CMS Medicare Managed Care Auditing Report

Auditing Review Results (Initial Report)-Public Website Version

Date Report Generated: 9/30/2008

MRT Number: M0017, Contract Number: All, Category: All, Element: All, Finding:NOT MET, Reviewer:All

Findings: NOT MET

Review ID: 8357

Region: 03 Philadelphia

MRT Number / Name: M0017 MRT Bravo Health

Contract Number / Name: H3972 ELDER HEALTH PENNSYLVANIA, INC

Auditing Guide Version: MA Audit Review Guide, Version 4

Auditing Element: MR05

Review Type: Routine

Review Status: Confirmed

MCO Response Received Date:

Element Accepted Date: 12/10/2007

Element Release Date: 02/26/2008

CAP Released Date:05/27/2008

Visit Start Date: 08/27/2007

Exit Conference Date: 08/31/2007

Date Report Issued: 10/03/2007

Date Report Due: 10/15/2007

CAP Accepted Date:12/18/2007

Audit Closed Date: 05/27/2008

Element Projected Completion Date:03/01/2008

MCO Response Due Date: 11/17/2007

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:

There is no information regarding the rapid disenrollment rate for sales force. In addition, there is no evidence of adequate training or testing of sales force.

Corrective Action Required:

The MAO submitted a Corrective Action Plan. There is a new process to ensure that the sales force is trained and the files will indicate date tested and rapid disenrollment rates.

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Auditing Review Results (Initial Report)-Public Website Version

Date Report Generated: 9/30/2008

MRT Number: M0017, Contract Number: All, Category: All, Element: All, Finding:NOT MET, Reviewer:All

Findings: NOT MET

Review ID: 8357

Region: 03 Philadelphia

MRT Number / Name: M0017 MRT Bravo Health

Contract Number / Name: H3949 BRAVO HEALTH PENNSYLVANIA INC.

Auditing Guide Version: MA Audit Review Guide, Version 4

Auditing Element: MR05

Review Type: Routine

Review Status: Confirmed

MCO Response Received Date:

Element Accepted Date: 12/10/2007

Element Release Date: 02/26/2008

CAP Released Date:05/27/2008

Visit Start Date: 08/27/2007

Exit Conference Date: 08/31/2007

Date Report Issued: 10/03/2007

Date Report Due: 10/15/2007

CAP Accepted Date:12/18/2007

Audit Closed Date: 05/27/2008

Element Projected Completion Date:03/01/2008

MCO Response Due Date: 11/17/2007

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:

There is no information regarding the rapid disenrollment rate for sales force. In addition, there is no evidence of adequate training or testing of sales force.

Corrective Action Required:

The MAO submitted a Corrective Action Plan. There is a new process to ensure that the sales force is trained and the files will indicate date tested and rapid disenrollment rates.

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Auditing Review Results (Initial Report)-Public Website Version

Date Report Generated: 9/30/2008

MRT Number: M0017, Contract Number: All, Category: All, Element: All, Finding:NOT MET, Reviewer:All

Findings: NOT MET

Review ID: 8357

Region: 03 Philadelphia

MRT Number / Name: M0017 MRT Bravo Health

Contract Number / Name: H2108 BRAVO HEALTH MID- ATLANTIC INC.

Auditing Guide Version: MA Audit Review Guide, Version 4

Auditing Element: MR05

Review Type: Routine

Review Status: Confirmed

MCO Response Received Date:

Element Accepted Date: 12/10/2007

Element Release Date: 02/26/2008

CAP Released Date:05/27/2008

Visit Start Date: 08/27/2007

Exit Conference Date: 08/31/2007

Date Report Issued: 10/03/2007

Date Report Due: 10/15/2007

CAP Accepted Date:12/18/2007

Audit Closed Date: 05/27/2008

Element Projected Completion Date:03/01/2008

MCO Response Due Date: 11/17/2007

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:

There is no information regarding the rapid disenrollment rate for sales force. In addition, there is no evidence of adequate training or testing of sales force.

Corrective Action Required:

The MAO submitted a Corrective Action Plan. There is a new process to ensure that the sales force is trained and the files will indicate date tested and rapid disenrollment rates.

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MRT Number: M0017, Contract Number: All, Category: All, Element: All, Finding:NOT MET, Reviewer:All

Findings: NOT MET

Review ID: 8357

Region: 03 Philadelphia

MRT Number / Name: M0017 MRT Bravo Health

Contract Number / Name: H4528 BRAVO HEALTH TEXAS, INC.

Auditing Guide Version: MA Audit Review Guide, Version 4

Auditing Element: MR05

Review Type: Routine

Review Status: Confirmed

MCO Response Received Date:

Element Accepted Date: 12/10/2007

Element Release Date: 02/26/2008

CAP Released Date:05/27/2008

Visit Start Date: 08/27/2007

Exit Conference Date: 08/31/2007

Date Report Issued: 10/03/2007

Date Report Due: 10/15/2007

CAP Accepted Date:12/18/2007

Audit Closed Date: 05/27/2008

Element Projected Completion Date:03/01/2008

MCO Response Due Date: 11/17/2007

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:

There is no information regarding the rapid disenrollment rate for sales force. In addition, there is no evidence of adequate training or testing of sales force.

Corrective Action Required:

The MAO submitted a Corrective Action Plan. There is a new process to ensure that the sales force is trained and the files will indicate date tested and rapid disenrollment rates.

