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: 06 Dallas
Contract Number / Name: H3204 PRESBYTERIAN HEALTH PLAN

Review ID: 10537

Auditing Guide Version: MA Audit Review Guide, Version 5
Auditing Element: DN02
Review Type: Routine
Review Status: Confirmed
MCO Response Received Date: 06/26/2008
Element Accepted Date: 07/01/2008
Element Release Date:
CAP Released Date:

Visit Start Date: 2/25/2008
Exit Conference Date: 03/28/2008
Date Report Issued: 05/12/2008
Date Report Due: 05/12/2008
CAP Accepted Date: 07/18/2008
Audit Closed Date:
Element Projected Completion Date: 08/31/2008
MCO Response Due Date: 06/26/2008

Requirement:

Voluntary Disenrollment (Timeliness) - The MAO sends the disenrollment notice to the member within timeframes specified by CMS.

Deficiencies:

This requirement is not met. Presbyterian Health Plan (PHP) failed to send disenrollment notices to the member within timeframes specified by CMS in Chapter 2 of the Medicare Managed Care Manual, Section 50.1.4, in 4 of 15 sample cases reviewed, and 5 of 13 sample cases reviewed from worksheet DN1. PHP did not send a written confirmation notice of disenrollment to the member within ten calendar days of the availability of the Transaction Reply Report (TRR) when PHP learned of the member's voluntary disenrollment from the CMS TRR.

Corrective Action Required:

PHP must revise, effectuate and audit internal procedures to ensure compliance with 42 CFR 422.66(b)(3) and Medicare Managed Care Manual Chapter 2, Section 50.1.4. The CAR should clearly describe the measures that PHP will undertake to ensure that disenrollment notices are sent to the member within the timeframe that is consistent with regulatory requirements and CMS manual instructions. The CAP response should include a timetable for correction and implementation of revised policies, procedures or processes, and any other actions necessary to correct this deficiency. The CAP should include a provision for ongoing monitoring of the various actions required for timely distribution of written confirmation notices of disenrollment to the member within ten calendar days of the availability of the Transaction Reply Report (TRR). Following corrective actions taken, PHP must conduct an internal audit of these actions, on a monthly basis, to ensure ongoing compliance with this requirement. The CAP should, at a minimum, provide for the submission of a monthly summary report to the Regional Office of the monthly audit findings on or before the 20th of the following month and subsequent months. The summary report should include: title of the auditor(s), the audit methodology, and the results of the audit. PHP must continue to provide a monthly update of internal audit results until CMS determines that PHP meets regulatory requirements.

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Findings: NOT MET

Review ID: 10537

Region: 06 Dallas

Contract Number / Name: H3204 PRESBYTERIAN HEALTH PLAN

Auditing Guide Version: MA Audit Review Guide, Version 5
Auditing Element: DN05
Review Type: Routine
Review Status: Confirmed
MCO Response Received Date: 06/26/2008
Element Accepted Date: 07/01/2008
Element Release Date:
CAP Released Date:

Visit Start Date: 2/25/2008
Exit Conference Date: 03/28/2008
Date Report Issued: 05/12/2008
Date Report Due: 05/12/2008
CAP Accepted Date: 07/18/2008
Audit Closed Date:
Element Projected Completion Date: 08/31/2008
MCO Response Due Date: 06/26/2008

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:

This requirement is not met. It is the policy of PHP to disenroll a plan member following both the expiration of a ninety day grace period and proper notification of the amount of the delinquent premium. For each of the sample cases, the requirement for timely notification of the premium amount due, as outlined in Chapter 2, section 50.3.1, of the Medicare Managed Care Manual, was not met. In addition, the grace period for each of the sample cases is inconsistent with PHPs internal policy as well as the manual instructions in the Medicare Managed Care Manual, Chapter 2, Section 50.3.1.

