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: 9677

Region: 10 Seattle

Contract Number / Name: H5995 MARION POLK COMMUNITY HEALTH PLAN ADVANTAGE, INC.

Auditing Guide Version: MA Audit Review Guide, Version 4
Auditing Element: GV01
Review Type: Focused
Review Status: Confirmed
MCO Response Received Date: 02/04/2008
Element Accepted Date: 02/20/2008
Element Release Date: 03/28/2008
CAP Released Date: 03/28/2008

Visit Start Date: 11/30/2007
Exit Conference Date: 12/03/2007
Date Report Issued: 12/21/2007
Date Report Due: 01/17/2008
CAP Accepted Date: 02/20/2008
Audit Closed Date: 03/28/2008
Element Projected Completion Date: 04/30/2008
MCO Response Due Date: 02/04/2008

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:

Marion Polk Community Health Plan Advantage (MPCHPA) did not meet CMS requirements regarding this element. CMS reviewed 15 cases out of a universe of 19 and found four cases were incorrectly categorized. Sample #12 was a prior authorization issue for oxygen; Sample #13 had incomplete notes thus CMS was unable to make a determination, Sample #14 involved a question dealing with appeals; and Sample #15 was from a provider notifying the plan that it was terminating a patient. After the routine audit CMS performed in May 2007, MPCHPA has revised its Policies and Procedures. It is noted that the 4 cases incorrectly categorized were completed prior to the plan¿s recent corrective actions.

Corrective Action Required:

Marion Polk Community Health Plan Advantage (MPCHPA) must provide CMS with grievance data extracted from its Clinical Integration Management (CIM) system, the new software program used to track grievances. This data must include at a minimum, the date/time the grievance was received, date/time member notified of the resolution, whether the case was correctly categorized as a grievance or a coverage determination, whether or not the case was an expedited grievance, a brief description of the issue, whether the method of notification was correct along with a summary. MPCHPA must report for a period of 3 months or until CMS is satisfied that grievances are handled according to CMS guidance.

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Date Report Generated: 9/30/2008

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

Findings: NOT MET

Review ID: 9677

Region: 10 Seattle

Contract Number / Name: H5995 MARION POLK COMMUNITY HEALTH PLAN ADVANTAGE, INC.

Auditing Guide Version: MA Audit Review Guide, Version 4
Auditing Element: GV03
Review Type: Focused
Review Status: Confirmed
MCO Response Received Date: 02/04/2008
Element Accepted Date: 02/20/2008
Element Release Date: 03/28/2008
CAP Released Date: 03/28/2008

Visit Start Date: 11/30/2007
Exit Conference Date: 12/03/2007
Date Report Issued: 12/21/2007
Date Report Due: 01/17/2008
CAP Accepted Date: 02/20/2008
Audit Closed Date: 03/28/2008
Element Projected Completion Date: 04/30/2008
MCO Response Due Date: 02/04/2008

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:

Marion Polk Community Health Plan Advantage (MPCHPA) did not meet CMS requirements regarding this element. CMS reviewed 15 cases out of a universe of 19 and found three cases lacked documentation of resolution, including member notification of the resolution. After the routine audit CMS performed in May 2007, MPCHPA has revised its Policies and Procedures (P&Ps). It is noted that the three cases in which CMS could not verify timely notification due to lack of documentation were completed prior to the plan¿s recent revision of their P&Ps.

Corrective Action Required:

Marion Polk Community Health Plan Advantage (MPCHPA) must provide CMS with grievance data extracted from its Clinical Integration Management (CIM) system, the new software program used to track grievances. This data must include at a minimum, the date/time the grievance was received, date/time member notified of the resolution, whether the case was correctly categorized as a grievance or a coverage determination, whether or not the case was an expedited grievance, a brief description of the issue, whether the method of notification was correct along with a summary. MPCHPA must report for a period of 3 months or until CMS is satisfied that grievances are handled according to CMS guidance.

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Date Report Generated: 9/30/2008

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

Findings: NOT MET

Review ID: 9677

Region: 10 Seattle

Contract Number / Name: H5995 MARION POLK COMMUNITY HEALTH PLAN ADVANTAGE, INC.

Auditing Guide Version: MA Audit Review Guide, Version 4
Auditing Element: GV04
Review Type: Focused
Review Status: Confirmed
MCO Response Received Date: 02/04/2008
Element Accepted Date: 02/20/2008
Element Release Date: 03/28/2008
CAP Released Date: 03/28/2008

Visit Start Date: 11/30/2007
Exit Conference Date: 12/03/2007
Date Report Issued: 12/21/2007
Date Report Due: 01/17/2008
CAP Accepted Date: 02/20/2008
Audit Closed Date: 03/28/2008
Element Projected Completion Date: 02/09/2008
MCO Response Due Date: 02/04/2008

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:

Marion Polk Community Health Plan Advantage (MPCHPA) did not meet CMS requirements regarding this element. CMS reviewed 15 cases out of a universe of 19 and found six cases, Samples #1, 2, 10, 13, 14, and 15 either had an incomplete letter or did not have documentation to substantiate this element. Although MPCHPA¿s Policies and Procedures (P&Ps) do state that a member can request a review of their grievance through the Quality Improvement Organization (QIO) process, the grievance notification letter sent to members does not include this option which is totally separate from any in-house secondary review.

Corrective Action Required:

Marion Polk Community Health Plan Advantage (MPCHPA) must revise the member¿s grievance notification letter to include a description advising the member of their right to file a grievance with the QIO, a process that is totally separate from the plan¿s grievance process. MPCHPA¿s letter states that if the member is not satisfied that they can request a second level review with MPCHPA¿s Quality Improvement Committee but fails to mention this other process.

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Region: 10 Seattle

Contract Number / Name: H5995 MARION POLK COMMUNITY HEALTH PLAN ADVANTAGE, INC.

Auditing Guide Version: MA Audit Review Guide, Version 4
Auditing Element: GV05
Review Type: Focused
Review Status: Confirmed
MCO Response Received Date:02/04/2008
Element Accepted Date: 02/20/2008
Element Release Date: 03/28/2008
CAP Released Date:03/28/2008

Visit Start Date: 11/30/2007
Exit Conference Date: 12/03/2007
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CAP Accepted Date:02/20/2008
Audit Closed Date: 03/28/2008
Element Projected Completion Date:04/30/2008
MCO Response Due Date: 02/04/2008

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:

Marion Polk Community Health Plan Advantage (MPCHPA) did not meet CMS requirements regarding this element. CMS reviewed 15 cases out of a universe of 19 and found four cases that could not be documented to show the correct Method of Grievance Decision Notification was provided. After the routine audit performed in May 2007, MPCHPA has revised its Policies and Procedures (P&Ps). Three cases in which CMS could not verify the Method of Grievance Decision Notification were completed prior to the plan¿s recent revision of their P&Ps.

Corrective Action Required:

Marion Polk Community Health Plan Advantage (MPCHPA) must provide CMS with grievance data extracted from its Clinical Integration Management (CIM) system, the new software program used to track grievances. This data must include at a minimum, the date/time the grievance was received, date/time member notified of the resolution, whether the case was correctly categorized as a grievance or a coverage determination, whether or not the case was an expedited grievance, a brief description of the issue, whether the method of notification was correct along with a summary. MPCHPA must report for a period of 3 months or until CMS is satisfied that grievances are handled according to CMS guidance.