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: 11077

Region: 02 New York

Contract Number / Name: H3338 NATIONAL HEALTH PLAN NETWORK INC.

Auditing Guide Version: HCPP Monitoring Guide
Auditing Element: MR03
Review Type: Routine
Review Status: Confirmed
MCO Response Received Date: 05/08/2008
Element Accepted Date:
Element Release Date:
CAP Released Date:

Visit Start Date: 2/7/2008
Exit Conference Date: 02/08/2008
Date Report Issued: 03/25/2008
Date Report Due: 03/24/2008
CAP Accepted Date:
Audit Closed Date:
Element Projected Completion Date: 09/12/2008
MCO Response Due Date: 05/09/2008

Requirement:

Disclosure of Required Information to Beneficiaries - The HCPP provides prospective enrollees adequate written descriptions of its rules, procedures, benefits, fees and other charges, services, Evidence of Coverage (EOC), and other necessary information for the beneficiary at the time of enrollment.

Deficiencies:

The element is NOT MET. NMN has NO approved marketing materials. NHN could not provide a COMPLETE and CLEAR written explanation of its plan, including covered services and limits, cost sharing and limits, procedures for using the plan, member protections and responsibilities, etc. Apparently, members have been enrolled on the basis of incomplete, inaccurate, misleading and unapproved written materials. As for verbal explanations of the plan, NMN has no sales staff who are licensed per state requirements for any of its service areas.

Corrective Action Required:

At a minimum, NHN must develop and submit through HPMS for CMS approval an acceptable EOC or EOC equivalent and an acceptable Summary of Benefits (SB) or SB equivalent. Through HPMS, it must also submit for CMS approval an acceptable enrollment form and an acceptable ID card. Any other marketing/sales materials should be submitted for approval after these minimums have been approved.

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

Findings: NOT MET

Review ID: 11077

Region: 02 New York

Contract Number / Name: H3338 NATIONAL HEALTH PLAN NETWORK INC.

Auditing Guide Version: HCPP Monitoring Guide
Auditing Element: OC07
Review Type: Routine
Review Status: Confirmed
MCO Response Received Date: 05/08/2008
Element Accepted Date:
Element Release Date:
CAP Released Date:

Visit Start Date: 2/7/2008
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Date Report Issued: 03/25/2008
Date Report Due: 03/24/2008
CAP Accepted Date:
Audit Closed Date:
Element Projected Completion Date: 09/12/2008
MCO Response Due Date: 05/09/2008

Requirement:

Medicare Secondary Payer (Claims) - The HCPP has procedures to identify payers which are primary to Medicare, determine the amounts payable, and coordinate benefits. (CMS may not reimburse an organization for services to the extent that Medicare is not the primary payer.)

Deficiencies:

National Health Plan Network (NHPN) was unable to demonstrate that it has the infrastructure, policies and procedures, and staffing to meet minimum performance requirements for this and all audited Elements. * * * * * CMS auditors reviewed: (1) organization and staffing (sufficient staffing, organized to carry out the responsibilities with a chain of oversight and accountability), (2) staff interviews (did staff know what to do and how to do it), (3) systems (to record and track/control the work), and (4) Policies and Procedures (instructions on how the organization will do the work and meet the Medicare requirements. ***** Auditors found the following: 1. NHPN could not demonstrate that it has the organization (or delegated entities under acceptable contract) or has oversight and control over the organizational units (or delegated entities) that would be needed to correctly, completely and timely meet the responsibilities under this element. The organization chart was very abbreviated, informal and insufficient or unclear. It appeared that some items on the chart are not staffed, are not a formal part of the organization and/or are not accountable to or controlled by the organization. The one delegated entity contract was very recent, draft and unsigned. There is neither separate compliance officer nor internal audit unit. ***** 2. The CEO appears to be the principal staff responsible for this Element and almost all plan functions. The staff/CEO interview did not assure auditors that almost all critical functions would or could be handled correctly, completely and timely by a single person. Further, a single-person arrangement does not allow the CEO as management to oversee and replace as necessary the CEO as staff. ***** 3. Systems are insufficient or non-existent. The entire system for the appeals area was a spreadsheet that is missing most critical fields for measuring, reporting and monitoring complete, correct and timely processing of an appeal. ***** 4. Policies and Procedures are insufficient or non-existent. Of the P and Ps that were provided, most were incomplete, unclear and would be totally unusable by new staff. They do not reference NHPN units and are not signed off by an NHPN chain of managers. They are unclear as to which NHPN unit (or staff) or NHPN-contracted delegated entity has responsibility for each step, what systems are used for recording and tracking, who has managerial responsibility for oversight and evaluation of the procedures, what forms/templates/models are to be used, etc. Although they refer to attachments, there are no attachments. As an example, the document identified by NHPN as Policy and Procedure for Customer Services had only two paragraphs, one of which says "CUSTOMER QUESTIONS ON UNDERSTANDING THE PLAN, CAN YOU SEND ME ADDITIONAL INFORMATION, OR SEND ME A SPECIFIC PLAN DOCUMENT IE SUMMARY OF PLAN BENEFITS IS EXPEDITED AT THE TIME OF CALL" (sic). *****