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Auditing Review Results (Initial Report)-Public Website Version

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MRT Number: M0017, Contract Number: All, Category: All, Element: All, Finding:NOT MET, Reviewer:All

Findings: NOT MET

Review ID: 8357

Region: 03 Philadelphia

MRT Number / Name: M0017 MRT Bravo Health

Contract Number / Name: H3972 ELDER HEALTH PENNSYLVANIA, INC

Auditing Guide Version: MA Audit Review Guide, Version 4

Auditing Element: MR08

Review Type: Routine

Review Status: Confirmed

MCO Response Received Date:

Element Accepted Date: 12/10/2007

Element Release Date: 02/26/2008

CAP Released Date:05/27/2008

Visit Start Date: 08/27/2007

Exit Conference Date: 08/31/2007

Date Report Issued: 10/03/2007

Date Report Due: 10/15/2007

CAP Accepted Date:12/18/2007

Audit Closed Date: 05/27/2008

Element Projected Completion Date:03/01/2008

MCO Response Due Date: 11/17/2007

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:

There is no information regarding the rapid disenrollment rate for sales force. In addition, there is no evidence of adequate training or testing of sales force.

Corrective Action Required:

The MAO submitted a Corrective Action Plan. There is a new process to ensure that the sales force is trained and the files will indicate date tested and rapid disenrollment rates.

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MRT Number: M0017, Contract Number: All, Category: All, Element: All, Finding:NOT MET, Reviewer:All

Findings: NOT MET

Review ID: 8357

Region: 03 Philadelphia

MRT Number / Name: M0017 MRT Bravo Health

Contract Number / Name: H4528 BRAVO HEALTH TEXAS, INC.

Auditing Guide Version: MA Audit Review Guide, Version 4

Auditing Element: MR08

Review Type: Routine

Review Status: Confirmed

MCO Response Received Date:

Element Accepted Date: 12/10/2007

Element Release Date: 02/26/2008

CAP Released Date:05/27/2008

Visit Start Date: 08/27/2007

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Element Projected Completion Date:03/01/2008

MCO Response Due Date: 11/17/2007

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:

There is no information regarding the rapid disenrollment rate for sales force. In addition, there is no evidence of adequate training or testing of sales force.

Corrective Action Required:

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MRT Number: M0017, Contract Number: All, Category: All, Element: All, Finding:NOT MET, Reviewer:All

Findings: NOT MET

Review ID: 8357

Region: 03 Philadelphia

MRT Number / Name: M0017 MRT Bravo Health

Contract Number / Name: H2108 BRAVO HEALTH MID- ATLANTIC INC.

Auditing Guide Version: MA Audit Review Guide, Version 4

Auditing Element: MR08

Review Type: Routine

Review Status: Confirmed

MCO Response Received Date:

Element Accepted Date: 12/10/2007

Element Release Date: 02/26/2008

CAP Released Date:05/27/2008

Visit Start Date: 08/27/2007

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MCO Response Due Date: 11/17/2007

Requirement:

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Deficiencies:

There is no information regarding the rapid disenrollment rate for sales force. In addition, there is no evidence of adequate training or testing of sales force.

Corrective Action Required:

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Date Report Generated: 9/30/2008

MRT Number: M0017, Contract Number: All, Category: All, Element: All, Finding:NOT MET, Reviewer:All

Findings: NOT MET

Review ID: 8357

Region: 03 Philadelphia

MRT Number / Name: M0017 MRT Bravo Health

Contract Number / Name: H3949 BRAVO HEALTH PENNSYLVANIA INC.

Auditing Guide Version: MA Audit Review Guide, Version 4

Auditing Element: MR08

Review Type: Routine

Review Status: Confirmed

MCO Response Received Date:

Element Accepted Date: 12/10/2007

Element Release Date: 02/26/2008

CAP Released Date:05/27/2008

Visit Start Date: 08/27/2007

Exit Conference Date: 08/31/2007

Date Report Issued: 10/03/2007

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Element Projected Completion Date:03/01/2008

MCO Response Due Date: 11/17/2007

Requirement:

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Deficiencies:

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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: M0017, Contract Number: All, Category: All, Element: All, Finding:NOT MET, Reviewer:All

Findings: NOT MET

Review ID: 8357

Region: 03 Philadelphia

MRT Number / Name: M0017 MRT Bravo Health

Contract Number / Name: H3972 ELDER HEALTH PENNSYLVANIA, INC

Auditing Guide Version: MA Audit Review Guide, Version 4

Auditing Element: OC06

Review Type: Routine

Review Status: Confirmed

MCO Response Received Date:

Element Accepted Date: 12/10/2007

Element Release Date: 05/27/2008

CAP Released Date:05/27/2008

Visit Start Date: 08/27/2007

Exit Conference Date: 08/31/2007

Date Report Issued: 10/03/2007

Date Report Due: 10/15/2007

CAP Accepted Date:12/18/2007

Audit Closed Date: 05/27/2008

Element Projected Completion Date:06/01/2008

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 delegated entity CompCare is not using the CMS standard notice.

Corrective Action Required:

The MAO must advise CMS upon implementation of the new systems conversion for the EOB to include the correct notice.

CMS Medicare Managed Care Auditing Report

Auditing Review Results (Initial Report)-Public Website Version

Date Report Generated: 9/30/2008

MRT Number: M0017, Contract Number: All, Category: All, Element: All, Finding:NOT MET, Reviewer:All

Findings: NOT MET

Review ID: 8357

Region: 03 Philadelphia

MRT Number / Name: M0017 MRT Bravo Health

Contract Number / Name: H4528 BRAVO HEALTH TEXAS, INC.

