# *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:** 7337

**Region:** 02 New York

**Contract Number / Name:** H5760 COOPERATIVA DE SEGUROS DE VIDA DE PUERTO RICO

**Auditing Guide Version:** MA Audit Review Guide, Version 4
**Auditing Element:** GV03
**Review Type:** Routine
**Review Status:** Confirmed
**MCO Response Received Date:** 11/17/2006
**Element Accepted Date:** 01/08/2008
**Element Release Date:** 03/20/2008
**CAP Released Date:** 03/20/2008

**Visit Start Date:** 8/15/2006
**Exit Conference Date:** 08/17/2006
**Date Report Issued:** 10/01/2006
**Date Report Due:** 10/01/2006
**CAP Accepted Date:** 03/20/2008
**Audit Closed Date:** 03/20/2008
**Element Projected Completion Date:** 01/08/2008
**MCO Response Due Date:** 11/15/2006

**Requirement:**

Grievance Decision Notification (Timeliness) The MAO must notify the member of its decisions as expeditiously as the case requires based on the member's health status but no later than 30 days after the receipt date of the oral or written grievance. If the compliant involves an MAO's decision to invoke an extension relating to an organization determination or reconsideration, or the compliant involves an MAO's refusal to grant an enrollee's request for an expedited organization determination or expedited reconsideration, the MAO must respond to an enrollee's grievance within 24 hours. Exception: If the member requests an extension, or if the MAO justifies the need for information and documents that the delay is in the interest of the member, the MAO may extend the 30-day timeframe up to an additional 14 days. In this case, the MAO must immediately notify the member in writing of the reasons for the delay.

**Deficiencies:**

12 out of 15 cases the CMS reviewer could not determine if the member was notified of the resolution of the grievance withing the established CMS timeframes.

**Corrective Action Required:**

COSVI is required to submit to CMS a new universe in order for the new cases to be selected for review. Once these cases are selected by CMS, COSVI will be required to send to the Regional Office the selected cases and the documentation for a desk audit to occur. CMS has determined the time period will be from February 2007 to July 2007. COSVI should submit the Universe sample to CMS no later than August 15, 2007 for case selection.

# *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:** 7337

**Region:** 02 New York

**Contract Number / Name:** H5760 COOPERATIVA DE SEGUROS DE VIDA DE PUERTO RICO

**Auditing Guide Version:** MA Audit Review Guide, Version 4
**Auditing Element:** GV04
**Review Type:** Routine
**Review Status:** Confirmed
**MCO Response Received Date:** 11/17/2006
**Element Accepted Date:** 01/08/2008
**Element Release Date:** 03/20/2008
**CAP Released Date:** 03/20/2008

**Visit Start Date:** 8/15/2006
**Exit Conference Date:** 08/17/2006
**Date Report Issued:** 10/01/2006
**Date Report Due:** 10/01/2006
**CAP Accepted Date:** 03/20/2008
**Audit Closed Date:** 03/20/2008
**Element Projected Completion Date:** 01/08/2008
**MCO Response Due Date:** 11/15/2006

**Requirement:**

Grievance Decision Notification (Notice Content) The MAO must inform the member of the disposition of the grievance. For quality of care issues, the MAO must also include a description of the member's right to file a written compliant with the QIO.

**Deficiencies:**

12 out of 15 cases the CMS reviewer could not determine if the member was notified of the resolution of the grievance within the established CMS timeframes. The case did not include any letters mailed to the member.

**Corrective Action Required:**

COSVI is required to submit to CMS a new universe in order for the new cases to be selected for review. Once these cases are selected by CMS, COSVI will be required to send to the Regional Office the selected cases and the documentation for a desk audit to occur. COSVI must make sure that the documentation submitted includes the letter sent to the member about the resolution of the grievance. CMS has determined the time period will be from February 2007 to July 2007. COSVI should submit the Universe sample to CMS no later than August 15, 2007 for case selection.