Corrective Action Required:

National Health Plan Network must submit a Corrective Action Plan (CAP) specifically addressing how and when it will correct its gaps and problems in organization, staffing, systems and policies and procedures. The CAP should cover who will make the corrections, who will internally monitor and evaluate progress and completion (should not be same as person or unit that makes the correction), and specifically how NHPN will document to CMS that performance is satisfactory for this element.

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Findings: NOT MET

Review ID: 11077

Region: 02 New York

Contract Number / Name: H3338 NATIONAL HEALTH PLAN NETWORK INC.

Auditing Guide Version: HCPP Monitoring Guide
Auditing Element: OP01
Review Type: Routine
Review Status: Confirmed
MCO Response Received Date: 05/08/2008
Element Accepted Date:
Element Release Date:
CAP Released Date:

Visit Start Date: 2/7/2008
Exit Conference Date: 02/08/2008
Date Report Issued: 03/25/2008
Date Report Due: 03/24/2008
CAP Accepted Date:
Audit Closed Date:
Element Projected Completion Date: 09/12/2008
MCO Response Due Date: 05/09/2008

Requirement:

Standard Pre-Service Denials (Timeliness) - If the HCPP makes an adverse standard pre-service organization determination, it must notify the member in writing explaining its decision as expeditiously as the member's health condition requires, but no later than 60 days after receiving the request.

Deficiencies:

National Health Plan Network (NHPN) was unable to demonstrate that it has the infrastructure, policies and procedures, and staffing to meet minimum performance requirements for this and all audited Elements. * * * * * For this element, NHPN did not supply any universes or identify any cases. Therefore, CMS auditors reviewed: (1) organization and staffing (sufficient staffing, organized to carry out the responsibilities with a chain of oversight and accountability), (2) staff interviews (did staff know what to do and how to do it), (3) systems (to record and track/control the work), (4) Policies and Procedures (instructions on how the organization will do the work and meet the Medicare requirements) and (5) model/template notices/letters (to record and to clearly communicate results or instructions to members and other affected parties). ***** Auditors found the following: 1. NHPN could not demonstrate that it has the organization (or delegated entities under acceptable contract) or has oversight and control over the organizational units (or delegated entities) that would be needed to correctly, completely and timely meet the responsibilities under this element. The organization chart was very abbreviated, informal and insufficient or unclear. It appeared that some items on the chart are not staffed, are not a formal part of the organization and/or are not accountable to or controlled by the organization. The one delegated entity contract was very recent, draft and unsigned. There is neither separate compliance officer nor internal audit unit. ***** 2. The CEO appears to be the principal staff responsible for this Element and almost all plan functions. The staff/CEO interview did not assure auditors that almost all critical functions would or could be handled correctly, completely and timely by a single person. Further, a single-person arrangement does not allow the CEO as management to oversee and replace as necessary the CEO as staff. ***** 3. Systems are insufficient or non-existent. The entire system for the appeals area was a spreadsheet that is missing most critical fields for measuring, reporting and monitoring complete, correct and timely processing of an appeal. ***** 4. Policies and Procedures are insufficient or non-existent. Of the P and Ps that were provided, most were incomplete, unclear and would be totally unusable by new staff. They do not reference NHPN units and are not signed off by an NHPN chain of managers. They are unclear as to which NHPN unit (or staff) or NHPN-contracted delegated entity has responsibility for each step, what systems are used for recording and tracking, who has managerial responsibility for oversight and evaluation of the procedures, what forms/templates/models are to be used, etc. Although they refer to attachments, there are no attachments. As an example, the document identified by NHPN as Policy and Procedure for Customer Services had only two paragraphs, one of which says "CUSTOMER QUESTIONS ON UNDERSTANDING THE PLAN, CAN YOU SEND ME ADDITIONAL INFORMATION, OR SEND ME A SPECIFIC PLAN DOCUMENT IE SUMMARY OF PLAN BENEFITS IS EXPEDITED AT THE TIME OF CALL" (sic). ***** 5. NHPN did not provide any model or template letters or notices for this area. Although NHPN said there were no cases, it did present an actual reply to an appeal. The actual reply did not follow any CMS model, was totally unsatisfactory and was probably confusing to the enrollee.