Auditing Guide Version: MA Audit Review Guide, Version 4

Auditing Element: OC06

Review Type: Routine

Review Status: Confirmed

MCO Response Received Date:

Element Accepted Date: 12/10/2007

Element Release Date: 05/27/2008

CAP Released Date:05/27/2008

Visit Start Date: 08/27/2007

Exit Conference Date: 08/31/2007

Date Report Issued: 10/03/2007

Date Report Due: 10/15/2007

CAP Accepted Date:12/18/2007

Audit Closed Date: 05/27/2008

Element Projected Completion Date:06/01/2008

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.

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Date Report Generated: 9/30/2008

MRT Number: M0017, Contract Number: All, Category: All, Element: All, Finding:NOT MET, Reviewer:All

Findings: NOT MET

Review ID: 8357

Region: 03 Philadelphia

MRT Number / Name: M0017 MRT Bravo Health

Contract Number / Name: H3949 BRAVO HEALTH PENNSYLVANIA INC.

Auditing Guide Version: MA Audit Review Guide, Version 4

Auditing Element: OC06

Review Type: Routine

Review Status: Confirmed

MCO Response Received Date:

Element Accepted Date: 12/10/2007

Element Release Date: 05/27/2008

CAP Released Date:05/27/2008

Visit Start Date: 08/27/2007

Exit Conference Date: 08/31/2007

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Audit Closed Date: 05/27/2008

Element Projected Completion Date:06/01/2008

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:

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Corrective Action Required:

The MAO must advise CMS upon implementation of the new systems conversion for the EOB to include the correct notice.

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Date Report Generated: 9/30/2008

MRT Number: M0017, Contract Number: All, Category: All, Element: All, Finding:NOT MET, Reviewer:All

Findings: NOT MET

Review ID: 8357

Region: 03 Philadelphia

MRT Number / Name: M0017 MRT Bravo Health

Contract Number / Name: H2108 BRAVO HEALTH MID- ATLANTIC INC.

Auditing Guide Version: MA Audit Review Guide, Version 4

Auditing Element: OC06

Review Type: Routine

Review Status: Confirmed

MCO Response Received Date:

Element Accepted Date: 12/10/2007

Element Release Date: 05/27/2008

CAP Released Date:05/27/2008

Visit Start Date: 08/27/2007

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Date Report Issued: 10/03/2007

Date Report Due: 10/15/2007

CAP Accepted Date:12/18/2007

Audit Closed Date: 05/27/2008

Element Projected Completion Date:06/01/2008

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 delegated entity CompCare is not using the CMS standard notice.

Corrective Action Required:

The MAO must advise CMS upon implementation of the new systems conversion for the EOB to include the correct notice.

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Date Report Generated: 9/30/2008

MRT Number: M0017, Contract Number: All, Category: All, Element: All, Finding:NOT MET, Reviewer:All

Findings: NOT MET

Review ID: 8357

Region: 03 Philadelphia

MRT Number / Name: M0017 MRT Bravo Health

Contract Number / Name: H3972 ELDER HEALTH PENNSYLVANIA, INC

Auditing Guide Version: MA Audit Review Guide, Version 4

Auditing Element: OP02

Review Type: Routine

Review Status: Confirmed

MCO Response Received Date:

Element Accepted Date: 12/10/2007

Element Release Date: 02/26/2008

CAP Released Date:05/27/2008

Visit Start Date: 08/27/2007

Exit Conference Date: 08/31/2007

Date Report Issued: 10/03/2007

Date Report Due: 10/15/2007

CAP Accepted Date:12/18/2007

Audit Closed Date: 05/27/2008

Element Projected Completion Date:03/01/2008

MCO Response Due Date: 11/17/2007

Requirement:

Standard Pre-Service Denials (Notice Content) - If the MAO makes an adverse standard pre-service 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:

In ten of eleven cases, the MAO did not meet CMS' standards. The MAO is not using the CMS mandated notice.

Corrective Action Required:

The MAO provided CMS with a correcive action while onsite. The MAO has taken the necessary steps to enusre that the notice is in accordance with CMS' requirements.

CMS Medicare Managed Care Auditing Report

Auditing Review Results (Initial Report)-Public Website Version

Date Report Generated: 9/30/2008

MRT Number: M0017, Contract Number: All, Category: All, Element: All, Finding:NOT MET, Reviewer:All

Findings: NOT MET

Review ID: 8357

Region: 03 Philadelphia

MRT Number / Name: M0017 MRT Bravo Health

Contract Number / Name: H3949 BRAVO HEALTH PENNSYLVANIA INC.

Auditing Guide Version: MA Audit Review Guide, Version 4

Auditing Element: OP02

Review Type: Routine

Review Status: Confirmed

MCO Response Received Date:

Element Accepted Date: 12/10/2007

Element Release Date: 02/26/2008

CAP Released Date:05/27/2008

Visit Start Date: 08/27/2007

Exit Conference Date: 08/31/2007

Date Report Issued: 10/03/2007

Date Report Due: 10/15/2007

CAP Accepted Date:12/18/2007

Audit Closed Date: 05/27/2008

Element Projected Completion Date:03/01/2008

MCO Response Due Date: 11/17/2007

Requirement:

Standard Pre-Service Denials (Notice Content) - If the MAO makes an adverse standard pre-service 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:

In ten of eleven cases, the MAO did not meet CMS' standards. The MAO is not using the CMS mandated notice.

