CMS Medicare Managed Care Auditing Report

Auditing Review Results (Initial Report)-Public Website Version

Date Report Generated: 9/30/2008

MRT Number: M0040, Contract Number: All, Category: All, Element: All, Finding:NOT MET, Reviewer:All

Findings: NOT MET
Region: 09 San Francisco
MRT Number / Name: M0040 MRT Aids HealthCare Foundation
Contract Number / Name: H5852 AIDS HEALTHCARE FOUNDATION

Review ID: 11137

Auditing Guide Version: MA Audit Review Guide, Version 5
Auditing Element: AA01
Review Type: Routine
Review Status: Confirmed
MCO Response Received Date:07/20/2008
Element Accepted Date: 08/06/2008
Element Release Date: 08/06/2008
CAP Released Date:

Visit Start Date: 04/21/2008
Exit Conference Date: 04/24/2008
Date Report Issued: 06/05/2008
Date Report Due: 06/08/2008
CAP Accepted Date:
Audit Closed Date:
Element Projected Completion Date:07/14/2008
MCO Response Due Date: 07/20/2008

Requirement:

Adequate and Appropriate Provider Network - The MAO maintains and monitors a network of appropriate providers that is sufficient to provide adequate access to and availability of covered services.

Deficiencies:

CMS requested a HSD Table-2 universe from AIDS Healthcare Foundation (AHF) for the credentialing (PR1) and contract (CN1) samples. The HSD Table-2 identified that AHF did not have any Medicare contracted chiropractors for its California Chronic Care SNP.

Corrective Action Required:

AHF must submit to CMS a description of how its Medicare enrollees have received Medicare required chiropractic services since the initiation of its CMS contract. AHF must also submit to CMS its corrective action plan including a date certain for securing Medicare contracted chiropractors for its California Chronic Care SNP.

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MRT Number: M0040, Contract Number: All, Category: All, Element: All, Finding:NOT MET, Reviewer:All

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Findings: NOT MET

Review ID: 11137

Region: 09 San Francisco

MRT Number / Name: M0040 MRT Aids HealthCare Foundation

Contract Number / Name: H5852 AIDS HEALTHCARE FOUNDATION

Auditing Guide Version: MA Audit Review Guide, Version 5

Auditing Element: CN04

Review Type: Routine

Review Status: Confirmed

MCO Response Received Date: 07/20/2008

Element Accepted Date: 08/07/2008

Element Release Date:

CAP Released Date:

Visit Start Date: 04/21/2008

Exit Conference Date: 04/24/2008

Date Report Issued: 06/05/2008

Date Report Due: 06/08/2008

CAP Accepted Date:

Audit Closed Date:

Element Projected Completion Date: 08/31/2008

MCO Response Due Date: 07/20/2008

Requirement:

Required Contract Provisions: Abide by Federal Requirements - The MAO"s written contracts with first tier and downstream entities must contain a provision to show that the contracting entity will: comply with Medicare laws, regulations, reporting requirements, and CMS instructions; agree to audits and inspection by CMS and/or its designees; cooperate, assist, and provide information, as requested; and maintain records a minimum of 10 years.

Deficiencies:

Based on a review of 17 provider contracts from a universe of 732, the reviewer found 6 contracts non-compliant with this element. Three provider contracts in the sample were misclassified, two physicians were AIDS Healthcare Foundation (AHF) employees and one physician had terminated his contract with the contracted downstream provider group. The six non-compliant contracts were downstream provider contracts. These contracts did not contain the provision that the downstream providers, "agree to audits and inspection by CMS and/or its designees, cooperate, assist, and provide information, as requested, and maintain records a minimum of 10 years."

Corrective Action Required:

AHF must ensure that its downstream provider contracts include the following CMS required language: "agree to audits and inspection by CMS and/or its designees, cooperate, assist, and provide information, as requested, and maintain records a minimum of 10 years." Submit to CMS the corrective action for amending the downstream provider contracts and date certain for its completion.

