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: 9337

Region: 08 Denver

Contract Number / Name: H5586 SOUTH DAKOTA STATE MEDICAL HOLDING COMPANY, INC.

Auditing Guide Version: MA Audit Review Guide, Version 4
Auditing Element: GV01
Review Type: Routine
Review Status: Confirmed
MCO Response Received Date:
Element Accepted Date: 03/17/2008
Element Release Date: 03/25/2008
CAP Released Date:03/31/2008

Visit Start Date: 9/17/2007
Exit Conference Date: 10/12/2007
Date Report Issued: 11/26/2007
Date Report Due: 11/26/2007
CAP Accepted Date:03/31/2008
Audit Closed Date: 03/31/2008
Element Projected Completion Date:12/31/2007
MCO Response Due Date: 01/10/2008

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:

Three of 12 cases were inappropriately categorized as grievances but should have been appeals. It became apparent that information discovered from member grievances was not always communicated to the appropriate department for process improvement. It was also noted that when grievances were delegated the final resolution was not repoted back to the grievance staff. Therefore, it appeared that some cases were never closed.

Corrective Action Required:

The Plan must ensure that staff understand the difference between grievances and appeals. The plan should implement a process to audit this area until appeals and grievances are consistently differentiated. The Plan must conduct training of its Customer Service staff, Grievance staff, and any other appropriate staff on the appeals and grievance policies and procedures. Submit documentation to CMS that details the nature of this training, including: the materials used in the training, the individuals conducting the training, and the individuals being trained. The Plan must ensure that grievance information is shared with appropriate departments so systemic problems can be corrected. For example any complaints regarding agents and brokers must be forwarded to the Sales and Marketing Director. Create a process to document the entire grievance case that includes the problem, the resolution and any organizational improvements that may be necessary.

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Date Report Generated: 9/30/2008

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

Findings: NOT MET

Review ID: 9337

Region: 08 Denver

Contract Number / Name: H5586 SOUTH DAKOTA STATE MEDICAL HOLDING COMPANY, INC.

Auditing Guide Version: MA Audit Review Guide, Version 4
Auditing Element: MR01
Review Type: Routine
Review Status: Confirmed
MCO Response Received Date:
Element Accepted Date: 02/06/2008
Element Release Date: 02/06/2008
CAP Released Date:03/31/2008

Visit Start Date: 9/17/2007
Exit Conference Date: 10/12/2007
Date Report Issued: 11/26/2007
Date Report Due: 11/26/2007
CAP Accepted Date:03/31/2008
Audit Closed Date: 03/31/2008
Element Projected Completion Date:12/31/2007
MCO Response Due Date: 01/10/2008

Requirement:

Appropriate Submission and Distribution of Marketing Materials -The MAO follows the requirements contained in the regulations and the Medicare Guidelines for submission and distribution of marketing materials, including appropriate timelines and content of model, non-model, and File & Use materials.

Deficiencies:

A retrospective review of File and Use certification marketing revealed that some materials were not submitted correctly as File and Use. Eleven pieces were randomly reviewed and four of the 11 failed to meet File and Use requirements.

Corrective Action Required:

Create an action plan to ensure that all File and Use marketing pieces meet all Managed Care Marketing Requirements and are filed correctly as File and Use pieces. The MAO must identify and update marketing materials with the correct Customer Service hours of 8am to 8pm, 7 days a week. The MAO must provide the RO with a list of documents revised. The MAO must conduct training of appropriate staff on the File and Use policies and procedures. Please submit documentation to the regional office that details the nature of this training, to include: the materials used in the training, the individuals conducting the training, and the individuals being trained. File and Use pieces must not discuss detailed plan benefits. Hours of operations must be seven days a week. Applicable disclaimers must be listed. The Federal Government contracting statement needs to be corrected.

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

Findings: NOT MET

Review ID: 9337

Region: 08 Denver

Contract Number / Name: H5586 SOUTH DAKOTA STATE MEDICAL HOLDING COMPANY, INC.

