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: 10477

Region: 06 Dallas

Contract Number / Name: H1961 TENET CHOICES, INC. / PEOPLES HEALTH NETWORK

Auditing Guide Version: MA Audit Review Guide, Version 5

Auditing Element: ER08

Review Type: Routine

Review Status: Confirmed

MCO Response Received Date:

Element Accepted Date:

Element Release Date:

CAP Released Date:

Visit Start Date: 3/3/2008

Exit Conference Date: 05/07/2008

Date Report Issued: 07/25/2008

Date Report Due: 06/21/2008

CAP Accepted Date:

Audit Closed Date:

Element Projected Completion Date:09/01/2008

MCO Response Due Date: 09/08/2008

Requirement:

Denial of Enrollment Prior to Transmission to CMS (Notice Content) - The MAO gives beneficiaries denial notice that 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:

The MAO sent incorrect notice content in three cases. Fifteen cases were reviewed.

Corrective Action Required:

The MA organization must develop a corrective action plan to ensure that they are in compliance with Medicare Managed Care Manual Chapter 2, Section 40.2.2. The CAP must include a revision to the notice content and any other actions deemed necessary to demonstrate compliance.

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Findings: NOT MET

Review ID: 10477

Region: 06 Dallas

Contract Number / Name: H1961 TENET CHOICES, INC. / PEOPLES HEALTH NETWORK

Auditing Guide Version: MA Audit Review Guide, Version 5
Auditing Element: OC01
Review Type: Routine
Review Status: Confirmed
MCO Response Received Date:
Element Accepted Date:
Element Release Date:
CAP Released Date:

Visit Start Date: 3/3/2008
Exit Conference Date: 05/07/2008
Date Report Issued: 07/25/2008
Date Report Due: 06/21/2008
CAP Accepted Date:
Audit Closed Date:
Element Projected Completion Date: 09/01/2008
MCO Response Due Date: 09/08/2008

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:

The MAO inappropriately denied four (4) of the sample cases. The claims were denied for inappropriate reasons (not based on Medicare regulations.)

Corrective Action Required:

The MAO must develop a corrective action plan to ensure that its delegated entity adjudicates claims in accordance with 42 CFR 422.100(a) and (b)(1), 422.132,422.502(g)(1)and Manual Chapter 4 - Section 10.2. The corrective action plan should include training, internal auditing, correction of any policies and procedures and any other actions deemed necessary to demonstrate compliance. The corrective action plan must also include timeframes for providing the Regional Office with evidence of training as well as audit reports.

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Findings: NOT MET

Review ID: 10477

Region: 06 Dallas

Contract Number / Name: H1961 TENET CHOICES, INC. / PEOPLES HEALTH NETWORK

Auditing Guide Version: MA Audit Review Guide, Version 5

Auditing Element: OC03

Review Type: Routine

Review Status: Confirmed

MCO Response Received Date:

Element Accepted Date:

Element Release Date:

CAP Released Date:

Visit Start Date: 3/3/2008

Exit Conference Date: 05/07/2008

Date Report Issued: 07/25/2008

Date Report Due: 06/21/2008

CAP Accepted Date:

Audit Closed Date:

Element Projected Completion Date:09/01/2008

MCO Response Due Date: 09/08/2008

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:

The MAO failed to process twenty-three (23) of the sample cases correctly. Twenty-three (23) clean claims were not processed within 30 calendar days of receipt of the claims.

Corrective Action Required:

The MAO must develop a corrective action plan to ensure that non-contracted provider clean claims are processed in accordance with 42 CFR 422.500,422.520(a)(1), Manual Chapter 11 - Section 100.2 and Manual Chapter 13 - Section 40.1. The corrective action plan must include training, internal auditing, correction of any policy and procedures and all other actions deemed necessary to demonstrate compliance. The corrective action plan must also include timeframes for providing the Regional Office with evidence of training as well as audit reports.

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Findings: NOT MET

Review ID: 10477

Region: 06 Dallas

Contract Number / Name: H1961 TENET CHOICES, INC. / PEOPLES HEALTH NETWORK

Auditing Guide Version: MA Audit Review Guide, Version 5

Auditing Element: OC05

Review Type: Routine

Review Status: Confirmed

MCO Response Received Date:

Element Accepted Date:

Element Release Date:

CAP Released Date:

Visit Start Date: 3/3/2008

Exit Conference Date: 05/07/2008

Date Report Issued: 07/25/2008

Date Report Due: 06/21/2008

CAP Accepted Date:

Audit Closed Date:

Element Projected Completion Date:09/01/2008

MCO Response Due Date: 09/08/2008

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:

The MAO failed to process fifteen (15) out of thirty (30) sample cases correctly. Fifteen (15) clean claims were not processed within 60 calendar days of receipt of the claims. The delegated entity failed to process all fifteen (15) of the sample cases correctly. Fifteen (15) clean claims were not processed within 60 calendar days of receipt of the claims.