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MRT Number: M0040, Contract Number: All, Category: All, Element: All, Finding:NOT MET, Reviewer:All

Findings: NOT MET

Review ID: 11137

Region: 09 San Francisco

MRT Number / Name: M0040 MRT Aids HealthCare Foundation

Contract Number / Name: H5852 AIDS HEALTHCARE FOUNDATION

Auditing Guide Version: MA Audit Review Guide, Version 5

Auditing Element: DN05

Review Type: Routine

Review Status: Confirmed

MCO Response Received Date: 07/20/2008

Element Accepted Date: 08/19/2008

Element Release Date: 08/19/2008

CAP Released Date:

Visit Start Date: 04/21/2008

Exit Conference Date: 04/24/2008

Date Report Issued: 06/05/2008

Date Report Due: 06/08/2008

CAP Accepted Date:

Audit Closed Date:

Element Projected Completion Date: 07/01/2008

MCO Response Due Date: 07/20/2008

Requirement:

Involuntary Disenrollment for Non-Payment of Premium (Optional) - The MAO may involuntarily disenroll Medicare members who fail to pay monthly basic or supplementary premiums only after demonstrating to CMS that the MAO has made reasonable efforts to collect the unpaid premium amount, including notifying the individual that the premiums are delinquent, providing the individual with a grace period to pay past premiums due, and advising the individual that failure to pay will result in termination. An MAO may not disenroll members for failure to pay premiums (or notify them of impending disenrollment) in cases where the member has requested that premiums be withheld from his/her Social Securityh benefit check, or any individual considered to be in premium withhold status by CMS, as outlined in Section 50.3.1 of Manual Chapter 2. The MAO may only disenroll the Medicare member when the MAO has not received payment within a grace period of a minimum of 1 calendar month that begins on the first day of the month for which the premium was not paid. The effective date of disenrollment is the first day of the month after the grace period ends.

Deficiencies:

Although an MAO is permitted to have different policies for different plans, it must maintain the same policy for any single plan for the entire contract (calendar) year. Additionally, the MAO must apply the same policy in a consistent manner to all members of the same plan, according to the policy in Ch. 2, Section 50.3.1. Aids Healthcare Foundation does not have appropriate policies and procedures in place.

Corrective Action Required:

Aids Healthcare Foundation must describe the actions it is taking to ensure that it is meeting the requirements for Involuntary Disenrollments for non-payment of premiums in accordance with CMS policy and regulations. As part of the required corrective action, Aids Healthcare Foundation must revise its policies and procedures and describe how it plans to implement this requirement as well as its plans for monitoring to ensure ongoing compliance.

CMS Medicare Managed Care Auditing Report

Auditing Review Results (Initial Report)-Public Website Version

Date Report Generated: 9/30/2008

MRT Number: M0040, Contract Number: All, Category: All, Element: All, Finding:NOT MET, Reviewer:All

Findings: NOT MET

Review ID: 11137

Region: 09 San Francisco

MRT Number / Name: M0040 MRT Aids HealthCare Foundation

Contract Number / Name: H5852 AIDS HEALTHCARE FOUNDATION

Auditing Guide Version: MA Audit Review Guide, Version 5

Auditing Element: DN06

Review Type: Routine

Review Status: Confirmed

MCO Response Received Date: 07/20/2008

Element Accepted Date: 08/19/2008

Element Release Date: 08/19/2008

CAP Released Date:

Visit Start Date: 04/21/2008

Exit Conference Date: 04/24/2008

Date Report Issued: 06/05/2008

Date Report Due: 06/08/2008

CAP Accepted Date:

Audit Closed Date:

Element Projected Completion Date: 07/01/2008

MCO Response Due Date: 07/20/2008

Requirement:

Involuntary Disenrollment for Move Out of Service Area - The MAO must disenroll Medicare members who permanently leave the approved plan service area, or who reside outside the approved plan service area for more than six (6) months, unless they move into an approved plan continuation area and the member has elected the continuation of enrollment option, or the plan offers a visitor/traveler program. Member notice is required prior to transmission of the disenrollment to CMS.

