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
Region: 09 San Francisco
Contract Number / Name: H3815 CITIZENS CHOICE HEALTHPLAN

Review ID: 8077

Auditing Guide Version: MA Audit Review Guide, Version 4
Auditing Element: OC03
Review Type: Routine
Review Status: Confirmed
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CAP Accepted Date: 01/08/2008
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MCO Response Due Date: 10/29/2007

Requirement:

Timely Payment of Non-Contracting Provider Clean Claims - The MAO must pay 95 percent of "clean" claims from non-contracting providers within 30 calendar days of receipt.

Deficiencies:

Citizens Choice does not meet this requirement. CMS reviewed 30 paid claims processed by Citizens Choice out of a universe of 776, 17 paid claims processed by one medical group out of a universe of 600, five paid claims processed by another medical group out of a universe of 195, and eight paid claims processed by a third medical group out of a universe of 281. Of the five paid claims processed by the second medical group, two were paid beyond 30 days from receipt. Of the eight paid claims processed by the third medical group, three were paid beyond 30 days from receipt.

Corrective Action Required:

Citizens Choice must establish and maintain effective oversight controls over its delegated entities to ensure that claims are processed according to CMS requirements for timeliness. Citizens Choice must submit a policy and procedure that describes the types of oversight activities it will implement over its delegated entities. Citizens Choice should conduct an internal audit each month of clean claims, both those processed by Citizens Choice as well as all of its contracted medical groups that have claims processing responsibilities for claims. This audit should evaluate whether claims are being processed timely. Please submit a summary report once a quarter to the regional office of your monthly findings until further notified. The summary report should include the title of the auditor, the audit methodology, and the results of the audit.

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Findings: NOT MET

Review ID: 8077

Region: 09 San Francisco

Contract Number / Name: H3815 CITIZENS CHOICE HEALTHPLAN

Auditing Guide Version: MA Audit Review Guide, Version 4
Auditing Element: OC04
Review Type: Routine
Review Status: Confirmed
MCO Response Received Date: 10/18/2007
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CAP Released Date: 01/08/2008

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Date Report Issued: 09/14/2007
Date Report Due: 09/07/2007
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Requirement:

Interest on Clean Claims Paid Late - If the MAO pays clean claims from non-contracting providers in over 30 calendar days, it must pay interest in accordance with § 1816 (c)(2)(B) and § 1842 (c)(2)(B).

Deficiencies:

Citizens Choice does not meet this requirement. The three contracted medical groups all had claims that were paid beyond 30 days from receipt. For the first group, CMS reviewed 17 paid claims from a universe of 600. One claim was not paid within 30 days and no interest was paid on the claim. For the second group, CMS reviewed five paid claims from a universe of 195. Two claims were not paid within 30 days and no interest was paid on the claims until after the site visit was completed. For the third group, CMS reviewed eight paid claims from a universe of 281. Three claims were not paid within 30 days. One of these claims did not require an interest payment (the claim was paid one day late and the amount of the claim was $33.42, resulting in less than $.01 in interest due). Of the two remaining claims, interest was not paid until three days before the site visit (i.e., outside the time period reviewed by CMS).

Corrective Action Required:

Citizens Choice must establish and maintain effective oversight controls over its delegated entities to ensure that claims paid late include the appropriate interest payment. Citizens Choice must submit a policy and procedure that describes the types of oversight activities it will implement over its delegated entities. Citizens Choice should conduct an internal audit each month of clean claims, both those processed by Citizens Choice as well as all of its contracted medical groups that have claims processing responsibilities for claims. This audit should evaluate whether claims are being processed timely. For those that are not, Citizens Choice should ensure that interest has been paid. Please submit a summary report once a quarter to the regional office of your monthly findings until further notified. The summary report should include the title of the auditor, the audit methodology, and the results of the audit.