Auditing Guide Version: MA Audit Review Guide, Version 4
Auditing Element: MR08
Review Type: Routine
Review Status: Confirmed
MCO Response Received Date:
Element Accepted Date: 03/25/2008
Element Release Date: 03/25/2008
CAP Released Date:03/31/2008

Visit Start Date: 9/17/2007
Exit Conference Date: 10/12/2007
Date Report Issued: 11/26/2007
Date Report Due: 11/26/2007
CAP Accepted Date:03/31/2008
Audit Closed Date: 03/31/2008
Element Projected Completion Date:03/09/2008
MCO Response Due Date: 01/10/2008

Requirement:

No Engagement in Activities which Mislead, Confuse or Misrepresent the MAO - The MAO does not engage in activities which materially mislead, confuse, or misrepresent the MAO. The MAO may not: Claim recommendation or endorsement by CMS or Medicare or the Department of Health and Human Services, or that CMS, Medicare, or the Department of Health and Human Services recommend that beneficiaries enroll in the plan; · Make erroneous written or oral statements including any statement, claim, or promise that conflicts with, materially alters, or erroneously expands upon the information contained in CMS-approved materials; · Use providers or provider groups to distribute printed information comparing benefits of different health plans, unless the materials have the concurrence of all MAO's involved and unless the materials have received prior approval from CMS; · Accept plan applications in provider offices or other places where health care is delivered;· Employ MA plan names which suggest that a plan is not available to all Medicare beneficiaries (Does not apply to plan names in effect on or before July 31, 2000);· Offer gifts or payment as an inducement to enroll in the organization;·Engage in any discriminatory marketing practice, such as attempting to enroll individuals from higher income areas, without a similar effort in lower income areas; or · Conduct door-to-door solicitation of Medicare beneficiaries.

Deficiencies:

Could not confirm adequate training and oversight of agents/brokers. Although the Sales staff thought that there had never been an agent complaint, seven were found during review of the grievance sample.

Corrective Action Required:

The Plan must develop a program that ensures that agents/brokers are adequately trained, monitored, and evaluated. The program should include: * Initial new hire training manual * Type and content of all subsequent trainings * How Plan will ensure knowledge and understanding of program requirements * If written tests are implemented, indicate expected answers, passing score, number of times a test can be taken and how you will re-educate on deficient areas * A process for ensuring that agents/brokers are informed of current program updates The plan must detail how the MAO will investigate and document marketing allegations and what actions the MAO will take. The program should include documentation in each agent/broker file of at least the following: * Evidence of current licensure * Date of hire * Evidence of attendance at trainings * Evidence of knowledge and understanding of Medicare and the Plan * Evaluation of presentation skills * Information regarding rapid disenrollment * Information about any sales complaints from current or proseptive members * Information regarding disciplinary actions * Evidence of continued monitoring * Evidence of annual evaluation * Commission structure

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: 9337

Region: 08 Denver

Contract Number / Name: H5586 SOUTH DAKOTA STATE MEDICAL HOLDING COMPANY, INC.

Auditing Guide Version: MA Audit Review Guide, Version 4
Auditing Element: OC03
Review Type: Routine
Review Status: Confirmed
MCO Response Received Date:
Element Accepted Date: 03/25/2008
Element Release Date: 03/25/2008
CAP Released Date:03/31/2008

Visit Start Date: 9/17/2007
Exit Conference Date: 10/12/2007
Date Report Issued: 11/26/2007
Date Report Due: 11/26/2007
CAP Accepted Date:03/31/2008
Audit Closed Date: 03/31/2008
Element Projected Completion Date:10/01/2007
MCO Response Due Date: 01/10/2008

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:

This element requires the MAO to pay 95% of clean claims from non-contracting providers within 30 calendar days of receipt. Out of the 30 paid claims that were reviewed, there were 24 clean claims. CMS determined that 13 of the 24 clean claims were not paid within 30 days.

Corrective Action Required:

It is recommended that the Medicare Advantage Organization (MAO) conduct training of appropriate staff on the payment of 95 percent of "clean" claims from non-contracting providers within 30 calendar days of receipt. Additionally, the MAO should establish a mechanism for ongoing monitoring of this area to ensure continued compliance by regularly reviewing aging reports for timeliness. It was noted during the review, that the claims that took so long to process were mostly out of state claims. CMS recommends that the MAO identify ways to ensure that the timeliness of claims from out of state providers is improved.