Deficiencies:

Aids Healthcare Foundation does not meet the CMS standard for this element. CMS reviewed a sample of 6 cases and identified that all cases were not processed correctly. Aids Healthcare Foundation did not take timely action to notify beneficiaries that had moved out of the service area of the proposed involuntary termination action. Plans that are informed of a members permanent move out of the service area must take action to notify the beneficiary within 10 calendar days of receipt.

Corrective Action Required:

Aids Healthcare Foundation must describe the actions it is taking to ensure that it is meeting the member notification requirements for beneficiary moves out of the service area in accordance with CMS policy and regulations. Aids Healthcare Foundation must enhance the existing processes in place to ensure that members are notified timely of a proposed involuntary disenrollment when information received indicates that the beneficiary has moved out of the service area. As part of the required corrective action, Aids Healthcare Foundation must describe how it plans to implement this requirement as well as its plans for monitoring to ensure ongoing compliance.

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Date Report Generated: 9/30/2008

MRT Number: M0040, Contract Number: All, Category: All, Element: All, Finding:NOT MET, Reviewer:All

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Findings: NOT MET

Review ID: 11137

Region: 09 San Francisco

MRT Number / Name: M0040 MRT Aids HealthCare Foundation

Contract Number / Name: H5852 AIDS HEALTHCARE FOUNDATION

Auditing Guide Version: MA Audit Review Guide, Version 5

Auditing Element: ER03

Review Type: Routine

Review Status: Confirmed

MCO Response Received Date: 07/20/2008

Element Accepted Date: 08/19/2008

Element Release Date: 08/19/2008

CAP Released Date:

Visit Start Date: 04/21/2008

Exit Conference Date: 04/24/2008

Date Report Issued: 06/05/2008

Date Report Due: 06/08/2008

CAP Accepted Date:

Audit Closed Date:

Element Projected Completion Date: 07/16/2008

MCO Response Due Date: 07/20/2008

Requirement:

Enrollment Effective Date (Timeliness) - The MAO enrolls Medicare beneficiaries with a correct effective date and election period type based on the appropriate election period.

Deficiencies:

Aids Healthcare Foundation does not meet the CMS standard for this element. CMS reviewed a sample of 23 cases and found that in 6 of the cases the date of enrollment was not correct.

Corrective Action Required:

Aids Healthcare Foundation must revise its policies and procedures to include the requirements noted in the deficiency above. Aids Healthcare Foundation was aware of this error prior to the audit and has revised its policies and procedures to include these provisions and no additional corrective action is required.

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Date Report Generated: 9/30/2008

MRT Number: M0040, Contract Number: All, Category: All, Element: All, Finding:NOT MET, Reviewer:All

Findings: NOT MET

Review ID: 11137

Region: 09 San Francisco

MRT Number / Name: M0040 MRT Aids HealthCare Foundation

Contract Number / Name: H5852 AIDS HEALTHCARE FOUNDATION

Auditing Guide Version: MA Audit Review Guide, Version 5

Auditing Element: ER05

Review Type: Routine

Review Status: Confirmed

MCO Response Received Date: 07/20/2008

Element Accepted Date: 08/19/2008

Element Release Date: 08/19/2008

CAP Released Date:

Visit Start Date: 04/21/2008

Exit Conference Date: 04/24/2008

Date Report Issued: 06/05/2008

Date Report Due: 06/08/2008

CAP Accepted Date:

Audit Closed Date:

Element Projected Completion Date: 07/16/2008

MCO Response Due Date: 07/20/2008

Requirement:

Required Enrollment Notice (Timeliness) - The MAO notifies the beneficiary of receipt of the enrollment election and confirmation of enrollment acceptance within timeframes specified by CMS. This may be done with two separate notices or one combined notice as specified by CMS.