# *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:** 7337

**Region:** 02 New York

**Contract Number / Name:** H5760 COOPERATIVA DE SEGUROS DE VIDA DE PUERTO RICO

**Auditing Guide Version:** MA Audit Review Guide, Version 4
**Auditing Element:** GV05
**Review Type:** Routine
**Review Status:** Confirmed
**MCO Response Received Date:** 11/17/2006
**Element Accepted Date:** 01/08/2008
**Element Release Date:** 03/20/2008
**CAP Released Date:** 03/20/2008

**Visit Start Date:** 8/15/2006
**Exit Conference Date:** 08/17/2006
**Date Report Issued:** 10/01/2006
**Date Report Due:** 10/01/2006
**CAP Accepted Date:** 03/20/2008
**Audit Closed Date:** 03/20/2008
**Element Projected Completion Date:** 01/08/2008
**MCO Response Due Date:** 11/15/2006

**Requirement:**

Method of Grievance Decision Notification The MAO just respond to written grievances in writing. The MAO must respond to oral grievances either orally or in writing, unless the member requests a written response. The MAO must respond to all grievances related to quality of care in writing, regardless of how the grievance was submitted.

**Deficiencies:**

CMS could not determine from the cases submitted if COSVI provided the appropriate response to the member regarding the grievance. There were no member letters or screen prints in the file to make a valid determination

**Corrective Action Required:**

COSVI is required to submit to CMS a new universe in order for the new cases to be selected for review. Once these cases are selected by CMS, COSVI will be required to send to the Regional Office the selected cases and the documentation for a desk audit to occur. CMS has determined the time period will be from February 2007 to July 2007. COSVI should submit the Universe sample to CMS no later than August 15, 2007 for case selection.

# *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:** 7337

**Region:** 02 New York

**Contract Number / Name:** H5760 COOPERATIVA DE SEGUROS DE VIDA DE PUERTO RICO

**Auditing Guide Version:** MA Audit Review Guide, Version 4
**Auditing Element:** OC01
**Review Type:** Routine
**Review Status:** Confirmed
**MCO Response Received Date:** 11/17/2006
**Element Accepted Date:** 03/14/2008
**Element Release Date:** 03/20/2008
**CAP Released Date:** 03/20/2008

**Visit Start Date:** 8/15/2006
**Exit Conference Date:** 08/17/2006
**Date Report Issued:** 10/01/2006
**Date Report Due:** 10/01/2006
**CAP Accepted Date:** 03/20/2008
**Audit Closed Date:** 03/20/2008
**Element Projected Completion Date:** 02/15/2008
**MCO Response Due Date:** 11/15/2006

**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:**

COSVI does not meet the CMS 95% compliance standard for this element because CMS reviewed 30 cases and found 30 cases that did not contain correct claims determination.

**Corrective Action Required:**

COSVI must revise its policies and procedures to ensure correct processing of claims and the development of claims for additional information. COSVI must conduct training of appropriate staff on these policies and procedures and submit documentation to the Regional Office that details the nature of this training, including: the materials used in the training, the individuals conducting training and the individuals being trained.

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## 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:** 7337

**Region:** 02 New York

**Contract Number / Name:** H5760 COOPERATIVA DE SEGUROS DE VIDA DE PUERTO RICO

**Auditing Guide Version:** MA Audit Review Guide, Version 4
**Auditing Element:** OC05
**Review Type:** Routine
**Review Status:** Confirmed
**MCO Response Received Date:** 11/17/2006
**Element Accepted Date:** 03/19/2008
**Element Release Date:** 03/20/2008
**CAP Released Date:** 03/20/2008

**Visit Start Date:** 8/15/2006
**Exit Conference Date:** 08/17/2006
**Date Report Issued:** 10/01/2006
**Date Report Due:** 10/01/2006
**CAP Accepted Date:** 03/20/2008
**Audit Closed Date:** 03/20/2008
**Element Projected Completion Date:** 02/11/2008
**MCO Response Due Date:** 11/15/2006

**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:**

Cooperativa de Seguros de Vida de Puerto Rico (COSVI) does not meet the CMS 95% compliance standard because CMS reviewed 30 cases and found 4 cases that were not adjudicated timely.

**Corrective Action Required:**

COSVI must ensure that all non-contracted claims that do not meet the definition of "clean claims" are paid within 60 calendar days of receipt. MAO must submit monthly report from February 2007 to July 2007 showing non-contracted non-claims that were paid within 60 calendar days of receipt.

