CMS Medicare Managed Care Auditing Report

Auditing Review Results (Initial Report)-Public Website Version

Date Report Generated: 9/30/2008

MRT Number: M0012, Contract Number: All, Category: All, Element: All, Finding:NOT MET, Reviewer:All

Findings: NOT MET
Region: 04 Atlanta

Review ID: 8337

MRT Number / Name: M0012 MRT Wellcare
Contract Number / Name: H6499 WELLCARE HEALTH INSURANCE OF NEW YORK, INC.

Auditing Guide Version: PFFS Monitoring Guide
Auditing Element: ER05
Review Type: Focused
Review Status: Confirmed
MCO Response Received Date:06/01/2007
Element Accepted Date: 06/13/2007
Element Release Date: 05/09/2008
CAP Released Date:05/09/2008

Visit Start Date: 03/13/2007
Exit Conference Date: 03/16/2007
Date Report Issued: 04/19/2007
Date Report Due: 04/30/2007
CAP Accepted Date:08/07/2007
Audit Closed Date: 05/09/2008
Element Projected Completion Date:
MCO Response Due Date: 06/03/2007

Requirement:

Enrollment Acknowledgement (Timeliness) - The M+CO notifies the beneficiary of receipt of the enrollment form within timeframes specified by CMS.

Deficiencies:

Acknowledgement letters were not issued timely in 13 of 90 samples (#33,#34,#38,#43,#44,#48,#55,#56,#62,#68,#69,#70,and #75). Letters should have been issued within 7 business days from the MAO's receipt of the enrollment application.

Corrective Action Required:

MAO must provide CMS with a written plan to monitor TMG's performance in this area. In addition, the MAO must conduct monthly audits of TMG's performance and report the findings to CMS for a period of six consecutive months.

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Findings: NOT MET

Review ID: 8337

Region: 04 Atlanta

MRT Number / Name: M0012 MRT Wellcare

Contract Number / Name: H4577 WELLCARE HEALTH INSURANCE OF ILLINOIS, INC.

Auditing Guide Version: PFFS Monitoring Guide

Auditing Element: ER05

Review Type: Focused

Review Status: Confirmed

MCO Response Received Date:06/01/2007

Element Accepted Date: 06/13/2007

Element Release Date: 05/09/2008

CAP Released Date:05/09/2008

Visit Start Date: 03/13/2007

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Audit Closed Date: 05/09/2008

Element Projected Completion Date:

MCO Response Due Date: 06/03/2007

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MRT Number: M0012, Contract Number: All, Category: All, Element: All, Finding:NOT MET, Reviewer:All

Findings: NOT MET

Review ID: 8337

Region: 04 Atlanta

MRT Number / Name: M0012 MRT Wellcare

Contract Number / Name: H1340 WELLCARE HEALTH INSURANCE OF ARIZONA, INC.

Auditing Guide Version: PFFS Monitoring Guide
Auditing Element: ER05
Review Type: Focused
Review Status: Confirmed
MCO Response Received Date: 06/01/2007
Element Accepted Date: 06/13/2007
Element Release Date: 05/09/2008
CAP Released Date: 05/09/2008

Visit Start Date: 03/13/2007
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Findings: NOT MET

Review ID: 8337

Region: 04 Atlanta

MRT Number / Name: M0012 MRT Wellcare

Contract Number / Name: H6499 WELLCARE HEALTH INSURANCE OF NEW YORK, INC.

Auditing Guide Version: PFFS Monitoring Guide

Auditing Element: GV01

Review Type: Focused

Review Status: Confirmed

MCO Response Received Date: 06/01/2007

Element Accepted Date: 06/08/2007

Element Release Date: 12/06/2007

CAP Released Date: 05/09/2008

Visit Start Date: 03/13/2007

Exit Conference Date: 03/16/2007

Date Report Issued: 04/19/2007

Date Report Due: 04/30/2007

CAP Accepted Date: 08/07/2007

Audit Closed Date: 05/09/2008

Element Projected Completion Date:

MCO Response Due Date: 06/03/2007

Requirement:

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

Deficiencies:

WellCare failed to produce an adequate universe for this element. The universe included a large number of misclassified cases resulting in a sample that could not be scored via CMS' automated worksheets. Additionally, a review of WellCare's internal policy and procedures indicate the following: There is a discrepancy in the EOC and WellCare's internal policies and procedures. The EOC states that the member has 365 days (from the time of the incident that gave rise to the grievance) to file a grievance. However, WellCare's policies and procedures state that the member has 60 days (from the time of the incident) to file a grievance. When processing a formal grievance, the Organization failed to follow its grievance policy of sending the member an acknowledgement of the grievance within 5 (five) days of receipt of the grievance.

