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: 8377

Region: 03 Philadelphia

Contract Number / Name: H5932 GATEWAY HEALTH PLAN, INC.

Auditing Guide Version: MA Audit Review Guide, Version 4
Auditing Element: CN04
Review Type: Routine
Review Status: Confirmed
MCO Response Received Date: 08/27/2007
Element Accepted Date: 10/01/2007
Element Release Date: 10/24/2007
CAP Released Date: 10/24/2007

Visit Start Date: 7/23/2007
Exit Conference Date: 07/27/2007
Date Report Issued: 08/24/2007
Date Report Due: 09/10/2007
CAP Accepted Date: 10/01/2007
Audit Closed Date: 10/24/2007
Element Projected Completion Date: 10/15/2007
MCO Response Due Date: 10/08/2007

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:

Gateway's Medicare Addendum to provider contracts indicates a seven year maintenance record requirement when the federal requirement has been increased to a minimum of ten years or longer pending an audit.

Corrective Action Required:

Modification of contract templates and notification to all affected providers of the updated record maintenance requirements. Update of all affected policies and procedures as necessary.

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Findings: NOT MET

Review ID: 8377

Region: 03 Philadelphia

Contract Number / Name: H5932 GATEWAY HEALTH PLAN, INC.

Auditing Guide Version: MA Audit Review Guide, Version 4
Auditing Element: GV03
Review Type: Routine
Review Status: Confirmed
MCO Response Received Date: 08/27/2007
Element Accepted Date: 10/01/2007
Element Release Date: 10/24/2007
CAP Released Date: 10/24/2007

Visit Start Date: 7/23/2007
Exit Conference Date: 07/27/2007
Date Report Issued: 08/24/2007
Date Report Due: 09/10/2007
CAP Accepted Date: 10/01/2007
Audit Closed Date: 10/24/2007
Element Projected Completion Date: 10/11/2007
MCO Response Due Date: 10/08/2007

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:

Gateway did not properly notify the member or authorized representative in writing regarding extensions related to grievances.

Corrective Action Required:

Gateway has submitted a template letter for notifying members or their authorized representative of the extension to the grievance. Gateway will also update all policies and procedures related to this change as necessary and submit to CMS.

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Date Report Generated: 9/30/2008

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

Findings: NOT MET

Review ID: 8377

Region: 03 Philadelphia

Contract Number / Name: H5932 GATEWAY HEALTH PLAN, INC.

Auditing Guide Version: MA Audit Review Guide, Version 4
Auditing Element: GV04
Review Type: Routine
Review Status: Confirmed
MCO Response Received Date: 08/27/2007
Element Accepted Date: 10/01/2007
Element Release Date: 10/24/2007
CAP Released Date: 10/24/2007

Visit Start Date: 7/23/2007
Exit Conference Date: 07/27/2007
Date Report Issued: 08/24/2007
Date Report Due: 09/10/2007
CAP Accepted Date: 10/01/2007
Audit Closed Date: 10/24/2007
Element Projected Completion Date: 10/11/2007
MCO Response Due Date: 10/08/2007

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:

Gateway did not properly notify the member or authorized representative in writing regarding extensions related to grievances.

Corrective Action Required:

Gateway has submitted a template letter for notifying members or their authorized representative of the extension to the grievance. Gateway will also update all policies and procedures related to this change as necessary and submit to CMS.

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Date Report Generated: 9/30/2008

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

Findings: NOT MET

Review ID: 8377

Region: 03 Philadelphia

Contract Number / Name: H5932 GATEWAY HEALTH PLAN, INC.

Auditing Guide Version: MA Audit Review Guide, Version 4
Auditing Element: MR05
Review Type: Routine
Review Status: Confirmed
MCO Response Received Date:08/27/2007
Element Accepted Date: 10/01/2007
Element Release Date: 10/24/2007
CAP Released Date:10/24/2007

Visit Start Date: 7/23/2007
Exit Conference Date: 07/27/2007
Date Report Issued: 08/24/2007
Date Report Due: 09/10/2007
CAP Accepted Date:10/01/2007
Audit Closed Date: 10/24/2007
Element Projected Completion Date:08/24/2007
MCO Response Due Date: 10/08/2007

Requirement:

Marketing Materials: Enrollment and Understanding of Plan Rules - The MAO establishes and maintains a system for confirming that enrolled members are enrolled in an MA plan and that they understand the rules applicable under the plan.

Deficiencies:

Gateway did not sufficiently demonstrate that procedures are in place to properly test the understanding of the Medicare program by all individuals who sell Gateway Medicare assured products.

Corrective Action Required:

Development of policies and procedures for testing all individuals involved with selling Medicare Assured products. Corrective action will also include the development and administration of knowledge assessment tests to staff.

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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: 8377

Region: 03 Philadelphia

Contract Number / Name: H5932 GATEWAY HEALTH PLAN, INC.