Corrective Action Required:

National Health Plan Network must submit a Corrective Action Plan (CAP) specifically addressing how and when it will correct its gaps and problems in organization, staffing, systems and policies and procedures. The CAP should cover who will make the corrections, who will internally monitor and evaluate progress and completion (should not be same as person or unit that makes the correction), and specifically how NHPN will document to CMS that performance is satisfactory for this element.

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

Findings: NOT MET

Review ID: 11077

Region: 02 New York

Contract Number / Name: H3338 NATIONAL HEALTH PLAN NETWORK INC.

Auditing Guide Version: HCPP Monitoring Guide
Auditing Element: OP02
Review Type: Routine
Review Status: Confirmed
MCO Response Received Date: 05/08/2008
Element Accepted Date:
Element Release Date:
CAP Released Date:

Visit Start Date: 2/7/2008
Exit Conference Date: 02/08/2008
Date Report Issued: 03/25/2008
Date Report Due: 03/24/2008
CAP Accepted Date:
Audit Closed Date:
Element Projected Completion Date: 09/12/2008
MCO Response Due Date: 05/09/2008

Requirement:

Standard Pre-Service Denials (Notice Content) - If the HCPP makes an adverse standard pre-service organization determination explaining the HCPP's decision, it msut notify the member in writing and must clearly state the service denied and denial reason and inform the enrollee of his or her right to a reconsideration, including the right and conditions for obtaining an expedited reconsidered determination.

Deficiencies:

National Health Plan Network (NHPN) was unable to demonstrate that it has the infrastructure, policies and procedures, and staffing to meet minimum performance requirements for this and all audited Elements. * * * * * For this element, NHPN did not supply any universes or identify any cases. Therefore, CMS auditors reviewed: (1) organization and staffing (sufficient staffing, organized to carry out the responsibilities with a chain of oversight and accountability), (2) staff interviews (did staff know what to do and how to do it), (3) systems (to record and track/control the work), (4) Policies and Procedures (instructions on how the organization will do the work and meet the Medicare requirements) and (5) model/template notices/letters (to record and to clearly communicate results or instructions to members and other affected parties). ***** Auditors found the following: 1. NHPN could not demonstrate that it has the organization (or delegated entities under acceptable contract) or has oversight and control over the organizational units (or delegated entities) that would be needed to correctly, completely and timely meet the responsibilities under this element. The organization chart was very abbreviated, informal and insufficient or unclear. It appeared that some items on the chart are not staffed, are not a formal part of the organization and/or are not accountable to or controlled by the organization. The one delegated entity contract was very recent, draft and unsigned. There is neither separate compliance officer nor internal audit unit. ***** 2. The CEO appears to be the principal staff responsible for this Element and almost all plan functions. The staff/CEO interview did not assure auditors that almost all critical functions would or could be handled correctly, completely and timely by a single person. Further, a single-person arrangement does not allow the CEO as management to oversee and replace as necessary the CEO as staff. ***** 3. Systems are insufficient or non-existent. The entire system for the appeals area was a spreadsheet that is missing most critical fields for measuring, reporting and monitoring complete, correct and timely processing of an appeal. ***** 4. Policies and Procedures are insufficient or non-existent. Of the P and Ps that were provided, most were incomplete, unclear and would be totally unusable by new staff. They do not reference NHPN units and are not signed off by an NHPN chain of managers. They are unclear as to which NHPN unit (or staff) or NHPN-contracted delegated entity has responsibility for each step, what systems are used for recording and tracking, who has managerial responsibility for oversight and evaluation of the procedures, what forms/templates/models are to be used, etc. Although they refer to attachments, there are no attachments. As an example, the document identified by NHPN as Policy and Procedure for Customer Services had only two paragraphs, one of which says "CUSTOMER QUESTIONS ON UNDERSTANDING THE PLAN, CAN YOU SEND ME ADDITIONAL INFORMATION, OR SEND ME A SPECIFIC PLAN DOCUMENT IE SUMMARY OF PLAN BENEFITS IS EXPEDITED AT THE TIME OF CALL" (sic). ***** 5. NHPN did not provide any model or template letters or notices for this area. Although NHPN said there were no cases, it did present an actual reply to an appeal. The actual reply did not follow any CMS model, was totally unsatisfactory and was probably confusing to the enrollee.

