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: 9477

Region: 03 Philadelphia

Contract Number / Name: H3920 UNISON HEALTH PLAN OF PENNSYLVANIA, INC.

Auditing Guide Version: MA Audit Review Guide, Version 4
Auditing Element: GV03
Review Type: Routine
Review Status: Confirmed
MCO Response Received Date: 12/13/2007
Element Accepted Date: 12/17/2007
Element Release Date: 01/24/2008
CAP Released Date: 01/24/2008

Visit Start Date: 9/17/2007
Exit Conference Date: 09/21/2007
Date Report Issued: 11/06/2007
Date Report Due: 11/05/2007
CAP Accepted Date: 01/24/2008
Audit Closed Date: 01/24/2008
Element Projected Completion Date: 11/30/2007
MCO Response Due Date: 12/21/2007

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:

CMS specifies work be completed within CALENDAR days and not business days. Unison Health Plan did not comply with the CMS requirement to process work within the specified number of CALENDAR days. When the last calendar day fell on a non-work day, Unison did not process until the next work day. This is not within CMS compliance. Regardless of whether or not a work day, the window to process must be met and not exceeded.

Corrective Action Required:

CMS requires that Unison process within the defined number of calendar days regardless of whether or not the last calendar day falls on a non-work day. CMS expects Unison to modify its procedures such that work is processed within the stated number of calendar days. CMS needs to see a copy of adjusted procedures and attestation that this policy is properly executed.

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Review ID: 9477

Region: 03 Philadelphia

Contract Number / Name: H3920 UNISON HEALTH PLAN OF PENNSYLVANIA, INC.

Auditing Guide Version: MA Audit Review Guide, Version 4
Auditing Element: OC02
Review Type: Routine
Review Status: Confirmed
MCO Response Received Date: 12/13/2007
Element Accepted Date: 12/17/2007
Element Release Date: 01/24/2008
CAP Released Date: 01/24/2008

Visit Start Date: 9/17/2007
Exit Conference Date: 09/21/2007
Date Report Issued: 11/06/2007
Date Report Due: 11/05/2007
CAP Accepted Date: 01/24/2008
Audit Closed Date: 01/24/2008
Element Projected Completion Date: 02/01/2008
MCO Response Due Date: 12/21/2007

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:

Unison Health Plan is not adequately entering full descriptions of the reason for claims denial on the denial letter sent to the member. The descriptions do not clearly state the reason for denial. This makes it difficult for the member to understand the reason.

Corrective Action Required:

Unison needs to review, enlarge and improve its definitions as to why Unison is denying the claim. There are various software packages that present the information in readable formats. Unison may have to enlarge the field in which the information is displayed. CMS will want to see a plan of how Unison will define more meaningful descriptions and solve this issue. CMS expects an implementation plan as to how Unison will resolve the issue. Once Unison executes the plan, we want a copy of the new categories.

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Review ID: 9477

Region: 03 Philadelphia

Contract Number / Name: H3920 UNISON HEALTH PLAN OF PENNSYLVANIA, INC.

Auditing Guide Version: MA Audit Review Guide, Version 4
Auditing Element: OC06
Review Type: Routine
Review Status: Confirmed
MCO Response Received Date: 12/13/2007
Element Accepted Date: 12/17/2007
Element Release Date: 01/24/2008
CAP Released Date: 01/24/2008

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Exit Conference Date: 09/21/2007
Date Report Issued: 11/06/2007
Date Report Due: 11/05/2007
CAP Accepted Date: 01/24/2008
Audit Closed Date: 01/24/2008
Element Projected Completion Date: 02/01/2008
MCO Response Due Date: 12/21/2007

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:

Unison Health Plan is not adequately entering full descriptions of the reason for claims denial on the denial letter sent to the beneficiary. This may be the result of a field that is not large enough to enter a meaningful diagnosis.

Corrective Action Required:

Enlarge the field used to describe the reason for the denial. Prepare, or purchase, a list of more meaningful descriptors that can be entered into the field as the reason for denial. CMS will want to see a plan of how Unison will solve this issue. Once issue has been solved and new descriptors assigned, CMS will pull a random sample of cases for review.