Auditing Guide Version: MA Audit Review Guide, Version 4
Auditing Element: MR08
Review Type: Routine
Review Status: Confirmed
MCO Response Received Date: 08/27/2007
Element Accepted Date: 10/01/2007
Element Release Date: 10/24/2007
CAP Released Date: 10/24/2007

Visit Start Date: 7/23/2007
Exit Conference Date: 07/27/2007
Date Report Issued: 08/24/2007
Date Report Due: 09/10/2007
CAP Accepted Date: 10/01/2007
Audit Closed Date: 10/24/2007
Element Projected Completion Date: 08/24/2007
MCO Response Due Date: 10/08/2007

Requirement:

No Engagement in Activities which Mislead, Confuse or Misrepresent the MAO - The MAO does not engage in activities which materially mislead, confuse, or misrepresent the MAO. The MAO may not: Claim recommendation or endorsement by CMS or Medicare or the Department of Health and Human Services, or that CMS, Medicare, or the Department of Health and Human Services recommend that beneficiaries enroll in the plan; · 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; · Use providers or provider groups to distribute printed information comparing benefits of different health plans, unless the materials have the concurrence of all MAO's involved and unless the materials have received prior approval from CMS; · Accept plan applications in provider offices or other places where health care is delivered;· Employ MA 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);· Offer gifts or payment as an inducement to enroll in the organization;·Engage in any discriminatory marketing practice, such as attempting to enroll individuals from higher income areas, without a similar effort in lower income areas; or · Conduct door-to-door solicitation of Medicare beneficiaries.

Deficiencies:

Gateway did not sufficiently demonstrate that procedures are in place to properly test the understanding of the Medicare program by all individuals who sell Gateway Medicare assured products.

Corrective Action Required:

Development of policies and procedures for testing all individuals involved with selling Medicare Assured products. Corrective action will also include the development and administration of knowledge assessment tests to staff.

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: 8377

Region: 03 Philadelphia

Contract Number / Name: H5932 GATEWAY HEALTH PLAN, INC.

Auditing Guide Version: MA Audit Review Guide, Version 4
Auditing Element: OC06
Review Type: Routine
Review Status: Confirmed
MCO Response Received Date:08/27/2007
Element Accepted Date: 10/01/2007
Element Release Date: 10/24/2007
CAP Released Date:10/24/2007

Visit Start Date: 7/23/2007
Exit Conference Date: 07/27/2007
Date Report Issued: 08/24/2007
Date Report Due: 09/10/2007
CAP Accepted Date:10/01/2007
Audit Closed Date: 10/24/2007
Element Projected Completion Date:10/01/2007
MCO Response Due Date: 10/08/2007

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:

Gateway Medicare Assured explanation of benefit forms (EOB) do not provide a description of the reason for denial of a claim.

Corrective Action Required:

Gateway is currently working with vendor to provide a descriptive denial message on EOBs with final implementation set for October 1, 2007. Gateway will update any policies and procedures as necessary and submit to CMS.

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Date Report Generated: 9/30/2008

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

Findings: NOT MET

Review ID: 8377

Region: 03 Philadelphia

Contract Number / Name: H5932 GATEWAY HEALTH PLAN, INC.

Auditing Guide Version: MA Audit Review Guide, Version 4
Auditing Element: OP04
Review Type: Routine
Review Status: Confirmed
MCO Response Received Date: 08/27/2007
Element Accepted Date: 10/01/2007
Element Release Date: 10/24/2007
CAP Released Date: 10/24/2007

Visit Start Date: 7/23/2007
Exit Conference Date: 07/27/2007
Date Report Issued: 08/24/2007
Date Report Due: 09/10/2007
CAP Accepted Date: 10/01/2007
Audit Closed Date: 10/24/2007
Element Projected Completion Date: 10/11/2007
MCO Response Due Date: 10/08/2007

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:

Gateway did not consistently notify the member verbally and in writing about Requests for Expedited Review Organization Determinations.

Corrective Action Required:

Gateway will develop a process for verbal notification to the member as well as submit a template for a written favorable expedited decision. Training will be provided to the appropriate staff, and policies and procedures will be updated as necessary.

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Date Report Generated: 9/30/2008

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

Findings: NOT MET

Review ID: 8377

Region: 03 Philadelphia

Contract Number / Name: H5932 GATEWAY HEALTH PLAN, INC.

Auditing Guide Version: MA Audit Review Guide, Version 4
Auditing Element: OP05
Review Type: Routine
Review Status: Confirmed
MCO Response Received Date: 08/27/2007
Element Accepted Date: 10/01/2007
Element Release Date: 10/24/2007
CAP Released Date: 10/24/2007

Visit Start Date: 7/23/2007
Exit Conference Date: 07/27/2007
Date Report Issued: 08/24/2007
Date Report Due: 09/10/2007
CAP Accepted Date: 10/01/2007
Audit Closed Date: 10/24/2007
Element Projected Completion Date: 10/11/2007
MCO Response Due Date: 10/08/2007

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:

Gateway did not consistently notify the member verbally and in writing about Requests for Expedited Review Organization Determinations.

Corrective Action Required:

Gateway will develop a process for verbal notification to the member as well as submit a template for a written favorable expedited decision. Training will be provided to the appropriate staff, and policies and procedures will be updated as necessary.