# *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

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**Findings:** NOT MET

**Review ID:** 7337

**Region:** 02 New York

**Contract Number / Name:** H5760 COOPERATIVA DE SEGUROS DE VIDA DE PUERTO RICO

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**Auditing Guide Version:** MA Audit Review Guide, Version 4
**Auditing Element:** OC06
**Review Type:** Routine
**Review Status:** Confirmed
**MCO Response Received Date:** 11/17/2006
**Element Accepted Date:** 03/14/2008
**Element Release Date:** 03/20/2008
**CAP Released Date:** 03/20/2008

**Visit Start Date:** 8/15/2006
**Exit Conference Date:** 08/17/2006
**Date Report Issued:** 10/01/2006
**Date Report Due:** 10/01/2006
**CAP Accepted Date:** 03/20/2008
**Audit Closed Date:** 03/20/2008
**Element Projected Completion Date:** 01/30/2008
**MCO Response Due Date:** 11/15/2006

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**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:**

Cooperativa de Seguros de Vida de Puerto Rico (COSVI) does not meet the CMS 95% compliance standard because CMS reviewed 30 cases and found 27 cases of which the notices were not in compliance with CMS rules and regulations.

**Corrective Action Required:**

MAO must issue an OMB approved Notice of Denial Payment (CMS-10003-Notice of Denial of Payment (NDP)) to the beneficiary within 60 days of the request for payment. The Notice must provide the beneficiary with the name of the provider, date and type of service and basis for denial. COSVI must ensure that its claims department follows these instructions and that they are reflected in its policy and procedures manual.

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## 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:** 7337

**Region:** 02 New York

**Contract Number / Name:** H5760 COOPERATIVA DE SEGUROS DE VIDA DE PUERTO RICO

**Auditing Guide Version:** MA Audit Review Guide, Version 4
**Auditing Element:** OP04
**Review Type:** Routine
**Review Status:** Confirmed
**MCO Response Received Date:** 11/17/2006
**Element Accepted Date:** 01/17/2008
**Element Release Date:** 03/20/2008
**CAP Released Date:** 03/20/2008

**Visit Start Date:** 8/15/2006
**Exit Conference Date:** 08/17/2006
**Date Report Issued:** 10/01/2006
**Date Report Due:** 10/01/2006
**CAP Accepted Date:** 03/20/2008
**Audit Closed Date:** 03/20/2008
**Element Projected Completion Date:** 01/17/2008
**MCO Response Due Date:** 11/15/2006

**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:**

Due to 30% of the sample records being misclassified, this element is Not Met. CMS reviewer determined that 4 out of 10 cases were misclassified. The cases are 1, 2, 3, and 5.

**Corrective Action Required:**

COSVI is required to submit to CMS a new universe in order for the new cases to be selected for review. Once these cases are selected by CMS, COSVI will be required to send to the Regional Office the selected cases and the documentation for a desk audit to occur. CMS has determined the time period will be from January 2007 to June 2007. COSVI should submit the Universe sample to CMS no later than July 15, 2007 for case selection.

# *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:** 7337

**Region:** 02 New York

**Contract Number / Name:** H5760 COOPERATIVA DE SEGUROS DE VIDA DE PUERTO RICO

**Auditing Guide Version:** MA Audit Review Guide, Version 4
**Auditing Element:** OP05
**Review Type:** Routine
**Review Status:** Confirmed
**MCO Response Received Date:** 11/17/2006
**Element Accepted Date:** 01/17/2008
**Element Release Date:** 03/20/2008
**CAP Released Date:** 03/20/2008

**Visit Start Date:** 8/15/2006
**Exit Conference Date:** 08/17/2006
**Date Report Issued:** 10/01/2006
**Date Report Due:** 10/01/2006
**CAP Accepted Date:** 03/20/2008
**Audit Closed Date:** 03/20/2008
**Element Projected Completion Date:** 01/17/2008
**MCO Response Due Date:** 11/15/2006

**Requirement:**

Expedited Denials (Notice Content) - If the MAO makes an adverse expedited organization determination, the written CMS-10003-NDMC (Notice of Denial of Medical Coverage), or an RO-approved modification of the NDMC, must be sent to the member and must clearly state the service denied and denial reason.

