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: 10257

Region: 02 New York

Contract Number / Name: H5991 AFFINITY HEALTH PLAN, INC.

Auditing Guide Version: MA Audit Review Guide, Version 4
Auditing Element: CN09
Review Type: Routine
Review Status: Confirmed
MCO Response Received Date:03/06/2008
Element Accepted Date: 03/17/2008
Element Release Date: 07/09/2008
CAP Released Date:07/09/2008

Visit Start Date: 11/27/2007
Exit Conference Date: 12/18/2007
Date Report Issued: 01/24/2008
Date Report Due: 02/01/2008
CAP Accepted Date:07/09/2008
Audit Closed Date: 07/09/2008
Element Projected Completion Date:03/14/2008
MCO Response Due Date: 03/09/2008

Requirement:

Adequate Compliance PlanThe MAO must have a formalized compliance plan that contains the requirements specified by CMS

Deficiencies:

Ther requirement is not met. It was determined that for the review period, Affinity Health Plan did not have an adequate compliance plan. Although Affinity Health Plan has a written Compliance Plan, the MAO's Compliance plan was not formalized and enforced as required by CMS. The review revealed the following: Communication plan - It was not clear in the compliance plan that this was taking place. In addition, based on interviews with the compliance staff and staff in other departments, the reviewer determined that there was not much communication taking place between the Compliance Officer and the various Medicare operation departments. Disciplinary guidelines were included but not enforced, There was no evidence of Internal monitoring. Development of corrective action inititiatives was included but not enforced. There is evidence of what is supposed to take place in the form of training, description of communication mechanism, auditing, etc. But none was evident at the time of the review.

Corrective Action Required:

CMS reviewed the Affinity Health Plan Compliance Plan and found that although it appears to include most of the required elements, the MAO's Compliance plan was not formalized and enforced as required by CMS. The Compliance plan must contain the following: 1. Written policies and procedures (included), 2. Designated compliance officer and committee officer (included), 3. Training and education (included), 4. Communication plan - It was not clear in the compliance plan that this was taking place. The reviewer was able to determine that there was not much communication taking place between the Compliance Officer and the depts. This needs to improve. The Compliance officer needs to establish a process of communication via email, memoranda and ongoing meetings. All departments must routinely report their progress to the Compliance Officer. 5. Disciplinary guidelines must be enforced, 6. Internal monitoring (must be included and enforced) 7. Development of corrective action inititiatives -corrective actions must be enforced. Affinity Health Plan was advised of this during the onsite. The MAO must outline actions taken to ensure compliance as required by CMS.

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Date Report Generated: 9/30/2008

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

Findings: NOT MET

Review ID: 10257

Region: 02 New York

Contract Number / Name: H5991 AFFINITY HEALTH PLAN, INC.

Auditing Guide Version: MA Audit Review Guide, Version 4
Auditing Element: GV01
Review Type: Routine
Review Status: Confirmed
MCO Response Received Date:03/06/2008
Element Accepted Date: 07/08/2008
Element Release Date: 07/09/2008
CAP Released Date:07/09/2008

Visit Start Date: 11/27/2007
Exit Conference Date: 12/18/2007
Date Report Issued: 01/24/2008
Date Report Due: 02/01/2008
CAP Accepted Date:07/09/2008
Audit Closed Date: 07/09/2008
Element Projected Completion Date:07/03/2008
MCO Response Due Date: 03/09/2008

Requirement:

Organization Determinations and Reconsiderations Not Categorized as Grievances - The MAO must correctly distinguish between organization determinations, reconsiderations, and grievances and process them through the appropriate mechanisms.

Deficiencies:

The element GV01 is NOT MET. Affinity Health Plan failed to provide evidence of its ability to distinguish between appeals and grievances. CMS discovered during the audit that Affinity's Sr. Manager of CGA (Complaints, Grievances and Appeals) handled a case pertaining to denial of payment for services by a physician. The case was resolved, however, was not documented as an appeal. Affinity's Health Plans did not follow Policies and Procedures pertaining to Appeals and Grievances. It was apparent to CMS Auditors that denial notices on claims were not being submitted. In addition, documented resolutions were not identified as appeals and therefore, were not included in the appeals universe. In addition, Customer Service Presentations and other training materials were reviewed and found to incorrectly define services subject to Medicare Appeals process as plan "complaints" or "grievances." Affinity Health Plan provided no appeal samples.