Corrective Action Required:

WellCare must produce a universe that is correct and representative of this element. Additionally, WellCare must correct its internal policies and procedures to be consistent with its EOC. The Organization must also develop sufficient operating procedures to ensure that complaints are processed in accordance with its internal policy and procedures.

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Review ID: 8337

Region: 04 Atlanta

MRT Number / Name: M0012 MRT Wellcare

Contract Number / Name: H4577 WELLCARE HEALTH INSURANCE OF ILLINOIS, INC.

Auditing Guide Version: PFFS Monitoring Guide
Auditing Element: GV01
Review Type: Focused
Review Status: Confirmed
MCO Response Received Date: 06/01/2007
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Findings: NOT MET

Review ID: 8337

Region: 04 Atlanta

MRT Number / Name: M0012 MRT Wellcare

Contract Number / Name: H1340 WELLCARE HEALTH INSURANCE OF ARIZONA, INC.

Auditing Guide Version: PFFS Monitoring Guide
Auditing Element: GV01
Review Type: Focused
Review Status: Confirmed
MCO Response Received Date: 06/01/2007
Element Accepted Date: 06/08/2007
Element Release Date: 12/06/2007
CAP Released Date: 05/09/2008

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Review ID: 8337

Region: 04 Atlanta

MRT Number / Name: M0012 MRT Wellcare

Contract Number / Name: H6499 WELLCARE HEALTH INSURANCE OF NEW YORK, INC.

Auditing Guide Version: PFFS Monitoring Guide
Auditing Element: GV02
Review Type: Focused
Review Status: Confirmed
MCO Response Received Date: 06/01/2007
Element Accepted Date: 06/08/2007
Element Release Date: 12/06/2007
CAP Released Date: 05/09/2008

Visit Start Date: 03/13/2007
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MCO Response Due Date: 06/03/2007

Requirement:

Grievance Adjudication - The M+CO must adjudicate internal grievances in a manner fully consistent with the M+CO's written grievance procedure, as stated in the EOC.

Deficiencies:

WellCare failed to produce an adequate universe for this element. The universe included a large number of misclassified cases resulting in a sample that could not be scored via CMS' automated worksheets. Additionally, a review of WellCare's internal policy and procedures indicate the following: There is a discrepancy in the EOC and WellCare's internal policies and procedures. The EOC states that the member has 365 days (from the time of the incident that gave rise to the grievance) to file a grievance. However, WellCare's policies and procedures state that the member has 60 days (from the time of the incident) to file a grievance. When processing a formal grievance, the Organization failed to follow its grievance policy of sending the member an acknowledgement of the grievance within 5 (five) days of receipt of the grievance.

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Region: 04 Atlanta

MRT Number / Name: M0012 MRT Wellcare

Contract Number / Name: H4577 WELLCARE HEALTH INSURANCE OF ILLINOIS, INC.

Auditing Guide Version: PFFS Monitoring Guide
Auditing Element: GV02
Review Type: Focused
Review Status: Confirmed
MCO Response Received Date: 06/01/2007
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Region: 04 Atlanta

MRT Number / Name: M0012 MRT Wellcare

Contract Number / Name: H1340 WELLCARE HEALTH INSURANCE OF ARIZONA, INC.

Auditing Guide Version: PFFS Monitoring Guide
Auditing Element: GV02
Review Type: Focused
Review Status: Confirmed
MCO Response Received Date: 06/01/2007
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Region: 04 Atlanta

MRT Number / Name: M0012 MRT Wellcare

Contract Number / Name: H6499 WELLCARE HEALTH INSURANCE OF NEW YORK, INC.

Auditing Guide Version: PFFS Monitoring Guide

Auditing Element: MR05

Review Type: Focused

Review Status: Confirmed

MCO Response Received Date: 06/01/2007

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Element Release Date: 05/09/2008

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MCO Response Due Date: 06/03/2007

Requirement:

Marketing Materials: Enrollment and Understanding of Plan Rules - The M+CO establishes and maintains a marketing system for confirming that enrolled members understand that they are enrolled in the M+C plan, and understand the rules applicable under the plan.

