CMS Medicare Managed Care Auditing Report

Auditing Review Results (Initial Report)-Public Website Version

Date Report Generated: 9/30/2008

MRT Number: M0011, Contract Number: All, Category: All, Element: All, Finding:NOT MET, Reviewer:All

Findings: NOT MET

Review ID: 7357

Region: 05 Chicago

MRT Number / Name: M0011 MRT United Healthcare

Contract Number / Name: H2408 UNITED HEALTHCARE INSURANCE COMPANY

Auditing Guide Version: PFFS Monitoring Guide

Auditing Element: MR01

Review Type: Routine

Review Status: Confirmed

MCO Response Received Date:01/29/2007

Element Accepted Date: 03/02/2007

Element Release Date: 01/08/2008

CAP Released Date:01/08/2008

Visit Start Date: 06/27/2006

Exit Conference Date: 11/16/2006

Date Report Issued: 12/15/2006

Date Report Due: 12/31/2006

CAP Accepted Date:03/05/2007

Audit Closed Date: 01/08/2008

Element Projected Completion Date:06/30/2007

MCO Response Due Date: 01/29/2007

Requirement:

Appropriate Submission and Distribution of Marketing Materials - For "non-model" documents and for "model" documents that the M+CO modifies: The M+CO submits Medicare marketing materials in a format and using acceptable terminology as directed by CMS at least 45 days before intended distribution. The M+CO does not distribute such materials until it receives notice from CMS that CMS has approved the materials, or until 45 days have expired and the M+CO has not received notice from CMS that the materials have not been approved.For "model" documents that the M+CO uses without modification: The M+CO submits Medicare marketing materials in a format and using acceptable terminology as directed by CMS at least 10 days before intended distribution. The M+CO does not distribute such materials until it receives notice from CMS that CMS has approved the materials, or until 10 days have expired and the M+CO has not received notice from CMS that the materials have not been approved.

Deficiencies:

United did not mail the 2007 Annual Notice of Change (ANOC) and Summary of Benefits (SB) to its members as required by the October 31, 2006 CMS required deadline

Corrective Action Required:

United must design and implement a comprehensive process improvement to assure 2008 ANOCs are not late.

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Region: 05 Chicago

MRT Number / Name: M0011 MRT United Healthcare

Contract Number / Name: H2408 UNITED HEALTHCARE INSURANCE COMPANY

Auditing Guide Version: PFFS Monitoring Guide

Auditing Element: MR08

Review Type: Routine

Review Status: Confirmed

MCO Response Received Date:01/29/2007

Element Accepted Date: 03/02/2007

Element Release Date: 01/08/2008

CAP Released Date:01/08/2008

Visit Start Date: 06/27/2006

Exit Conference Date: 11/16/2006

Date Report Issued: 12/15/2006

Date Report Due: 12/31/2006

CAP Accepted Date:03/05/2007

Audit Closed Date: 01/08/2008

Element Projected Completion Date:

MCO Response Due Date: 01/29/2007

Requirement:

No Engagement in Activities which Mislead, Confuse or Misrepresent M+CO - The M+CO does not engage in activities which materially mislead, confuse, or misrepresent the M+CO and: ·May not claim recommendation or endorsement by CMS or that CMS recommends that beneficiaries enroll in the plan; ·May not make erroneous written or oral statements including any statement, claim, or promise that conflicts with, materially alters, or erroneously expands upon the information contained in CMS-approved materials; ·May not use providers or provider groups to distribute printed information comparing benefits of different health plans, unless the materials have the concurrence of all M+CO's involved and unless the materials have received prior approval from CMS; ·May not accept plan applications in provider offices or other places where health care is delivered; ·May not employ M+C plan names which suggest that a plan is not available to all Medicare beneficiaries (Does not apply to plan names in effect on or before July 31, 2000); ·May not offer gifts or payment as an inducement to enroll in the organization; ·May not engage in any discriminatory marketing practice, such as attempting to enroll individuals from higher income areas, without a similar effort in lower income areas; and ·May not conduct door-to -door solicitation of Medicare beneficiaries.

Deficiencies:

United does not have an effective program for the oversight of all individuals who sell the MA plans, including marketing representatives, agents and brokers. Review of the marketing representative files indicated the following: there was no standardized process in place to track licensure, there was limited documentation, if any, on rapid disenrollment rates as well as feedback or disciplinary action on the agents.

Corrective Action Required:

Although United does have an excellent web-based training for the sales force that includes testing modules, there needs to be a more thorough tracking system developed and implemented on what training is available, when the sales force is required to take the training, what scores are achieved on the testing modules and internal controls to better monitor the overall training of the sales force. United must implement a mechanism to track licensure. United must revise internal policies and procedures that address marketing representatives files to ensure that documentation is maintained. United 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 the training and individuals being trained. United must improve the oversight control of the sales force to ensure CMS compliance. United must provide to CMS a strategy which describes the type of oversight activities it will implement in order to maintain compliance with CMS requirements

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Review ID: 7357

Region: 05 Chicago

MRT Number / Name: M0011 MRT United Healthcare

Contract Number / Name: H2408 UNITED HEALTHCARE INSURANCE COMPANY

Auditing Guide Version: PFFS Monitoring Guide

Auditing Element: OC06

Review Type: Routine

Review Status: Confirmed

MCO Response Received Date: 01/29/2007

Element Accepted Date: 03/02/2007

Element Release Date: 01/08/2008

CAP Released Date: 01/08/2008

Visit Start Date: 06/27/2006

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Date Report Due: 12/31/2006

CAP Accepted Date: 03/05/2007

Audit Closed Date: 01/08/2008

Element Projected Completion Date: 03/31/2007

MCO Response Due Date: 01/29/2007

Requirement:

Claim Denials (Notice Content) - If an M+CO 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:

In 19 of the 30 files reviewed, the claims denial notice was not compliant. The either contained vague reasons for denial or reflected no member liability when there was member liability.

