CMS Medicare Managed Care Auditing Report

Auditing Review Results (Initial Report)-Public Website Version

Date Report Generated: 9/30/2008

MRT Number: M0031, Contract Number: All, Category: All, Element: All, Finding:NOT MET, Reviewer:All

Findings: NOT MET

Review ID: 9617

Region: 03 Philadelphia

MRT Number / Name: M0031 MRT XL Health Corporation

Contract Number / Name: H5665 CARE IMPROVEMENT PLUS OF MARYLAND, INC.

Auditing Guide Version: MA Audit Review Guide, Version 4

Auditing Element: CN04

Review Type: Routine

Review Status: Confirmed

MCO Response Received Date: 11/01/2007

Element Accepted Date: 12/13/2007

Element Release Date: 06/03/2008

CAP Released Date: 06/03/2008

Visit Start Date: 07/30/2007

Exit Conference Date: 08/17/2007

Date Report Issued: 09/19/2007

Date Report Due: 10/01/2007

CAP Accepted Date: 05/09/2008

Audit Closed Date: 06/03/2008

Element Projected Completion Date: 11/30/2007

MCO Response Due Date: 11/03/2007

Requirement:

Required Contract Provisions: Abide by Federal RequirementsThe MAO's written contracts with first tier and downstream entities must contain a provision to show that the contracting entity will: comply with Medicare laws, regulations, reporting requirements, and CMS instructions; agree to audits and inspection by CMS and/or its designees; cooperate, assist, and provide information as requested; and maintain records a minimum of 10 years.

Deficiencies:

Upon review of the twenty contracts which made up the provider contract sample it was found that ten contracts did not have language requiring the maintainence of records for ten years.

Corrective Action Required:

Care Improvment Plus must ensure that all provider contracts contain language which includes CMS requirements that records be maintained for ten years.

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Review ID: 9617

Region: 03 Philadelphia

MRT Number / Name: M0031 MRT XL Health Corporation

Contract Number / Name: H5665 CARE IMPROVEMENT PLUS OF MARYLAND, INC.

Auditing Guide Version: MA Audit Review Guide, Version 4

Auditing Element: MR05

Review Type: Routine

Review Status: Confirmed

MCO Response Received Date: 11/01/2007

Element Accepted Date: 01/01/2008

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CAP Released Date: 06/03/2008

Visit Start Date: 07/30/2007

Exit Conference Date: 08/17/2007

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CAP Accepted Date: 05/09/2008

Audit Closed Date: 06/03/2008

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MCO Response Due Date: 11/03/2007

Requirement:

Marketing Materials: Enrollment and Understanding of Plan Rules - The MAO establishes and maintains a system for confirming that enrolled members are enrolled in an MA plan and that they understand the rules applicable under the plan.

Deficiencies:

Care Improvment Plus does not have a system for confirming that enrolled members are enrolled in the MA plan and that they understand the rules under the plan.

Corrective Action Required:

Care Improvment Plus must establish and maintain a system for confirming that enrolled members are enrolled in the MA plan and that they understand the rules applicable under the plan.

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Region: 03 Philadelphia

MRT Number / Name: M0031 MRT XL Health Corporation

Contract Number / Name: H5665 CARE IMPROVEMENT PLUS OF MARYLAND, INC.

Auditing Guide Version: MA Audit Review Guide, Version 4

Auditing Element: MR08

Review Type: Routine

Review Status: Confirmed

MCO Response Received Date: 11/01/2007

Element Accepted Date: 05/09/2008

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CAP Released Date: 06/03/2008

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MCO Response Due Date: 11/03/2007

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:

As demonstrated through repeated complaints made to CMS and Care Improvements own grievances, broker agents marketing the plan are engaging in activities which mislead, confuse and misrepresent the MAO.

Corrective Action Required:

Care Improvement Plus must establish a mechanism which will ensure that neither plan employees or agents acting on behalf of the plan are engaging in activities which materially mislead, confuse or misrepresent the MAO.

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Review ID: 9617

Region: 03 Philadelphia

MRT Number / Name: M0031 MRT XL Health Corporation

Contract Number / Name: H5665 CARE IMPROVEMENT PLUS OF MARYLAND, INC.