Deficiencies:

Aids Healthcare Foundation does not meet the CMS standard for this element. CMS reviewed a sample of 23 cases and found that in 10 of the cases the written acknowledgement notice and/or the confirmationof enrollment acceptance was not sent timely.

Corrective Action Required:

Aids Healthcare Foundation must describe the actions it is taking to ensure that it is meeting the member notification requirements for enrollments in accordance with CMS policy and regulations. As part of the required corrective action, Aids Healthcare Foundation must describe how it plans to implement this requirement as well as its plans for monitoring to ensure ongoing compliance.

CMS Medicare Managed Care Auditing Report

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Date Report Generated: 9/30/2008

MRT Number: M0040, Contract Number: All, Category: All, Element: All, Finding:NOT MET, Reviewer:All

Findings: NOT MET

Review ID: 11137

Region: 09 San Francisco

MRT Number / Name: M0040 MRT Aids HealthCare Foundation

Contract Number / Name: H5852 AIDS HEALTHCARE FOUNDATION

Auditing Guide Version: MA Audit Review Guide, Version 5

Auditing Element: ER06

Review Type: Routine

Review Status: Confirmed

MCO Response Received Date: 07/20/2008

Element Accepted Date: 08/19/2008

Element Release Date: 08/19/2008

CAP Released Date:

Visit Start Date: 04/21/2008

Exit Conference Date: 04/24/2008

Date Report Issued: 06/05/2008

Date Report Due: 06/08/2008

CAP Accepted Date:

Audit Closed Date:

Element Projected Completion Date: 07/16/2008

MCO Response Due Date: 07/20/2008

Requirement:

Required Enrollment Notice (Notice Content) - The written acknowledgement notice and confirmation of enrollment acceptance, sent in response to the beneficiary"s enrollment election, meets CMS requirements and specifies the correct effective date of enrollment.

Deficiencies:

Aids Healthcare Foundation does not meet the CMS standard for this element. CMS reviewed a sample of 23 cases and found that in 9 of the cases the written acknowledgement notice and/or the confirmation of enrollment acceptance was not correct.

Corrective Action Required:

Aids Healthcare Foundation must describe the actions it is taking to ensure that it is meeting the member notification requirements for enrollments in accordance with CMS policy and regulations. As part of the required corrective action, Aids Healthcare Foundation must describe how it plans to implement this requirement as well as its plans for monitoring to ensure ongoing compliance.

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MRT Number: M0040, Contract Number: All, Category: All, Element: All, Finding:NOT MET, Reviewer:All

Findings: NOT MET

Review ID: 11137

Region: 09 San Francisco

MRT Number / Name: M0040 MRT Aids HealthCare Foundation

Contract Number / Name: H5852 AIDS HEALTHCARE FOUNDATION

Auditing Guide Version: MA Audit Review Guide, Version 5

Auditing Element: ER08

Review Type: Routine

Review Status: Confirmed

MCO Response Received Date: 07/20/2008

Element Accepted Date: 08/19/2008

Element Release Date: 08/19/2008

CAP Released Date:

Visit Start Date: 04/21/2008

Exit Conference Date: 04/24/2008

Date Report Issued: 06/05/2008

Date Report Due: 06/08/2008

CAP Accepted Date:

Audit Closed Date:

Element Projected Completion Date: 07/16/2008

MCO Response Due Date: 07/20/2008

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:

Aids Healthcare Foundation was unable to produce a universe for this element. CMS reviewed the policies and procedures and plan documentation demonstrating that the plan gives beneficiaries denial notices that meets CMS requirements. Aids Healthcare Foundations policies and procedures do not adequately address the requirements and therefore they do not meet this element.

Corrective Action Required:

Aids Healthcare Foundation must revise its policies and procedures to include the requirements noted in the deficiency above and the appropriate notices must be submitted to CMS for their review and approval.