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Findings: NOT MET

Review ID: 9477

Region: 03 Philadelphia

Contract Number / Name: H3920 UNISON HEALTH PLAN OF PENNSYLVANIA, INC.

Auditing Guide Version: MA Audit Review Guide, Version 4
Auditing Element: RC01
Review Type: Routine
Review Status: Confirmed
MCO Response Received Date: 12/13/2007
Element Accepted Date: 12/17/2007
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CAP Released Date: 01/24/2008

Visit Start Date: 9/17/2007
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CAP Accepted Date: 01/24/2008
Audit Closed Date: 01/24/2008
Element Projected Completion Date: 01/01/2008
MCO Response Due Date: 12/21/2007

Requirement:

Favorable Claims Reconsiderations (Timeliness) - If the MAO makes a reconsidered determination on a request for payment that is completely favorable to the member, it must issue written notice of its reconsidered determination to the member and pay the claim no later than 60 calendar days after receiving the reconsideration request.

Deficiencies:

There were two different deficiencies that were not met for this element. Issue. 1) CMS specifies work be completed within CALENDAR days and not business days. Unison Health Plan did not comply with the CMS requirement to process work within the specified number of CALENDAR days. When the last calendar day fell on a non-work day, Unison did not process until the next work day. This is not within CMS compliance. Regardless of whether or not a work day, the window to process must be met and not exceeded. 2) Unison's Home Health Agency did not send letters describing the appeal process to each and every member. Unison needs to ensure that a letter is sent to every member when a case is denied whether this is a Unison Home Health Agency, Unison itself, or any agency that handles this process for Unison. CMS expects Unison to define a plan and procedures to ensure that each member receives appropriate documentation.

Corrective Action Required:

1) CMS requires that Unison process within the defined number of calendar days regardless of whether or not the last calendar day falls on a non-work day. CMS expects Unison to modify its procedures such that work must be processed within the stated number of calendar days. CMS needs to see a copy of adjusted procedures and attestation that this policy is properly executed. 2) CMS expects Unison to develop a plan, policy and procedure such that every case that is denied, Unison can ensure that every person has been notified via letter of the person's appeal rights.

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Review ID: 9477

Region: 03 Philadelphia

Contract Number / Name: H3920 UNISON HEALTH PLAN OF PENNSYLVANIA, INC.

Auditing Guide Version: MA Audit Review Guide, Version 4
Auditing Element: RP02
Review Type: Routine
Review Status: Confirmed
MCO Response Received Date: 12/13/2007
Element Accepted Date: 12/17/2007
Element Release Date: 01/24/2008
CAP Released Date: 01/24/2008

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Audit Closed Date: 01/24/2008
Element Projected Completion Date: 11/30/2007
MCO Response Due Date: 12/21/2007

Requirement:

Adverse Standard Pre-Service Reconsiderations (Timeliness) - If the MAO is unable to make a fully favorable decision on a standard pre-service reconsideration, it must forward the case to CMS' independent review entity as expeditiously as the member's health requires, but no later than 30 calendar days after receiving the reconsideration request (or an additional 14 calendar days if an extension is justified). The MAO must concurrently notify the member of this action.

Deficiencies:

Unison Health Plan did not comply with the CMS requirement to process within the specified number of CALENDAR days. When the last calendar day fell on a non-work day, Unison did not process until the next work day. This is not within CMS compliance. Regardless of whether or not a work day, the window to process must be met and cannot be exceeded.

Corrective Action Required:

CMS requires that Unison process within the defined number of calendar days regardless of whether or not the last calendar day falls on a non-work day. CMS expects Unison to modify its procedures such that work must be processed within the stated number of calendar days. CMS needs to see a copy of adjusted procedures and attestation that this policy is properly executed.

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Contract Number / Name: H3920 UNISON HEALTH PLAN OF PENNSYLVANIA, INC.

