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
Region: 04 Atlanta
Contract Number / Name: H5402 QUALITY HEALTH PLANS, INC.

Review ID: 9017

Auditing Guide Version: MA Audit Review Guide, Version 4
Auditing Element: ER07
Review Type: Focused
Review Status: Confirmed
MCO Response Received Date: 11/19/2007
Element Accepted Date: 12/10/2007
Element Release Date: 02/04/2008
CAP Released Date: 04/23/2008

Visit Start Date: 8/21/2007
Exit Conference Date: 08/22/2007
Date Report Issued: 10/05/2007
Date Report Due: 10/06/2007
CAP Accepted Date: 04/23/2008
Audit Closed Date: 04/23/2008
Element Projected Completion Date:
MCO Response Due Date: 11/19/2007

Requirement:

Denial of Enrollment Prior to Transmission to CMS (Timeliness) - The MAO correctly notifies beneficiaries of denial of enrollment within timeframes specified by CMS.

Deficiencies:

Quality Health Plan does not meet the CMS 95% compliance standard for this element. A review of 8 sample cases from a universe of 8 found 1 case where the notice of denial of enrollment was not timely sent. The deficent case file was #8.

Corrective Action Required:

Quality Health Plan must conduct training of appropriate staff on this requirement 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 the individuals being trained.

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: 9017

Region: 04 Atlanta

Contract Number / Name: H5402 QUALITY HEALTH PLANS, INC.

Auditing Guide Version: MA Audit Review Guide, Version 4
Auditing Element: ER09
Review Type: Focused
Review Status: Confirmed
MCO Response Received Date: 11/19/2007
Element Accepted Date: 01/19/2008
Element Release Date: 04/23/2008
CAP Released Date: 04/23/2008

Visit Start Date: 8/21/2007
Exit Conference Date: 08/22/2007
Date Report Issued: 10/05/2007
Date Report Due: 10/06/2007
CAP Accepted Date: 04/23/2008
Audit Closed Date: 04/23/2008
Element Projected Completion Date:
MCO Response Due Date: 11/19/2007

Requirement:

Final Notice of Enrollment/CMS Rejection (Timeliness) - When the MAO receives information from CMS, it promptly (within timeframes specified by CMS) notifies beneficiaries in writing of CMS's acceptance or rejection of enrollment.

Deficiencies:

Quality Health Plan does not meet the CMS 95% compliance standard for this element. A review of 15 sample cases out of auniverse of 15 revealed 7 cases in which the enrollment rejection letter was not timely sent. The sample cases were cases #1, #2, #3, #4, #7, #10, and #15.

Corrective Action Required:

Quality Health Plan must conduct training of appropriate staff on their Policy and Procedure MS 24, Enrollment Acceptance/Rejection. Quality Health Plan must submit documentation to the regional office that details thenature of the training to include, the materials used, the individuals conducting the training, and the individuals trained. Quality Health Plan must submit a monthly detailed report to the regional office of rejected enrollment transactions. The report must include the beneficiary's name, HICN, date of enrollment, date rejected, date rejection letter sent, and a copy of the rejection letter. The first report is due to the regional office by November 15, 2007 and should be sent by the 15th of each month until further notice.

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: 9017

Region: 04 Atlanta

Contract Number / Name: H5402 QUALITY HEALTH PLANS, INC.

Auditing Guide Version: MA Audit Review Guide, Version 4
Auditing Element: ER10
Review Type: Focused
Review Status: Confirmed
MCO Response Received Date: 11/19/2007
Element Accepted Date: 12/12/2007
Element Release Date: 02/04/2008
CAP Released Date: 04/23/2008

Visit Start Date: 8/21/2007
Exit Conference Date: 08/22/2007
Date Report Issued: 10/05/2007
Date Report Due: 10/06/2007
CAP Accepted Date: 04/23/2008
Audit Closed Date: 04/23/2008
Element Projected Completion Date:
MCO Response Due Date: 11/19/2007

Requirement:

Final Notice of Enrollment/CMS Rejection (Notice Content) - The final notice of enrollment sent to the beneficiary, which describes CMS' acceptance or rejection of enrollment, meets CMS requirements.

Deficiencies:

Quality Health Plan does not meet the CMS 95% compliance standard because CMS reviewed 15 cases from a universe of 15 and found 7 cases that did not contain an enrollment rejection letter. The cases identified as deficient were case #1, #3, #4, #5, #7, #10, and #15.

Corrective Action Required:

Quality Health Plan must follow their own Policy and Procedure MS 24 Enrollment Acceptance/Rejection. Quality Health Plan must provide training on this procedure to appropriate staff and submit documentation to the regional office that details the nature of the training, materials used, individuals conducting the training, and individuals being trained.

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: 9017

Region: 04 Atlanta

Contract Number / Name: H5402 QUALITY HEALTH PLANS, INC.

Auditing Guide Version: MA Audit Review Guide, Version 4
Auditing Element: OC03
Review Type: Focused
Review Status: Confirmed
MCO Response Received Date: 11/19/2007
Element Accepted Date: 04/23/2008
Element Release Date: 04/23/2008
CAP Released Date: 04/23/2008

Visit Start Date: 8/21/2007
Exit Conference Date: 08/22/2007
Date Report Issued: 10/05/2007
Date Report Due: 10/06/2007
CAP Accepted Date: 04/23/2008
Audit Closed Date: 04/23/2008
Element Projected Completion Date:
MCO Response Due Date: 11/19/2007

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:

Quality Health Plans does not meet the CMS 95% compliance standard for this requirement. This sample consisted of 30 cases from a universe of 8211 whereby 29 cases (#2-30) failed to meet federal requirements for timely payment of non-contracting provider clean claims. Pursuant to 42 CFR 422.500 and 422.520(a) (1), Quality Health Plans must pay 95 percent of clean claims from non-contracting providers within 30 calendar days of receipt.

Corrective Action Required:

1.) Quality Health Plans must submit a copy of revised procedures to ensure all unaffiliated provider paid claims are processed and paid within the 30 day CMS requirement. Quality Health Plans must conduct training of appropriate staff on the revised Policy and Procedures and submit documentation to CMS regional office that details the nature of this training and provide a copy of the training attendance log. 2.) Beginning November 2007, Quality Health Plans must send a monthly detailed clean claims report to the regional office. The report must show the date the claim was received, date paid, and pended for the month. The report is due to the regional office by the 15th of the month. Quality Health Plans will be required to submit these reports until further notice.