Corrective Action Required:

United must develop and revise the free form text for denial notices to clearly state what service is being denied and the reason the service is being denied. In addition, the notices must clearly reflect when there is member liability. United must submit revised denial language to CMS for review and approval. United must improve oversight controls to ensure CMS compliance. United must submit a strategy to CMS detailing these controls.

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Findings: NOT MET

Review ID: 7357

Region: 05 Chicago

MRT Number / Name: M0011 MRT United Healthcare

Contract Number / Name: H2408 UNITED HEALTHCARE INSURANCE COMPANY

Auditing Guide Version: PFFS Monitoring Guide

Auditing Element: OC201

Review Type: Routine

Review Status: Confirmed

MCO Response Received Date:01/29/2007

Element Accepted Date: 03/02/2007

Element Release Date: 01/08/2008

CAP Released Date:01/08/2008

Visit Start Date: 06/27/2006

Exit Conference Date: 11/16/2006

Date Report Issued: 12/15/2006

Date Report Due: 12/31/2006

CAP Accepted Date:03/05/2007

Audit Closed Date: 01/08/2008

Element Projected Completion Date:01/31/2007

MCO Response Due Date: 01/29/2007

Requirement:

Payment rates under PFFS plan - M+CO must demonstrate to CMS that it has payment rates that are not less than the rates that apply under original Medicare for the provider in question.

Deficiencies:

Through the review of documentation and plan complaints it has been determined that United does not always use the most current Medicare fee schedules for payment.

Corrective Action Required:

United must develop internal procedures to include a process that makes sure the most current Medicare fee schedules are applied. United must conduct training for appropriate staff. United must submit documentation to the regional office that details the nature of this training including: the materials used in the training, the individuals conducting the training and individuals being trained. United must improve oversight controls to ensure CMS compliance. United must a strategy to CMS detailing these controls.

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Findings: NOT MET

Review ID: 7357

Region: 05 Chicago

MRT Number / Name: M0011 MRT United Healthcare

Contract Number / Name: H2408 UNITED HEALTHCARE INSURANCE COMPANY

Auditing Guide Version: PFFS Monitoring Guide

Auditing Element: PR03

Review Type: Routine

Review Status: Confirmed

MCO Response Received Date: 01/29/2007

Element Accepted Date: 03/02/2007

Element Release Date: 01/08/2008

CAP Released Date: 01/08/2008

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Date Report Due: 12/31/2006

CAP Accepted Date: 03/05/2007

Audit Closed Date: 01/08/2008

Element Projected Completion Date: 06/30/2007

MCO Response Due Date: 01/29/2007

Requirement:

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

Deficiencies:

United has a non-network PFFS product. United does not have internal policies and procedures to ensure that providers are not on the Medicare sanction or opt-out lists.

Corrective Action Required:

United must develop and implement internal procedures to ensure that providers are not on the Medicare sanction or opt-out lists. United must implement oversight controls to ensure CMS compliance. United must provide to CMS a strategy which describes the type of oversight activities it will implement in order to maintain compliance.

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Review ID: 7357

Region: 05 Chicago

MRT Number / Name: M0011 MRT United Healthcare

Contract Number / Name: H2408 UNITED HEALTHCARE INSURANCE COMPANY

Auditing Guide Version: PFFS Monitoring Guide
Auditing Element: PR206
Review Type: Routine
Review Status: Confirmed
MCO Response Received Date: 01/29/2007
Element Accepted Date: 03/02/2007
Element Release Date: 01/08/2008
CAP Released Date: 01/08/2008

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CAP Accepted Date: 03/05/2007
Audit Closed Date: 01/08/2008
Element Projected Completion Date: 01/31/2007
MCO Response Due Date: 01/29/2007

Requirement:

Provider Payment Appeal System - M+C Private fee for service plans must establish and maintain a payment appeal system under which providers may have their payment claims reviewed in the event that a provider believes he was paid less than he would have been paid under Original Medicare. Providers must demonstrate that they have not received proper payment and the plan must then pay the difference between what the provider originally received and what he would have received under Original Medicare.

Deficiencies:

The five cases submitted as the universe for RC1 (Favorable Claims Reconsiderations) have all been determined to be misclassified because they were received from providers in response to claims that were denied. Once the claims were resubmitted to United for payment they were treated as member appeals and tracked through the Medicare appeals process with all of them being overturned by United and paid.

Corrective Action Required:

United must develop a payment appeal system under which providers may have their payment claims reviewed in the event that a provider believes he was paid less than he would have been paid under Original Medicare. Providers are required to demonstrate that they have not received proper payment and the plan must then pay the difference between what the provider originally received and what he would have received under Original Medicare. United must ensure that all providers have access to the procedures required under this process. In addition, United must develop internal procedures for processing these provider appeals and conduct training of appropriate staff. United must submit documentation to the regional office that details the nature of this training including: the materials used in the training, the individuals conducting the training and individuals being trained. United must develop oversight controls to ensure CMS compliance. United should submit a strategy to CMS detailing these controls.