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: 8717

Region: 02 New York

Contract Number / Name: H3328 NEW YORK STATE CATHOLIC HLTH PLAN INC

Auditing Guide Version: MA Audit Review Guide, Version 4
Auditing Element: ER02
Review Type: Routine
Review Status: Confirmed
MCO Response Received Date: 10/19/2007
Element Accepted Date: 10/26/2007
Element Release Date: 03/11/2008
CAP Released Date: 06/20/2008

Visit Start Date: 7/25/2007
Exit Conference Date: 07/27/2007
Date Report Issued: 09/10/2007
Date Report Due: 09/10/2007
CAP Accepted Date: 10/26/2007
Audit Closed Date: 06/20/2008
Element Projected Completion Date: 01/15/2008
MCO Response Due Date: 10/25/2007

Requirement:

Enrollment Election Receipt - Dated Elections (and required documentation) are dated as of the date they are received by the MAO in a manner acceptable to CMS.

Deficiencies:

42 CFR422.60(e)(1)-(2) Manual Ch. 2 section 40.2(I) Enrollment Election Receipt - Dated Elections (and required documentation) are dated as of the date they are received by the MAO in a manner acceptable to CMS. The requirements are not met. The New York State Catholic Health Plan does not correctly perform the Enrollment Election Receipt. The elections are not dated by the New York State Catholic Health Plan in accordance with 42 CFR 422.60 (e) (1) - (2). In thirteen out of fifteen cases sampled, the New York State Catholic Health Plan failed to correctly follow the enrollment election receipt process. According to the New York State Catholic Health Plan, the reason provided was that the plan had a staff shortage. In addition the staff had incorrectly reviewed the election applications. Applications were date stamped manually.

Corrective Action Required:

Based on an internal audit conducted by the Enrollment department, in conjunction with the Legal Department, and the Director of Medicare, the plan identified applications that were not date stamped in accordance with the department's Policies and Procedures. The Enrollment Department will implement the following plan of correction: Problem: Applications were identified as not being date stamped or not stamped with the correct receipt date. According to the plan, applications taken prior to 11/15/06 and were dated 11/15/06 as marketing activities were not permitted to commence prior to that date. In addition, it was found that one associate was neglecting to date-stamp applications. Resolution: The Director of Enrollment and the departmental management team established an application workflow that will include as one of the steps the date stamping of applications. The new workflow procedures were shared with the associates and staff to ensure that the correct process is followed. As a result of the new procedures, the sales associates were asked to sign acknowledgements confirming their understanding of the correct policies and procedures (see Policies and Procedures ENRMED 2.0 - Reviewing Applications). Sales associates were informed that lack of compliance may result in disciplinary action. The Enrollment Department will conduct a quality assurance sampling on a weekly basis to ensure compliance with this Plan of Correction and the Policy and Procedure. This POC was implemented effective on May 21, 2007. FURTHER ACTIONS REQUIRED- Provide CMS with status on the quality assurance sampling completed to ensure compliance.

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Findings: NOT MET

Review ID: 8717

Region: 02 New York

Contract Number / Name: H3328 NEW YORK STATE CATHOLIC HLTH PLAN INC

Auditing Guide Version: MA Audit Review Guide, Version 4
Auditing Element: ER07
Review Type: Routine
Review Status: Confirmed
MCO Response Received Date: 10/19/2007
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CAP Released Date: 06/20/2008

Visit Start Date: 7/25/2007
Exit Conference Date: 07/27/2007
Date Report Issued: 09/10/2007
Date Report Due: 09/10/2007
CAP Accepted Date: 10/26/2007
Audit Closed Date: 06/20/2008
Element Projected Completion Date: 10/31/2007
MCO Response Due Date: 10/25/2007

Requirement:

Denial of Enrollment Prior to Transmission to CMS (Timeliness) - The MAO correctly notifies beneficiaries of denial of enrollment within timeframes specified by CMS.

Deficiencies:

42 CFR 422.60(e)(3) Manual Ch. 2 - section 40.2.3 Denial of Enrollment Prior to Transmission to CMS (Timeliness) - The MAO correctly notifies beneficiaries of denial of enrollment within timeframes specified by CMS. The requirement is not met. The New York State Catholic Health Plan does not correctly notify beneficiaries of denial of enrollment within timeframes specified by CMS. In thirteen out of fifteen cases sampled, the New York State Catholic Health Plan failed to issue the denial of enrollment notice within the required timeframes. According to the New York State Catholic Health Plan, the reason why the notices were not issued in a timely manner was due to a staff shortage. The notices were being issued manually.