Corrective Action Required:

Affinity Health Plan must provide a CAP (Corrective Action Plan) that is consistent with the rules and regulations outlined in Chapter 13 of the Medicare Managed Care Manual, 10.1 and 20.2. Affinity must correctly distinguish between organization determinations, reconsiderations, and grievances and process them through the appropriate mechanisms. All cases must be correctly categorized and consistent with documentation such as, call logs and customer service policies and procedures. All Policies and Procedures for Customer Service and Appeals and Grievance Departments must be revised to correctly define both the grievance and appeals process. They must be submitted to the Regional Office for review and approval.

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: 10257

Region: 02 New York

Contract Number / Name: H5991 AFFINITY HEALTH PLAN, INC.

Auditing Guide Version: MA Audit Review Guide, Version 4
Auditing Element: MR01
Review Type: Routine
Review Status: Confirmed
MCO Response Received Date:03/06/2008
Element Accepted Date: 04/10/2008
Element Release Date: 07/09/2008
CAP Released Date:07/09/2008

Visit Start Date: 11/27/2007
Exit Conference Date: 12/18/2007
Date Report Issued: 01/24/2008
Date Report Due: 02/01/2008
CAP Accepted Date:07/09/2008
Audit Closed Date: 07/09/2008
Element Projected Completion Date:03/13/2008
MCO Response Due Date: 03/09/2008

Requirement:

Appropriate Submission and Distribution of Marketing Materials -The MAO follows the requirements contained in the regulations and the Medicare Guidelines for submission and distribution of marketing materials, including appropriate timelines and content of model, non-model, and File & Use materials.

Deficiencies:

The requirement is not met. During the review period, Affinity Health Plan published advertisements and printed other promotional or marketing materials (translated into other languages such as Spanish and Chinese)that were not reviewed and approved by CMS. Affinity Health Plan also utilized materials such as slide presentations in its television program that may not have not been reviewed and/or approved by CMS. In addition, Affinity published advertisements and utilized materials (as part of its corporate promotional campaign) innapropiately including a Medicare marketing approval number for pieces that were not subject to the CMS approval.

Corrective Action Required:

Affinity Health Plan must resubmit all materials used to promote its Medicare Advantage plans to CMS (via HPMS) for review and approval. This includes materials utilized in the media (all newspaper and radio ads, presentations, posters, etc.). The plan must submit materials used for its television program. Affinity must submit a list of all marketing materials utilized in its corporate campaign to CMS for review. All materials that were not subject to the CMS marketing materials process, must be revised and the CMS marketing material number must be removed. That must be indicated in the list. Materials in other languages, must be submitted with its approved English version. All of this must be part of the Corrective Action Plan for this element.

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: 10257

Region: 02 New York

Contract Number / Name: H5991 AFFINITY HEALTH PLAN, INC.

Auditing Guide Version: MA Audit Review Guide, Version 4
Auditing Element: MR05
Review Type: Routine
Review Status: Confirmed
MCO Response Received Date:03/06/2008
Element Accepted Date: 07/09/2008
Element Release Date: 07/09/2008
CAP Released Date:07/09/2008

Visit Start Date: 11/27/2007
Exit Conference Date: 12/18/2007
Date Report Issued: 01/24/2008
Date Report Due: 02/01/2008
CAP Accepted Date:07/09/2008
Audit Closed Date: 07/09/2008
Element Projected Completion Date:07/03/2008
MCO Response Due Date: 03/09/2008

Requirement:

Marketing Materials: Enrollment and Understanding of Plan Rules - The MAO establishes and maintains a system for confirming that enrolled members are enrolled in an MA plan and that they understand the rules applicable under the plan.