**Deficiencies:**

Due to 30% of the sample records being misclassified, this element is Not Met. CMS reviewer determined that 4 out of 10 cases were misclassified. The cases are 1, 2, 3, and 5.

**Corrective Action Required:**

COSVI is required to submit to CMS a new universe in order for the new cases to be selected for review. Once these cases are selected by CMS, COSVI will be required to send to the Regional Office the selected cases and the documentation for a desk audit to occur. CMS has determined the time period will be from January 2007 to June 2007. COSVI should submit the Universe sample to CMS no later than July 15, 2007 for case selection.

# *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:** 7337

**Region:** 02 New York

**Contract Number / Name:** H5760 COOPERATIVA DE SEGUROS DE VIDA DE PUERTO RICO

**Auditing Guide Version:** MA Audit Review Guide, Version 4
**Auditing Element:** OP06
**Review Type:** Routine
**Review Status:** Confirmed
**MCO Response Received Date:** 11/17/2006
**Element Accepted Date:** 01/17/2008
**Element Release Date:** 03/20/2008
**CAP Released Date:** 03/20/2008

**Visit Start Date:** 8/15/2006
**Exit Conference Date:** 08/17/2006
**Date Report Issued:** 10/01/2006
**Date Report Due:** 10/01/2006
**CAP Accepted Date:** 03/20/2008
**Audit Closed Date:** 03/20/2008
**Element Projected Completion Date:** 03/15/2008
**MCO Response Due Date:** 11/15/2006

**Requirement:**

Organization Determination Extensions (Notice Content) - If an extension is granted for an organization determination, the written notice to the member must include the reasons for the delay, and inform the member of the right to file an expedited grievance if he or she disagrees with the decision to grant an extension.

**Deficiencies:**

CMS reviewer could not determine from the documentation provided if the required written notice contained the appropriate language. This determination is usually done by reviewing the notices in WS-OP2 but this worksheet was misclassified as a result the information was not reviewed. COSVI provided Policy and Procedure #701-05 but a copy of the notice was not provided therefore reviewer could not review or evaluate for required language

**Corrective Action Required:**

COSVI is required to submit a new universe for WS-OP2 and CMS will select cases for a desk audit. COSVI must ensure the letters submitted with the case documentation include the appropriate language. COSVI must include with Policy and Procedure #701-05 a copy of the letter provided to member when an organization determination extension is utilized.

# *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:** 7337

**Region:** 02 New York

**Contract Number / Name:** H5760 COOPERATIVA DE SEGUROS DE VIDA DE PUERTO RICO

**Auditing Guide Version:** MA Audit Review Guide, Version 4
**Auditing Element:** OP07
**Review Type:** Routine
**Review Status:** Confirmed
**MCO Response Received Date:** 11/17/2006
**Element Accepted Date:** 01/17/2008
**Element Release Date:** 03/20/2008
**CAP Released Date:** 03/20/2008

**Visit Start Date:** 8/15/2006
**Exit Conference Date:** 08/17/2006
**Date Report Issued:** 10/01/2006
**Date Report Due:** 10/01/2006
**CAP Accepted Date:** 03/20/2008
**Audit Closed Date:** 03/20/2008
**Element Projected Completion Date:** 03/15/2008
**MCO Response Due Date:** 11/15/2006

**Requirement:**

Decision Not to Expedite an Organization Determination (Notice Content) - If the MAO decides not to expedite an organization determination, the notice to the member of the decision not to expedite must explain that the MAO will process the request using the 14-day standard timeframe, inform the member of the right to file an expedited 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 determination with any physician's support, and provide instructions about the MAO grievance process and its timeframes.

**Deficiencies:**

CMS reviewer could not determine from the documentation provided if the required written notice contained the appropriate language. This determination is usually done by reviewing the notices in WS-OP2 but this worksheet was misclassified as a result the information was not reviewed. COSVI provided Policy and Procedure #702-05 but a copy of the notice was not provided therefore reviewer could not review or evaluate for required language. COSVI must assure that the expedited grievance process is included in this policy and procedure as well.

**Corrective Action Required:**

COSVI is required to submit a new universe for WS-OP2 and CMS will select cases for a desk audit. COSVI must ensure the letters submitted with the case documentation include the appropriate language. COSVI must include with Policy and Procedure #702-05 a copy of the letter provided to members when there is a decision not to expediate an organization determination.