Corrective Action Required:

The MAO provided CMS with a corrective action while onsite. The MAO has taken the necessary steps to enusre that the notice is in accordance with CMS' requirements.

CMS Medicare Managed Care Auditing Report

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Date Report Generated: 9/30/2008

MRT Number: M0017, Contract Number: All, Category: All, Element: All, Finding:NOT MET, Reviewer:All

Findings: NOT MET

Review ID: 8357

Region: 03 Philadelphia

MRT Number / Name: M0017 MRT Bravo Health

Contract Number / Name: H4528 BRAVO HEALTH TEXAS, INC.

Auditing Guide Version: MA Audit Review Guide, Version 4

Auditing Element: OP02

Review Type: Routine

Review Status: Confirmed

MCO Response Received Date:

Element Accepted Date: 12/10/2007

Element Release Date: 02/26/2008

CAP Released Date:05/27/2008

Visit Start Date: 08/27/2007

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CAP Accepted Date:12/18/2007

Audit Closed Date: 05/27/2008

Element Projected Completion Date:03/01/2008

MCO Response Due Date: 11/17/2007

Requirement:

Standard Pre-Service Denials (Notice Content) - If the MAO makes an adverse standard pre-service 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:

In ten of eleven cases, the MAO did not meet CMS' standards. The MAO is not using the CMS mandated notice.

Corrective Action Required:

The MAO provided CMS with a corrective action while onsite. The MAO has taken the necessary steps to enusre that the notice is in accordance with CMS' requirements.

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MRT Number: M0017, Contract Number: All, Category: All, Element: All, Finding:NOT MET, Reviewer:All

Findings: NOT MET

Review ID: 8357

Region: 03 Philadelphia

MRT Number / Name: M0017 MRT Bravo Health

Contract Number / Name: H2108 BRAVO HEALTH MID- ATLANTIC INC.

Auditing Guide Version: MA Audit Review Guide, Version 4

Auditing Element: OP02

Review Type: Routine

Review Status: Confirmed

MCO Response Received Date:

Element Accepted Date: 12/10/2007

Element Release Date: 02/26/2008

CAP Released Date:05/27/2008

Visit Start Date: 08/27/2007

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Date Report Due: 10/15/2007

CAP Accepted Date:12/18/2007

Audit Closed Date: 05/27/2008

Element Projected Completion Date:03/01/2008

MCO Response Due Date: 11/17/2007

Requirement:

Standard Pre-Service Denials (Notice Content) - If the MAO makes an adverse standard pre-service 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:

In ten of eleven cases, the MAO did not meet CMS' standards. The MAO is not using the CMS mandated notice.

Corrective Action Required:

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MRT Number: M0017, Contract Number: All, Category: All, Element: All, Finding:NOT MET, Reviewer:All

Findings: NOT MET

Review ID: 8357

Region: 03 Philadelphia

MRT Number / Name: M0017 MRT Bravo Health

Contract Number / Name: H3972 ELDER HEALTH PENNSYLVANIA, INC

Auditing Guide Version: MA Audit Review Guide, Version 4

Auditing Element: OP12

Review Type: Routine

Review Status: Confirmed

MCO Response Received Date:

Element Accepted Date: 12/13/2007

Element Release Date: 05/01/2008

CAP Released Date:05/27/2008

Visit Start Date: 08/27/2007

Exit Conference Date: 08/31/2007

Date Report Issued: 10/03/2007

Date Report Due: 10/15/2007

CAP Accepted Date:12/18/2007

Audit Closed Date: 05/27/2008

Element Projected Completion Date:05/01/2008

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:

In one of ten cases, the detailed explanation was not timely.

Corrective Action Required:

This is a repeat finding. The MAO must submit a OP5 universe to CMS by the 5th of each month. In addition, the MAO will provide provider education regarding CMS' notice requirements, monitor providers for timely delivery of the notice, and if the MAO does not receive a copy of the notice, it will automatically extend the services for a minimum of 48 hours and advise the provider by telephone or in writing (fax) not to proceed with the termination of services (i.e. discharge) until the letter is delivered.

CMS Medicare Managed Care Auditing Report

Auditing Review Results (Initial Report)-Public Website Version

Date Report Generated: 9/30/2008

MRT Number: M0017, Contract Number: All, Category: All, Element: All, Finding:NOT MET, Reviewer:All

Findings: NOT MET

Review ID: 8357

Region: 03 Philadelphia

MRT Number / Name: M0017 MRT Bravo Health

Contract Number / Name: H4528 BRAVO HEALTH TEXAS, INC.

Auditing Guide Version: MA Audit Review Guide, Version 4

Auditing Element: OP12

Review Type: Routine

Review Status: Confirmed

MCO Response Received Date:

Element Accepted Date: 12/13/2007

Element Release Date: 05/01/2008

CAP Released Date:05/27/2008

Visit Start Date: 08/27/2007

Exit Conference Date: 08/31/2007

Date Report Issued: 10/03/2007

Date Report Due: 10/15/2007

CAP Accepted Date:12/18/2007

Audit Closed Date: 05/27/2008

Element Projected Completion Date:05/01/2008

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.

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Corrective Action Required:

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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: M0017, Contract Number: All, Category: All, Element: All, Finding:NOT MET, Reviewer:All

Findings: NOT MET

Review ID: 8357

Region: 03 Philadelphia

MRT Number / Name: M0017 MRT Bravo Health

Contract Number / Name: H2108 BRAVO HEALTH MID- ATLANTIC INC.

