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: 8317

Region: 10 Seattle

Contract Number / Name: H3811 SAMARITAN HEALTH PLANS, INC.

Auditing Guide Version: MA Audit Review Guide, Version 4
Auditing Element: CN04
Review Type: Routine
Review Status: Confirmed
MCO Response Received Date: 11/16/2007
Element Accepted Date: 01/11/2008
Element Release Date: 01/11/2008
CAP Released Date: 07/08/2008

Visit Start Date: 8/22/2007
Exit Conference Date: 08/23/2007
Date Report Issued: 10/03/2007
Date Report Due: 10/07/2007
CAP Accepted Date: 01/11/2008
Audit Closed Date: 07/08/2008
Element Projected Completion Date: 07/11/2008
MCO Response Due Date: 11/17/2007

Requirement:

Required Contract Provisions: Abide by Federal RequirementsThe MAO's written contracts with first tier and downstream entities must contain a provision to show that the contracting entity will: comply with Medicare laws, regulations, reporting requirements, and CMS instructions; agree to audits and inspection by CMS and/or its designees; cooperate, assist, and provide information as requested; and maintain records a minimum of 10 years.

Deficiencies:

The MAO did not meet the CMS 95% compliance standard. CMS reviewed 20 sample case files. None of the sample case files contained the required contract provision to maintain records a minimum of 10 years. Therefore this requirement is not met

Corrective Action Required:

1.The MAO must identify and amend all first tier and downstream contracts that do not comply with the required contract provisions. 2.The MAO must provide a summary report of contracts identified as not containing the required contract provision and indicate when a contract amendment was sent. 3.The MAO must provide the regional office with a sample of the amendment used.

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Date Report Generated: 9/30/2008

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

Findings: NOT MET

Review ID: 8317

Region: 10 Seattle

Contract Number / Name: H3811 SAMARITAN HEALTH PLANS, INC.

Auditing Guide Version: MA Audit Review Guide, Version 4
Auditing Element: GV01
Review Type: Routine
Review Status: Confirmed
MCO Response Received Date: 11/16/2007
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Date Report Issued: 10/03/2007
Date Report Due: 10/07/2007
CAP Accepted Date: 01/11/2008
Audit Closed Date: 07/08/2008
Element Projected Completion Date: 07/11/2008
MCO Response Due Date: 11/17/2007

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 MAO did not meet the CMS 95% compliance standard. CMS reviewed 15 cases of a universe of 44 and found that two cases were misclassified, three cases were incorrectly categorized and the reviewer was unable to determine the nature of the complaint in two cases.

Corrective Action Required:

1. The MAO must develop and implement policies and procedures for grievance processing. 2. The MAO must train appropriate staff on the definition of a grievance, the differences between appeals and grievances and how to handle cases that are improperly identified as grievances. 3. The MAO 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 the individuals being trained. 4. The MAO must conduct an internal audit each month of grievance processing. This audit must evaluate whether requests for grievances are accurately tracked, monitored and resolved in accordance with policy and procedure, and meets CMS requirements. The audit must determine whether the grievances are accurately and thoroughly documented. 5. The MAO must submit a summary report monthly to the regional office of its findings. The summary report must include: name and title of auditor(s), the audit methodology, and its results. Submit the summary report to the regional office monthly, beginning with the first month after the acceptance of the CAP for the next six months or until the MAO reaches full compliance with CMS requirements.

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

Findings: NOT MET

Review ID: 8317

Region: 10 Seattle

Contract Number / Name: H3811 SAMARITAN HEALTH PLANS, INC.

Auditing Guide Version: MA Audit Review Guide, Version 4
Auditing Element: GV03
Review Type: Routine
Review Status: Confirmed
MCO Response Received Date: 11/16/2007
Element Accepted Date: 01/11/2008
Element Release Date: 06/10/2008
CAP Released Date: 07/08/2008

Visit Start Date: 8/22/2007
Exit Conference Date: 08/23/2007
Date Report Issued: 10/03/2007
Date Report Due: 10/07/2007
CAP Accepted Date: 01/11/2008
Audit Closed Date: 07/08/2008
Element Projected Completion Date: 01/11/2008
MCO Response Due Date: 11/17/2007

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:

The MAO did not meet the CMS 95% compliance standard. CMS reviewed 15 cases of a universe of 44 and found that two cases were misclassified, three cases were incorrectly categorized and 10 cases lacked documentation of resolution, including member notification of resolution.