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Findings: NOT MET

Review ID: 8077

Region: 09 San Francisco

Contract Number / Name: H3815 CITIZENS CHOICE HEALTHPLAN

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Auditing Element: OC06
Review Type: Routine
Review Status: Confirmed
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Date Report Due: 09/07/2007
CAP Accepted Date:01/08/2008
Audit Closed Date: 01/08/2008
Element Projected Completion Date:
MCO Response Due Date: 10/29/2007

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:

Citizens Choice does not meet this requirement. Of the 30 denied claims reviewed that were processed by Citizens Choice, for 13 of them the health plan did not send a denial notice to the member, even though the member had financial liability for the services. (Note: for five of these claims in which no denial notice was sent, the services appear to be fraudulently billed ophthalmic services, so it was appropriate for the health plan not to send a denial notice to the members.) Of the remaining 17 denied claims, eight of them did not have clear, understandable descriptions of the services that were being denied. For example, the denied services in one denial notice were listed as ¿microalbumin, quantitative, assay of urine creatinine, and urinalysis, auto/scope.¿ In another, they were listed as ¿comprehend metabolic panel, lipid panel, assay thyroid stim hormone.¿ It is unlikely that a beneficiary would understand what the services were that were being denied, making it difficult for them to be able to file an appeal of those services. Of the four denied claims reviewed that were processed by one of the contracted medical groups, all four listed the denied services as numerical codes (for example, ¿85025¿). It would be impossible for a member to know what services were denied.

Corrective Action Required:

For claims processed both by Citizens Choice and its delegated entities, develop accurate and meaningful descriptions of the denied services so the member understands what services were denied. For claims processed by Citizens Choice, develop a process to ensure that denial notices are sent to members in instances where the member has financial liability for the denied service.

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Review ID: 8077

Region: 09 San Francisco

Contract Number / Name: H3815 CITIZENS CHOICE HEALTHPLAN

Auditing Guide Version: MA Audit Review Guide, Version 4
Auditing Element: OP04
Review Type: Routine
Review Status: Confirmed
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Element Projected Completion Date:
MCO Response Due Date: 10/29/2007

Requirement:

Requests for Expedited Organization Determinations (Timeliness) - The MAO must promptly decide whether to expedite an organization determination based on regulatory requirements. If the MAO decides not to expedite an organization determination, 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 organization determination, and provide written notice within 3 calendar days of the oral notice. If the MAO makes an expedited organization determination (favorable or adverse), it must notify the member in writing as expeditiously as the member's health requires, but no later than 72 hours after receiving the request (or an additional 14 calendar days if an extension is justified). If the MAO first notifies the member of its expedited determination orally, it must mail written confirmation to the member within 3 calendar days of the oral notification.

Deficiencies:

Delegated Entity #1 (CMSM) Based on a sample of 2 requests for expedited organization determinations from a universe of 2, the reviewer found that both cases were processed and approved within the CMS timeliness requirement of 72 hours for expedited organization determinations. The 2 files were non-compliant because the members did not receive oral or written notification of the delegated entity's approval decision.

Corrective Action Required:

Describe actions CCHP is taking to ensure its delegated entities are meeting the member notification requirements for expedited organization determinations in accordance with CMS policy and regulations. The process must include internal and delegation oversight audits to ensure compliance with CMS requirements.

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Region: 09 San Francisco

Contract Number / Name: H3815 CITIZENS CHOICE HEALTHPLAN

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Auditing Element: QY07
Review Type: Routine
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Date Report Due: 09/07/2007
CAP Accepted Date:01/08/2008
Audit Closed Date: 01/08/2008
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MCO Response Due Date: 10/29/2007

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:

See OP04, OP10 and OP11 for finding and CAR.

Corrective Action Required:

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Findings: NOT MET

Review ID: 8077

Region: 09 San Francisco

Contract Number / Name: H3815 CITIZENS CHOICE HEALTHPLAN

Auditing Guide Version: MA Audit Review Guide, Version 4
Auditing Element: QY08
Review Type: Routine
Review Status: Confirmed
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Element Accepted Date: 11/05/2007
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Date Report Due: 09/07/2007
CAP Accepted Date: 01/08/2008
Audit Closed Date: 01/08/2008
Element Projected Completion Date:
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Requirement:

Chronic Care Improvement Program The MAO must have a chronic care improvement program (CCIP).