Corrective Action Required:

Denial of Enrollment Prior to Transmission to CMS (Timeliness) - Based on the review of Enrollment Denials sample, the CMS reviewer found that the MAO failed to correctly notify beneficiaries of denial of enrollment within timeframes specified by CMS in thirteen of fifteen cases. CMS staff received NY State Catholic Health Plan's Plan of Action resulting from an internal audit and found that it addressed this issue and was found acceptable with one further action required. The Enrollment department in conjunction with the Legal Department and the Director of Medicare, found that enrollment and disenrollment letters for enrollees and applicants were not issued on a timely basis. In addition, the content of the letter did not properly display the reason for disenrollment. The enrollment department implemented the following plan of correction: -The enrollment department corrected all of the letters and they are now currently in use. -The director of enrollment and departmental management team implemented workflow procedures with the associate staff to reinforce the process and timeliness in issuing member confirmation letters. -The associates were asked to sign acknowledgements confirming their understanding of the department's policies. They also understand that further oversights may result in disciplinary action. -The enrollment department is expanding the number of associates with training in the Medicare process to provide support if staffing levels are compromised due to extended absences or loss of existing staff. The department has already identified additional resources and has begun training of those resources.* -The enrollment department will conduct a quality assurance sampling on a weekly basis to ensure compliance with this Plan of Correction.* FURTHER ACTIONS REQUIRED-The plan must provide status on the expansion of associates with training in the Medicare process and provide a report with findings based on the review of samples in accordance with the POC. The plan must provide updated Policies and Procedures for CMS review and approval.

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Date Report Generated: 9/30/2008

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

Findings: NOT MET

Review ID: 8717

Region: 02 New York

Contract Number / Name: H3328 NEW YORK STATE CATHOLIC HLTH PLAN INC

Auditing Guide Version: MA Audit Review Guide, Version 4
Auditing Element: ER08
Review Type: Routine
Review Status: Confirmed
MCO Response Received Date: 10/19/2007
Element Accepted Date: 10/26/2007
Element Release Date: 03/11/2008
CAP Released Date: 06/20/2008

Visit Start Date: 7/25/2007
Exit Conference Date: 07/27/2007
Date Report Issued: 09/10/2007
Date Report Due: 09/10/2007
CAP Accepted Date: 10/26/2007
Audit Closed Date: 06/20/2008
Element Projected Completion Date: 01/15/2008
MCO Response Due Date: 10/25/2007

Requirement:

Denial of Enrollment Prior to Transmission to CMS (Notice Content) - The denial notice meets CMS requirements. If the MA plan is currently enrolled to capacity, the notice explains the procedures that will be followed when vacancies occur.

Deficiencies:

42 CFR 422.60(e)(3)-(4) Manual Ch. 2 - section 40.2.3 Denial of Enrollment Prior to Transmission to CMS (Notice Content) - The denial notice meets CMS requirements. If the MA plan is currently enrolled to capacity, the notice explains the procedures that will be followed when vacancies occur. The requirements are not met. The New York State Catholic Health Plan does not correctly perform the Enrollment Election Receipt and elections are not dated by the New York State Catholic Health Plan in a manner acceptable to CMS. In thirteen out of fifteen cases sampled, the New York State Catholic Health Plan failed to correctly perform the enrollment election receipt process. According to the New York State Catholic Health Plan, the reason for election receipt discrepancy was staff shortage and improper processing of election applications. The date stamps were being administered manually.

Corrective Action Required:

Based on a review of MAO Enrollment Denials, the reviewer found that enrollment denial notices were not issued. Therefore, the reviewer was unable to determine if the notices met the CMS requirements. Cross-Refer to ER07 for the plan's Plan Of Correction (POC), addressing the denial notices. The POC was implemented effective on May 21, 2007. FURTHER ACTION REQUIRED-Provide CMS with status on the quality assurance sampling completed to ensure compliance with the POC and the Policies and Procedures.

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

Findings: NOT MET

Review ID: 8717

Region: 02 New York

Contract Number / Name: H3328 NEW YORK STATE CATHOLIC HLTH PLAN INC

Auditing Guide Version: MA Audit Review Guide, Version 4
Auditing Element: GV01
Review Type: Routine
Review Status: Confirmed
MCO Response Received Date: 10/19/2007
Element Accepted Date: 10/19/2007
Element Release Date: 12/05/2007
CAP Released Date: 06/20/2008

Visit Start Date: 7/25/2007
Exit Conference Date: 07/27/2007
Date Report Issued: 09/10/2007
Date Report Due: 09/10/2007
CAP Accepted Date: 10/26/2007
Audit Closed Date: 06/20/2008
Element Projected Completion Date: 10/31/2007
MCO Response Due Date: 10/25/2007

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:

42 CFR 422.564(b) 422.566(b) 422.580 Manual Ch. 13 - Sections 10.1 and 20.2 The 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. The requirement is not met. Three of fifteen grievances sampled were misclassified. Two of the cases sampled were denied claims subject to the Medicare appeals process. For these two, the files did not include the member's complaint. These two (2) files included a record of an outbound call made by the Member Services Department about the denied claim. The third case was a denial to provide orthopedic diabetic shoes. This case was subject to the Medicare appeals process. In addition, New York State Catholic Health Plan's training manual was reviewed and found lacking a clear definition of both Grievances and Medicare Appeals.