# *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:** 7337

**Region:** 02 New York

**Contract Number / Name:** H5760 COOPERATIVA DE SEGUROS DE VIDA DE PUERTO RICO

**Auditing Guide Version:** MA Audit Review Guide, Version 4
**Auditing Element:** OP08
**Review Type:** Routine
**Review Status:** Confirmed
**MCO Response Received Date:** 11/17/2006
**Element Accepted Date:** 01/17/2008
**Element Release Date:** 03/20/2008
**CAP Released Date:** 03/20/2008

**Visit Start Date:** 8/15/2006
**Exit Conference Date:** 08/17/2006
**Date Report Issued:** 10/01/2006
**Date Report Due:** 10/01/2006
**CAP Accepted Date:** 03/20/2008
**Audit Closed Date:** 03/20/2008
**Element Projected Completion Date:** 03/15/2008
**MCO Response Due Date:** 11/15/2006

**Requirement:**

Correctly Distinguishes Between Organization Determinations and Reconsiderations - The MAO must correctly distinguish between organization determinations and reconsiderations.

**Deficiencies:**

Due to 30% of the sample records being misclassified, this element is Not Met. CMS reviewer determined that 4 out of 10 cases were misclassified. The cases are 1, 2, 3, and 5.

**Corrective Action Required:**

COSVI is required to submit to CMS a new universe in order for the new cases to be selected for review. Once these cases are selected by CMS, COSVI will be required to send to the Regional Office the selected cases and the documentation for a desk audit to occur. CMS has determined the time period will be from January 2007 to June 2007. COSVI should submit the Universe sample to CMS no later than July 15, 2007 for case selection.

# *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:** 7337

**Region:** 02 New York

**Contract Number / Name:** H5760 COOPERATIVA DE SEGUROS DE VIDA DE PUERTO RICO

**Auditing Guide Version:** MA Audit Review Guide, Version 4
**Auditing Element:** OP12
**Review Type:** Routine
**Review Status:** Confirmed
**MCO Response Received Date:** 11/17/2006
**Element Accepted Date:** 03/14/2008
**Element Release Date:** 03/20/2008
**CAP Released Date:** 03/20/2008

**Visit Start Date:** 8/15/2006
**Exit Conference Date:** 08/17/2006
**Date Report Issued:** 10/01/2006
**Date Report Due:** 10/01/2006
**CAP Accepted Date:** 03/20/2008
**Audit Closed Date:** 03/20/2008
**Element Projected Completion Date:** 02/25/2008
**MCO Response Due Date:** 11/15/2006

**Requirement:**

Detailed Explanation of Non-Coverage of Provider Services (Timeliness) -- The MAO (upon notification by the QIO that an enrollee has filed a request for a fast-track appeal) must send a detailed notice to the enrollee by the close of business of the day the QIO notification is received.

**Deficiencies:**

CMS reviewer did not have samples for element OP12. Therefore, in order to assess whether this element was met Policy and Procedures were the method of evaluations. CMS did not have any policy and procedures to review to assess if the detailed explanation of non coverage of provider services was sent in the required timeframe.

**Corrective Action Required:**

COSVI must submit for CMS review policy and procedure that address Termination of provider services for SNF, HHA OR CORF. This policy and procedure must include the CMS required timframes.

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Date Report Generated: 9/30/2008

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

**Findings:** NOT MET

**Review ID:** 7337

**Region:** 02 New York

**Contract Number / Name:** H5760 COOPERATIVA DE SEGUROS DE VIDA DE PUERTO RICO

**Auditing Guide Version:** MA Audit Review Guide, Version 4
**Auditing Element:** OP13
**Review Type:** Routine
**Review Status:** Confirmed
**MCO Response Received Date:** 11/17/2006
**Element Accepted Date:** 03/14/2008
**Element Release Date:** 03/20/2008
**CAP Released Date:** 03/20/2008

**Visit Start Date:** 8/15/2006
**Exit Conference Date:** 08/17/2006
**Date Report Issued:** 10/01/2006
**Date Report Due:** 10/01/2006
**CAP Accepted Date:** 03/20/2008
**Audit Closed Date:** 03/20/2008
**Element Projected Completion Date:** 03/31/2008
**MCO Response Due Date:** 11/15/2006

**Requirement:**

Detailed Notice of Non-Coverage of Provider Services (Notice Content) - The MAO must include in the Detailed Notice of Non-Coverage of Provider Services an explanation as to why the provider services are no longer reasonable or necessary, or are no longer covered; the applicable Medicare rule, instruction or policy including citations, and how the enrollee may obtain copies of such documents; and other facts or information relevant to the non-coverage decision.