Deficiencies:

CMS received complaints from State SHIPS, advocacy groups, and the Texas DOI regarding complaints they had received from Medicare beneficiaries who did not understand the PFFS plans and were having difficulty receiving services. Beneficiaries contacted the Medicare hotline with similar complaints. This indicates that sales agent presentations were not always sufficient in explaining the PFFS plan to potential enrollees, and that the verification process was ineffective indentifying this problem.

Corrective Action Required:

The MAO must provide CMS with their verification call audit results beginning November 15, 2006 to date. The MAO must provide this monthly until further notice.

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Region: 04 Atlanta

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Auditing Guide Version: PFFS Monitoring Guide
Auditing Element: MR05
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Contract Number / Name: H4577 WELLCARE HEALTH INSURANCE OF ILLINOIS, INC.

Auditing Guide Version: PFFS Monitoring Guide

Auditing Element: MR05

Review Type: Focused

Review Status: Confirmed

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Region: 04 Atlanta

MRT Number / Name: M0012 MRT Wellcare

Contract Number / Name: H4577 WELLCARE HEALTH INSURANCE OF ILLINOIS, INC.

Auditing Guide Version: PFFS Monitoring Guide
Auditing Element: MR08
Review Type: Focused
Review Status: Confirmed
MCO Response Received Date: 06/01/2007
Element Accepted Date: 08/07/2007
Element Release Date: 05/09/2008
CAP Released Date: 05/09/2008

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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:

The MAO does not appear to provide adequate oversight and management of its marketing representatives. The MAO has contracted with 29 Field Marketing Organizations (FMOs)which employ approximately 7,000 agents who market its Private-Fee-For-Service products. CMS received complaints from Medicare beneficiaries, several state SHIPs, advocacy groups, and the Texas DOI regarding such activities, as sales agents indicating they are representing the government, door-to-door solicitation, using unapproved marketing materials, failing to explain how the PFFS plan operates, allegedly forging signatures, and selling insurance without a valid license.

Corrective Action Required:

The MAO must provide written monthly updates to CMS regarding provider and consumer outreach activities, continuing communication with advocacy groups and state agencies, status of broker/agent retraining, and a summary of ongoing sales management oversight of broker activities. The MAO must provide monthly written reports of complaints and their disposition. Each report must be accompanied by a summary which includes source of complaints, an analysis of trends, a determination of the likely cause of complaints, and a plan of action to prevent similar complaints. The MAO must provide CMS with the most recent satisfaction survey and each subsequent survey. The MAO must provide CMS with rapid disenrollment rates by market. Rapid disenrollments are defined as those disenrollments that occur within 3 months of enrollment.

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Auditing Guide Version: PFFS Monitoring Guide
Auditing Element: MR08
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Findings: NOT MET

Review ID: 8337

Region: 04 Atlanta

MRT Number / Name: M0012 MRT Wellcare

Contract Number / Name: H1340 WELLCARE HEALTH INSURANCE OF ARIZONA, INC.

Auditing Guide Version: PFFS Monitoring Guide
Auditing Element: MR08
Review Type: Focused
Review Status: Confirmed
MCO Response Received Date: 06/01/2007
Element Accepted Date: 08/07/2007
Element Release Date: 05/09/2008
CAP Released Date: 05/09/2008

Visit Start Date: 03/13/2007
Exit Conference Date: 03/16/2007
Date Report Issued: 04/19/2007
Date Report Due: 04/30/2007
CAP Accepted Date: 08/07/2007
Audit Closed Date: 05/09/2008
Element Projected Completion Date:
MCO Response Due Date: 06/03/2007

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:

The MAO does not appear to provide adequate oversight and management of its marketing representatives. The MAO has contracted with 29 Field Marketing Organizations (FMOs)which employ approximately 7,000 agents who market its Private-Fee-For-Service products. CMS received complaints from Medicare beneficiaries, several state SHIPs, advocacy groups, and the Texas DOI regarding such activities, as sales agents indicating they are representing the government, door-to-door solicitation, using unapproved marketing materials, failing to explain how the PFFS plan operates, allegedly forging signatures, and selling insurance without a valid license.

