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: 02 New York
Contract Number / Name: H4005 TRIPLE-S, INC.

Review ID: 10937

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: 05/07/2008
Element Release Date: 05/07/2008
CAP Released Date:07/10/2008

Visit Start Date: 2/25/2008
Exit Conference Date: 03/04/2008
Date Report Issued: 03/21/2008
Date Report Due: 04/18/2008
CAP Accepted Date:07/10/2008
Audit Closed Date: 07/10/2008
Element Projected Completion Date:02/29/2008
MCO Response Due Date: 05/05/2008

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 requirement is not met. Review of denied claims sampled, revealed that although the Triple S' Explanation of Benefits (EOBs) or other Notice of Denial of Payment states the service denied and the specific denial reason, the notice does not inform the enrollee of his or her right to a standard reconsideration or include the complete appeals process.

Corrective Action Required:

Triple S' EOBs or Notice of Denial of Payment must clearly state the service denied and the specific denial reason, must also inform the enrollee of his her right to a standard reconsideration and describe the appeal process. the revised EOBs were provided to CMS staff while onsite. They were also submitted via HPMS before the conclusion of the visit. Therefore, the only action left is for the MAO to implement and use the revised EOB.

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Findings: NOT MET
Region: 02 New York
Contract Number / Name: H4005 TRIPLE-S, INC.

Review ID: 10937

Auditing Guide Version: MA Audit Review Guide, Version 5
Auditing Element: OP01
Review Type: Routine
Review Status: Confirmed
MCO Response Received Date:
Element Accepted Date: 06/12/2008
Element Release Date: 06/12/2008
CAP Released Date:07/10/2008

Visit Start Date: 2/25/2008
Exit Conference Date: 03/04/2008
Date Report Issued: 03/21/2008
Date Report Due: 04/18/2008
CAP Accepted Date:07/10/2008
Audit Closed Date: 07/10/2008
Element Projected Completion Date:02/29/2008
MCO Response Due Date: 05/05/2008

Requirement:

Adverse Standard Pre-Service Organization Determinations (Timeliness) - If the MAO makes an adverse standard pre-service organization determination, it must notify the member in writing using the CMS-10003-NDMC (Notice of Denial of Medical Coverage), or an RO-approved modification of the NDMC, of its decision 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:

The requirement is not met. In two (2) of ten (10) standard pre-service denials cases sampled, Triple S failed to notify the member in writing using the CMS-1003-NDMC (Notice of Denial of Medical Coverage), or an RO-approved modification of the NDMC, of its decision 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) in accordance with 42 C.F.R. 422.568(a).

Corrective Action Required:

When Triple S makes a standard pre-service denials the plan should notify the member in writing using the CMS-1003-NDMC (Notice of Denial of Medical Coverage), or an RO-approved modification of the NDMC, of its decision 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). Triple S must closely monitor this area since it was a repeated deficiency and must submit a monthly report to the NY Regional Office indicating the timeliness of the notices.