Corrective Action Required:

National Health Plan Network must submit a Corrective Action Plan (CAP) specifically addressing how and when it will correct its gaps and problems in organization, staffing, systems and policies and procedures. The CAP should cover who will make the corrections, who will internally monitor and evaluate progress and completion (should not be same as person or unit that makes the correction), and specifically how NHPN will document to CMS that performance is satisfactory for this element.

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Findings: NOT MET

Review ID: 11077

Region: 02 New York

Contract Number / Name: H3338 NATIONAL HEALTH PLAN NETWORK INC.

Auditing Guide Version: HCPP Monitoring Guide
Auditing Element: OP03
Review Type: Routine
Review Status: Confirmed
MCO Response Received Date: 05/08/2008
Element Accepted Date:
Element Release Date:
CAP Released Date:

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Date Report Due: 03/24/2008
CAP Accepted Date:
Audit Closed Date:
Element Projected Completion Date: 09/12/2008
MCO Response Due Date: 05/09/2008

Requirement:

Receipt and Documentation of Expedited Organization Determination Requests The HCPP 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:

National Health Plan Network (NHPN) was unable to demonstrate that it has the infrastructure, policies and procedures, and staffing to meet minimum performance requirements for this and all audited Elements. * * * * * CMS auditors reviewed: (1) organization and staffing (sufficient staffing, organized to carry out the responsibilities with a chain of oversight and accountability), (2) staff interviews (did staff know what to do and how to do it), (3) systems (to record and track/control the work), (4) Policies and Procedures (instructions on how the organization will do the work and meet the Medicare requirements) and (5) model/template notices/letters (to record and to clearly communicate results or instructions to members and other affected parties). ***** Auditors found the following: 1. NHPN could not demonstrate that it has the organization (or delegated entities under acceptable contract) or has oversight and control over the organizational units (or delegated entities) that would be needed to correctly, completely and timely meet the responsibilities under this element. The organization chart was very abbreviated, informal and insufficient or unclear. It appeared that some items on the chart are not staffed, are not a formal part of the organization and/or are not accountable to or controlled by the organization. The one delegated entity contract was very recent, draft and unsigned. There is neither separate compliance officer nor internal audit unit. ***** 2. The CEO appears to be the principal staff responsible for this Element and almost all plan functions. The staff/CEO interview did not assure auditors that almost all critical functions would or could be handled correctly, completely and timely by a single person. Further, a single-person arrangement does not allow the CEO as management to oversee and replace as necessary the CEO as staff. ***** 3. Systems are insufficient or non-existent. The entire system for the appeals area was a spreadsheet that is missing most critical fields for measuring, reporting and monitoring complete, correct and timely processing of an appeal. ***** 4. Policies and Procedures are insufficient or non-existent. Of the P and Ps that were provided, most were incomplete, unclear and would be totally unusable by new staff. They do not reference NHPN units and are not signed off by an NHPN chain of managers. They are unclear as to which NHPN unit (or staff) or NHPN-contracted delegated entity has responsibility for each step, what systems are used for recording and tracking, who has managerial responsibility for oversight and evaluation of the procedures, what forms/templates/models are to be used, etc. Although they refer to attachments, there are no attachments. As an example, the document identified by NHPN as Policy and Procedure for Customer Services had only two paragraphs, one of which says "CUSTOMER QUESTIONS ON UNDERSTANDING THE PLAN, CAN YOU SEND ME ADDITIONAL INFORMATION, OR SEND ME A SPECIFIC PLAN DOCUMENT IE SUMMARY OF PLAN BENEFITS IS EXPEDITED AT THE TIME OF CALL" (sic). ***** 5. NHPN did not provide any model or template letters or notices for this area. Although NHPN said there were no cases, it did present an actual reply to an appeal. The actual reply did not follow any CMS model, was totally unsatisfactory and was probably confusing to the enrollee.