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Auditing Review Results (Initial Report)-Public Website Version

Date Report Generated: 9/30/2008

MRT Number: M0040, Contract Number: All, Category: All, Element: All, Finding:NOT MET, Reviewer:All

Findings: NOT MET

Review ID: 11137

Region: 09 San Francisco

MRT Number / Name: M0040 MRT Aids HealthCare Foundation

Contract Number / Name: H5852 AIDS HEALTHCARE FOUNDATION

Auditing Guide Version: MA Audit Review Guide, Version 5

Auditing Element: GV03

Review Type: Routine

Review Status: Confirmed

MCO Response Received Date: 07/20/2008

Element Accepted Date: 08/19/2008

Element Release Date: 08/19/2008

CAP Released Date:

Visit Start Date: 04/21/2008

Exit Conference Date: 04/24/2008

Date Report Issued: 06/05/2008

Date Report Due: 06/08/2008

CAP Accepted Date:

Audit Closed Date:

Element Projected Completion Date: 07/11/2008

MCO Response Due Date: 07/20/2008

Requirement:

Grievance Decision Notification (Timeliness) - The MAO must notify the member of its decision 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 complaint involves an MAO"s decision to invoke an extension relating to an organization determination or reconsideration, or the complaint 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 a 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:

Aids Healthcare Foundation does not meet the CMS standard for this element. CMS reviewed 15 grievances out of a universe of 23 and found that in 3 of the cases there was no evidence in file to show that Aids Healthcare Foundation notified the member within 30 days of the receipt date of the grievance.

Corrective Action Required:

Aids Healthcare Foundation must describe the actions it is taking to ensure that it is meeting the member notification requirements for grievances in accordance with CMS policy and regulations. As part of the required corrective action, Aids Healthcare Foundation must describe how it plans to implement this requirement as well as its plans for monitoring to ensure ongoing compliance.

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Date Report Generated: 9/30/2008

MRT Number: M0040, Contract Number: All, Category: All, Element: All, Finding:NOT MET, Reviewer:All

Findings: NOT MET

Review ID: 11137

Region: 09 San Francisco

MRT Number / Name: M0040 MRT Aids HealthCare Foundation

Contract Number / Name: H5852 AIDS HEALTHCARE FOUNDATION

Auditing Guide Version: MA Audit Review Guide, Version 5

Auditing Element: OC06

Review Type: Routine

Review Status: Confirmed

MCO Response Received Date: 07/20/2008

Element Accepted Date: 08/19/2008

Element Release Date: 08/19/2008

CAP Released Date:

Visit Start Date: 04/21/2008

Exit Conference Date: 04/24/2008

Date Report Issued: 06/05/2008

Date Report Due: 06/08/2008

CAP Accepted Date:

Audit Closed Date:

Element Projected Completion Date: 04/18/2008

MCO Response Due Date: 07/20/2008

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:

Aids Healthcare Foundation does not meet the CMS standard for this element. CMS reviewed a sample of two denied claims. CMS found that in both of the cases there were no denial notices in file.

Corrective Action Required:

Aids Healthcare Foundation must send CMS compliant notices (the standardized Notice of Denial of Payment) to members when it denies claims from non-contracted providers. The description of denied services and the denial reasons used with the notice must be clear and understandable. Aids Healthcare Foundation was aware of the deficiency prior to the audit and has already been working on the Corrective Action Plan.