Corrective Action Required:

The MAO must develop a corrective action plan to ensure that non-contracted provider clean claims are processed in accordance with 42 CFR 422.520(a)(3), Manual Chapter 11 - Section 100.2 and Manual Chapter 13 - Section 40.1. The corrective action plan must include training, internal auditing, correction of any policy and procedures and all other actions deemed necessary to demonstrate compliance. The corrective action plan must also include timeframes for providing the Regional Office with evidence of training as well as audit reports.

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

Findings: NOT MET

Review ID: 10477

Region: 06 Dallas

Contract Number / Name: H1961 TENET CHOICES, INC. / PEOPLES HEALTH NETWORK

Auditing Guide Version: MA Audit Review Guide, Version 5

Auditing Element: OC06

Review Type: Routine

Review Status: Confirmed

MCO Response Received Date:

Element Accepted Date:

Element Release Date:

CAP Released Date:

Visit Start Date: 3/3/2008

Exit Conference Date: 05/07/2008

Date Report Issued: 07/25/2008

Date Report Due: 06/21/2008

CAP Accepted Date:

Audit Closed Date:

Element Projected Completion Date:09/01/2008

MCO Response Due Date: 09/08/2008

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 specific denial reason. The notice must also inform the enrollee of his or her right to a standard reconsideration and describe the appeal process.

Deficiencies:

The MAO failed to use the standard denial notice for on six (6) of the sample cases. The delegated entity failed to use the standard denial notice on all of the sample cases.

Corrective Action Required:

The MAO must develop a corrective action plan to implement the use of the standard denial notice, as provided by 42 CFR 422.568(d) and (e), and Manual Chapter 13 - Section 40.2.2. The corrective action plan must include the development and marketing submission of the standard denial notice to the Regional Office for approval as well as training concerning appropriate completion of the form. The corrective action plan must also include internal auditing, the correction of any policies and procedures and all other actions deemed necessary to demonstrate compliance.

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Findings: NOT MET

Review ID: 10477

Region: 06 Dallas

Contract Number / Name: H1961 TENET CHOICES, INC. / PEOPLES HEALTH NETWORK

Auditing Guide Version: MA Audit Review Guide, Version 5

Auditing Element: OP09

Review Type: Routine

Review Status: Confirmed

MCO Response Received Date:

Element Accepted Date:

Element Release Date:

CAP Released Date:

Visit Start Date: 3/3/2008

Exit Conference Date: 05/07/2008

Date Report Issued: 07/25/2008

Date Report Due: 06/21/2008

CAP Accepted Date:

Audit Closed Date:

Element Projected Completion Date:09/01/2008

MCO Response Due Date: 09/08/2008

Requirement:

OPTIONAL: Favorable Standard Pre-Service Organization Determinations (Timeliness) - If the MAO makes a favorable standard pre-service organization determination, it must notify the member of its determination as expeditiously as the member"s health condition requires, but no later than 14 calendar days after receiving the request (or an additional 14 days if an extension is justified).

Deficiencies:

This element is not met. Ten cases were reviewed. Three cases were misclassified, and one determination was not approved within 14 calendar days as required by CMS.

Corrective Action Required:

Per CMS requirements, Tenet must ensure that the correct samples are selected for this element. If a favorable organization determination is made, the member must be notified no later than 14 calendar days after receiving the request. Tenet must conduct a three month internal audit of Favorable Standarad Pre-Service Organization Determinations (Timeliness)from July 1-September 30, 2008 and submit the results to CMS no later than October 15, 2008.

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Findings: NOT MET

Review ID: 10477

Region: 06 Dallas

Contract Number / Name: H1961 TENET CHOICES, INC. / PEOPLES HEALTH NETWORK

Auditing Guide Version: MA Audit Review Guide, Version 5
Auditing Element: RP01
Review Type: Routine
Review Status: Confirmed
MCO Response Received Date:
Element Accepted Date:
Element Release Date:
CAP Released Date:

Visit Start Date: 3/3/2008
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Date Report Due: 06/21/2008
CAP Accepted Date:
Audit Closed Date:
Element Projected Completion Date:09/01/2008
MCO Response Due Date: 09/08/2008

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:

This element is not met. Four samples were reviewed. An additional 14 days extention was taken on one sample, and the member was not notified of the decision within the required 44 calendar days timeframe.

Corrective Action Required:

As required by CMS, when Tenet makes a favorable standard pre-service reconsideration, the member must be notified of the decision 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). Tenet must conduct an internal audit of this element for July 1, 2008-September 30, 2008 and submit the results to CMS no later than October 15, 2008.