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: 8037

Region: 09 San Francisco

Contract Number / Name: H5430 CARE1ST HEALTH PLAN OF ARIZONA

Auditing Guide Version: MA Audit Review Guide, Version 4
Auditing Element: GV03
Review Type: Routine
Review Status: Confirmed
MCO Response Received Date:
Element Accepted Date: 12/10/2007
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Visit Start Date: 8/28/2007
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Date Report Issued: 10/12/2007
Date Report Due: 10/13/2007
CAP Accepted Date: 12/12/2007
Audit Closed Date: 12/12/2007
Element Projected Completion Date: 12/01/2007
MCO Response Due Date: 11/26/2007

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:

Care1st of AZ does not meet the CMS 95% compliance standard for this element. CMS reviewed 15 grievances out of a universe of 26 and found that in 14 of the cases there was no evidence in file to show that Care1st notified the member within 30 days of the receipt date of the grievance.

Corrective Action Required:

Care1st of AZ 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, Care1st 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

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

Findings: NOT MET

Review ID: 8037

Region: 09 San Francisco

Contract Number / Name: H5430 CARE1ST HEALTH PLAN OF ARIZONA

Auditing Guide Version: MA Audit Review Guide, Version 4
Auditing Element: GV04
Review Type: Routine
Review Status: Confirmed
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CAP Released Date: 12/12/2007

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CAP Accepted Date: 12/12/2007
Audit Closed Date: 12/12/2007
Element Projected Completion Date: 12/01/2007
MCO Response Due Date: 11/26/2007

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:

Care1st of AZ did not meet the CMS 95% compliance standard for this element. CMS reviewed 15 grievances from a universe of 26 and found that in all but one case, there was no notice sent to the beneficiary.

Corrective Action Required:

Care1st of AZ 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, Care1st must describe how it plans to implement this requirement as well as its plans for monitoring to ensure ongoing compliance.

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

Findings: NOT MET

Review ID: 8037

Region: 09 San Francisco

Contract Number / Name: H5430 CARE1ST HEALTH PLAN OF ARIZONA

Auditing Guide Version: MA Audit Review Guide, Version 4
Auditing Element: GV05
Review Type: Routine
Review Status: Confirmed
MCO Response Received Date:
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Date Report Issued: 10/12/2007
Date Report Due: 10/13/2007
CAP Accepted Date: 12/12/2007
Audit Closed Date: 12/12/2007
Element Projected Completion Date: 12/01/2007
MCO Response Due Date: 11/26/2007

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:

Care1st of AZ did not meet the CMS 95% compliance standard for this element. CMS reviewed 15 grievances from a universe of 26 and found that in all but one case, there was no notice sent to the beneficiary.

Corrective Action Required:

Care1st of AZ 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, Care1st 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

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: 8037

Region: 09 San Francisco

Contract Number / Name: H5430 CARE1ST HEALTH PLAN OF ARIZONA

Auditing Guide Version: MA Audit Review Guide, Version 4
Auditing Element: MR09
Review Type: Routine
Review Status: Confirmed
MCO Response Received Date:
Element Accepted Date: 12/07/2007
Element Release Date: 12/07/2007
CAP Released Date:12/12/2007

Visit Start Date: 8/28/2007
Exit Conference Date: 08/29/2007
Date Report Issued: 10/12/2007
Date Report Due: 10/13/2007
CAP Accepted Date:12/12/2007
Audit Closed Date: 12/12/2007
Element Projected Completion Date:12/01/2007
MCO Response Due Date: 11/26/2007

Requirement:

Good Faith Effort to Provide Written Notice of the Termination of a Contracted Provider - The MAO makes a good faith effort to provide written notice of the termination of a PCP to all members who are patients of that PCP, or for termination of a non-PDP provider to all patients seen on a regular basis, at least 30 days prior to the termination effective date.

Deficiencies:

Care 1st was unable to demonstrate that Medicare members are given written notice at least 30 days prior to primary care physician (PCP) terminations. Based on a review of two PCP termination letters, the reviewer found that the first PCP termination letter was dated 08/25/06 with a PCP termination effective date of 09/18/06; the second PCP termination letter was dated 07/15/07 with a PCP termination effective date of 08/01/07 . The PCP termination letters demonstrated that Care 1st AZ is not giving its Medicare members the CMS required 30-day notice of PCP or other provider terminations.