Corrective Action Required:

1. The MAO must develop and implement grievance policies and procedures. 2. The MAO must train appropriate staff on the definition of a grievance, the differences between appeals and grievances, the handling of cases that are improperly identified as grievances as well as appropriate resolution of a grievance and documentation of resolution. 3. The MAO 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 the individuals being trained. 4. The MAO must conduct an internal audit each month of grievance processing. This audit must evaluate whether requests for grievances are accurately tracked, monitored and resolved in accordance with policy and procedure, and meets CMS requirements. The audit must determine whether the grievances are accurately and thoroughly documented. 5. The MAO must submit a summary report monthly to the regional office of its findings. The summary report must include: name and title of auditor(s), the audit methodology, and its results. Submit the summary report to the regional office monthly, beginning with the first month after the acceptance of the CAP for the next six months or until the MAO reaches full compliance with CMS requirements.

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

Findings: NOT MET

Review ID: 8317

Region: 10 Seattle

Contract Number / Name: H3811 SAMARITAN HEALTH PLANS, INC.

Auditing Guide Version: MA Audit Review Guide, Version 4
Auditing Element: GV04
Review Type: Routine
Review Status: Confirmed
MCO Response Received Date: 11/16/2007
Element Accepted Date: 01/11/2008
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CAP Released Date: 07/08/2008

Visit Start Date: 8/22/2007
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Date Report Due: 10/07/2007
CAP Accepted Date: 01/11/2008
Audit Closed Date: 07/08/2008
Element Projected Completion Date: 07/11/2008
MCO Response Due Date: 11/17/2007

Requirement:

Grievance Decision Notification (Notice Content) The MAO must inform the member of the disposition of the grievance. For quality of care issues, the MAO must also include a description of the member's right to file a written compliant with the QIO.

Deficiencies:

The MAO did not meet the CMS 95% compliance standard. CMS reviewed 15 cases of a universe of 44 and found that two cases were misclassified, three cases were incorrectly categorized and 10 cases lacked documentation of resolution, including member notification of resolution.

Corrective Action Required:

1. The MAO must develop and implement grievance policies and procedures. 2. The MAO must train appropriate staff on the definition of a grievance, the differences between appeals and grievances, the handling of cases that are improperly identified as grievances as well as appropriate resolution of a grievance and documentation of resolution. 3. The MAO 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 the individuals being trained. 4. The MAO must conduct an internal audit each month of grievance processing. This audit must evaluate whether requests for grievances are accurately tracked, monitored and resolved in accordance with policy and procedure, and meets CMS requirements. The audit must determine whether the grievances are accurately and thoroughly documented. 5. The MAO must submit a summary report monthly to the regional office of its findings. The summary report must include: name and title of auditor(s), the audit methodology, and its results. Submit the summary report to the regional office monthly, beginning with the first month after the acceptance of the CAP for the next six months or until the MAO reaches full compliance with CMS requirements.

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

Findings: NOT MET

Review ID: 8317

Region: 10 Seattle

Contract Number / Name: H3811 SAMARITAN HEALTH PLANS, INC.

Auditing Guide Version: MA Audit Review Guide, Version 4
Auditing Element: GV05
Review Type: Routine
Review Status: Confirmed
MCO Response Received Date: 11/16/2007
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CAP Released Date: 07/08/2008

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Date Report Issued: 10/03/2007
Date Report Due: 10/07/2007
CAP Accepted Date: 01/11/2008
Audit Closed Date: 07/08/2008
Element Projected Completion Date: 07/11/2008
MCO Response Due Date: 11/17/2007

Requirement:

Method of Grievance Decision Notification The MAO just respond to written grievances in writing. The MAO must respond to oral grievances either orally or in writing, unless the member requests a written response. The MAO must respond to all grievances related to quality of care in writing, regardless of how the grievance was submitted.

Deficiencies:

The MAO did not meet the CMS 95% compliance standard. CMS reviewed 15 cases of a universe of 44 and found that two cases were misclassified, three cases were incorrectly categorized and 10 cases lacked documentation of resolution, including member notification of resolution.

Corrective Action Required:

1. The MAO must develop and implement grievance policies and procedures. 2. The MAO must train appropriate staff on the definition of a grievance, the differences between appeals and grievances, the handling of cases that are improperly identified as grievances as well as appropriate resolution of a grievance and documentation of resolution. 3. The MAO 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 the individuals being trained. 4. The MAO must conduct an internal audit each month of grievance processing. This audit must evaluate whether requests for grievances are accurately tracked, monitored and resolved in accordance with policy and procedure, and meets CMS requirements. The audit must determine whether the grievances are accurately and thoroughly documented. 5. The MAO must submit a summary report monthly to the regional office of its findings. The summary report must include: name and title of auditor(s), the audit methodology, and its results. Submit the summary report to the regional office monthly, beginning with the first month after the acceptance of the CAP for the next six months or until the MAO reaches full compliance with CMS requirements.