Corrective Action Required:

PHP must revise, effectuate and audit internal procedures to ensure compliance with 42 CFR 422.74(d). The CAR should clearly describe the measures that PHP will undertake to ensure that an involuntary disenrollment action due to nonpayment of premiums is consistent with regulatory requirements and CMS manual instructions. The CAP response should include a timetable for correction and implementation of revised policies, procedures or processes, and any other actions necessary to correct this deficiency. The CAP should include a provision for ongoing monitoring of the various actions required for accurate processing of an involuntary disenrollment. Following corrective actions taken, PHP must conduct an internal audit of these actions, on a monthly basis, to ensure ongoing compliance with this requirement. The CAP should, at a minimum, provide for the submission of a monthly summary report to the Regional Office of the monthly audit findings on or before the 20th of the following month and subsequent months. The summary report should include: title of the auditor(s), the audit methodology, and the results of the audit. PHP must continue to provide a monthly update of internal audit results until CMS determines that PHP meets regulatory requirements.

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Findings: NOT MET

Review ID: 10537

Region: 06 Dallas

Contract Number / Name: H3204 PRESBYTERIAN HEALTH PLAN

Auditing Guide Version: MA Audit Review Guide, Version 5
Auditing Element: DN06
Review Type: Routine
Review Status: Confirmed
MCO Response Received Date: 06/26/2008
Element Accepted Date: 07/01/2008
Element Release Date:
CAP Released Date:

Visit Start Date: 2/25/2008
Exit Conference Date: 03/28/2008
Date Report Issued: 05/12/2008
Date Report Due: 05/12/2008
CAP Accepted Date: 07/18/2008
Audit Closed Date:
Element Projected Completion Date: 08/31/2008
MCO Response Due Date: 06/26/2008

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:

This requirement is not met. The member notification sent by PHP to communicate an involuntary disenrollment action due to an enrollee's permanent move outside of the service area does not accurately communicate the involuntary disenrollment action for nine of the nine sample cases reviewed. The enrollee notice currently in use indicates that the beneficiary requested the disenrollment when, in fact, the disenrollment is an involuntary action taken on the part of the organization.

Corrective Action Required:

PHP must develop a beneficiary notice to be used for an involuntary disenrollment due to a permanent move outside of the service area to accurately convey the nature of the disenrollment action and submit the notice to the CMS Regional Office for approval prior to use.

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Findings: NOT MET

Review ID: 10537

Region: 06 Dallas

Contract Number / Name: H3204 PRESBYTERIAN HEALTH PLAN

Auditing Guide Version: MA Audit Review Guide, Version 5
Auditing Element: ER04
Review Type: Routine
Review Status: Confirmed
MCO Response Received Date:06/26/2008
Element Accepted Date: 07/01/2008
Element Release Date:
CAP Released Date:

Visit Start Date: 2/25/2008
Exit Conference Date: 03/28/2008
Date Report Issued: 05/12/2008
Date Report Due: 05/12/2008
CAP Accepted Date:07/18/2008
Audit Closed Date:
Element Projected Completion Date:08/31/2008
MCO Response Due Date: 06/26/2008

Requirement:

Enrollment Election Completion Process - The MAO must correctly identify incomplete enrollment elections and follow CMS requirements for requesting information from the beneficiaries to make the elections complete.

Deficiencies:

This requirement is not met. The number of misclassified cases exceeds the acceptable threshold, therefore, CMS could not determine if PHP correctly identified incomplete enrollment elections and requested information of the beneficiary to make the election complete, as required.