Corrective Action Required:

National Health Plan Network must submit a Corrective Action Plan (CAP) specifically addressing how and when it will correct its gaps and problems in organization, staffing, systems and policies and procedures. The CAP should cover who will make the corrections, who will internally monitor and evaluate progress and completion (should not be same as person or unit that makes the correction), and specifically how NHPN will document to CMS that performance is satisfactory for this element.

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Findings: NOT MET

Review ID: 11077

Region: 02 New York

Contract Number / Name: H3338 NATIONAL HEALTH PLAN NETWORK INC.

Auditing Guide Version: HCPP Monitoring Guide
Auditing Element: OP04
Review Type: Routine
Review Status: Confirmed
MCO Response Received Date: 05/08/2008
Element Accepted Date:
Element Release Date:
CAP Released Date:

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Date Report Due: 03/24/2008
CAP Accepted Date:
Audit Closed Date:
Element Projected Completion Date: 09/12/2008
MCO Response Due Date: 05/09/2008

Requirement:

Requests for Expedited Organization Determinations (Timeliness) - The HCPP must promptly decide whether to expedite an organization determination based on regulatory requirements. If the HCPP 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 2 working days of the oral notice. If the HCPP 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 10 working days if an extension is justified). If the HCPP first notifies the member of its expedited determination orally, it must mail written confirmation to the member within 2 working days of the oral notification.

Deficiencies:

National Health Plan Network (NHPN) was unable to demonstrate that it has the infrastructure, policies and procedures, and staffing to meet minimum performance requirements for this and all audited Elements. * * * * * For this element, NHPN did not supply any universes or identify any cases. Therefore, CMS auditors reviewed: (1) organization and staffing (sufficient staffing, organized to carry out the responsibilities with a chain of oversight and accountability), (2) staff interviews (did staff know what to do and how to do it), (3) systems (to record and track/control the work), (4) Policies and Procedures (instructions on how the organization will do the work and meet the Medicare requirements) and (5) model/template notices/letters (to record and to clearly communicate results or instructions to members and other affected parties). ***** Auditors found the following: 1. NHPN could not demonstrate that it has the organization (or delegated entities under acceptable contract) or has oversight and control over the organizational units (or delegated entities) that would be needed to correctly, completely and timely meet the responsibilities under this element. The organization chart was very abbreviated, informal and insufficient or unclear. It appeared that some items on the chart are not staffed, are not a formal part of the organization and/or are not accountable to or controlled by the organization. The one delegated entity contract was very recent, draft and unsigned. There is neither separate compliance officer nor internal audit unit. ***** 2. The CEO appears to be the principal staff responsible for this Element and almost all plan functions. The staff/CEO interview did not assure auditors that almost all critical functions would or could be handled correctly, completely and timely by a single person. Further, a single-person arrangement does not allow the CEO as management to oversee and replace as necessary the CEO as staff. ***** 3. Systems are insufficient or non-existent. The entire system for the appeals area was a spreadsheet that is missing most critical fields for measuring, reporting and monitoring complete, correct and timely processing of an appeal. ***** 4. Policies and Procedures are insufficient or non-existent. Of the P and Ps that were provided, most were incomplete, unclear and would be totally unusable by new staff. They do not reference NHPN units and are not signed off by an NHPN chain of managers. They are unclear as to which NHPN unit (or staff) or NHPN-contracted delegated entity has responsibility for each step, what systems are used for recording and tracking, who has managerial responsibility for oversight and evaluation of the procedures, what forms/templates/models are to be used, etc. Although they refer to attachments, there are no attachments. As an example, the document identified by NHPN as Policy and Procedure for Customer Services had only two paragraphs, one of which says "CUSTOMER QUESTIONS ON UNDERSTANDING THE PLAN, CAN YOU SEND ME ADDITIONAL INFORMATION, OR SEND ME A SPECIFIC PLAN DOCUMENT IE SUMMARY OF PLAN BENEFITS IS EXPEDITED AT THE TIME OF CALL" (sic). ***** 5. NHPN did not provide any model or template letters or notices for this area. Although NHPN said there were no cases, it did present an actual reply to an appeal. The actual reply did not follow any CMS model, was totally unsatisfactory and was probably confusing to the enrollee.