Auditing Guide Version: MA Audit Review Guide, Version 4

Auditing Element: OC01

Review Type: Routine

Review Status: Confirmed

MCO Response Received Date: 11/01/2007

Element Accepted Date: 05/08/2008

Element Release Date: 06/03/2008

CAP Released Date: 06/03/2008

Visit Start Date: 07/30/2007

Exit Conference Date: 08/17/2007

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Date Report Due: 10/01/2007

CAP Accepted Date: 05/09/2008

Audit Closed Date: 06/03/2008

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MCO Response Due Date: 11/03/2007

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:

After review, it was determined that five of thirty cases in the claims sample were not denied properly. Four of the five involved the denial of claims that should have been paid. One involved a claim that was denied before the appropriate developement was done.

Corrective Action Required:

Care Improvement Plus must ensure that all claims are being processed following CMS requirements. The plan must demonstrate mechanisms and processes for oversight of its delegated vendors.

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Review ID: 9617

Region: 03 Philadelphia

MRT Number / Name: M0031 MRT XL Health Corporation

Contract Number / Name: H5665 CARE IMPROVEMENT PLUS OF MARYLAND, INC.

Auditing Guide Version: MA Audit Review Guide, Version 4
Auditing Element: OC06
Review Type: Routine
Review Status: Confirmed
MCO Response Received Date: 11/01/2007
Element Accepted Date: 05/08/2008
Element Release Date: 06/03/2008
CAP Released Date: 06/03/2008

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CAP Accepted Date: 05/09/2008
Audit Closed Date: 06/03/2008
Element Projected Completion Date: 11/30/2007
MCO Response Due Date: 11/03/2007

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:

After a review of thirty claims processed by delegated vendor for vision services, it was determined that in all thirty cases the claims were denied and notices were sent that did not have the Medicare approved denial language or appeal rights. Care Improvement Plus did discover the error while pulling the claims and all of the claims were reprocessed to pay. After a review of thirty claims procssed by another delegated vendor it was determined that they did not use clear language in twenty-four of the letters to describe what service had been denied.

Corrective Action Required:

Care Improvement Plus must ensure that all notices sent to members are in compliance with Medicare requirements. Care Improvement Plus must provide evidence that it is conducting appropriate oversight of its delegated vendors.

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Findings: NOT MET

Review ID: 9617

Region: 03 Philadelphia

MRT Number / Name: M0031 MRT XL Health Corporation

Contract Number / Name: H5665 CARE IMPROVEMENT PLUS OF MARYLAND, INC.

Auditing Guide Version: MA Audit Review Guide, Version 4

Auditing Element: OP01

Review Type: Routine

Review Status: Confirmed

MCO Response Received Date: 11/01/2007

Element Accepted Date: 12/13/2007

Element Release Date: 06/03/2008

CAP Released Date: 06/03/2008

Visit Start Date: 07/30/2007

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MCO Response Due Date: 11/03/2007

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:

After reviewing a sample of one case, it was determined that the Standard Pre-Service denial was not made within the required fourteen days.

Corrective Action Required:

Care Improvement Plus must have mechanisms in place to ensure that it notifies 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 fourteen days after receiving the request(or an additional fourteen days if an extension is justified).

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MRT Number / Name: M0031 MRT XL Health Corporation

Contract Number / Name: H5665 CARE IMPROVEMENT PLUS OF MARYLAND, INC.

Auditing Guide Version: MA Audit Review Guide, Version 4

Auditing Element: OP09

Review Type: Routine

Review Status: Confirmed

MCO Response Received Date: 11/01/2007

Element Accepted Date: 12/13/2007

Element Release Date: 06/03/2008

CAP Released Date: 06/03/2008

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Exit Conference Date: 08/17/2007

Date Report Issued: 09/19/2007

Date Report Due: 10/01/2007

CAP Accepted Date: 05/09/2008

Audit Closed Date: 06/03/2008

Element Projected Completion Date: 11/30/2007

MCO Response Due Date: 11/03/2007

Requirement:

OPTIONAL: Favorable Standard Pre-Service Approvals (Timeliness) - If the MAO makes a favorable standard pre-service organization determination, it must notify the member of its determination 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:

After review of the fifteen cases in the sample it was determined that in four of the cases the member was not notified of the plan's decision in the timeframes required by CMS.

Corrective Action Required:

Care Improvement Plus must have in place mechanisms to ensure that if they make a favorable standard pre-service organization determination, it must notify the member of its determination as expeditiously as the member's health condition requires, but no later than fourteen calendar days after receiving the request (or an additional fourteen days if an extension is justified).