Corrective Action Required:

Care 1st AZ must describe the actions it is taking to ensure that it provides written notice to Medicare members 30 days prior to PCP or other provider terminations in accordance with CMS policy and regulations. Corrective action must include internal health plan oversight audits to ensure compliance with CMS requirements.

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: 8037

Region: 09 San Francisco

Contract Number / Name: H5430 CARE1ST HEALTH PLAN OF ARIZONA

Auditing Guide Version: MA Audit Review Guide, Version 4
Auditing Element: OC01
Review Type: Routine
Review Status: Confirmed
MCO Response Received Date:
Element Accepted Date: 12/10/2007
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CAP Released Date:12/12/2007

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Date Report Issued: 10/12/2007
Date Report Due: 10/13/2007
CAP Accepted Date:12/12/2007
Audit Closed Date: 12/12/2007
Element Projected Completion Date:10/01/2007
MCO Response Due Date: 11/26/2007

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:

Care1st of AZ does not meet the CMS 95% compliance standard for this element. CMS reviewed a sample of 30 denied claims from an initial universe of 8,456. CMS found that in all 30 of the cases there were no denial notices in file.

Corrective Action Required:

Care1st of AZ 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. As part of the required corrective action, Care1st 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

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: 8037

Region: 09 San Francisco

Contract Number / Name: H5430 CARE1ST HEALTH PLAN OF ARIZONA

Auditing Guide Version: MA Audit Review Guide, Version 4
Auditing Element: OC02
Review Type: Routine
Review Status: Confirmed
MCO Response Received Date:
Element Accepted Date: 12/10/2007
Element Release Date: 12/10/2007
CAP Released Date: 12/12/2007

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Date Report Issued: 10/12/2007
Date Report Due: 10/13/2007
CAP Accepted Date: 12/12/2007
Audit Closed Date: 12/12/2007
Element Projected Completion Date: 11/14/2007
MCO Response Due Date: 11/26/2007

Requirement:

Reasonable Reimbursement for Covered Services - The MAO must provide reasonable reimbursement 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, Renal dialysis services that Medicare members obtain while temporarily out of the service area, and Services for which coverage has been denied by the MAO but found to be services the member was entitled to upon appeal.

Deficiencies:

CMS reviewed plan policies and procedures and plan documentation demonstrating that the plan has a means to provide the appropriate Medicare fee-for-service payment mechanisms when determining amounts to pay non-contracted providers. Care1st of AZ does not meet this element.

Corrective Action Required:

Care1st of AZ must revise its policies and procedures to include the requirements noted in the deficiency above. Care1st submitted revised policies and procedures dated June 2007 which includes these provisions and no additional corrective action is required.

CMS Medicare Managed Care Auditing Report

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Date Report Generated: 9/30/2008

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

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Review ID: 8037

Region: 09 San Francisco

Contract Number / Name: H5430 CARE1ST HEALTH PLAN OF ARIZONA

Auditing Guide Version: MA Audit Review Guide, Version 4
Auditing Element: OC03
Review Type: Routine
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MCO Response Received Date:
Element Accepted Date: 12/10/2007
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Date Report Issued: 10/12/2007
Date Report Due: 10/13/2007
CAP Accepted Date:12/12/2007
Audit Closed Date: 12/12/2007
Element Projected Completion Date:12/01/2007
MCO Response Due Date: 11/26/2007

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:

Care1st of AZ does not meet the CMS 95% compliance standard for this element. CMS reviewed a sample of 30 clean claims from an initial universe of 8,456. CMS found that of the 30 clean claims processed by Care1st, 11 of them were not paid within 30 days after receipt.

Corrective Action Required:

Care1st of AZ must revise its policies and procedures to ensure that claims are processed timely. Care1st must establish and maintain effective oversight to ensure that claims are processed according to CMS requirements for timeliness.