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

Findings: NOT MET

Review ID: 8377

Region: 03 Philadelphia

Contract Number / Name: H5932 GATEWAY HEALTH PLAN, INC.

Auditing Guide Version: MA Audit Review Guide, Version 4
Auditing Element: OP12
Review Type: Routine
Review Status: Confirmed
MCO Response Received Date: 08/27/2007
Element Accepted Date: 10/01/2007
Element Release Date: 10/24/2007
CAP Released Date: 10/24/2007

Visit Start Date: 7/23/2007
Exit Conference Date: 07/27/2007
Date Report Issued: 08/24/2007
Date Report Due: 09/10/2007
CAP Accepted Date: 10/01/2007
Audit Closed Date: 10/24/2007
Element Projected Completion Date: 10/11/2007
MCO Response Due Date: 10/08/2007

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:

Gateway is not properly confirming that the Detailed Explanation of Non-Coverage is complete and that the beneficiary or authorized representative received the notice.

Corrective Action Required:

Gateway implementation of a process by which appropriate and complete documentation of the DENC and delivery to the member is ensured. Updated policies and procedures for any affected areas as necessary.

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Date Report Generated: 9/30/2008

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

Findings: NOT MET

Review ID: 8377

Region: 03 Philadelphia

Contract Number / Name: H5932 GATEWAY HEALTH PLAN, INC.

Auditing Guide Version: MA Audit Review Guide, Version 4
Auditing Element: OP13
Review Type: Routine
Review Status: Confirmed
MCO Response Received Date: 08/27/2007
Element Accepted Date: 10/01/2007
Element Release Date: 10/24/2007
CAP Released Date: 10/24/2007

Visit Start Date: 7/23/2007
Exit Conference Date: 07/27/2007
Date Report Issued: 08/24/2007
Date Report Due: 09/10/2007
CAP Accepted Date: 10/01/2007
Audit Closed Date: 10/24/2007
Element Projected Completion Date: 10/11/2007
MCO Response Due Date: 10/08/2007

Requirement:

Detailed Notice of Non-Coverage of Provider Services (Notice Content) - The MAO must include in the Detailed Notice of Non-Coverage of Provider Services an explanation as to why the provider services are no longer reasonable or necessary, or are no longer covered; the applicable Medicare rule, instruction or policy including citations, and how the enrollee may obtain copies of such documents; and other facts or information relevant to the non-coverage decision.

Deficiencies:

Gateway is not properly confirming that the Detailed Explanation of Non-Coverage is complete and that the beneficiary or authorized representative received the notice.

Corrective Action Required:

Gateway implementation of a process by which appropriate and complete documentation of the DENC and delivery to the member is ensured. Updated policies and procedures for any affected areas as necessary.

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

Findings: NOT MET

Review ID: 8377

Region: 03 Philadelphia

Contract Number / Name: H5932 GATEWAY HEALTH PLAN, INC.

Auditing Guide Version: MA Audit Review Guide, Version 4
Auditing Element: PR03
Review Type: Routine
Review Status: Confirmed
MCO Response Received Date:08/27/2007
Element Accepted Date: 10/01/2007
Element Release Date: 10/24/2007
CAP Released Date:10/24/2007

Visit Start Date: 7/23/2007
Exit Conference Date: 07/27/2007
Date Report Issued: 08/24/2007
Date Report Due: 09/10/2007
CAP Accepted Date:10/01/2007
Audit Closed Date: 10/24/2007
Element Projected Completion Date:08/24/2007
MCO Response Due Date: 10/08/2007

Requirement:

Credentialing Requirements for Physicians and Other Health Care Professionals - The MAO must follow a documented process for physicians and other health care professionals regarding initial credentialing and recredentialing.

Deficiencies:

Gateway's credentialing delegate UPMC Physician Services did not consistently annotate that verification of quality of care was conducted. It was also identified the delegate did not properly annotate that the Medicare Opt-out was conducted.

Corrective Action Required:

Notifications to delegate UPMC Physician Services to consistently document verfication of quality of care issues and Medicare Opt-out. Instructions to update Physician Practitioner File checklist to include this information. Continued monitoring and auditing to determine compliance. Update of any policies and procedures as necessary.

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

Findings: NOT MET

Review ID: 8377

Region: 03 Philadelphia

Contract Number / Name: H5932 GATEWAY HEALTH PLAN, INC.

Auditing Guide Version: MA Audit Review Guide, Version 4
Auditing Element: RP02
Review Type: Routine
Review Status: Confirmed
MCO Response Received Date: 08/27/2007
Element Accepted Date: 10/01/2007
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CAP Released Date: 10/24/2007

Visit Start Date: 7/23/2007
Exit Conference Date: 07/27/2007
Date Report Issued: 08/24/2007
Date Report Due: 09/10/2007
CAP Accepted Date: 10/01/2007
Audit Closed Date: 10/24/2007
Element Projected Completion Date: 10/11/2007
MCO Response Due Date: 10/08/2007

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:

Gateway did not properly notify the member or authorized representative in writing regarding extensions related to Adverse Standard Pre-Service reconsiderations

Corrective Action Required:

Gateway will submit a template letter and update any policies and procedures as necessary to meet this requirement.