Deficiencies:

A full review report "CCIP Project Review Tool" is provided by the MAQRO contractors to the MAO and RO Plan Manager under separate cover. CCHP received "not met" for the following required review element: E1 - The MAO has a process in place to do periodic monitoring of the progress of its CCIP participants. Per the information provided by CCHP, it appears these processes are not in place, but currently under development. Recommend that CCHP continue to develop and implement the program protocols and systems, particularly methods and measures for participant monitoring as outlined in Policy QM05, and report on the status of the program as directed by the CMS RO and in conjunction with the monitoring schedule. CCHP also received 'not met' for the following recommended program elements: D1 - The CCIP intervention strategy can be reasonably expected to improve coordination of care and/or health status of participants. D1 - The timing of the initiation/completion of the intervention strategy is designed so that there is at least one ongoing strategy in place. Recommendations are also made regarding the following required and recommended program elements: Required elements - C1 - Criteria for program participation C5 - Process for informing members who are eligible for the CCIP F - Quantitative measures for improvement The MAO is referred to the full review report for further details.

Corrective Action Required:

Recommend that CCHP continue to develop and implement the program protocols and systems, particularly methods and measures for participant monitoring as outlined in Policy QM05, and report on the status of the program as directed by the CMS RO and in conjunction with the monitoring schedule. CCHP should address the following: E1 - There is a process in place to do periodic monitoring of CCIP participants. D1 - The CCIP intervention strategy can be reasonably expected to improve coordination of care and/or health status of participants. D1 - The timing of the initiation/completion of the intervention strategy is designed so that there is at least one ongoing strategy in place. Recommendations are also made regarding the following required and recommended program elements: Required elements - C1 - Criteria for program participation C5 - Process for informing members who are eligible for the CCIP F - Quantitative measures for improvement

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Findings: NOT MET

Review ID: 8077

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Contract Number / Name: H3815 CITIZENS CHOICE HEALTHPLAN

Auditing Guide Version: MA Audit Review Guide, Version 4
Auditing Element: RC01
Review Type: Routine
Review Status: Confirmed
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Date Report Due: 09/07/2007
CAP Accepted Date: 01/08/2008
Audit Closed Date: 01/08/2008
Element Projected Completion Date:
MCO Response Due Date: 10/29/2007

Requirement:

Favorable Claims Reconsiderations (Timeliness) - If the MAO makes a reconsidered determination on a request for payment that is completely favorable to the member, it must issue written notice of its reconsidered determination to the member and pay the claim no later than 60 calendar days after receiving the reconsideration request.

Deficiencies:

Citizens Choice does not meet this requirement. The plan does not have a CMS-approved notice to inform members that it has made a favorable reconsideration decision on a request for payment.

Corrective Action Required:

Develop a standard notice to members informing them of a favorable reconsideration decision. Submit via HPMS for review and approval, as well as with the corrective action plan.

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Region: 09 San Francisco

Contract Number / Name: H3815 CITIZENS CHOICE HEALTHPLAN

Auditing Guide Version: MA Audit Review Guide, Version 4
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Review Type: Routine
Review Status: Confirmed
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Date Report Issued: 09/14/2007
Date Report Due: 09/07/2007
CAP Accepted Date: 01/08/2008
Audit Closed Date: 01/08/2008
Element Projected Completion Date:
MCO Response Due Date: 10/29/2007

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:

Citizens Choice does not meet this requirement. The plan does not have a CMS-approved notice to inform members that it is forwarding the member¿s appeal for payment to the IRE for a reconsideration decision.

Corrective Action Required:

Develop a standard notice to members informing them that you are forwarding their reconsideration request for payment to the IRE for a decision. Submit via HPMS for review and approval, as well as with the corrective action plan.

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Region: 09 San Francisco

Contract Number / Name: H3815 CITIZENS CHOICE HEALTHPLAN

Auditing Guide Version: MA Audit Review Guide, Version 4
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Review Type: Routine
Review Status: Confirmed
MCO Response Received Date:10/18/2007
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CAP Accepted Date:01/08/2008
Audit Closed Date: 01/08/2008
Element Projected Completion Date:
MCO Response Due Date: 10/29/2007

Requirement:

Favorable Standard Pre-Service Reconsiderations (Timeliness) - If the MAO makes a fully favorable decision on a standard pre-service reconsideration, it must issue a decision to the member, and authorize or provide the service, as expeditiously as the member's health requires, but no later than 30 calendar days after receiving the reconsideration request (or an additional 14 calendar days if an extension is justified).

