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: 9077

Region: 04 Atlanta

Contract Number / Name: H5884 BLUECROSS BLUESHIELD OF TENNESSEE

Auditing Guide Version: MA Audit Review Guide, Version 4
Auditing Element: OC06
Review Type: Routine
Review Status: Confirmed
MCO Response Received Date: 12/07/2007
Element Accepted Date: 12/31/2007
Element Release Date: 12/31/2007
CAP Released Date: 12/31/2007

Visit Start Date: 9/11/2007
Exit Conference Date: 09/13/2007
Date Report Issued: 10/25/2007
Date Report Due: 10/28/2007
CAP Accepted Date: 12/31/2007
Audit Closed Date: 12/31/2007
Element Projected Completion Date: 12/17/2007
MCO Response Due Date: 12/09/2007

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:

BlueCross and BlueShield of Tennessee (BCBST) does not meet compliance standard for this requirement. BCBST failed to meet federal requirements to ensure that notifications contained the OMB-approved language for the Notice of Denial of Payment (NDP) in its entirety. Specifically, the denial notice did not clearly state the service denied and the reason for denial. Futhermore, BCBST did not meet the content requirements listed in the NDP's form instructions.

Corrective Action Required:

BCBST must submit a revision of the Notice of Denial Payment that will contain the OMB-approved language in its entirety. The Notice of Denial Payment must clearly state the service denied and the specific reason for denial.

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Review ID: 9077

Region: 04 Atlanta

Contract Number / Name: H5884 BLUECROSS BLUESHIELD OF TENNESSEE

Auditing Guide Version: MA Audit Review Guide, Version 4
Auditing Element: RP05
Review Type: Routine
Review Status: Confirmed
MCO Response Received Date: 12/07/2007
Element Accepted Date: 12/27/2007
Element Release Date: 12/31/2007
CAP Released Date: 12/31/2007

Visit Start Date: 9/11/2007
Exit Conference Date: 09/13/2007
Date Report Issued: 10/25/2007
Date Report Due: 10/28/2007
CAP Accepted Date: 12/31/2007
Audit Closed Date: 12/31/2007
Element Projected Completion Date: 11/02/2007
MCO Response Due Date: 12/09/2007

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:

Blue Cross and Blue Shield of Tennessee (BCBSTN) does not meet the CMS 95% compliance standard for this requirement. A review of 10 sample cases from a universe of 10 revealed 6 cases where BCBSTN did not give oral notice on their decision not to expedite their request for reconsideration. The cases involved were case #1, #3, #5, #6, #8, and #10.

Corrective Action Required:

Blue Cross and Blue Shield of Tennessee must update and submit a copy of their policy and procedures to ensure all members are notified orally when the decision is made not to expedite their request for reconsideration. BCBSTN must conduct training of appropriate staff and submit documentation to CMS regional office that details the nature of the training, and send to the regional office a copy of training attendance log.