Auditing Guide Version: MA Audit Review Guide, Version 4
Auditing Element: RP03
Review Type: Routine
Review Status: Confirmed
MCO Response Received Date: 12/13/2007
Element Accepted Date: 12/17/2007
Element Release Date: 01/24/2008
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CAP Accepted Date: 01/24/2008
Audit Closed Date: 01/24/2008
Element Projected Completion Date: 02/01/2008
MCO Response Due Date: 12/21/2007

Requirement:

Effectuation of Third Party Standard Pre-Service Reconsideration Reversals - If the MAO's determination is reversed in whole or in part by the independent review entity, the MAO must authorize the service within 72 hours from the date it receives the notice reversing the determination, or provide the service as quickly as the member's health requires (but no later than 14 calendar days from that date). The MAO must also inform the independent review entity that the organization has effectuated the decision.If the MAO's determination is reversed in whole or in part by an ALJ, or at a higher level of appeal, the MAO must authorize or provide the service under dispute as expeditiously as the member's health requires, but no later than 60 days from the date it received notice of the reversal.

Deficiencies:

Unison Health Plan is not adequately entering full descriptions of the reason for claims denial on the denial letter sent to the member. The descriptions do not clearly state the reason for denial.

Corrective Action Required:

Unison needs to review, enlarge and improve its definitions as to why Unison is denying the claim. There are various software packages that present the information in readable formats. Unison may have to enlarge the field in which the information is displayed. We expect to see the plan for correcting this deficiency. Once the plan is executed, we expect to see a list of the new descriptions.

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Findings: NOT MET

Review ID: 9477

Region: 03 Philadelphia

Contract Number / Name: H3920 UNISON HEALTH PLAN OF PENNSYLVANIA, INC.

Auditing Guide Version: MA Audit Review Guide, Version 4
Auditing Element: RP05
Review Type: Routine
Review Status: Confirmed
MCO Response Received Date: 12/13/2007
Element Accepted Date: 12/17/2007
Element Release Date: 01/24/2008
CAP Released Date: 01/24/2008

Visit Start Date: 9/17/2007
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Date Report Issued: 11/06/2007
Date Report Due: 11/05/2007
CAP Accepted Date: 01/24/2008
Audit Closed Date: 01/24/2008
Element Projected Completion Date: 11/30/2007
MCO Response Due Date: 12/21/2007

Requirement:

Requests for Expedited Reconsiderations (Timeliness)The MAO must promptly decide whether to expedite a reconsideration based on regulatory requirements. If the MAO decides not to expedite a reconsideration, 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 reconsideration, and provide written notice within 3 calendar days of the oral notice. If the MAO decides to expedite the reconsideration, it must make a determination and notify the member as expeditiously as the member's health requires, but no later than 72 hours from the time it receives the request for reconsideration (or an additional 14 calendar days if an extension is justified). If the MAO makes an expedited reconsideration determination that is fully favorable to the member, it must authorize or provide the service as expeditiously as the member's health requires, but no later than 72 hours from the time it receives the request for reconsideration (or an additional 14 calendar days if an extension is justified). If the MAO first notifies the member of its fully favorable expedited determination orally it must mail written confirmation to the member within 3 calendar days of the oral notification. If the MAO affirms, in whole or in part, its adverse expedited organization determination, it must forward the case to CMS' independent review entity as expeditiously as the member's health requires, but not later than 24 hours after the decision. If the MAO fails to provide the member with the results of its reconsideration within the timeframes specified above (as expeditiously as the member's health condition requires or within 72 hours), this failure constitutes an adverse reconsideration determination and the MAO must submit the file to CMS' independent review entity within 24 hours. The MAO must concurrently notify the member in writing that it has forwarded the case file to CMS' independent review entity.

Deficiencies:

Unison Health Plan did not comply with the CMS requirement to process within the specified number of CALENDAR days. When the last calendar day fell on a non-work day, Unison did not process until the next work day. This is not within CMS compliance. Regardless of whether or not a work day, the window to process must be met and not exceeded.

Corrective Action Required:

CMS requires that Unison process within the defined number of calendar days regardless of whether or not the last calendar day falls on a non-work day. CMS expects Unison to modify its procedures such that work must be processed within the stated number of calendar days. CMS needs to see a copy of adjusted procedures and attestation that this policy is properly executed.