.

Auditing Guide Version: MA Audit Review Guide, Version 4
Auditing Element: RP07
Review Type: Routine
Review Status: Confirmed
MCO Response Received Date: 12/22/2006
Element Accepted Date: 05/17/2007
Element Release Date: 02/07/2008
CAP Released Date: 02/08/2008

Visit Start Date: 9/19/2006
Exit Conference Date: 09/22/2006
Date Report Issued: 11/07/2006
Date Report Due: 11/06/2006
CAP Accepted Date: 02/08/2008
Audit Closed Date: 02/08/2008
Element Projected Completion Date: 04/26/2007
MCO Response Due Date: 12/22/2006

Requirement:

Effectuation of Third Party Expedited Reconsideration Reversals - If the MAO's determination is reversed in whole or in part by the independent review entity, the MAO must authorize or provide the service under dispute as expeditiously as the member's health requires but no later than 72 hours after the date it receives notice reversing the determination. The MAO must also inform the independent review entity that the organization has effectuated the decision.If the MAO's determination is reversed in whole or in part by an ALJ, or at a higher level of appeal, the MAO must authorize or provide the service under dispute as expeditiously as the member's health requires, but no later than 60 days from the date it received notice of the reversal. The MAO must also inform the independent outside entity that the organization has effectuated the decision.

Deficiencies:

CMS reviewer did not have samples for element RPO7. Therefore, Policy and Procedure AHMAG007 was reviewed for compliance. This requirement was Not Met. CMS reviewer noted the following:- Information was not included on the MAO determination if reversed in whole or in part by an ALJ, or a higher level of appeal The Policy and procedure did not include information on how AHM authorize or provide the service under dispute as expeditiously as the member's health requires, no later than 60 days from the date of the received notice of the reversal. This Element is not met also because RP03 is Not Met. Please refer to Chapter 13: 140.3 of the "Medicare Managed Care Manual".

Corrective Action Required:

AHM must include the following information in its "Policy and Procedure" - AHMAG007: Information and AHM process for addressing if its determination if reversed in whole or in part by an ALJ, or a higher level of appeal. Information and process on how AHM authorize or provide the service under dispute as expeditiously as the member's health requires, no later than 60 days from the date of the received notice of the reversal.

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: 7517

Region: 02 New York

Contract Number / Name: H5774 AMERICAN HEALTH, INC.

Auditing Guide Version: MA Audit Review Guide, Version 4
Auditing Element: RP08
Review Type: Routine
Review Status: Confirmed
MCO Response Received Date: 12/22/2006
Element Accepted Date: 05/17/2007
Element Release Date: 02/04/2008
CAP Released Date: 02/08/2008

Visit Start Date: 9/19/2006
Exit Conference Date: 09/22/2006
Date Report Issued: 11/07/2006
Date Report Due: 11/06/2006
CAP Accepted Date: 02/08/2008
Audit Closed Date: 02/08/2008
Element Projected Completion Date: 04/26/2007
MCO Response Due Date: 12/22/2006

Requirement:

Reconsideration Extensions (Notice Content) - If the MAO grants an extension on a reconsideration, the written notice to the member must include the reasons for the delay, and inform the member of the right to file a grievance if he or she disagrees with the decision to grant an extension.

Deficiencies:

CMS reviewer reviewed Policies and Procedures AHMAG005 and AHMAG006 for element RPO8 compliance. This requirement was Not Met. CMS reviewer noted that the written notice to the member was not included with the Policy and Procedure. Also the Policy and Procedure did not address if an extension was needed and the process that would be evoked.

Corrective Action Required:

AHM must include in its "Policies and Procedures"- AHMMM028 and AHMMM025 The written notice to the member. The Policy and Procedure must include the process for an extension if it is required.