Deficiencies:

The requirement is not met. The reviewer found that the plan does not have a clear and correct process or mechainism in place to ensure the integrity of its marketing activities (such as information calls to recent members, marketing audits, etc). The reviewer could not ascertain the knowledge by the staff as Policies and Procedures reviewed along with training manuals and other internal materials consistently made reference to Medicaid managed care and did not clearly explain the Medicare Advantage products. This was also evident in the enrollment/disenrollment and Medicare appeals and plan grievance information included in the Customer Service training materials and policies and procedures. This was related to the plan during the onsite visit.

Corrective Action Required:

Affinity Health plan must retrain its staff in all Medicare operational areas to ensure its staff has a comprehensive understanding of Medicare Advantage and Affinity's products. Affinity Health plan must revise all policies and procedures for its Medicare Advantage products paying particular attention to Sales, Marketing and Customer Service. Those areas were found to be the most deficient. Revised training manuals, tests for Sales staff must be submitted to the CMS Regional Office along with revised policies and procedures for review and approval.

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: 10257

Region: 02 New York

Contract Number / Name: H5991 AFFINITY HEALTH PLAN, INC.

Auditing Guide Version: MA Audit Review Guide, Version 4
Auditing Element: OC03
Review Type: Routine
Review Status: Confirmed
MCO Response Received Date:03/06/2008
Element Accepted Date: 04/01/2008
Element Release Date: 07/07/2008
CAP Released Date:07/09/2008

Visit Start Date: 11/27/2007
Exit Conference Date: 12/18/2007
Date Report Issued: 01/24/2008
Date Report Due: 02/01/2008
CAP Accepted Date:07/09/2008
Audit Closed Date: 07/09/2008
Element Projected Completion Date:05/01/2008
MCO Response Due Date: 03/09/2008

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:

Reference: 42 CFR 422.500 422.520(a)(1) Manual Ch. 11 - Section 100.2 and Ch. 13 - Section 40.1 Subsection: Detail Sources: WS-OC1 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. The element is not met. Six (6) of thirty (30) claims sampled were not paid in thirty (30) days based on the date of receipt. For nine (9) additional claims, which were paper claims, the receipt date was unknown. They lacked a Julian date or a date stamp. Affinity Healthy Plan's Policy and Procedures indicated that claims were to be date stamped upon receipt. However, paper claims were batched and referred to Affinity Health Plan's clearing house (AMISYS) for data entry. The clearing house would then enter a date of receipt in its system based on the date shown on the cover/transmittal sheet for each batch instead of the date of receipt of each individual paper claim. This presented a problem in the validation of receipt date for the purpose of the audit review.

Corrective Action Required:

As a result of an internal audit of their Medicare claims files, prior to CMS's visit, Affinity Health Plan submitted on November 27, 2007 during the site visit a corrective Action Plan detailing the steps that they have taken to cure the deficiencies discovered during the review of their files. The deficiencies identified by Affinity Health Plan were confirmed by the CMS review on November 27, 2007. CMS reviewed Affinity Health Plan's Corrective Action Plan and accepts it as written. However, further action is required. Per Affinity's CAP: The actions that Affinity Health Plan has implemented to cure the identified deficiencies are as follows: ¿ The claims Department has developed a process and policies to ensure all claims are paid within thirty (30) days to include ¿ Re-train on the differences between a clean vs. a non-clean claim and the protocol to develop a non-clean claim ¿ Monitor and review reports specific to non-clean claims ¿ Implement new configurations for the Federal interest rate ¿ Interest is automatically calculated and paid in accordance with the CMS Requirement Ongoing Metrics ¿ The Claims Department Management staff will review a random sample of claims weekly to identify any claims that were not paid timely to determine 1. If it was clean or non-clean and 2. If the appropriate interest was paid Any concerns will be reported to Sr. Management Dates of Completion 1. Claims Management staff reviews the process daily via a report 2. New Configuration to support interest payments was moved to production on October 29, 2007. Based on Affinity's CAP, the reviewer is requesting that Affinity submit to CMS, a monthly report showing claims received starting with the month of December 2007, showing that claims being processed are meeting this requirement. The CAP will be released when the reports reflect the element has been met consistently.