**Deficiencies:**

CMS reviewer did not have samples for element OP13. Therefore, in order to assess whether this element was met Policy and Procedures and member notifications were the method of evaluation. CMS did not have any policies/procedures or a sample of the detailed explantion of non coverage of provider services to review for content.

**Corrective Action Required:**

COSVI must submit a copy of a detailed explanation of non coverage of provider services for CMS review.

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## 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:** 7337

**Region:** 02 New York

**Contract Number / Name:** H5760 COOPERATIVA DE SEGUROS DE VIDA DE PUERTO RICO

**Auditing Guide Version:** MA Audit Review Guide, Version 4
**Auditing Element:** RC01
**Review Type:** Routine
**Review Status:** Confirmed
**MCO Response Received Date:** 11/17/2006
**Element Accepted Date:** 03/17/2008
**Element Release Date:** 03/20/2008
**CAP Released Date:** 03/20/2008

**Visit Start Date:** 8/15/2006
**Exit Conference Date:** 08/17/2006
**Date Report Issued:** 10/01/2006
**Date Report Due:** 10/01/2006
**CAP Accepted Date:** 03/20/2008
**Audit Closed Date:** 03/20/2008
**Element Projected Completion Date:** 03/15/2008
**MCO Response Due Date:** 11/15/2006

**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:**

Due to 30% of the sample records being misclassified, this element is Not Met. All the cases were misclassified.

**Corrective Action Required:**

COSVI is required to submit to CMS a new universe in order for the new cases to be selected for review. Once these cases are selected by CMS, COSVI will be required to send to the Regional Office the selected cases and the documentation for a desk audit to occur. CMS has determined the time period will be from January 2007 to June 2007. COSVI should submit the Universe sample to CMS no later than July 15, 2007 for case selection

# *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:** 7337

**Region:** 02 New York

**Contract Number / Name:** H5760 COOPERATIVA DE SEGUROS DE VIDA DE PUERTO RICO

**Auditing Guide Version:** MA Audit Review Guide, Version 4
**Auditing Element:** RC02
**Review Type:** Routine
**Review Status:** Confirmed
**MCO Response Received Date:** 11/17/2006
**Element Accepted Date:** 03/17/2008
**Element Release Date:** 03/20/2008
**CAP Released Date:** 03/20/2008

**Visit Start Date:** 8/15/2006
**Exit Conference Date:** 08/17/2006
**Date Report Issued:** 10/01/2006
**Date Report Due:** 10/01/2006
**CAP Accepted Date:** 03/20/2008
**Audit Closed Date:** 03/20/2008
**Element Projected Completion Date:** 03/15/2008
**MCO Response Due Date:** 11/15/2006

**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:**

Due to 30% of the sample records being misclassified, this element is Not Met. CMS reviewer determined that 9 out of 10 cases were misclassified. The cases are 1, 2, 3, 4, 5, 6,7, 8, and 9.

**Corrective Action Required:**

COSVI is required to submit to CMS a new universe in order for the new cases to be selected for review. Once these cases are selected by CMS, COSVI will be required to send to the Regional Office the selected cases and the documentation for a desk audit to occur. CMS has determined the time period will be from January 2007 to June 2007. COSVI should submit the Universe sample to CMS no later than July 15, 2007 for case selection.

