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: 8157

Region: 02 New York

Contract Number / Name: H3345 HIP INSURANCE COMPANY OF NEW YORK

Auditing Guide Version: MA Audit Review Guide, Version 4

Auditing Element: OC01

Review Type: Routine

Review Status: Confirmed

MCO Response Received Date:

Element Accepted Date: 07/17/2007

Element Release Date: 07/17/2007

CAP Released Date: 10/12/2007

Visit Start Date: 3/26/2007

Exit Conference Date: 03/30/2007

Date Report Issued: 05/14/2007

Date Report Due: 05/14/2007

CAP Accepted Date: 10/12/2007

Audit Closed Date: 10/12/2007

Element Projected Completion Date: 06/28/2007

MCO Response Due Date: 06/28/2007

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:

This sample consists of one case. This reason for the denial reason not evident in the documentation submitted for this case. Reviewer could not tell if denial notice was sent to the member.

Corrective Action Required:

MAO must submit another univere and another sample of cases will be selected by CMS reviewer. MAO will submit selected cases and documentation to the Regional Office for a desk review to occur.

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Review ID: 8157

Region: 02 New York

Contract Number / Name: H3345 HIP INSURANCE COMPANY OF NEW YORK

Auditing Guide Version: MA Audit Review Guide, Version 4
Auditing Element: OC06
Review Type: Routine
Review Status: Confirmed
MCO Response Received Date:
Element Accepted Date: 07/17/2007
Element Release Date: 10/12/2007
CAP Released Date: 10/12/2007

Visit Start Date: 3/26/2007
Exit Conference Date: 03/30/2007
Date Report Issued: 05/14/2007
Date Report Due: 05/14/2007
CAP Accepted Date: 10/12/2007
Audit Closed Date: 10/12/2007
Element Projected Completion Date: 07/31/2007
MCO Response Due Date: 06/28/2007

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:

CMS reviewer notes that the sample consisted of 1 case. CMS could not detemine if the denial notice was compliant because this case did not have one.

Corrective Action Required:

MAO must submit another univere and another sample of cases will be selected by CMS reviewer. MAO will submit selected cases and documentation to the Regional Office for a desk review to occur.