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Findings: NOT MET

Review ID: 8317

Region: 10 Seattle

Contract Number / Name: H3811 SAMARITAN HEALTH PLANS, INC.

Auditing Guide Version: MA Audit Review Guide, Version 4
Auditing Element: OC01
Review Type: Routine
Review Status: Confirmed
MCO Response Received Date: 11/16/2007
Element Accepted Date: 01/11/2008
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CAP Released Date: 07/08/2008

Visit Start Date: 8/22/2007
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Date Report Issued: 10/03/2007
Date Report Due: 10/07/2007
CAP Accepted Date: 01/11/2008
Audit Closed Date: 07/08/2008
Element Projected Completion Date: 07/11/2008
MCO Response Due Date: 11/17/2007

Requirement:

Correct Claim Determinations - The MAO 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 MAO, 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:

The sample of this area was 30. Twelve (30%) of the case files in this sample were misclassified. CMS instructs its reviewers to stop reviewing a sample if 30% or more cases in a sample are misclassified and mark the elements associated with the worksheet as not met. In order to provide technical assistance to the MAO, the reviewer reviewed the remaining cases and was unable to determine if the MAO conducted any development for missing information. The MAO was unable to provide a policy or procedure to support that the MAO develops for missing information, prior to issuing a denial. Based on CMS interview conducted with the MAO during the site visit, no development process in place.

Corrective Action Required:

1. The MAO will be required to submit a new universe and sample case files for Denied Claims per the Regional Office Plan Manager's instructions. 2. The MAO must revise/develop its policies and procedures to instruct the claims processing staff to develop for missing or incorrect claim information when the beneficiary is liable. 3. The MAO must conduct training of the 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 the individuals being trained. 4. The MAO must conduct an internal audit each month of a denied claim sample. This audit must evaluate whether the claims processor is developing for missing information, prior to issuing a denial. The MAO must submit a summary report monthly to the regional office of its findings until further notified. The summary report must include: name and title of the auditor(s), the audit methodology, the results of the audit, and any recommendations or resolutions implemented to correct deficiencies identified. 5. The MAO must establish a mechanism for ongoing monitoring of this area to ensure continued compliance.

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

Findings: NOT MET

Review ID: 8317

Region: 10 Seattle

Contract Number / Name: H3811 SAMARITAN HEALTH PLANS, INC.

Auditing Guide Version: MA Audit Review Guide, Version 4
Auditing Element: OC05
Review Type: Routine
Review Status: Confirmed
MCO Response Received Date: 11/16/2007
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Date Report Issued: 10/03/2007
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CAP Accepted Date: 01/11/2008
Audit Closed Date: 07/08/2008
Element Projected Completion Date: 07/11/2008
MCO Response Due Date: 11/17/2007

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:

The sample of this area was 30. Twelve (30%) of the case files in this sample were misclassified. CMS instructs its reviewers to stop reviewing a sample if 30% or more cases in a sample are misclassified and mark the elements associated with the worksheet as not met. In order to provide technical assistance to the MAO, the reviewer reviewed the remaining cases and was unable to determine if the MAO has the ability to track, monitor or report clean claims activity.

Corrective Action Required:

1. The MAO will be required to submit a new universe and sample case files for Denied Claims per the RO Plan Manager's instructions. 2. The MAO must revise/develop its policies and procedures to instruct the claims processing on how to identify a clean claim. 3. The MAO must conduct training of the 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 the individuals being trained. 4. The MAO must conduct an internal audit each month of a denied claim sample. 5. The MAO must submit a summary report monthly to the regional office of its findings until further notified. The summary report must include: name and title of the auditor(s), the audit methodology, the results of the audit, and any recommendations or resolutions implemented to correct deficiencies identified. 6. The MAO must establish a mechanism for ongoing monitoring, tracking and reporting of clean claims.

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

Findings: NOT MET

Review ID: 8317

Region: 10 Seattle

Contract Number / Name: H3811 SAMARITAN HEALTH PLANS, INC.