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: 9337

Region: 08 Denver

Contract Number / Name: H5586 SOUTH DAKOTA STATE MEDICAL HOLDING COMPANY, INC.

Auditing Guide Version: MA Audit Review Guide, Version 4
Auditing Element: OC04
Review Type: Routine
Review Status: Confirmed
MCO Response Received Date:
Element Accepted Date: 03/25/2008
Element Release Date: 03/25/2008
CAP Released Date:03/31/2008

Visit Start Date: 9/17/2007
Exit Conference Date: 10/12/2007
Date Report Issued: 11/26/2007
Date Report Due: 11/26/2007
CAP Accepted Date:03/31/2008
Audit Closed Date: 03/31/2008
Element Projected Completion Date:09/30/2007
MCO Response Due Date: 01/10/2008

Requirement:

Interest on Clean Claims Paid Late - If the MAO pays clean claims from non-contracting providers in over 30 calendar days, it must pay interest in accordance with § 1816 (c)(2)(B) and § 1842 (c)(2)(B).

Deficiencies:

This element requires the MAO to pay interest on clean claims from non-contracting providers if it takes longer than 30 days to pay the claim. The reviewer found that out of the 30 claims that were reviewed, 13 claims were identified as not being paid within 30 days and no interest was paid on any of the 13 claims. Therefore, this element was 100% deficient.

Corrective Action Required:

The Medicare Advantage Organization (MAO) must update their policy and procedures to ensure interest is paid on all clean non-contracting provider claims if not paid within 30 days of receipt. In addition, CMS recommends that the MAO conduct training to staff on its policy and procedures and to notify CMS via the corrective action plan of this training and its content.

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: 9337

Region: 08 Denver

Contract Number / Name: H5586 SOUTH DAKOTA STATE MEDICAL HOLDING COMPANY, INC.

Auditing Guide Version: MA Audit Review Guide, Version 4
Auditing Element: OC05
Review Type: Routine
Review Status: Confirmed
MCO Response Received Date:
Element Accepted Date: 03/25/2008
Element Release Date: 03/25/2008
CAP Released Date:03/31/2008

Visit Start Date: 9/17/2007
Exit Conference Date: 10/12/2007
Date Report Issued: 11/26/2007
Date Report Due: 11/26/2007
CAP Accepted Date:03/31/2008
Audit Closed Date: 03/31/2008
Element Projected Completion Date:09/30/2007
MCO Response Due Date: 01/10/2008

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:

This element requires the MAO to adjudicate non-clean claims within 60 calendar days of receipt. The reviewer determined that out of the 30 claims reviewed, there were 17 non-clean claims. Out of the 17 non-clean claims, 4 claims were not adjudicated within the required 60 calendar days. Therefore, the MAO did not meet this element.

Corrective Action Required:

The Medicare Advantage Organization (MAO) must ensure that all claims from non-contracting providers are paid or denied (adjudicated) within 60 calendar days of receipt. It is recommended that the MAO monitor monthly reports on the adjudication of non-contracting provider claims.

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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: 9337

Region: 08 Denver

Contract Number / Name: H5586 SOUTH DAKOTA STATE MEDICAL HOLDING COMPANY, INC.

Auditing Guide Version: MA Audit Review Guide, Version 4
Auditing Element: PR03
Review Type: Routine
Review Status: Confirmed
MCO Response Received Date:
Element Accepted Date: 02/07/2008
Element Release Date: 02/07/2008
CAP Released Date:03/31/2008

Visit Start Date: 9/17/2007
Exit Conference Date: 10/12/2007
Date Report Issued: 11/26/2007
Date Report Due: 11/26/2007
CAP Accepted Date:03/31/2008
Audit Closed Date: 03/31/2008
Element Projected Completion Date:01/01/2008
MCO Response Due Date: 01/10/2008

Requirement:

Credentialing Requirements for Physicians and Other Health Care Professionals - The MAO must follow a documented process for physicians and other health care professionals regarding initial credentialing and recredentialing.