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: 10257

Region: 02 New York

Contract Number / Name: H5991 AFFINITY HEALTH PLAN, INC.

Auditing Guide Version: MA Audit Review Guide, Version 4
Auditing Element: OC04
Review Type: Routine
Review Status: Confirmed
MCO Response Received Date:03/06/2008
Element Accepted Date: 04/01/2008
Element Release Date: 07/07/2008
CAP Released Date:07/09/2008

Visit Start Date: 11/27/2007
Exit Conference Date: 12/18/2007
Date Report Issued: 01/24/2008
Date Report Due: 02/01/2008
CAP Accepted Date:07/09/2008
Audit Closed Date: 07/09/2008
Element Projected Completion Date:11/30/2007
MCO Response Due Date: 03/09/2008

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:

Reference: 42 CFR 422.520(a)(2) Manual Ch. 11 - Section 100.2 Subsection: Detail Sources: WS-OC1 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). The requirement is not met. Please refer to OC03. As a result of a review of non-contracted provider claims it was determined that Affinity Health Plan did not pay interest on several claims sampled. In nine (9) of thirty non-contracted provider claims sampled, Affinity Health Plan could not validate or prove the date of receipt and therefore could not determine whether interest was paid on said claims.

Corrective Action Required:

On November 30, 2007, while on site the CMS reviewer tested the newly implemented data system AMISYS to determine whether interest was paid on claims over thirty (30) days. The reviewer selected a sample of nine (9) additional claims for services received after the sample period. AMISYS (which is the claims processing system) was able to calculate the correct Medicare interest rates for each claims over thirty (30)days. Therefore, no further action is necessary for this element.

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: 10257

Region: 02 New York

Contract Number / Name: H5991 AFFINITY HEALTH PLAN, INC.

Auditing Guide Version: MA Audit Review Guide, Version 4
Auditing Element: OC05
Review Type: Routine
Review Status: Confirmed
MCO Response Received Date:03/06/2008
Element Accepted Date: 04/01/2008
Element Release Date: 07/07/2008
CAP Released Date:07/09/2008

Visit Start Date: 11/27/2007
Exit Conference Date: 12/18/2007
Date Report Issued: 01/24/2008
Date Report Due: 02/01/2008
CAP Accepted Date:07/09/2008
Audit Closed Date: 07/09/2008
Element Projected Completion Date:05/01/2008
MCO Response Due Date: 03/09/2008

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:

Reference:42 CFR 422.520(a)(3) Manual Ch. 11 - Section 100.2, Ch. 13 - Section 40.1 Subsection: Detail Sources: WS-OC1, WS-OC2 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 sixty (60) calendar days of receipt. The requirement is not met. Of the thirty Denied Claims sampled on November 27, 2007 (for the six month sample period), the CMS reviewer found six (6) Denied Claims misclassified in addition to two (2) who were adjudicated over the sixty (60) day requirement. As a result, the CMS reviewer could not validate that the claims submitted for review were timely adjudicated. Therefore, the element failed the review.

Corrective Action Required:

Affinity Health Plan must ensure that it pays or denies all non-contracted claims that do not meet the definition of "clean claim" within sixty (60) calendar days of receipt. All paper claims received must be date stamped or Julian dated. Affinity Health Plan must establish and maintain effective oversight controls over the claims processing unit. Affinity Health Plan must submit Policies and Procedures which describes the type of oversight activities that it will implement over its claims processing unit. Affinity Health Plan must submit to the Regional Office, monthly monitoring reports, beginning with December 2007 showing timeliness. The element will be released when CMS finds that Affinity Health Plan has consistently met the requirement.

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Date Report Generated: 9/30/2008

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

Findings: NOT MET

Review ID: 10257

Region: 02 New York

Contract Number / Name: H5991 AFFINITY HEALTH PLAN, INC.