Corrective Action Required:

National Health Plan Network must submit a Corrective Action Plan (CAP) specifically addressing how and when it will correct its gaps and problems in organization, staffing, systems and policies and procedures. The CAP should cover who will make the corrections, who will internally monitor and evaluate progress and completion (should not be same as person or unit that makes the correction), and specifically how NHPN will document to CMS that performance is satisfactory for this element.

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

Findings: NOT MET

Review ID: 11077

Region: 02 New York

Contract Number / Name: H3338 NATIONAL HEALTH PLAN NETWORK INC.

Auditing Guide Version: HCPP Monitoring Guide
Auditing Element: OP05
Review Type: Routine
Review Status: Confirmed
MCO Response Received Date: 05/08/2008
Element Accepted Date:
Element Release Date:
CAP Released Date:

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Date Report Due: 03/24/2008
CAP Accepted Date:
Audit Closed Date:
Element Projected Completion Date: 09/12/2008
MCO Response Due Date: 05/09/2008

Requirement:

Expedited Denials (Notice Content) - If the HCPP makes an adverse expedited organization determination a denial notice must be sent to the member. The written denial notice must clearly state the service denied and the denial reason and inform the enrollee of his or her right to a reconsideration, including the right and conditions for obtaining an expedited reconsidered determination.

Deficiencies:

National Health Plan Network (NHPN) was unable to demonstrate that it has the infrastructure, policies and procedures, and staffing to meet minimum performance requirements for this and all audited Elements. * * * * * For this element, NHPN did not supply any universes or identify any cases. Therefore, CMS auditors reviewed: (1) organization and staffing (sufficient staffing, organized to carry out the responsibilities with a chain of oversight and accountability), (2) staff interviews (did staff know what to do and how to do it), (3) systems (to record and track/control the work), (4) Policies and Procedures (instructions on how the organization will do the work and meet the Medicare requirements) and (5) model/template notices/letters (to record and to clearly communicate results or instructions to members and other affected parties). ***** Auditors found the following: 1. NHPN could not demonstrate that it has the organization (or delegated entities under acceptable contract) or has oversight and control over the organizational units (or delegated entities) that would be needed to correctly, completely and timely meet the responsibilities under this element. The organization chart was very abbreviated, informal and insufficient or unclear. It appeared that some items on the chart are not staffed, are not a formal part of the organization and/or are not accountable to or controlled by the organization. The one delegated entity contract was very recent, draft and unsigned. There is neither separate compliance officer nor internal audit unit. ***** 2. The CEO appears to be the principal staff responsible for this Element and almost all plan functions. The staff/CEO interview did not assure auditors that almost all critical functions would or could be handled correctly, completely and timely by a single person. Further, a single-person arrangement does not allow the CEO as management to oversee and replace as necessary the CEO as staff. ***** 3. Systems are insufficient or non-existent. The entire system for the appeals area was a spreadsheet that is missing most critical fields for measuring, reporting and monitoring complete, correct and timely processing of an appeal. ***** 4. Policies and Procedures are insufficient or non-existent. Of the P and Ps that were provided, most were incomplete, unclear and would be totally unusable by new staff. They do not reference NHPN units and are not signed off by an NHPN chain of managers. They are unclear as to which NHPN unit (or staff) or NHPN-contracted delegated entity has responsibility for each step, what systems are used for recording and tracking, who has managerial responsibility for oversight and evaluation of the procedures, what forms/templates/models are to be used, etc. Although they refer to attachments, there are no attachments. As an example, the document identified by NHPN as Policy and Procedure for Customer Services had only two paragraphs, one of which says "CUSTOMER QUESTIONS ON UNDERSTANDING THE PLAN, CAN YOU SEND ME ADDITIONAL INFORMATION, OR SEND ME A SPECIFIC PLAN DOCUMENT IE SUMMARY OF PLAN BENEFITS IS EXPEDITED AT THE TIME OF CALL" (sic). ***** 5. NHPN did not provide any model or template letters or notices for this area. Although NHPN said there were no cases, it did present an actual reply to an appeal. The actual reply did not follow any CMS model, was totally unsatisfactory and was probably confusing to the enrollee.