Deficiencies:

It was determined that in WS-PR1 after reviewing 6 of the first 20 samples, that all credentials, initial and recredentialing, were deficient therefore making the entire sample non-compliant. The remainder of the sample was not reviewed. Initial findings indicate that there is not a set process for determination of proper provider credentialing to verify National Practice Data Base, Medicare/Medicaid Santions, Medicare Opt Out List, or current credentialing thereby causing the MAO to not meet the compliance standard. Recommendation is to dedicate and increase resources as well as standardize a process to ensure credentialing is documented, verified, maintained, and updated.

Corrective Action Required:

Dakota Care must determine a standardized process for provider initial and recredentialing. Describe the actions Dakota Care is taking to assure it initially credentials and recredentials its contracted providers in accordance with CMS requirements. The corrective action must include regular internal auditing of credentialing files to assure compliance, which includes but is not limited to, review of the Medicare Opt Out list, Medicare/Medicaid Sanctions, and National Practice Database. Dakota Care must immediately develop, implement, and submit to CMS a credentialing oversight process to assure credentialing meets CMS requirements. The oversight process must include regular audits of credentialing files and include a corrective action process for any deficiencies found. Describe the resources that will be utilized that will help to ensure and maintain oversight and compliance.

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Date Report Generated: 9/30/2008

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

Findings: NOT MET

Review ID: 9337

Region: 08 Denver

Contract Number / Name: H5586 SOUTH DAKOTA STATE MEDICAL HOLDING COMPANY, INC.

Auditing Guide Version: MA Audit Review Guide, Version 4
Auditing Element: PR05
Review Type: Routine
Review Status: Confirmed
MCO Response Received Date:
Element Accepted Date: 02/07/2008
Element Release Date: 02/07/2008
CAP Released Date:03/31/2008

Visit Start Date: 9/17/2007
Exit Conference Date: 10/12/2007
Date Report Issued: 11/26/2007
Date Report Due: 11/26/2007
CAP Accepted Date:03/31/2008
Audit Closed Date: 03/31/2008
Element Projected Completion Date:01/01/2008
MCO Response Due Date: 01/10/2008

Requirement:

Credentialing Requirements for FacilitiesThe MAO must have written policies and procedures for selection and evaluation of providers and follow a documented process for facilities regarding initial credentialing and recredentialing.

Deficiencies:

Documentation for determination and re-determination for each facility, licensing, Medicare certification, and accrediting body approval were not available. A credentialing and re-credentialing process for its contracted facilities was not in place.

Corrective Action Required:

Dakota Care must develop and implement written policies and procedures to identify a process to initially credential and recredential its contracted facilities. The process must include internal plan audits to assure compliance with CMS requirements. Dakota Care indicated they had not dedicated enough resources to ensure proper credentialing for its contracted facilities. Recommend increase in resources to meet compliance standard. Provide CMS with the new policies and procedures and plan for file review and correction, including timeline.

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

Findings: NOT MET

Review ID: 9337

Region: 08 Denver

Contract Number / Name: H5586 SOUTH DAKOTA STATE MEDICAL HOLDING COMPANY, INC.

Auditing Guide Version: MA Audit Review Guide, Version 4
Auditing Element: RC01
Review Type: Routine
Review Status: Confirmed
MCO Response Received Date:
Element Accepted Date: 03/25/2008
Element Release Date: 03/25/2008
CAP Released Date:03/31/2008

Visit Start Date: 9/17/2007
Exit Conference Date: 10/12/2007
Date Report Issued: 11/26/2007
Date Report Due: 11/26/2007
CAP Accepted Date:03/31/2008
Audit Closed Date: 03/31/2008
Element Projected Completion Date:12/31/2007
MCO Response Due Date: 01/10/2008

Requirement:

Favorable Claims Reconsiderations (Timeliness) - If the MAO makes a reconsidered determination on a request for payment that is completely favorable to the member, it must issue written notice of its reconsidered determination to the member and pay the claim no later than 60 calendar days after receiving the reconsideration request.