Auditing Guide Version: MA Audit Review Guide, Version 4

Auditing Element: OP12

Review Type: Routine

Review Status: Confirmed

MCO Response Received Date:

Element Accepted Date: 12/13/2007

Element Release Date: 05/01/2008

CAP Released Date:05/27/2008

Visit Start Date: 08/27/2007

Exit Conference Date: 08/31/2007

Date Report Issued: 10/03/2007

Date Report Due: 10/15/2007

CAP Accepted Date:12/18/2007

Audit Closed Date: 05/27/2008

Element Projected Completion Date:05/01/2008

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:

In one of ten cases, the detailed explanation was not timely.

Corrective Action Required:

This is a repeat finding. The MAO must submit a OP5 universe to CMS by the 5th of each month. In addition, the MAO will provide provider education regarding CMS' notice requirements, monitor providers for timely delivery of the notice, and if the MAO does not receive a copy of the notice, it will automatically extend the services for a minimum of 48 hours and advise the provider by telephone or in writing (fax) not to proceed with the termination of services (i.e. discharge) until the letter is delivered.

CMS Medicare Managed Care Auditing Report

Auditing Review Results (Initial Report)-Public Website Version

Date Report Generated: 9/30/2008

MRT Number: M0017, Contract Number: All, Category: All, Element: All, Finding:NOT MET, Reviewer:All

Findings: NOT MET

Review ID: 8357

Region: 03 Philadelphia

MRT Number / Name: M0017 MRT Bravo Health

Contract Number / Name: H3949 BRAVO HEALTH PENNSYLVANIA INC.

Auditing Guide Version: MA Audit Review Guide, Version 4

Auditing Element: OP12

Review Type: Routine

Review Status: Confirmed

MCO Response Received Date:

Element Accepted Date: 12/13/2007

Element Release Date: 05/01/2008

CAP Released Date:05/27/2008

Visit Start Date: 08/27/2007

Exit Conference Date: 08/31/2007

Date Report Issued: 10/03/2007

Date Report Due: 10/15/2007

CAP Accepted Date:12/18/2007

Audit Closed Date: 05/27/2008

Element Projected Completion Date:05/01/2008

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:

In one of ten cases, the detailed explanation was not timely.

Corrective Action Required:

This is a repeat finding. The MAO must submit a OP5 universe to CMS by the 5th of each month. In addition, the MAO will provide provider education regarding CMS' notice requirements, monitor providers for timely delivery of the notice, and if the MAO does not receive a copy of the notice, it will automatically extend the services for a minimum of 48 hours and advise the provider by telephone or in writing (fax) not to proceed with the termination of services (i.e. discharge) until the letter is delivered.

CMS Medicare Managed Care Auditing Report

Auditing Review Results (Initial Report)-Public Website Version

Date Report Generated: 9/30/2008

MRT Number: M0017, Contract Number: All, Category: All, Element: All, Finding:NOT MET, Reviewer:All

Findings: NOT MET

Review ID: 8357

Region: 03 Philadelphia

MRT Number / Name: M0017 MRT Bravo Health

Contract Number / Name: H3972 ELDER HEALTH PENNSYLVANIA, INC

Auditing Guide Version: MA Audit Review Guide, Version 4

Auditing Element: OP13

Review Type: Routine

Review Status: Confirmed

MCO Response Received Date:

Element Accepted Date: 12/13/2007

Element Release Date: 05/06/2008

CAP Released Date:05/27/2008

Visit Start Date: 08/27/2007

Exit Conference Date: 08/31/2007

Date Report Issued: 10/03/2007

Date Report Due: 10/15/2007

CAP Accepted Date:12/18/2007

Audit Closed Date: 05/27/2008

Element Projected Completion Date:05/01/2008

MCO Response Due Date: 11/17/2007

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:

In one of ten cases, the Detailed Explanation was not complete.

Corrective Action Required:

This is a repeat finding. The MAO must submit a OP5 universe to CMS by the 5th of each month. In addition, the MAO will provide provider education regarding CMS' notice requirements, monitor providers for timely delivery of the notice, and if the MAO does not receive a copy of the notice, it will automatically extend the services for a minimum of 48 hours and advise the provider by telephone or in writing (fax) not to proceed with the termination of services (i.e. discharge) until the letter is delivered.

CMS Medicare Managed Care Auditing Report

Auditing Review Results (Initial Report)-Public Website Version

Date Report Generated: 9/30/2008

MRT Number: M0017, Contract Number: All, Category: All, Element: All, Finding:NOT MET, Reviewer:All

Findings: NOT MET

Review ID: 8357

Region: 03 Philadelphia

MRT Number / Name: M0017 MRT Bravo Health

Contract Number / Name: H4528 BRAVO HEALTH TEXAS, INC.

Auditing Guide Version: MA Audit Review Guide, Version 4

Auditing Element: OP13

Review Type: Routine

Review Status: Confirmed

MCO Response Received Date:

Element Accepted Date: 12/13/2007

Element Release Date: 05/06/2008

CAP Released Date:05/27/2008

Visit Start Date: 08/27/2007

Exit Conference Date: 08/31/2007

Date Report Issued: 10/03/2007

Date Report Due: 10/15/2007

CAP Accepted Date:12/18/2007

Audit Closed Date: 05/27/2008

Element Projected Completion Date:05/01/2008

MCO Response Due Date: 11/17/2007

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In one of ten cases, the Detailed Explanation was not complete.