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Date Report Generated: 9/30/2008

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

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Region: 09 San Francisco

Contract Number / Name: H5430 CARE1ST HEALTH PLAN OF ARIZONA

Auditing Guide Version: MA Audit Review Guide, Version 4
Auditing Element: OC04
Review Type: Routine
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Date Report Due: 10/13/2007
CAP Accepted Date: 12/12/2007
Audit Closed Date: 12/12/2007
Element Projected Completion Date: 12/01/2007
MCO Response Due Date: 11/26/2007

Requirement:

Interest on Clean Claims Paid Late - If the MAO pays clean claims from non-contracting providers in over 30 calendar days, it must pay interest in accordance with § 1816 (c)(2)(B) and § 1842 (c)(2)(B).

Deficiencies:

Care1st of AZ does not meet the CMS 95% compliance standard for this element. CMS reviewed 11 paid clean claims from a non-contracted provider where interest should have been paid. In all cases no interest was paid. CMS expects plans to pay interest on all clean claims from non-contracted providers that it does not pay within the required 30 days. Interest rates to satisfy the CMS prompt payment requirement change every six months and can be found at the following url: treasurydirect.gov/govt/rates/tcir/tcir_opdprmt2.htm

Corrective Action Required:

Care1st of AZ must describe the actions it is taking to ensure that interest paid on clean claims from non-contracted providers is in accordance with CMS policy and regulations. As part of the required corrective action, Care1st must describe how it plans to implement this requirement as well as its plans for monitoring to ensure ongoing compliance.

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

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Review ID: 8037

Region: 09 San Francisco

Contract Number / Name: H5430 CARE1ST HEALTH PLAN OF ARIZONA

Auditing Guide Version: MA Audit Review Guide, Version 4
Auditing Element: OC05
Review Type: Routine
Review Status: Confirmed
MCO Response Received Date:
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Date Report Due: 10/13/2007
CAP Accepted Date: 12/12/2007
Audit Closed Date: 12/12/2007
Element Projected Completion Date: 12/01/2007
MCO Response Due Date: 11/26/2007

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:

Care1st of AZ does not meet the CMS 95% compliance standard for this element. CMS reviewed a sample of 41 non-clean claims from an initial universe of 5,534. CMS found that of the 41 non-clean claims processed by Care1st, 13 of them were not paid within 60 days after receipt.

Corrective Action Required:

Care1st of AZ must revise its policies and procedures to ensure that claims are processed timely. Care1st must establish and maintain effective oversight to ensure that claims are processed according to CMS requirements for timeliness.

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

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Review ID: 8037

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Auditing Guide Version: MA Audit Review Guide, Version 4
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Review Type: Routine
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Date Report Issued: 10/12/2007
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CAP Accepted Date: 12/12/2007
Audit Closed Date: 12/12/2007
Element Projected Completion Date: 12/01/2007
MCO Response Due Date: 11/26/2007

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:

Care1st of AZ does not meet the CMS 95% compliance standard for this element. CMS reviewed a sample of 30 denied claims from an initial universe of 8,456. CMS found that in all of the cases there were no denial notices in file.

Corrective Action Required:

Care1st of AZ 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. As part of the required corrective action, Care1st 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

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

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Contract Number / Name: H5430 CARE1ST HEALTH PLAN OF ARIZONA

Auditing Guide Version: MA Audit Review Guide, Version 4
Auditing Element: OC07
Review Type: Routine
Review Status: Confirmed
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Element Release Date: 12/10/2007
CAP Released Date:12/12/2007

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Date Report Due: 10/13/2007
CAP Accepted Date:12/12/2007
Audit Closed Date: 12/12/2007
Element Projected Completion Date:11/14/2007
MCO Response Due Date: 11/26/2007

Requirement:

Medicare Secondary Payer (Claims) - The MAO must have procedures to identify payers that are primary to Medicare, determine the amounts payable, and coordinate benefits.

Deficiencies:

CMS reviewed plan policies and procedures and plan documentation demonstrating that the plan has a means to ensure that claims involving coordination of benefits are identified and paid correctly. Care1st of AZ does not meet this element.

Corrective Action Required:

Care1st of AZ must revise its policies and procedures to include the requirements noted in the deficiency above. Care1st submitted revised policies and procedures dated June 2007 which includes these provisions and no additional corrective action is required.