Deficiencies:

This is a sample element. There were only 2 cases in the universe (WS-RC1). Neither of the "Favorable Claims Reconsiderations" in the universe/sample were treated as appeals, yet the Medicare Advantage Organization (MAO) included them in the universe. The members called the MAO to complain about their claim being denied, and the customer service screen, documenting the call, states "taken care of during phone call". Both of the cases in the universe were for lab tests, considered routine under original Medicare. However, the MAO "requires" such tests for their chronic disease special needs plan (SNP). CMS believes that the customer service representative should have directed the member to file a formal written appeal, and then the MAO should have followed policies and procedures related to such appeals.

Corrective Action Required:

The Medicare Advantage Organization (MAO) must ensure that staff understand the difference between grievances and appeals. The plan should implement a process to audit this area until appeals and grievances are consistently differentiated. The MAO must conduct training of its Customer Service staff, Appeals staff, and any other appropriate staff on the appeals and grievance policies and procedures. Submit documentation to CMS that details the nature of this training, including: the materials used in the training, the individuals conducting the training, and the individuals being trained. The MAO must ensure that appeals information is shared with appropriate departments so systemic problems can be corrected. For example, claims being denied as routine lab tests, yet the lab tests are necessary for your chronic disease special needs plan.

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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: 9337

Region: 08 Denver

Contract Number / Name: H5586 SOUTH DAKOTA STATE MEDICAL HOLDING COMPANY, INC.

Auditing Guide Version: MA Audit Review Guide, Version 4
Auditing Element: RC02
Review Type: Routine
Review Status: Confirmed
MCO Response Received Date:
Element Accepted Date: 03/25/2008
Element Release Date: 03/25/2008
CAP Released Date:03/31/2008

Visit Start Date: 9/17/2007
Exit Conference Date: 10/12/2007
Date Report Issued: 11/26/2007
Date Report Due: 11/26/2007
CAP Accepted Date:03/31/2008
Audit Closed Date: 03/31/2008
Element Projected Completion Date:12/31/2007
MCO Response Due Date: 01/10/2008

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:

This element is very closely related to RC-01 (Favorable Claims Reconsiderations) - see deficiency discussion for RC-01. One of the two cases in the universe for WS-RC1, was not paid upon appeal by the member. Therefore, if the case had properly been handled as an appeal, the MAO would have affirmed its adverse organization determination and should have forwarded the case to the Independent Review Entity (IRE). Since no cases were sent to the IRE, it is impossible for CMS to determine if the MAO would have "met" this element, hence the "not met".

Corrective Action Required:

The corrective action required for this element is identical to the corrective action required for element RC01. The Medicare Advantage Organization (MAO) must ensure that staff understand the difference between grievances and appeals. The plan should implement a process to audit this area until appeals and grievances are consistently differentiated. The MAO must conduct training of its Customer Service staff, Appeals staff, and any other appropriate staff on the appeals and grievance policies and procedures. Submit documentation to CMS that details the nature of this training, including: the materials used in the training, the individuals conducting the training, and the individuals being trained. The MAO must ensure that appeals information is shared with appropriate departments so systemic problems can be corrected. For example, claims being denied as routine lab tests, yet the lab tests are necessary for your chronic disease special needs plan.

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

Findings: NOT MET

Review ID: 9337

Region: 08 Denver

Contract Number / Name: H5586 SOUTH DAKOTA STATE MEDICAL HOLDING COMPANY, INC.

Auditing Guide Version: MA Audit Review Guide, Version 4
Auditing Element: RP05
Review Type: Routine
Review Status: Confirmed
MCO Response Received Date:
Element Accepted Date: 03/24/2008
Element Release Date: 03/25/2008
CAP Released Date:03/31/2008

Visit Start Date: 9/17/2007
Exit Conference Date: 10/12/2007
Date Report Issued: 11/26/2007
Date Report Due: 11/26/2007
CAP Accepted Date:03/31/2008
Audit Closed Date: 03/31/2008
Element Projected Completion Date:09/30/2007
MCO Response Due Date: 01/10/2008

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:

MAO does not have policy or procedure to indicate how members would be given an expedited reconsideration determination to meet 72 hour requirement if required over the weekend or holiday.

Corrective Action Required:

Update policy and procedure and implement step-by-step process to meet expedited reconsideration standards during weekends and holidays. Provide CMS with the new policies and procedures and plan for review and correction.