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This is a repeat finding. The MAO must submit a OP5 universe to CMS by the 5th of each month. In addition, the MAO will provide provider education regarding CMS' notice requirements, monitor providers for timely delivery of the notice, and if the MAO does not receive a copy of the notice, it will automatically extend the services for a minimum of 48 hours and advise the provider by telephone or in writing (fax) not to proceed with the termination of services (i.e. discharge) until the letter is delivered.

CMS Medicare Managed Care Auditing Report

Auditing Review Results (Initial Report)-Public Website Version

Date Report Generated: 9/30/2008

MRT Number: M0017, Contract Number: All, Category: All, Element: All, Finding:NOT MET, Reviewer:All

Findings: NOT MET

Review ID: 8357

Region: 03 Philadelphia

MRT Number / Name: M0017 MRT Bravo Health

Contract Number / Name: H3949 BRAVO HEALTH PENNSYLVANIA INC.

Auditing Guide Version: MA Audit Review Guide, Version 4

Auditing Element: OP13

Review Type: Routine

Review Status: Confirmed

MCO Response Received Date:

Element Accepted Date: 12/13/2007

Element Release Date: 05/06/2008

CAP Released Date:05/27/2008

Visit Start Date: 08/27/2007

Exit Conference Date: 08/31/2007

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Element Projected Completion Date:05/01/2008

MCO Response Due Date: 11/17/2007

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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.

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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: M0017, Contract Number: All, Category: All, Element: All, Finding:NOT MET, Reviewer:All

Findings: NOT MET

Review ID: 8357

Region: 03 Philadelphia

MRT Number / Name: M0017 MRT Bravo Health

Contract Number / Name: H2108 BRAVO HEALTH MID- ATLANTIC INC.

Auditing Guide Version: MA Audit Review Guide, Version 4

Auditing Element: OP13

Review Type: Routine

Review Status: Confirmed

MCO Response Received Date:

Element Accepted Date: 12/13/2007

Element Release Date: 05/06/2008

CAP Released Date:05/27/2008

Visit Start Date: 08/27/2007

Exit Conference Date: 08/31/2007

Date Report Issued: 10/03/2007

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Element Projected Completion Date:05/01/2008

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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: M0017, Contract Number: All, Category: All, Element: All, Finding:NOT MET, Reviewer:All

Findings: NOT MET

Review ID: 8357

Region: 03 Philadelphia

MRT Number / Name: M0017 MRT Bravo Health

Contract Number / Name: H3972 ELDER HEALTH PENNSYLVANIA, INC

Auditing Guide Version: MA Audit Review Guide, Version 4

Auditing Element: PR03

Review Type: Routine

Review Status: Confirmed

MCO Response Received Date:

Element Accepted Date: 12/18/2007

Element Release Date: 12/18/2007

CAP Released Date:05/27/2008

Visit Start Date: 08/27/2007

Exit Conference Date: 08/31/2007

Date Report Issued: 10/03/2007

Date Report Due: 10/15/2007

CAP Accepted Date:12/18/2007

Audit Closed Date: 05/27/2008

Element Projected Completion Date:

MCO Response Due Date: 11/17/2007

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:

This is a repeat finding. Fourteen out of twenty cases did not meet CMS' requirement. However, the MAO submitted a CAP from the 2006 site visit. CMS has released the MAO from this 2006 CAP. The files reviewed during this audit was for providers that were credentialed and re-credentialed prior to the submission and acceptance of the 2006 CAP.

Corrective Action Required:

No CAP required.

CMS Medicare Managed Care Auditing Report

Auditing Review Results (Initial Report)-Public Website Version

Date Report Generated: 9/30/2008

MRT Number: M0017, Contract Number: All, Category: All, Element: All, Finding:NOT MET, Reviewer:All

Findings: NOT MET

Review ID: 8357

Region: 03 Philadelphia

MRT Number / Name: M0017 MRT Bravo Health

Contract Number / Name: H4528 BRAVO HEALTH TEXAS, INC.

Auditing Guide Version: MA Audit Review Guide, Version 4

Auditing Element: PR03

Review Type: Routine

Review Status: Confirmed

MCO Response Received Date:

Element Accepted Date: 12/18/2007

Element Release Date: 12/18/2007

CAP Released Date:05/27/2008

Visit Start Date: 08/27/2007

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Element Projected Completion Date:

MCO Response Due Date: 11/17/2007

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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: M0017, Contract Number: All, Category: All, Element: All, Finding:NOT MET, Reviewer:All

Findings: NOT MET

Review ID: 8357

Region: 03 Philadelphia

MRT Number / Name: M0017 MRT Bravo Health

Contract Number / Name: H2108 BRAVO HEALTH MID- ATLANTIC INC.

Auditing Guide Version: MA Audit Review Guide, Version 4

Auditing Element: PR03

Review Type: Routine

Review Status: Confirmed

MCO Response Received Date:

Element Accepted Date: 12/18/2007

Element Release Date: 12/18/2007

CAP Released Date:05/27/2008

Visit Start Date: 08/27/2007

Exit Conference Date: 08/31/2007

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Audit Closed Date: 05/27/2008

Element Projected Completion Date:

MCO Response Due Date: 11/17/2007

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Corrective Action Required:

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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: M0017, Contract Number: All, Category: All, Element: All, Finding:NOT MET, Reviewer:All

Findings: NOT MET

Review ID: 8357

Region: 03 Philadelphia

MRT Number / Name: M0017 MRT Bravo Health

Contract Number / Name: H3949 BRAVO HEALTH PENNSYLVANIA INC.