Auditing Guide Version: MA Audit Review Guide, Version 4
Auditing Element: OC06
Review Type: Routine
Review Status: Confirmed
MCO Response Received Date: 11/16/2007
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Date Report Issued: 10/03/2007
Date Report Due: 10/07/2007
CAP Accepted Date: 01/11/2008
Audit Closed Date: 07/08/2008
Element Projected Completion Date: 07/11/2008
MCO Response Due Date: 11/17/2007

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:

The sample of this area was 30. Twelve (30%) of the case files in this sample were misclassified. CMS instructs its reviewers to stop reviewing a sample if 30% or more cases in a sample are misclassified and mark the elements associated with the worksheet as not met

Corrective Action Required:

The MAO will be required to submit a new universe and sample case files for Denied Claims per the RO Plan Manager's instructions.

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

Findings: NOT MET

Review ID: 8317

Region: 10 Seattle

Contract Number / Name: H3811 SAMARITAN HEALTH PLANS, INC.

Auditing Guide Version: MA Audit Review Guide, Version 4
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Review Type: Routine
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Date Report Due: 10/07/2007
CAP Accepted Date: 01/11/2008
Audit Closed Date: 07/08/2008
Element Projected Completion Date: 07/11/2008
MCO Response Due Date: 11/17/2007

Requirement:

Receipt and Documentation of Expedited Organization Determination Requests - The MAO must establish an efficient and convenient means for individuals (including members, their applicable representatives, or their physicians) to submit oral or written requests for expedited organization determinations, document all oral requests in writing, and maintain the documentation in a case file.

Deficiencies:

The MAO was unable to provide a universe for Expedited Organization Determinations.

Corrective Action Required:

1. The MAO will be required to submit a universe and sample case files, per the RO Plan Manager's instructions. 2. The MAO must develop a process to identify requests for expedited organization determinations and distinguish such requests from standard organization requests. 3. The MAO must implement its policy and procedure for processing expedited requests and train appropriate staff in the handling and documentation of expedited organization determinations. 4. The MAO must conduct monthly internal audits to monitor compliance with CMS requirements.

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Findings: NOT MET

Review ID: 8317

Region: 10 Seattle

Contract Number / Name: H3811 SAMARITAN HEALTH PLANS, INC.

Auditing Guide Version: MA Audit Review Guide, Version 4
Auditing Element: OP04
Review Type: Routine
Review Status: Confirmed
MCO Response Received Date: 11/16/2007
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Date Report Due: 10/07/2007
CAP Accepted Date: 01/11/2008
Audit Closed Date: 07/08/2008
Element Projected Completion Date: 07/11/2008
MCO Response Due Date: 11/17/2007

Requirement:

Requests for Expedited Organization Determinations (Timeliness) - The MAO must promptly decide whether to expedite an organization determination based on regulatory requirements. If the MAO decides not to expedite an organization determination, 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 organization determination, and provide written notice within 3 calendar days of the oral notice. If the MAO makes an expedited organization determination (favorable or adverse), it must notify the member in writing as expeditiously as the member's health requires, but no later than 72 hours after receiving the request (or an additional 14 calendar days if an extension is justified). If the MAO first notifies the member of its expedited determination orally, it must mail written confirmation to the member within 3 calendar days of the oral notification.

Deficiencies:

The MAO was unable to provide a universe for Expedited Organization Determinations.

Corrective Action Required:

1. The MAO will be required to submit a universe and sample case files, per the RO Plan Manager's instructions. 2. The MAO must develop a process to identify requests for expedited organization determinations and distinguish such requests from standard organization requests. 3. The MAO must implement its policy and procedure for processing expedited requests and train appropriate staff in the handling and documentation of expedited organization determinations. 4. The MAO must conduct monthly internal audits to monitor compliance with CMS requirements.

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Findings: NOT MET

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Region: 10 Seattle

Contract Number / Name: H3811 SAMARITAN HEALTH PLANS, INC.

Auditing Guide Version: MA Audit Review Guide, Version 4
Auditing Element: OP05
Review Type: Routine
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Date Report Issued: 10/03/2007
Date Report Due: 10/07/2007
CAP Accepted Date: 01/11/2008
Audit Closed Date: 07/08/2008
Element Projected Completion Date: 07/11/2008
MCO Response Due Date: 11/17/2007

Requirement:

Expedited Denials (Notice Content) - If the MAO makes an adverse expedited organization determination, the written CMS-10003-NDMC (Notice of Denial of Medical Coverage), or an RO-approved modification of the NDMC, must be sent to the member and must clearly state the service denied and denial reason.