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

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Review ID: 8037

Region: 09 San Francisco

Contract Number / Name: H5430 CARE1ST HEALTH PLAN OF ARIZONA

Auditing Guide Version: MA Audit Review Guide, Version 4
Auditing Element: OP04
Review Type: Routine
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MCO Response Received Date:
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Date Report Issued: 10/12/2007
Date Report Due: 10/13/2007
CAP Accepted Date: 12/12/2007
Audit Closed Date: 12/12/2007
Element Projected Completion Date: 12/01/2007
MCO Response Due Date: 11/26/2007

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:

Based on a review of the 10 files for requests for expedited organization determinations from a universe of 321, the reviewer found 1 case was misclassified because the member was a Medicaid not a Medicare member. The remaining 9 cases were non-compliant for the following reasons: (A) 2 cases were not timely (decisions were made beyond the 72-hour CMS requirement for expedited organization determinations); (B) 9 cases did not meet the CMS notification requirements for notifying members of the approval decisions either orally or in writing.

Corrective Action Required:

Care 1st AZ must describe the actions it is taking to ensure that it is meeting the timeliness and member notification requirements for expedited organization determinations in accordance with CMS policy and regulations. Corrective action must include internal health plan oversight audits.

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

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Review ID: 8037

Region: 09 San Francisco

Contract Number / Name: H5430 CARE1ST HEALTH PLAN OF ARIZONA

Auditing Guide Version: MA Audit Review Guide, Version 4
Auditing Element: PR03
Review Type: Routine
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Date Report Issued: 10/12/2007
Date Report Due: 10/13/2007
CAP Accepted Date: 12/12/2007
Audit Closed Date: 12/12/2007
Element Projected Completion Date: 01/01/2008
MCO Response Due Date: 11/26/2007

Requirement:

Credentialing Requirements for Physicians and Other Health Care Professionals - The MAO must follow a documented process for physicians and other health care professionals regarding initial credentialing and recredentialing.

Deficiencies:

CMS reviewed 20 credentialing files and found 10 files non-compliant with CMS requirements for the following reasons: (A) 7 files credentialed/recredentialed by Care 1st AZ were not reviewed for Medicare opt-out, (B) 2 files from a delegated credentialing entity were missing the consideration of quality of care information in the recredentialing process, and (C) 2 recredentialing cases were not recredentialed timely. In one case, Care 1st AZ recredentialed the physician 08/07/07, yet the previous recredentialing was 07/27/04. In a second case, Care 1st AZ recredentialed the physician 11/13/06 but the previous initial credentialing was completed 10/28/03

Corrective Action Required:

Care 1st AZ must describe the actions it is taking to ensure that it and its delegated entities credential/recredential contracted providers in accordance with CMS requirements, on a timely basis. Corrective action must include policy and procedure revisions for the health plan as well as its delegated entities. It must include internal health plan audits as well as delegation oversight audits of credentialing files to ensue compliance.

CMS Medicare Managed Care Auditing Report

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Contract Number / Name: H5430 CARE1ST HEALTH PLAN OF ARIZONA

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Date Report Issued: 10/12/2007
Date Report Due: 10/13/2007
CAP Accepted Date:12/12/2007
Audit Closed Date: 12/12/2007
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MCO Response Due Date: 11/26/2007

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:

Care1st of AZ does not have a CMS-approved notice to inform members that it has decided not to process the members request on an expedited basis and has transferred the request to the standard reconsideration process.

Corrective Action Required:

Care1st of AZ must develop a standard notice to members that explains that you will process the request using the standard timeframe, informs the member of the right to file a grievance if they disagree with the decision not to expedite, informs the member of the right to resubmit a request for an expedited reconsideration with any physicians support, and provide instructions about your grievance process and its timeframes.

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

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Date Report Issued: 10/12/2007
Date Report Due: 10/13/2007
CAP Accepted Date: 12/12/2007
Audit Closed Date: 12/12/2007
Element Projected Completion Date: 12/01/2007
MCO Response Due Date: 11/26/2007

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:

Care1st of AZ does not have a CMS-approved notice to inform members that it is taking an extension on a reconsideration and that the member has the right to file an expedited grievance if they disagree with the decision to take an extension.

Corrective Action Required:

Care1st of AZ must develop a standard notice to members informing them that you are taking an extension on their reconsideration request and that they have the right to file an expedited grievance about this decision. Please submit via HPMS for review and approval as well as with the corrective action plan.