Auditing Guide Version: MA Audit Review Guide, Version 4

Auditing Element: PR03

Review Type: Routine

Review Status: Confirmed

MCO Response Received Date:

Element Accepted Date: 12/18/2007

Element Release Date: 12/18/2007

CAP Released Date:05/27/2008

Visit Start Date: 08/27/2007

Exit Conference Date: 08/31/2007

Date Report Issued: 10/03/2007

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CAP Accepted Date:12/18/2007

Audit Closed Date: 05/27/2008

Element Projected Completion Date:

MCO Response Due Date: 11/17/2007

Requirement:

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Corrective Action Required:

No CAP required.

CMS Medicare Managed Care Auditing Report

Auditing Review Results (Initial Report)-Public Website Version

Date Report Generated: 9/30/2008

MRT Number: M0017, Contract Number: All, Category: All, Element: All, Finding:NOT MET, Reviewer:All

Findings: NOT MET

Review ID: 8357

Region: 03 Philadelphia

MRT Number / Name: M0017 MRT Bravo Health

Contract Number / Name: H3972 ELDER HEALTH PENNSYLVANIA, INC

Auditing Guide Version: MA Audit Review Guide, Version 4

Auditing Element: RP01

Review Type: Routine

Review Status: Confirmed

MCO Response Received Date:

Element Accepted Date: 12/18/2007

Element Release Date: 05/27/2008

CAP Released Date:05/27/2008

Visit Start Date: 08/27/2007

Exit Conference Date: 08/31/2007

Date Report Issued: 10/03/2007

Date Report Due: 10/15/2007

CAP Accepted Date:12/18/2007

Audit Closed Date: 05/27/2008

Element Projected Completion Date:06/01/2008

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:

One of three cases was not processed timely.

Corrective Action Required:

The MAO submitted a Corrective Action Plan while onsite. The MAO has implemented a revised policy to ensure that the reconsiderations are processed timely.

CMS Medicare Managed Care Auditing Report

Auditing Review Results (Initial Report)-Public Website Version

Date Report Generated: 9/30/2008

MRT Number: M0017, Contract Number: All, Category: All, Element: All, Finding:NOT MET, Reviewer:All

Findings: NOT MET

Review ID: 8357

Region: 03 Philadelphia

MRT Number / Name: M0017 MRT Bravo Health

Contract Number / Name: H4528 BRAVO HEALTH TEXAS, INC.

Auditing Guide Version: MA Audit Review Guide, Version 4

Auditing Element: RP01

Review Type: Routine

Review Status: Confirmed

MCO Response Received Date:

Element Accepted Date: 12/18/2007

Element Release Date: 05/27/2008

CAP Released Date:05/27/2008

Visit Start Date: 08/27/2007

Exit Conference Date: 08/31/2007

Date Report Issued: 10/03/2007

Date Report Due: 10/15/2007

CAP Accepted Date:12/18/2007

Audit Closed Date: 05/27/2008

Element Projected Completion Date:06/01/2008

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:

One of three cases was not processed timely.

Corrective Action Required:

The MAO submitted a Corrective Action Plan while onsite. The MAO has implemented a revised policy to ensure that the reconsiderations are processed timely.

CMS Medicare Managed Care Auditing Report

Auditing Review Results (Initial Report)-Public Website Version

Date Report Generated: 9/30/2008

MRT Number: M0017, Contract Number: All, Category: All, Element: All, Finding:NOT MET, Reviewer:All

Findings: NOT MET

Review ID: 8357

Region: 03 Philadelphia

MRT Number / Name: M0017 MRT Bravo Health

Contract Number / Name: H3949 BRAVO HEALTH PENNSYLVANIA INC.

Auditing Guide Version: MA Audit Review Guide, Version 4

Auditing Element: RP01

Review Type: Routine

Review Status: Confirmed

MCO Response Received Date:

Element Accepted Date: 12/18/2007

Element Release Date: 05/27/2008

CAP Released Date:05/27/2008

Visit Start Date: 08/27/2007

Exit Conference Date: 08/31/2007

Date Report Issued: 10/03/2007

Date Report Due: 10/15/2007

CAP Accepted Date:12/18/2007

Audit Closed Date: 05/27/2008

Element Projected Completion Date:06/01/2008

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:

One of three cases was not processed timely.

Corrective Action Required:

The MAO submitted a Corrective Action Plan while onsite. The MAO has implemented a revised policy to ensure that the reconsiderations are processed timely.

CMS Medicare Managed Care Auditing Report

Auditing Review Results (Initial Report)-Public Website Version

Date Report Generated: 9/30/2008

MRT Number: M0017, Contract Number: All, Category: All, Element: All, Finding:NOT MET, Reviewer:All

Findings: NOT MET

Review ID: 8357

Region: 03 Philadelphia

MRT Number / Name: M0017 MRT Bravo Health

Contract Number / Name: H2108 BRAVO HEALTH MID- ATLANTIC INC.