Corrective Action Required:

PHP must revise, effectuate and audit internal procedures to ensure compliance with 42 CFR 422.60(e) and Medicare Managed Care Manual Chapter 2, Section 40.2.2. The CAR should clearly describe the measures that PHP will undertake to ensure that incomplete enrollment elections are identified and that information to complete the election is requested of the beneficiary. The CAP response should include a timetable for correction and implementation of revised policies, procedures or processes, and any other actions necessary to correct this deficiency. The CAP should include a provision for ongoing monitoring of the various actions required for accurate identification of an incomplete enrollment. Following corrective actions taken, PHP must conduct an internal audit of these actions, on a monthly basis, to ensure ongoing compliance with this requirement. The CAP should, at a minimum, provide for the submission of a monthly summary report to the Regional Office of the monthly audit findings on or before the 20th of the following month and subsequent months. The summary report should include: title of the auditor(s), the audit methodology, and the result of the audit. PHP must continue to provide a monthly update of internal audit results until CMS determines that PHP meets regulatory requirements.

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Findings: NOT MET

Review ID: 10537

Region: 06 Dallas

Contract Number / Name: H3204 PRESBYTERIAN HEALTH PLAN

Auditing Guide Version: MA Audit Review Guide, Version 5
Auditing Element: ER05
Review Type: Routine
Review Status: Confirmed
MCO Response Received Date:06/26/2008
Element Accepted Date: 07/01/2008
Element Release Date:
CAP Released Date:

Visit Start Date: 2/25/2008
Exit Conference Date: 03/28/2008
Date Report Issued: 05/12/2008
Date Report Due: 05/12/2008
CAP Accepted Date:07/18/2008
Audit Closed Date:
Element Projected Completion Date:08/31/2008
MCO Response Due Date: 06/26/2008

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:

This requirement is not met. PHP did not notify the beneficiary of receipt of the enrollment election or confirmation of enrollment acceptance within required timeframes in 16 of 30 sample cases reviewed.

Corrective Action Required:

PHP must revise, effectuate and audit internal procedures to ensure compliance with 42 CFR 422.60(e) (3) and Medicare Managed Care Manual Chapter 2, Section 40.4, 40.4.2. The CAR should clearly describe the measures that PHP will undertake to ensure that enrollees are notified of receipt of an election and confirmation of enrollment within timeframes contained in the Medicare Managed Care Manual, Chapter 2, section 40.4 and 40.4.2. The CAP response should include a timetable for correction and implementation of revised policies, procedures or processes, and any other actions necessary to correct this deficiency. The CAP should include a provision for ongoing monitoring of the various actions required for accurate notification of an enrollment notice. Following corrective actions taken, PHP must conduct an internal audit of these actions, on a monthly basis, to ensure ongoing compliance with this requirement. The CAP should, at a minimum, provide for the submission of a monthly summary report to the Regional Office of the monthly audit findings on or before the 20th of the following month and subsequent months. The summary report should include: title of the auditor(s), the audit methodology, and the result of the audit. PHP must continue to provide a monthly update of internal audit results until CMS determines that PHP meets regulatory requirements.

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Findings: NOT MET

Review ID: 10537

Region: 06 Dallas

Contract Number / Name: H3204 PRESBYTERIAN HEALTH PLAN

Auditing Guide Version: MA Audit Review Guide, Version 5
Auditing Element: ER07
Review Type: Routine
Review Status: Confirmed
MCO Response Received Date:06/26/2008
Element Accepted Date: 07/01/2008
Element Release Date:
CAP Released Date:

Visit Start Date: 2/25/2008
Exit Conference Date: 03/28/2008
Date Report Issued: 05/12/2008
Date Report Due: 05/12/2008
CAP Accepted Date:07/18/2008
Audit Closed Date:
Element Projected Completion Date:08/31/2008
MCO Response Due Date: 06/26/2008

Requirement:

Denial of Enrollment Prior to Transmission to CMS (Timeliness) - The MAO correctly notifies beneficiaries of denial of enrollment within timeframes specified by CMS.

Deficiencies:

This requirement is not met. The number of misclassified cases exceeds the acceptable threshold, therefore, CMS was unable to determine if PHP correctly notified beneficiaries of denial of enrollment within timeframes specified by CMS.