Deficiencies:

The MAO was unable to provide a universe for Expedited Organization Determinations

Corrective Action Required:

1. The MAO will be required to submit a universe and sample case files, per the RO Plan Manager's instructions. 2. The MAO must develop a process to identify requests for expedited organization determinations and distinguish such requests from standard organization requests. 3. The MAO must implement its policy and procedure for processing expedited requests and train appropriate staff in the handling and documentation of expedited organization determinations. 4. The MAO must conduct monthly internal audits to monitor compliance with CMS requirements.

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Region: 10 Seattle

Contract Number / Name: H3811 SAMARITAN HEALTH PLANS, INC.

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Date Report Due: 10/07/2007
CAP Accepted Date: 01/11/2008
Audit Closed Date: 07/08/2008
Element Projected Completion Date: 07/11/2008
MCO Response Due Date: 11/17/2007

Requirement:

Organization Determination Extensions (Notice Content) - If an extension is granted for an organization determination, the written notice to the member must include the reasons for the delay, and inform the member of the right to file an expedited grievance if he or she disagrees with the decision to grant an extension.

Deficiencies:

The MAO was unable to provide a universe for Expedited Organization Determinations.

Corrective Action Required:

1. The MAO will be required to submit a universe and sample case files, per the RO Plan Manager's instructions. 2. The MAO must develop a process to identify requests for expedited organization determinations and distinguish such requests from standard organization requests. 3. The MAO must implement its policy and procedure for processing expedited requests and train appropriate staff in the handling and documentation of expedited organization determinations. 4. The MAO must conduct monthly internal audits to monitor compliance with CMS requirements.

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Review ID: 8317

Region: 10 Seattle

Contract Number / Name: H3811 SAMARITAN HEALTH PLANS, INC.

Auditing Guide Version: MA Audit Review Guide, Version 4
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Date Report Issued: 10/03/2007
Date Report Due: 10/07/2007
CAP Accepted Date: 01/11/2008
Audit Closed Date: 07/08/2008
Element Projected Completion Date: 07/11/2008
MCO Response Due Date: 11/17/2007

Requirement:

Decision Not to Expedite an Organization Determination (Notice Content) - If the MAO decides not to expedite an organization determination, the notice to the member of the decision not to expedite must explain that the MAO will process the request using the 14-day standard timeframe, inform the member of the right to file an expedited grievance if he or she disagrees with the decision not to expedite, inform the member of the right to resubmit a request for an expedited determination with any physician's support, and provide instructions about the MAO grievance process and its timeframes.

Deficiencies:

The MAO was unable to provide a universe for Expedited Organization Determinations.

Corrective Action Required:

1. The MAO will be required to submit a universe and sample case files, per the RO Plan Manager's instructions. 2. The MAO must develop a process to identify requests for expedited organization determinations and distinguish such requests from standard organization requests. 3. The MAO must implement its policy and procedure for processing expedited requests and train appropriate staff in the handling and documentation of expedited organization determinations. 4. The MAO must conduct monthly internal audits to monitor compliance with CMS requirements.

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Findings: NOT MET

Review ID: 8317

Region: 10 Seattle

Contract Number / Name: H3811 SAMARITAN HEALTH PLANS, INC.

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MCO Response Received Date: 11/16/2007
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Date Report Issued: 10/03/2007
Date Report Due: 10/07/2007
CAP Accepted Date: 01/11/2008
Audit Closed Date: 07/08/2008
Element Projected Completion Date: 07/11/2008
MCO Response Due Date: 11/17/2007

Requirement:

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

Deficiencies:

The MAO was unable to provide a universe for Expedited Organization Determinations.

Corrective Action Required:

1. The MAO will be required to submit a universe and sample case files, per the regional office Plan Manager's instructions. 2. The MAO must develop a process to identify requests for expedited organization determinations and distinguish such requests from standard organization requests. 3. The MAO must implement its policy and procedure for processing expedited requests and train appropriate staff in the handling and documentation of expedited organization determinations. 4. The MAO must conduct monthly internal audits to monitor compliance with CMS requirements.

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Region: 10 Seattle

Contract Number / Name: H3811 SAMARITAN HEALTH PLANS, INC.