Auditing Guide Version: MA Audit Review Guide, Version 4

Auditing Element: RP01

Review Type: Routine

Review Status: Confirmed

MCO Response Received Date:

Element Accepted Date: 12/18/2007

Element Release Date: 05/27/2008

CAP Released Date:05/27/2008

Visit Start Date: 08/27/2007

Exit Conference Date: 08/31/2007

Date Report Issued: 10/03/2007

Date Report Due: 10/15/2007

CAP Accepted Date:12/18/2007

Audit Closed Date: 05/27/2008

Element Projected Completion Date:06/01/2008

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:

One of three cases was not processed timely.

Corrective Action Required:

The MAO submitted a Corrective Action Plan while onsite. The MAO has implemented a revised policy to ensure that the reconsiderations are processed timely.

CMS Medicare Managed Care Auditing Report

Auditing Review Results (Initial Report)-Public Website Version

Date Report Generated: 9/30/2008

MRT Number: M0017, Contract Number: All, Category: All, Element: All, Finding:NOT MET, Reviewer:All

Findings: NOT MET

Review ID: 8357

Region: 03 Philadelphia

MRT Number / Name: M0017 MRT Bravo Health

Contract Number / Name: H3972 ELDER HEALTH PENNSYLVANIA, INC

Auditing Guide Version: MA Audit Review Guide, Version 4

Auditing Element: RP02

Review Type: Routine

Review Status: Confirmed

MCO Response Received Date:

Element Accepted Date: 12/18/2007

Element Release Date: 05/27/2008

CAP Released Date:05/27/2008

Visit Start Date: 08/27/2007

Exit Conference Date: 08/31/2007

Date Report Issued: 10/03/2007

Date Report Due: 10/15/2007

CAP Accepted Date:12/18/2007

Audit Closed Date: 05/27/2008

Element Projected Completion Date:06/01/2008

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:

In two of two cases, the MAO did not forward the cases timely to the IRE.

Corrective Action Required:

The MAO submitted a Corrective Action Plan while onsite. The MAO has implemented a revised policy to ensure that the reconsiderations are processed timely.

CMS Medicare Managed Care Auditing Report

Auditing Review Results (Initial Report)-Public Website Version

Date Report Generated: 9/30/2008

MRT Number: M0017, Contract Number: All, Category: All, Element: All, Finding:NOT MET, Reviewer:All

Findings: NOT MET

Review ID: 8357

Region: 03 Philadelphia

MRT Number / Name: M0017 MRT Bravo Health

Contract Number / Name: H2108 BRAVO HEALTH MID- ATLANTIC INC.

Auditing Guide Version: MA Audit Review Guide, Version 4

Auditing Element: RP02

Review Type: Routine

Review Status: Confirmed

MCO Response Received Date:

Element Accepted Date: 12/18/2007

Element Release Date: 05/27/2008

CAP Released Date:05/27/2008

Visit Start Date: 08/27/2007

Exit Conference Date: 08/31/2007

Date Report Issued: 10/03/2007

Date Report Due: 10/15/2007

CAP Accepted Date:12/18/2007

Audit Closed Date: 05/27/2008

Element Projected Completion Date:06/01/2008

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:

In two of two cases, the MAO did not forward the cases timely to the IRE.

Corrective Action Required:

The MAO submitted a Corrective Action Plan while onsite. The MAO has implemented a revised policy to ensure that the reconsiderations are processed timely.

CMS Medicare Managed Care Auditing Report

Auditing Review Results (Initial Report)-Public Website Version

Date Report Generated: 9/30/2008

MRT Number: M0017, Contract Number: All, Category: All, Element: All, Finding:NOT MET, Reviewer:All

Findings: NOT MET

Review ID: 8357

Region: 03 Philadelphia

MRT Number / Name: M0017 MRT Bravo Health

Contract Number / Name: H3949 BRAVO HEALTH PENNSYLVANIA INC.

Auditing Guide Version: MA Audit Review Guide, Version 4

Auditing Element: RP02

Review Type: Routine

Review Status: Confirmed

MCO Response Received Date:

Element Accepted Date: 12/18/2007

Element Release Date: 05/27/2008

CAP Released Date:05/27/2008

Visit Start Date: 08/27/2007

Exit Conference Date: 08/31/2007

Date Report Issued: 10/03/2007

Date Report Due: 10/15/2007

CAP Accepted Date:12/18/2007

Audit Closed Date: 05/27/2008

Element Projected Completion Date:06/01/2008

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:

In two of two cases, the MAO did not forward the cases timely to the IRE.

Corrective Action Required:

The MAO submitted a Corrective Action Plan while onsite. The MAO has implemented a revised policy to ensure that the reconsiderations are processed timely.

CMS Medicare Managed Care Auditing Report

Auditing Review Results (Initial Report)-Public Website Version

Date Report Generated: 9/30/2008

MRT Number: M0017, Contract Number: All, Category: All, Element: All, Finding:NOT MET, Reviewer:All

Findings: NOT MET

Review ID: 8357

Region: 03 Philadelphia

MRT Number / Name: M0017 MRT Bravo Health

Contract Number / Name: H4528 BRAVO HEALTH TEXAS, INC.

Auditing Guide Version: MA Audit Review Guide, Version 4

Auditing Element: RP02

Review Type: Routine

Review Status: Confirmed

MCO Response Received Date:

Element Accepted Date: 12/18/2007

Element Release Date: 05/27/2008

CAP Released Date:05/27/2008

Visit Start Date: 08/27/2007

Exit Conference Date: 08/31/2007

Date Report Issued: 10/03/2007

Date Report Due: 10/15/2007

CAP Accepted Date:12/18/2007

Audit Closed Date: 05/27/2008

Element Projected Completion Date:06/01/2008

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.

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