Corrective Action Required:

The MAO must provide written monthly updates to CMS regarding provider and consumer outreach activities, continuing communication with advocacy groups and state agencies, status of broker/agent retraining, and a summary of ongoing sales management oversight of broker activities. The MAO must provide monthly written reports of complaints and their disposition. Each report must be accompanied by a summary which includes source of complaints, an analysis of trends, a determination of the likely cause of complaints, and a plan of action to prevent similar complaints. The MAO must provide CMS with the most recent satisfaction survey and each subsequent survey. The MAO must provide CMS with rapid disenrollment rates by market. Rapid disenrollments are defined as those disenrollments that occur within 3 months of enrollment.

CMS Medicare Managed Care Auditing Report

Auditing Review Results (Initial Report)-Public Website Version

Date Report Generated: 9/30/2008

MRT Number: M0012, Contract Number: All, Category: All, Element: All, Finding:NOT MET, Reviewer:All

Findings: NOT MET

Review ID: 8337

Region: 04 Atlanta

MRT Number / Name: M0012 MRT Wellcare

Contract Number / Name: H6499 WELLCARE HEALTH INSURANCE OF NEW YORK, INC.

Auditing Guide Version: PFFS Monitoring Guide
Auditing Element: OC01
Review Type: Focused
Review Status: Confirmed
MCO Response Received Date: 06/01/2007
Element Accepted Date: 06/11/2007
Element Release Date: 12/06/2007
CAP Released Date: 05/09/2008

Visit Start Date: 03/13/2007
Exit Conference Date: 03/16/2007
Date Report Issued: 04/19/2007
Date Report Due: 04/30/2007
CAP Accepted Date: 08/07/2007
Audit Closed Date: 05/09/2008
Element Projected Completion Date:
MCO Response Due Date: 06/03/2007

Requirement:

Correct Claim Determinations - The M+CO 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 M+CO, 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:

Three of the seventeen denied claims (#4, #6, and #12) for Doral Dental did not include a denial notice/appeal rights therefore, the member did not know he/she could appeal the denied claim.

Corrective Action Required:

WellCare must develop a policy and procedure to ensure their delegated providers include the standard denial notice and the appeal rights with all denied claims. This policy and procedure must include a training program along with a training manual. WellCare must develop a policy and procedure for monitoring the delegated providers. This policy and procedure must include, but not be limited to, who will be conducting the monitoring, the frequency of the monitoring and what action will be taken if the delegated provider is having difficulty adhearing to the procedures outlined in the training program and manual.

CMS Medicare Managed Care Auditing Report

Auditing Review Results (Initial Report)-Public Website Version

Date Report Generated: 9/30/2008

MRT Number: M0012, Contract Number: All, Category: All, Element: All, Finding:NOT MET, Reviewer:All

Findings: NOT MET

Review ID: 8337

Region: 04 Atlanta

MRT Number / Name: M0012 MRT Wellcare

Contract Number / Name: H4577 WELLCARE HEALTH INSURANCE OF ILLINOIS, INC.

Auditing Guide Version: PFFS Monitoring Guide

Auditing Element: OC01

Review Type: Focused

Review Status: Confirmed

MCO Response Received Date: 06/01/2007

Element Accepted Date: 06/11/2007

Element Release Date: 12/06/2007

CAP Released Date: 05/09/2008

Visit Start Date: 03/13/2007

Exit Conference Date: 03/16/2007

Date Report Issued: 04/19/2007

Date Report Due: 04/30/2007

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MCO Response Due Date: 06/03/2007

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CMS Medicare Managed Care Auditing Report

Auditing Review Results (Initial Report)-Public Website Version

Date Report Generated: 9/30/2008

MRT Number: M0012, Contract Number: All, Category: All, Element: All, Finding:NOT MET, Reviewer:All

Findings: NOT MET

Review ID: 8337

Region: 04 Atlanta

MRT Number / Name: M0012 MRT Wellcare

Contract Number / Name: H1340 WELLCARE HEALTH INSURANCE OF ARIZONA, INC.

Auditing Guide Version: PFFS Monitoring Guide
Auditing Element: OC01
Review Type: Focused
Review Status: Confirmed
MCO Response Received Date: 06/01/2007
Element Accepted Date: 06/11/2007
Element Release Date: 12/06/2007
CAP Released Date: 05/09/2008

Visit Start Date: 03/13/2007
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