Auditing Guide Version: MA Audit Review Guide, Version 4
Auditing Element: OP09
Review Type: Routine
Review Status: Confirmed
MCO Response Received Date: 11/16/2007
Element Accepted Date: 01/11/2008
Element Release Date: 06/10/2008
CAP Released Date: 07/08/2008

Visit Start Date: 8/22/2007
Exit Conference Date: 08/23/2007
Date Report Issued: 10/03/2007
Date Report Due: 10/07/2007
CAP Accepted Date: 01/11/2008
Audit Closed Date: 07/08/2008
Element Projected Completion Date: 07/11/2008
MCO Response Due Date: 11/17/2007

Requirement:

OPTIONAL: Favorable Standard Pre-Service Approvals (Timeliness) - If the MAO makes a favorable standard pre-service organization determination, it must notify the member of its determination 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 MAO did not meet the CMS 95% compliance standard. CMS reviewed 15 cases of a universe of 1,433 and found that all 15 cases lacked documentation of member notification. The MAO notifies providers of favorable standard pre-service organization determinations, but it fails to notify members.

Corrective Action Required:

1. The MAO must provide the regional office with a policy and procedure of the process developed to ensure that members are notified timely of organization decisions (including authorizations for service). 2. The MAO must provide a policy and procedure for tracking, monitoring and documenting notifications. 3. The MAO must develop a standard notice and train appropriate staff on the notification requirements. 4. The MAO must conduct an internal audit each month to ensure that the MAO complies with CMS requirements regarding member notifications. This audit must evaluate whether notifications are accurately tracked, monitored and resolved in accordance with policy and procedure, and meets CMS requirements. 5. The MAO must submit a summary report monthly to the regional office of its findings. The summary report must include: name and title of auditor(s), the audit methodology, and its results. Submit the summary report to the regional office monthly, beginning with the first month after the acceptance of the CAP for the next six months or until the MAO reaches full compliance with CMS requirements.

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: 8317

Region: 10 Seattle

Contract Number / Name: H3811 SAMARITAN HEALTH PLANS, INC.

Auditing Guide Version: MA Audit Review Guide, Version 4
Auditing Element: OP12
Review Type: Routine
Review Status: Confirmed
MCO Response Received Date: 11/16/2007
Element Accepted Date: 01/11/2008
Element Release Date: 06/10/2008
CAP Released Date: 07/08/2008

Visit Start Date: 8/22/2007
Exit Conference Date: 08/23/2007
Date Report Issued: 10/03/2007
Date Report Due: 10/07/2007
CAP Accepted Date: 01/11/2008
Audit Closed Date: 07/08/2008
Element Projected Completion Date: 07/11/2008
MCO Response Due Date: 11/17/2007

Requirement:

Detailed Explanation of Non-Coverage of Provider Services (Timeliness) -- The MAO (upon notification by the QIO that an enrollee has filed a request for a fast-track appeal) must send a detailed notice to the enrollee by the close of business of the day the QIO notification is received.

Deficiencies:

The MAO did not meet the CMS 95% compliance standard. CMS reviewed one case of a universe of one and was unable to determine the date the member signed the denial. The MAO did not provide the QIO the requested information timely.

Corrective Action Required:

1. The MAO must develop a policy and procedure outlining the process for tracking receipt date for organization determinations and document each step of the appeal process. The MAO is required to send the enrollee written notification by close of business on the date the QIO notification was received. 2. Policies and Procedures must be developed or revised to map the workflow of the QIO review of termination of services in a clear, detailed manner, outlining each step, task, responsibility as well as timeline to include other departments as appropriate (e.g. Claims, Utilization Management, Customer Service, Provider Relations and the Medical Director). 3. The MAO must conduct an internal audit each month of appeals processing. This audit must evaluate whether requests for organization determinations and appeals are accurately tracked, monitored and resolved in accordance with policy and procedure, and meets CMS requirements. The audit must determine whether the organization determinations are accurately and thoroughly documented. 4. The MAO must submit a summary report monthly to the regional office of its findings. The summary report must include: name and title of auditor(s), the audit methodology, and its results. Submit the summary report to the regional office monthly, beginning with the first month after the acceptance of the CAP for the next six months or until the MAO reaches full compliance with CMS requirements.

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: 8317

Region: 10 Seattle

Contract Number / Name: H3811 SAMARITAN HEALTH PLANS, INC.

Auditing Guide Version: MA Audit Review Guide, Version 4
Auditing Element: RC01
Review Type: Routine
Review Status: Confirmed
MCO Response Received Date: 11/16/2007
Element Accepted Date: 01/11/2008
Element Release Date: 06/10/2008
CAP Released Date: 07/08/2008

Visit Start Date: 8/22/2007
Exit Conference Date: 08/23/2007
Date Report Issued: 10/03/2007
Date Report Due: 10/07/2007
CAP Accepted Date: 01/11/2008
Audit Closed Date: 07/08/2008
Element Projected Completion Date: 01/11/2008
MCO Response Due Date: 11/17/2007

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:

The MAO did not meet the CMS 95% compliance standard. CMS reviewed 10 sample case files. 1 sample case was misclassified. The reviewer was unable to obtain a reconsideration receipt date for 8 of the 9 sample cases. The remaining sample case file with a reconsideration receipt date was not processed within the 60 day requirement. Therefore, this requirement is not met.

