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: 8997

Region: 04 Atlanta

Contract Number / Name: H5420 MEDICA HEALTHCARE PLANS, INC.

Auditing Guide Version: MA Audit Review Guide, Version 4
Auditing Element: OC05
Review Type: Routine
Review Status: Confirmed
MCO Response Received Date: 10/22/2007
Element Accepted Date: 11/08/2007
Element Release Date: 05/07/2008
CAP Released Date: 05/07/2008

Visit Start Date: 8/27/2007
Exit Conference Date: 08/30/2007
Date Report Issued: 09/18/2007
Date Report Due: 10/14/2007
CAP Accepted Date: 11/13/2007
Audit Closed Date: 05/07/2008
Element Projected Completion Date: 10/18/2007
MCO Response Due Date: 11/02/2007

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:

Based on the review sample of 4 claims in WS-OC2 - Denied Claims, Medica Healthcare Plans, Inc. did not consistently require the delegated entity, PsychStar, to date stamp the receipt of non-contracted provider claims. Claim sample number 3 lacked a date of receipt.

Corrective Action Required:

1. Medica HealthCare Plans, Inc. must request a corrective action plan from the delegated entity for this finding and submit it to CMS. 2. Medica HealthCare Plans, Inc. must provide CMS with a quarterly report of its monitoring results of the delegated entity¿s performance related to this requirement. A quarterly report is required until a sustained improvement is demonstrated.

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Findings: NOT MET

Review ID: 8997

Region: 04 Atlanta

Contract Number / Name: H5420 MEDICA HEALTHCARE PLANS, INC.

Auditing Guide Version: MA Audit Review Guide, Version 4
Auditing Element: RC02
Review Type: Routine
Review Status: Confirmed
MCO Response Received Date: 10/22/2007
Element Accepted Date: 11/08/2007
Element Release Date: 05/07/2008
CAP Released Date: 05/07/2008

Visit Start Date: 8/27/2007
Exit Conference Date: 08/30/2007
Date Report Issued: 09/18/2007
Date Report Due: 10/14/2007
CAP Accepted Date: 11/13/2007
Audit Closed Date: 05/07/2008
Element Projected Completion Date: 12/31/2008
MCO Response Due Date: 11/02/2007

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:

Based on review of a sample of 8 cases on WS-RC2 Unfavorable Claims Reconsiderations, Medica HealthCare Plans, Inc. failed to identify a universe that meets the intent of the purpose for the WS as documented on the worksheet instructions. 100% of the 8 samples provided on WS-RC2 ¿ Unfavorable Claims Reconsiderations, were found to be misclassified. The universe submitted for this worksheet consisted of non-contracted provider appeals which do not constitute a valid universe for Element RC02. A valid universe consists of reconsideration requests from members that result in unfavorable determinations by the MAO.

Corrective Action Required:

According to Medica HealthCare Plans, Inc., they do not have a representative universe of unfavorable claims reconsiderations for the audit time span of February thru July 2007. The MAO is required to submit a representative universe for RC02 as soon as a universe is available. For the purposes of this corrective action request, a universe of 5 cases will be considered adequate.