Corrective Action Required:

An internal audit conducted by NY State Catholic Health Plan, on May 7, 2007, found that grievances and Medicare appeals were not being processed in a manner consistent with Medicare regulations. Therefore, the MA plan developed a Plan Of Correction (Corrective Action Plan) to address the deficiencies found. The MA plan proposes to conduct a monthly meeting in which representatives from the Member Services, and QA Departments along with an independent party to review grievances and appeals to ensure they are correctly categorized and processed. A refresher training between the Quality Oversight Unit and the Medicare Member Services Associates is proposed. The plan also proposes to monitor this area closely on a monthly basis. CMS reviewed the Plan of Correction (CAP) submitted and partially accepts it. NY State Catholic Health Plan must provide the training and submit to the CMS Regional Office, documentation to show that such training took place and the type of information covered. In addition, the Training Manual reviewed, must be revised and submitted to the CMS Regional Office for review and approval.

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Findings: NOT MET

Review ID: 8717

Region: 02 New York

Contract Number / Name: H3328 NEW YORK STATE CATHOLIC HLTH PLAN INC

Auditing Guide Version: MA Audit Review Guide, Version 4
Auditing Element: MR01
Review Type: Routine
Review Status: Confirmed
MCO Response Received Date: 10/19/2007
Element Accepted Date: 10/26/2007
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CAP Released Date: 06/20/2008

Visit Start Date: 7/25/2007
Exit Conference Date: 07/27/2007
Date Report Issued: 09/10/2007
Date Report Due: 09/10/2007
CAP Accepted Date: 10/26/2007
Audit Closed Date: 06/20/2008
Element Projected Completion Date: 10/31/2007
MCO Response Due Date: 10/25/2007

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:

Refer to MR08 for deficiency previously shown under this element.

Corrective Action Required:

Refer to MR08 for CAR previously shown for this element.

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Findings: NOT MET

Review ID: 8717

Region: 02 New York

Contract Number / Name: H3328 NEW YORK STATE CATHOLIC HLTH PLAN INC

Auditing Guide Version: MA Audit Review Guide, Version 4
Auditing Element: MR08
Review Type: Routine
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MCO Response Received Date: 10/19/2007
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Visit Start Date: 7/25/2007
Exit Conference Date: 07/27/2007
Date Report Issued: 09/10/2007
Date Report Due: 09/10/2007
CAP Accepted Date: 10/26/2007
Audit Closed Date: 06/20/2008
Element Projected Completion Date:
MCO Response Due Date: 10/25/2007

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:

The element was not met. Eight out of ten marketing representative files sampled did not include the representative's license. For these eight, the files did not include information on N.Y. Insurance license and/or information on license renewal. In addition, the New York State Catholic Health Plan's policies and procedures concerning licensed marketing representatives was not clear in regards to the admittance of non licensed marketing representatives and their employment. Based on the above, New York State Catholic Health Plan did not show that it has an effective oversight and/or management control over all individuals that sell managed care plans, including marketing representatives, agents, and brokers, as is required. Please refer to the Medicare Advantage Audit Guide, Chapter 3.

Corrective Action Required:

CMS staff received (while on site) a Plan of Correction (CAP)from the New York State Catholic Health Plan detailing the steps that it will take to cure the identified deficiencies. CMS reviewed the CAP and partially accepts it with one further action required. The New York State Catholic Health Plan must provide CMS with payroll information for licensed and non licensed Marketing Representatives in order to ensure compliance with N.Y. State Department of Insurance commission guidelines. The CAP is as follows: As per disclosure requirements for employees of the New York State Catholic Health Plan, they will institute a policy which states a licensed marketing representative must disclose to a potential enrollee that he/she may receive compensation for enrolling a prospect into the New York State Catholic Health Plan. If a marketing representative is meeting with a potential enrollee, in compliance with marketing guidelines, the organization must require that the marketing representative clearly identify the types of products the marketing representative will be discussing, before the marketing representative markets to the potential enrollee. An organization must require that the person performing marketing make the following disclosure, prior to enrollment or at the time of enrollment, in writing, to a potential enrollee: The person that is discussing plan options with you is a licensed employee of the New York State Catholic Health Plan and that this person may be compensated based on your enrollment in the plan. Supporting documentation is referenced in the Memorandum of Understanding, located in the Marketing Guidelines Policies and Procedures.