Corrective Action Required:

1. Policies and procedures must be developed or revised to map the workflow in a clear, detailed manner, outlining each step, task, responsibility as well as timeline to include other departments (e.g. Claims, UM, Customer Services, Provider Relations and the Medical Director) if those departments are involved in the reconsideration process. 2. The MAO must develop internal controls to ensure that favorable claim reconsiderations are adjudicated timely. 3. The MAO must develop a formal process for ongoing monitoring of this area to ensure compliance with Medicare requirements.

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: 8317

Region: 10 Seattle

Contract Number / Name: H3811 SAMARITAN HEALTH PLANS, INC.

Auditing Guide Version: MA Audit Review Guide, Version 4
Auditing Element: RC02
Review Type: Routine
Review Status: Confirmed
MCO Response Received Date: 11/16/2007
Element Accepted Date: 01/11/2008
Element Release Date: 06/03/2008
CAP Released Date: 07/08/2008

Visit Start Date: 8/22/2007
Exit Conference Date: 08/23/2007
Date Report Issued: 10/03/2007
Date Report Due: 10/07/2007
CAP Accepted Date: 01/11/2008
Audit Closed Date: 07/08/2008
Element Projected Completion Date: 01/11/2008
MCO Response Due Date: 11/17/2007

Requirement:

Adverse Claims Reconsiderations (Timeliness) - If the MAO affirms, in whole or in part, its adverse organization determination, or fails to provide the member with a reconsideration determination within 60 days of receipt of the request (which constitutes an affirmation of its adverse organization determination), it must forward the case to CMS' independent review entity no later than 60 calendar days after receiving the reconsideration request. The MAO concurrently notifies the member that it has forwarded the case to CMS' independent review entity.

Deficiencies:

The MAO was unable to provide a universe for Unfavorable Claim Reconsiderations.

Corrective Action Required:

1. The MAO will be required to submit a universe and sample case files for Unfavorable Claim Reconsiderations per the RO Plan Manager's instructions. 2. The MAO must develop policies and procedures that clearly map the workflow of the appeals staff, including but not limited to the identification of each specific step, task, responsibility and day to day oversight of the reconsideration requirements. 3. The MAO must develop processes to ensure that beneficiary claims reconsiderations are correctly categorized separate from any provider dispute appeal process.

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: 8317

Region: 10 Seattle

Contract Number / Name: H3811 SAMARITAN HEALTH PLANS, INC.

Auditing Guide Version: MA Audit Review Guide, Version 4
Auditing Element: RC03
Review Type: Routine
Review Status: Confirmed
MCO Response Received Date: 11/16/2007
Element Accepted Date: 01/11/2008
Element Release Date: 06/03/2008
CAP Released Date: 07/08/2008

Visit Start Date: 8/22/2007
Exit Conference Date: 08/23/2007
Date Report Issued: 10/03/2007
Date Report Due: 10/07/2007
CAP Accepted Date: 01/11/2008
Audit Closed Date: 07/08/2008
Element Projected Completion Date: 07/11/2008
MCO Response Due Date: 11/17/2007

Requirement:

Effectuation of Third Party Claims Reconsideration Reversals - If the MAO's determination is reversed in whole or in part by the independent review entity, the MAO must pay for the service no later than 30 calendar days from the date it receives the notice reversing the organization determination. 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:

The MAO was unable to provide a universe for Unfavorable Claim Reconsiderations.

Corrective Action Required:

1. The MAO will be required to submit a new universe and sample case files for Unfavorable Claim Reconsiderations per the RO Plan Manager's instructions. 2. The MAO must develop policies and procedures that clearly map the workflow of the appeals staff, including but not limited to the identification of each specific step, task, responsibility and day to day oversight of the reconsideration requirements. 3. The MAO must develop processes to ensure that beneficiary claims reconsiderations are correctly categorized separate from any provider dispute appeal process.

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: 8317

Region: 10 Seattle

Contract Number / Name: H3811 SAMARITAN HEALTH PLANS, INC.