Auditing Guide Version: MA Audit Review Guide, Version 4
Auditing Element: OP01
Review Type: Routine
Review Status: Confirmed
MCO Response Received Date:03/06/2008
Element Accepted Date: 07/08/2008
Element Release Date: 07/09/2008
CAP Released Date:07/09/2008

Visit Start Date: 11/27/2007
Exit Conference Date: 12/18/2007
Date Report Issued: 01/24/2008
Date Report Due: 02/01/2008
CAP Accepted Date:07/09/2008
Audit Closed Date: 07/09/2008
Element Projected Completion Date:07/03/2008
MCO Response Due Date: 03/09/2008

Requirement:

Standard Pre-Service Denials (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:

The element OP01 is NOT MET. In one of three files sampled, Affinity Health Plan failed to notify the member of its determination using the CMS-10003-NDMC (Notice of Denial of Medical Coverage), or an RO-approved modification of the NDMC as expeditiously as the member's health condition required, but no later than 14 calendar days after receiving the request (or an additional 14 days if an extension is justified). In addition, it appears that because of Affinity Health Plan's failure to provide a timely denial notice (which constitutes an adverse organization determination that can be appealed- the plan had no appeals to sample).

Corrective Action Required:

Affinity Health Plan must provide a CAP (Corrective Action Plan) that is consistent with the rules and regulations outlined in Chapter 13 of the Medicare Managed Care Manual, 40.1 and 40.3. When a beneficiary makes a request for services, Affinity must notify the beneficiary of its decision as expeditiously as the health condition of the beneficiary requires, however, no later than 14 days after Affinity receives such request. Affinity must notify the beneficiary in writing using the model Notice of Denial of Medical Coverage, or a Regional Office approved modification of the notice. Affinity must closely monitor this area to ensure that notices are issued and appeal rights are provided to its members.

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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: 10257

Region: 02 New York

Contract Number / Name: H5991 AFFINITY HEALTH PLAN, INC.

Auditing Guide Version: MA Audit Review Guide, Version 4
Auditing Element: OP08
Review Type: Routine
Review Status: Confirmed
MCO Response Received Date:03/06/2008
Element Accepted Date: 07/08/2008
Element Release Date: 07/09/2008
CAP Released Date:07/09/2008

Visit Start Date: 11/27/2007
Exit Conference Date: 12/18/2007
Date Report Issued: 01/24/2008
Date Report Due: 02/01/2008
CAP Accepted Date:07/09/2008
Audit Closed Date: 07/09/2008
Element Projected Completion Date:07/03/2008
MCO Response Due Date: 03/09/2008

Requirement:

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

Deficiencies:

The requirement is not met. Affinity Health Plan did not have correct policies and procedures to enforce denial of services or claims and therefore, was not following the Medicare appeals process. They were being treated as appeals.

Corrective Action Required:

Affinity Health Plan must provide a CAP (Corrective Action Plan) that is consistent with the rules and regulations outlined in Chapter 13 of the Medicare Managed Care Manual, 30 and 70. The CAP must be inclusive of the following: The ability to adequately distinguish between organization determinations and reconsiderations. All information on payments and Medicare coverage. Discontinuation of services and/or reduction. Timely services and notices. Established procedures for timely organization determinations. Acknowledgement of the appeals process for unfavorable decisions. Clarify who may request a standard reconsideration, including instructions and timeframes. This should also include information on the failure to adhere to timeframes. Extensions, opportunities to submit evidence and withdrawals. In addition, Affinity must show proof of staff training and ability to comply with the above mentioned.

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Date Report Generated: 9/30/2008

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

Findings: NOT MET

Review ID: 10257

Region: 02 New York

Contract Number / Name: H5991 AFFINITY HEALTH PLAN, INC.