# *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:** 7337

**Region:** 02 New York

**Contract Number / Name:** H5760 COOPERATIVA DE SEGUROS DE VIDA DE PUERTO RICO

**Auditing Guide Version:** MA Audit Review Guide, Version 4
**Auditing Element:** RC03
**Review Type:** Routine
**Review Status:** Confirmed
**MCO Response Received Date:** 11/17/2006
**Element Accepted Date:** 03/17/2008
**Element Release Date:** 03/20/2008
**CAP Released Date:** 03/20/2008

**Visit Start Date:** 8/15/2006
**Exit Conference Date:** 08/17/2006
**Date Report Issued:** 10/01/2006
**Date Report Due:** 10/01/2006
**CAP Accepted Date:** 03/20/2008
**Audit Closed Date:** 03/20/2008
**Element Projected Completion Date:** 02/20/2008
**MCO Response Due Date:** 11/15/2006

**Requirement:**

Effectuation of Third Party Claims Reconsideration Reversals - If the MAO's determination is reversed in whole or in part by the independent review entity, the MAO must pay for the service no later than 30 calendar days from the date it receives the notice reversing the organization determination. The MAO must also inform the independent review entity that the organization has effectuated the decision.If the MAO's determination is reversed in whole or in part by an ALJ, or at a higher level of appeal, the MAO must authorize or provide the service under dispute as expeditiously as the member's health requires, but no later than 60 days from the date it received notice of the reversal.

**Deficiencies:**

Due to 30% of the sample records being misclassified, this element is Not Met. CMS reviewer determined that 9 out of 10 cases were misclassified. The cases are 1, 2, 3, 4, 5, 6,7, 8, and 9.

**Corrective Action Required:**

COSVI is required to submit to CMS a new universe in order for the new cases to be selected for review. Once these cases are selected by CMS, COSVI will be required to send to the Regional Office the selected cases and the documentation for a desk audit to occur. CMS has determined the time period will be from January 2007 to June 2007. COSVI should submit the Universe sample to CMS no later than July 15, 2007 for case selection.

# *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:** 7337

**Region:** 02 New York

**Contract Number / Name:** H5760 COOPERATIVA DE SEGUROS DE VIDA DE PUERTO RICO

**Auditing Guide Version:** MA Audit Review Guide, Version 4
**Auditing Element:** RP06
**Review Type:** Routine
**Review Status:** Confirmed
**MCO Response Received Date:** 11/17/2006
**Element Accepted Date:** 03/14/2008
**Element Release Date:** 03/20/2008
**CAP Released Date:** 03/20/2008

**Visit Start Date:** 8/15/2006
**Exit Conference Date:** 08/17/2006
**Date Report Issued:** 10/01/2006
**Date Report Due:** 10/01/2006
**CAP Accepted Date:** 03/20/2008
**Audit Closed Date:** 03/20/2008
**Element Projected Completion Date:** 02/29/2008
**MCO Response Due Date:** 11/15/2006

**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:**

CMS reviewer could not determine from the documentation provided if the required written notice contained the appropriate language. COSVI provided Policy and Procedure #702-05 but a copy of the notice was not provided therefore reviewer could not review or evaluate for required language. COSVI must assure that the expedited reconsideration process is included in this policy and procedure as well.

**Corrective Action Required:**

COSVI must include with Policy and Procedure #702-05 a copy of the letter provided to members when there is a decision not to expedite an organization determination.

# *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:** 7337

**Region:** 02 New York

**Contract Number / Name:** H5760 COOPERATIVA DE SEGUROS DE VIDA DE PUERTO RICO

**Auditing Guide Version:** MA Audit Review Guide, Version 4
**Auditing Element:** RP08
**Review Type:** Routine
**Review Status:** Confirmed
**MCO Response Received Date:** 11/17/2006
**Element Accepted Date:** 03/14/2008
**Element Release Date:** 03/20/2008
**CAP Released Date:** 03/20/2008

**Visit Start Date:** 8/15/2006
**Exit Conference Date:** 08/17/2006
**Date Report Issued:** 10/01/2006
**Date Report Due:** 10/01/2006
**CAP Accepted Date:** 03/20/2008
**Audit Closed Date:** 03/20/2008
**Element Projected Completion Date:** 03/03/2008
**MCO Response Due Date:** 11/15/2006

**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:**

CMS reviewer could not determine from the documentation provided if the required written notice contained the appropriate language. COSVI provided Policy and Procedure #702-05 but a copy of the notice was not provided therefore reviewer could not review or evaluate for required language. COSVI must assure that the expedited reconsideration process is included in this policy and procedure as well.

**Corrective Action Required:**

COSVI must include with Policy and Procedure #702-05 a copy of the letter provided to member when a Reconsideration extension is utilized.