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Findings: NOT MET

Review ID: 8717

Region: 02 New York

Contract Number / Name: H3328 NEW YORK STATE CATHOLIC HLTH PLAN INC

Auditing Guide Version: MA Audit Review Guide, Version 4
Auditing Element: PR05
Review Type: Routine
Review Status: Confirmed
MCO Response Received Date:10/19/2007
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CAP Released Date:06/20/2008

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Exit Conference Date: 07/27/2007
Date Report Issued: 09/10/2007
Date Report Due: 09/10/2007
CAP Accepted Date:10/26/2007
Audit Closed Date: 06/20/2008
Element Projected Completion Date:06/01/2008
MCO Response Due Date: 10/25/2007

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:

The requirement: The 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. This element was not met as evidenced by our review of 10 facility credentialing files. The files did not comply with CMS contractual requirements and lacked proper documentation. Our review showed deficiencies in the following areas: 1.The Contract between the plan and facility was lacking specificity regarding their license to operate in the state 2. There was no documentation identifying compliance with applicable State or Federal requirements, including the requirement to be Medicare Certified. 3. There was no documentation of review and approval by an appropriate accrediting body. 4. There was no documentation that the appropriate standards for credentialing and re-credentialing established by the organization itself were met. The New York State Catholic Health Plan lacked a policy for facility credentialing/recredentialing.

Corrective Action Required:

The New York State Catholic Health Plan must submit a policy and procedure for facility credentialing/recredentialing. The New York State Catholic Health Plan must submit a copy of facility credentialing/recredentialing files for the last quarter of 2007 and the first quarter of 2008. Submit title of person who will monitor credentialing/recredentialing process for compliance.

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Review ID: 8717

Region: 02 New York

Contract Number / Name: H3328 NEW YORK STATE CATHOLIC HLTH PLAN INC

Auditing Guide Version: MA Audit Review Guide, Version 4
Auditing Element: QY03
Review Type: Routine
Review Status: Confirmed
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CAP Released Date: 06/20/2008

Visit Start Date: 7/25/2007
Exit Conference Date: 07/27/2007
Date Report Issued: 09/10/2007
Date Report Due: 09/10/2007
CAP Accepted Date: 10/26/2007
Audit Closed Date: 06/20/2008
Element Projected Completion Date: 10/19/2007
MCO Response Due Date: 10/25/2007

Requirement:

Appropriate Utilization Management Program - If the MAO offers a coordinated care plan, or a local PPO that is licensed as an HMO, the MAO must employ a utilization management program that meets CMS requirements for each plan.

Deficiencies:

42CFR422.152(b)(1) In processing requests for initial or continued authorization of services, follow written policies and procedures that reflect current standards of medical practice. This element was not met due to evidence we discovered during our review. Our review uncovered that a Physician Assistant denied coverage for services rendered to a member based on medical necessity. The Policy of the New York State Catholic Health Plan stated, "The Chief Medical Officer or Medical Director(s) are the only individuals with the authority to render adverse determinations based upon medical necessity and/or appropriateness of service or level of care."

Corrective Action Required:

The New York State Catholic Health Plan must submit a corrective action plan identifying the title of professionals that will be responsible for making decisions resulting in the denial of coverage based upon medical necessity.

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Findings: NOT MET

Review ID: 8717

Region: 02 New York

Contract Number / Name: H3328 NEW YORK STATE CATHOLIC HLTH PLAN INC

Auditing Guide Version: MA Audit Review Guide, Version 4
Auditing Element: QY07
Review Type: Routine
Review Status: Confirmed
MCO Response Received Date: 10/19/2007
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CAP Released Date: 06/20/2008

Visit Start Date: 7/25/2007
Exit Conference Date: 07/27/2007
Date Report Issued: 09/10/2007
Date Report Due: 09/10/2007
CAP Accepted Date: 10/26/2007
Audit Closed Date: 06/20/2008
Element Projected Completion Date: 04/15/2008
MCO Response Due Date: 10/25/2007

Requirement:

Oversight of Delegated Entities with Chapter 5 Responsibilities If any of the activities or responsibilities for the above elements, QY 01- QY05 or QY08-QY09, in Chapter 5 are delegated to other parties, the MAO must oversee them per CMS standards.

Deficiencies:

42CFR422.152 The MAO corrects significant systemic problems that come to its attention through internal surveillance, complaints, or other mechanisms. If any of the activities or responsibilities for any of the elements QY01-QY05 is delegated to other parties, the MAO must oversee them per CMS standards. This element was not met as evidenced during CMS's review. We found that three of three delegated credentialing files lacked one or more required documents. The New York State Catholic Health Plan lacked documentation of oversight for delegated credentialing/recredentialing.

Corrective Action Required:

The New York State Catholic Health Plan must submit a policy/procedure for oversight of delegated credentialing/recredentialing activities. The New York State Catholic Health Plan must submit documentation of oversight for the last quarter of 2007 and the first quarter of 2008. Submit the title of the person who will monitor compliance.