Corrective Action Required:

National Health Plan Network must submit a Corrective Action Plan (CAP) specifically addressing how and when it will correct its gaps and problems in organization, staffing, systems and policies and procedures. The CAP should cover who will make the corrections, who will internally monitor and evaluate progress and completion (should not be same as person or unit that makes the correction), and specifically how NHPN will document to CMS that performance is satisfactory for this element.

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Region: 02 New York

Contract Number / Name: H3338 NATIONAL HEALTH PLAN NETWORK INC.

Auditing Guide Version: HCPP Monitoring Guide
Auditing Element: OP07
Review Type: Routine
Review Status: Confirmed
MCO Response Received Date: 05/08/2008
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CAP Accepted Date:
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MCO Response Due Date: 05/09/2008

Requirement:

Decision Not to Expedite an Organization Determination (Notice Content) - If the HCPP decides not to expedite an organization determination, the notice to the member of the decision not to expedite must explain that the HCPP will process the request using the 60 day standard timeframe, inform the member of the right to file a 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 HCPP grievance process and its timeframes.

Deficiencies:

National Health Plan Network (NHPN) was unable to demonstrate that it has the infrastructure, policies and procedures, and staffing to meet minimum performance requirements for this and all audited Elements. * * * * * CMS auditors reviewed: (1) organization and staffing (sufficient staffing, organized to carry out the responsibilities with a chain of oversight and accountability), (2) staff interviews (did staff know what to do and how to do it), (3) systems (to record and track/control the work), (4) Policies and Procedures (instructions on how the organization will do the work and meet the Medicare requirements) and (5) model/template notices/letters (to record and to clearly communicate results or instructions to members and other affected parties). ***** Auditors found the following: 1. NHPN could not demonstrate that it has the organization (or delegated entities under acceptable contract) or has oversight and control over the organizational units (or delegated entities) that would be needed to correctly, completely and timely meet the responsibilities under this element. The organization chart was very abbreviated, informal and insufficient or unclear. It appeared that some items on the chart are not staffed, are not a formal part of the organization and/or are not accountable to or controlled by the organization. The one delegated entity contract was very recent, draft and unsigned. There is neither separate compliance officer nor internal audit unit. ***** 2. The CEO appears to be the principal staff responsible for this Element and almost all plan functions. The staff/CEO interview did not assure auditors that almost all critical functions would or could be handled correctly, completely and timely by a single person. Further, a single-person arrangement does not allow the CEO as management to oversee and replace as necessary the CEO as staff. ***** 3. Systems are insufficient or non-existent. The entire system for the appeals area was a spreadsheet that is missing most critical fields for measuring, reporting and monitoring complete, correct and timely processing of an appeal. ***** 4. Policies and Procedures are insufficient or non-existent. Of the P and Ps that were provided, most were incomplete, unclear and would be totally unusable by new staff. They do not reference NHPN units and are not signed off by an NHPN chain of managers. They are unclear as to which NHPN unit (or staff) or NHPN-contracted delegated entity has responsibility for each step, what systems are used for recording and tracking, who has managerial responsibility for oversight and evaluation of the procedures, what forms/templates/models are to be used, etc. Although they refer to attachments, there are no attachments. As an example, the document identified by NHPN as Policy and Procedure for Customer Services had only two paragraphs, one of which says "CUSTOMER QUESTIONS ON UNDERSTANDING THE PLAN, CAN YOU SEND ME ADDITIONAL INFORMATION, OR SEND ME A SPECIFIC PLAN DOCUMENT IE SUMMARY OF PLAN BENEFITS IS EXPEDITED AT THE TIME OF CALL" (sic). ***** 5. NHPN did not provide any model or template letters or notices for this area. Although NHPN said there were no cases, it did present an actual reply to an appeal. The actual reply did not follow any CMS model, was totally unsatisfactory and was probably confusing to the enrollee.