Auditing Guide Version: MA Audit Review Guide, Version 4
Auditing Element: RP01
Review Type: Routine
Review Status: Confirmed
MCO Response Received Date: 11/16/2007
Element Accepted Date: 01/11/2008
Element Release Date: 06/03/2008
CAP Released Date: 07/08/2008

Visit Start Date: 8/22/2007
Exit Conference Date: 08/23/2007
Date Report Issued: 10/03/2007
Date Report Due: 10/07/2007
CAP Accepted Date: 01/11/2008
Audit Closed Date: 07/08/2008
Element Projected Completion Date: 07/11/2008
MCO Response Due Date: 11/17/2007

Requirement:

Favorable Standard Pre-Service Reconsiderations (Timeliness) - If the MAO makes a fully favorable decision on a standard pre-service reconsideration, it must issue a decision to the member, and authorize or provide the service, 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).

Deficiencies:

The MAO did not meet the 95% standard. The sample of this area was 7. Two (30%) of the case files in this sample were misclassified. CMS instructs its reviewers to stop reviewing a sample if 30% or more of the case files in a sample are misclassified and mark the elements associated with the worksheet as not met.

Corrective Action Required:

1. The MAO will be required to submit a new universe and sample case files for Favorable Standard Pre Service Reconsiderations, per the RO Plan Manager's instructions. 2. Policies and procedures must be developed or revised to map the workflow in a clear, detailed manner, outlining each step, task, responsibility as well as timeline to include other departments (e.g. Claims, UM, Customer Services, Provider Relations and the Medical Director) if those departments are involved in the process. 3. The MAO must develop internal controls to ensure that favorable pre-service reconsiderations are processed timely.

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: 8317

Region: 10 Seattle

Contract Number / Name: H3811 SAMARITAN HEALTH PLANS, INC.

Auditing Guide Version: MA Audit Review Guide, Version 4
Auditing Element: RP02
Review Type: Routine
Review Status: Confirmed
MCO Response Received Date: 11/16/2007
Element Accepted Date: 01/11/2008
Element Release Date: 06/03/2008
CAP Released Date: 07/08/2008

Visit Start Date: 8/22/2007
Exit Conference Date: 08/23/2007
Date Report Issued: 10/03/2007
Date Report Due: 10/07/2007
CAP Accepted Date: 01/11/2008
Audit Closed Date: 07/08/2008
Element Projected Completion Date: 07/11/2008
MCO Response Due Date: 11/17/2007

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:

The MAO did not meet the CMS 95% compliance standard. The sample of this area was 4. One (30%) of the case files in this sample was misclassified. CMS instructs its reviewers to stop reviewing a sample if 30% or more of the case files in a sample are misclassified and mark the elements associated with the worksheet as not met.

Corrective Action Required:

1. The MAO will be required to submit a new universe and sample case files for Unfavorable Standard Pre Service Reconsiderations. 2. Policies and procedures must be developed or revised to map the workflow in a clear, detailed manner, outlining each step, task, responsibility as well as timeline to include other departments (e.g. Claims, UM, Customer Services, Provider Relations and the Medical Director) if those departments are involved in the process. 3. The MAO must develop internal controls to ensure that unfavorable pre-service reconsiderations are processed timely.

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: 8317

Region: 10 Seattle

Contract Number / Name: H3811 SAMARITAN HEALTH PLANS, INC.

Auditing Guide Version: MA Audit Review Guide, Version 4
Auditing Element: RP03
Review Type: Routine
Review Status: Confirmed
MCO Response Received Date: 11/16/2007
Element Accepted Date: 01/11/2008
Element Release Date: 06/03/2008
CAP Released Date: 07/08/2008

Visit Start Date: 8/22/2007
Exit Conference Date: 08/23/2007
Date Report Issued: 10/03/2007
Date Report Due: 10/07/2007
CAP Accepted Date: 01/11/2008
Audit Closed Date: 07/08/2008
Element Projected Completion Date: 07/01/2008
MCO Response Due Date: 11/17/2007

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:

The MAO did not meet the CMS 95% compliance standard. The sample of this area was 4. One (30%) of the case files in this sample was misclassified. CMS instructs its reviewers to stop reviewing a sample if 30% or more of the case files in a sample are misclassified and mark the elements associated with the worksheet as not met.

Corrective Action Required:

1. The MAO will be required to submit a new universe and sample case files for Unfavorable Standard Pre Service Reconsiderations. 2. Policies and procedures must be developed or revised to map the workflow in a clear, detailed manner, outlining each step, task, responsibility as well as timeline to include other departments (e.g. Claims, UM, Customer Services, Provider Relations and the Medical Director) if those departments are involved in the process. 3. The MAO must develop internal controls to ensure that unfavorable pre-service reconsiderations are effectuated timely.