Deficiencies:

Citizens Choice does not meet this requirement. The plan does not have a CMS-approved notice to inform members that it has made a favorable reconsideration decision on a request for services.

Corrective Action Required:

Develop a standard notice to members informing them of a favorable reconsideration decision. Submit via HPMS for review and approval, as well as with the corrective action plan.

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Region: 09 San Francisco

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Requirement:

Adverse Standard Pre-Service Reconsiderations (Timeliness) - If the MAO is unable to make a fully favorable decision on a standard pre-service reconsideration, it must forward the case to CMS' independent review entity as expeditiously as the member's health requires, but no later than 30 calendar days after receiving the reconsideration request (or an additional 14 calendar days if an extension is justified). The MAO must concurrently notify the member of this action.

Deficiencies:

Citizens Choice does not meet this requirement. The plan does not have a CMS-approved notice to inform members that it is forwarding the member¿s appeal for services to the IRE for a reconsideration decision.

Corrective Action Required:

Develop a standard notice to members informing them that you are forwarding their reconsideration request for services to the IRE for a decision. Submit via HPMS for review and approval, as well as with the corrective action plan.

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Contract Number / Name: H3815 CITIZENS CHOICE HEALTHPLAN

Auditing Guide Version: MA Audit Review Guide, Version 4
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Review Type: Routine
Review Status: Confirmed
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Date Report Due: 09/07/2007
CAP Accepted Date:01/08/2008
Audit Closed Date: 01/08/2008
Element Projected Completion Date:
MCO Response Due Date: 10/29/2007

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:

Citizens Choice does not meet this requirement. The plan does not have a CMS-approved notice to inform members that it has decided not to process the member¿s request on an expedited basis and has transferred the request to the standard reconsideration process.

Corrective Action Required:

Develop a standard notice to members informing them that you are not processing their reconsideration request on an expedited basis and have transferred it to the standard reconsideration process. Submit via HPMS for review and approval, as well as with the corrective action plan.

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Contract Number / Name: H3815 CITIZENS CHOICE HEALTHPLAN

Auditing Guide Version: MA Audit Review Guide, Version 4
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MCO Response Due Date: 10/29/2007

Requirement:

Decision Not to Expedite a Reconsideration (Notice Content) - If the MAO decides not to expedite a reconsideration, the notice to the member of the decision not to expedite must explain that the MAO will process the request using the standard timeframe, inform the member of the right to file a grievance if he or she disagrees with the decision not to expedite, inform the member of the right to resubmit a request for an expedited reconsideration with any physician's support, and provide instructions about the MAO grievance process and its timeframes.

Deficiencies:

Citizens Choice does not meet this requirement. Because the plan does not have a CMS-approved notice as explained in RP05, the notice therefore doesn¿t contain the requirements of RP06.

Corrective Action Required:

In developing the notice required in RP05, ensure that it explains that you will process the request using the standard timeframe, informs the member of the right to file a grievance if s/he disagrees with the decision not to expedite, informs the member of the right to resubmit a request for an expedited reconsideration with any physician¿s support, and provide instructions about your grievance process and its timeframes.

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Requirement:

Reconsideration Extensions (Notice Content) - If the MAO grants an extension on a reconsideration, the written notice to the member must include the reasons for the delay, and inform the member of the right to file a grievance if he or she disagrees with the decision to grant an extension.

Deficiencies:

Citizens Choice does not meet this requirement. The plan does not have a CMS-approved notice to inform members that it is taking an extension on a reconsideration and that the member has the right to file an expedited grievance if s/he disagrees with the decision to take an extension.

Corrective Action Required:

Develop a standard notice to members informing them that you are taking an extension on their reconsideration request and that they have the right to file an expedited grievance about this decision. Submit via HPMS for review and approval, as well as with the corrective action plan.