Corrective Action Required:

PIC must revise, effectuate and audit internal procedures to ensure compliance with 42 CFR 422.60(e) (3) and Medicare Managed Care Manual Chapter 2, Section 40.2.3. The CAR should clearly describe the measures that PIC will undertake to correctly notify beneficiaries of denial of enrollment within timeframes specified by CMS. The CAP response should include a timetable for correction and implementation of revised policies, procedures or processes, and any other actions necessary to correct this deficiency. The CAP should include a provision for ongoing monitoring of the various actions required for accurate identification of an enrollment denials. Following corrective actions taken, PHP must conduct an internal audit of these actions, on a monthly basis, to ensure ongoing compliance with this requirement. The CAP should, at a minimum, provide for the submission of a monthly summary report to the Regional Office of the monthly audit findings on or before the 20th of the following month and subsequent months. The summary report should include: title of the auditor(s), the audit methodology, and the result of the audit. PHP must continue to provide a monthly update of internal audit results until CMS determines that PHP meets regulatory requirement.

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Findings: NOT MET

Review ID: 10537

Region: 06 Dallas

Contract Number / Name: H3204 PRESBYTERIAN HEALTH PLAN

Auditing Guide Version: MA Audit Review Guide, Version 5
Auditing Element: ER08
Review Type: Routine
Review Status: Confirmed
MCO Response Received Date:06/26/2008
Element Accepted Date: 07/01/2008
Element Release Date:
CAP Released Date:

Visit Start Date: 2/25/2008
Exit Conference Date: 03/28/2008
Date Report Issued: 05/12/2008
Date Report Due: 05/12/2008
CAP Accepted Date:07/18/2008
Audit Closed Date:
Element Projected Completion Date:08/31/2008
MCO Response Due Date: 06/26/2008

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:

This requirement is not met. The number of misclassified cases exceeded the acceptable threshold, therefore, CMS was unable to determine if PHP gave beneficiaries a denial notice that meets CMS requirements.

Corrective Action Required:

PHP must revise and submit to the Regional Office, for approval, the denial of enrollment notice to ensure that information contained within is consistent with the Medicare Managed Care Manual, Chapter 2, Section 30.3.

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

Findings: NOT MET

Review ID: 10537

Region: 06 Dallas

Contract Number / Name: H3204 PRESBYTERIAN HEALTH PLAN

Auditing Guide Version: MA Audit Review Guide, Version 5
Auditing Element: OP04
Review Type: Routine
Review Status: Confirmed
MCO Response Received Date: 06/26/2008
Element Accepted Date: 07/17/2008
Element Release Date:
CAP Released Date:

Visit Start Date: 2/25/2008
Exit Conference Date: 03/28/2008
Date Report Issued: 05/12/2008
Date Report Due: 05/12/2008
CAP Accepted Date: 07/18/2008
Audit Closed Date:
Element Projected Completion Date: 08/31/2008
MCO Response Due Date: 06/26/2008

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, promptly provide oral notice to the member of the decision not to expedite, 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:

This element's requirements are not met. PHP failed to notify 9 out of 10 members sampled after an expedited organization determination (favorable or adverse) was made.

Corrective Action Required:

PHP must revise, effectuate and audit internal procedures to ensure compliance with 42 CFR 422.572(a). PHP must take appropriate steps to ensure that notice is provided to an enrollee of PHPs favorable or adverse expedited organization determination. The CAP response should include a timetable for correction and implementation of revised policies, procedures or processes, and any other actions necessary to correct this deficiency. Following corrective actions taken, PHP should conduct an internal audit, on a monthly basis, of all expedited organization determinations to ensure ongoing compliance with this requirement. The CAP should, at a minimum, provide for the submission of a monthly summary report to the Regional Office of the monthly audit findings by the 20th of the following month. The summary report should include: title of the auditor(s), the audit methodology, and the results of the audit. PHP must continue to provide the monthly update of internal audit results until CMS determines that PHP meets regulatory requirements.