# *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:** 09 San Francisco
**Contract Number / Name:** H0502 CONTRA COSTA HEALTH PLAN

**Review ID:** 8537

**Auditing Guide Version:** 1876 Cost Plan Monitoring Review Guide, Version 1
**Auditing Element:** MR09
**Review Type:** Routine
**Review Status:** Confirmed
**MCO Response Received Date:** 06/25/2007
**Element Accepted Date:** 08/27/2007
**Element Release Date:** 08/27/2007
**CAP Released Date:** 09/20/2007

**Visit Start Date:** 9/5/2006
**Exit Conference Date:** 09/07/2006
**Date Report Issued:** 06/05/2007
**Date Report Due:** 10/22/2006
**CAP Accepted Date:** 08/27/2007
**Audit Closed Date:** 09/20/2007
**Element Projected Completion Date:** 06/25/2007
**MCO Response Due Date:** 07/20/2007

**Requirement:**

The Cost plan makes a good faith effort to provide written notice of the termination of a PCP to all members who are patients of that PCP at least 30 days prior to such termination. The Cost plan makes a good faith effort to provide written notice of the termination of any contracted provider to all members regularly seen by that provider at least 30 calendar days before such termination.

**Deficiencies:**

Contra Costa Health Plan was unable to demonstrate that beneficiaries are given written notice at least 30 days prior to primary care physician (PCP) terminations. A review of a PCP termination letter dated June 7, 2006 with a PCP termination date of July 1, 2006 demonstrated that Medicare members were not given the CMS required 30-day notice for a change in contracted providers.

**Corrective Action Required:**

Describe actions Contra Costa Health Plan is taking to assure meeting the written notice to Medicare members 30 days prior to the termination of his/her PCP in accordance with CMS policy and regulations.

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**Auditing Guide Version:** 1876 Cost Plan Monitoring Review Guide, Version 1
**Auditing Element:** OC101
**Review Type:** Routine
**Review Status:** Confirmed
**MCO Response Received Date:**06/25/2007
**Element Accepted Date:** 07/24/2007
**Element Release Date:** 08/27/2007
**CAP Released Date:**09/20/2007

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**Requirement:**

The Cost plan has procedures which detect and record duplicate payments for Part B services, and retrieve such payments from physicians, suppliers, or enrollees.

**Deficiencies:**

For non-contracted provider claims and claims received from CPM contracted providers, Contra Costa Health Plan requires the providers to bill Original Medicare first and forward a copy of the Explanation of Medicare Benefits to the cost plan to coordinate payment for Medicare deductible and/or coinsurance amounts and to ensure no duplicate payment is made by the health plan and Original Medicare. We do not have documentation to determine if Contra Costa Health Plan has a duplicate payment process for CCRMC providers. If a Senior Health Plan member obtains medical services from a CCRMC physician, how does Contra Costa ensure the cost of physician services is not reimbursed by the Medicare contractor and by the cost plan?

**Corrective Action Required:**

Contra Costa must submit an explanation of the process used to pay its contracted physicians at CCRMC to ensure duplicate payment is not made by Original Medicare and the health plan.