Auditing Guide Version: MA Audit Review Guide, Version 4
Auditing Element: PR03
Review Type: Routine
Review Status: Confirmed
MCO Response Received Date:03/06/2008
Element Accepted Date: 07/09/2008
Element Release Date: 07/09/2008
CAP Released Date:07/09/2008

Visit Start Date: 11/27/2007
Exit Conference Date: 12/18/2007
Date Report Issued: 01/24/2008
Date Report Due: 02/01/2008
CAP Accepted Date:07/09/2008
Audit Closed Date: 07/09/2008
Element Projected Completion Date:07/15/2008
MCO Response Due Date: 03/09/2008

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:

42 CFR 422.204(b)(2) The MAO must follow a documented process for physicians and other health care professionals regarding initial credentialing and recredentialing. The MAO's process was found to lack documentation of primary source verification of education and Medicare opt out in credentialing/recredentialing files. The MAO's documented process did not comply with Medicare Managed Care Manual Chapter 6, Section 60.3.

Corrective Action Required:

Affinity must follow a documented process for physicians and other health care professionals regarding initial credentialing and recredentialing in accordance with the Medicare Managed Care Manual, Chapter 6, Section 60.3. The reviewer requests that Affinity submit a plan of action that will include timetables and the name and title of the individual responsible for monitoring compliance. Revised policies and procedures explaining the process (signed by appropriate staff) must be submitted to the CMS Regional Office for review and approval.

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Date Report Generated: 9/30/2008

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

Findings: NOT MET

Review ID: 10257

Region: 02 New York

Contract Number / Name: H5991 AFFINITY HEALTH PLAN, INC.

Auditing Guide Version: MA Audit Review Guide, Version 4
Auditing Element: PR05
Review Type: Routine
Review Status: Confirmed
MCO Response Received Date:03/06/2008
Element Accepted Date: 07/09/2008
Element Release Date: 07/09/2008
CAP Released Date:07/09/2008

Visit Start Date: 11/27/2007
Exit Conference Date: 12/18/2007
Date Report Issued: 01/24/2008
Date Report Due: 02/01/2008
CAP Accepted Date:07/09/2008
Audit Closed Date: 07/09/2008
Element Projected Completion Date:03/14/2008
MCO Response Due Date: 03/09/2008

Requirement:

Credentialing Requirements for FacilitiesThe MAO must have written policies and procedures for selection and evaluation of providers and follow a documented process for facilities regarding initial credentialing and recredentialing.

Deficiencies:

42CFR 422.204(b)(1) The MAO must have written policies and procedures for selection and evaluation of providers and follow a documented process for facilities regarding initial credentialing and recredentialing. The MAO was not in compliance with this regulation or MAO policy as 10 of 10 facilty credentialing/recredentialing files reviewed lacked one or more required elements in accordance with federal regulations and the Medicare Managed Care Manual, Chapter 6, Section 70.

Corrective Action Required:

Submit a plan to ensure the documented process for facility credentialing/recredentialing is followed. Submit title of person who will monitor for 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: 10257

Region: 02 New York

Contract Number / Name: H5991 AFFINITY HEALTH PLAN, INC.

Auditing Guide Version: MA Audit Review Guide, Version 4
Auditing Element: QY07
Review Type: Routine
Review Status: Confirmed
MCO Response Received Date:03/06/2008
Element Accepted Date: 07/09/2008
Element Release Date: 07/09/2008
CAP Released Date:07/09/2008

Visit Start Date: 11/27/2007
Exit Conference Date: 12/18/2007
Date Report Issued: 01/24/2008
Date Report Due: 02/01/2008
CAP Accepted Date:07/09/2008
Audit Closed Date: 07/09/2008
Element Projected Completion Date:10/23/2008
MCO Response Due Date: 03/09/2008

Requirement:

Oversight of Delegated Entities with Chapter 5 Responsibilities If any of the activities or responsibilities for the above elements, QY 01- QY05 or QY08-QY09, in Chapter 5 are delegated to other parties, the MAO must oversee them per CMS standards.

Deficiencies:

42 CFR 422.504(i) If any of the activities or responsibilities for the elements, QY01-QY05 or QY08-QY09, in Chapter 5 is delegated to other parties, the MAO must oversee them per CMS standards. The MAO failed to monitor the Delegated Credentialing entities on an ongoing basis and formally review the entities at least once a year.

Corrective Action Required:

Submit plan to ensure the monitoring of delegated credentialing entities. Submit timetables when MAO wil be in compliance with regulations. Submit title of person who will monitor for compliance.