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Date Report Generated: 9/30/2008

MRT Number: M0040, Contract Number: All, Category: All, Element: All, Finding:NOT MET, Reviewer:All

Findings: NOT MET

Review ID: 11137

Region: 09 San Francisco

MRT Number / Name: M0040 MRT Aids HealthCare Foundation

Contract Number / Name: H5852 AIDS HEALTHCARE FOUNDATION

Auditing Guide Version: MA Audit Review Guide, Version 5

Auditing Element: OP01

Review Type: Routine

Review Status: Confirmed

MCO Response Received Date: 07/20/2008

Element Accepted Date:

Element Release Date:

CAP Released Date:

Visit Start Date: 04/21/2008

Exit Conference Date: 04/24/2008

Date Report Issued: 06/05/2008

Date Report Due: 06/08/2008

CAP Accepted Date:

Audit Closed Date:

Element Projected Completion Date: 09/17/2008

MCO Response Due Date: 07/20/2008

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:

Based on a review of 6 files for adverse standard pre-service organization determinations from a universe of 6, the reviewer found 1 case non-compliant with the CMS requirement to process pre-service organization determinations within 14 calendar days. The untimely case was 5 days late.

Corrective Action Required:

Describe actions AIDS Healthcare Foundation (AHF) is taking to ensure it is meeting the timeliness standards for standard pre-service organization determinations in accordance with CMS policy and regulations. The process must include internal health plan audits to ensure compliance with CMS requirements.

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MRT Number: M0040, Contract Number: All, Category: All, Element: All, Finding:NOT MET, Reviewer:All

Findings: NOT MET

Review ID: 11137

Region: 09 San Francisco

MRT Number / Name: M0040 MRT Aids HealthCare Foundation

Contract Number / Name: H5852 AIDS HEALTHCARE FOUNDATION

Auditing Guide Version: MA Audit Review Guide, Version 5

Auditing Element: OP15

Review Type: Routine

Review Status: Confirmed

MCO Response Received Date: 07/20/2008

Element Accepted Date: 08/07/2008

Element Release Date: 08/07/2008

CAP Released Date:

Visit Start Date: 04/21/2008

Exit Conference Date: 04/24/2008

Date Report Issued: 06/05/2008

Date Report Due: 06/08/2008

CAP Accepted Date:

Audit Closed Date:

Element Projected Completion Date: 07/10/2008

MCO Response Due Date: 07/20/2008

Requirement:

Detailed Notice of Discharge of Inpatient Hospital Care - Prior to discharging the individual or lowering the level of care within the hospital setting, the MAO must secure concurrence from the physician responsible for the enrollee"s inpatient care. When the QIO has notified an MAO that an enrollee has requested an immediate review of an MAO or hospital"s determination that inpatient care is no longer necessary, the MAO must, directly or by delegation, provide the Detailed Notice of Discharge to the enrollee as soon as possible but no later than noon of the day after the QIO"s notification. The detailed notice must include a detailed explanation of why services are either no longer reasonable and necessary or are no longer covered in an inpatient hospital setting; a description of any applicable Medicare coverage rule, instruction, or other Medicare policy used in this determination, including information about how the enrollee may obtain a copy of the Medicare policy; any applicable MA organization policy, contract provision, or rationale upon which the discharge determination was based; and facts specific to the enrollee and relevant to the coverage determination sufficient to advise the enrollee of the applicability of the coverage rule or policy to the enrollee"s case. During the review process, the plan ensures that all information the QIO needs to make its determination is provided, either directly (with hospital cooperation) or by delegation, no later than noon of the day after the QIO notifies the MAO that a request for an immediate review has been received from the enrollee.

Deficiencies:

AIDS Healthcare Foundation (AHF) submitted the following policy and procedure: UM 16.0-Determination and Notification Regarding Non-Coverage of Inpatient Hospital Care. The submitted policy and procedure is incorrect and must be revised to describe the correct process for the "Hospital Discharge Appeal Notices."

Corrective Action Required:

AHF must submit to CMS a revised and corrected, UM 16.0-Determination and Notification Regarding Non-Coverage of Inpatient Hospital Care policy and procedure, flowchart and appropriate CMS notice for the Detailed Notice of Discharge of Inpatient Hospital Care process. The corrective action must include internal health plan audits to ensure compliance with CMS requirements.