Corrective Action Required:

National Health Plan Network must submit a Corrective Action Plan (CAP) specifically addressing how and when it will correct its gaps and problems in organization, staffing, systems and policies and procedures. The CAP should cover who will make the corrections, who will internally monitor and evaluate progress and completion (should not be same as person or unit that makes the correction), and specifically how NHPN will document to CMS that performance is satisfactory for this element.

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: 11077

Region: 02 New York

Contract Number / Name: H3338 NATIONAL HEALTH PLAN NETWORK INC.

Auditing Guide Version: HCPP Monitoring Guide
Auditing Element: OP08
Review Type: Routine
Review Status: Confirmed
MCO Response Received Date: 05/08/2008
Element Accepted Date:
Element Release Date:
CAP Released Date:

Visit Start Date: 2/7/2008
Exit Conference Date: 02/08/2008
Date Report Issued: 03/25/2008
Date Report Due: 03/24/2008
CAP Accepted Date:
Audit Closed Date:
Element Projected Completion Date: 09/12/2008
MCO Response Due Date: 05/09/2008

Requirement:

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

Deficiencies:

National Health Plan Network (NHPN) was unable to demonstrate that it has the infrastructure, policies and procedures, and staffing to meet minimum performance requirements for this and all audited Elements. * * * * * For this element, NHPN did not supply any universes or identify any cases. Therefore, CMS auditors reviewed: (1) organization and staffing (sufficient staffing, organized to carry out the responsibilities with a chain of oversight and accountability), (2) staff interviews (did staff know what to do and how to do it), (3) systems (to record and track/control the work), (4) Policies and Procedures (instructions on how the organization will do the work and meet the Medicare requirements) and (5) model/template notices/letters (to record and to clearly communicate results or instructions to members and other affected parties). ***** Auditors found the following: 1. NHPN could not demonstrate that it has the organization (or delegated entities under acceptable contract) or has oversight and control over the organizational units (or delegated entities) that would be needed to correctly, completely and timely meet the responsibilities under this element. The organization chart was very abbreviated, informal and insufficient or unclear. It appeared that some items on the chart are not staffed, are not a formal part of the organization and/or are not accountable to or controlled by the organization. The one delegated entity contract was very recent, draft and unsigned. There is neither separate compliance officer nor internal audit unit. ***** 2. The CEO appears to be the principal staff responsible for this Element and almost all plan functions. The staff/CEO interview did not assure auditors that almost all critical functions would or could be handled correctly, completely and timely by a single person. Further, a single-person arrangement does not allow the CEO as management to oversee and replace as necessary the CEO as staff. ***** 3. Systems are insufficient or non-existent. The entire system for the appeals area was a spreadsheet that is missing most critical fields for measuring, reporting and monitoring complete, correct and timely processing of an appeal. ***** 4. Policies and Procedures are insufficient or non-existent. Of the P and Ps that were provided, most were incomplete, unclear and would be totally unusable by new staff. They do not reference NHPN units and are not signed off by an NHPN chain of managers. They are unclear as to which NHPN unit (or staff) or NHPN-contracted delegated entity has responsibility for each step, what systems are used for recording and tracking, who has managerial responsibility for oversight and evaluation of the procedures, what forms/templates/models are to be used, etc. Although they refer to attachments, there are no attachments. As an example, the document identified by NHPN as Policy and Procedure for Customer Services had only two paragraphs, one of which says "CUSTOMER QUESTIONS ON UNDERSTANDING THE PLAN, CAN YOU SEND ME ADDITIONAL INFORMATION, OR SEND ME A SPECIFIC PLAN DOCUMENT IE SUMMARY OF PLAN BENEFITS IS EXPEDITED AT THE TIME OF CALL" (sic). ***** 5. NHPN did not provide any model or template letters or notices for this area. Although NHPN said there were no cases, it still failed to correctly distinguish between Organization Determinations and Reconsiderations.

Corrective Action Required:

National Health Plan Network must submit a Corrective Action Plan (CAP) specifically addressing how and when it will correct its gaps and problems in organization, staffing, systems and policies and procedures. The CAP should cover who will make the corrections, who will internally monitor and evaluate progress and completion (should not be same as person or unit that makes the correction), and specifically how NHPN will document to CMS that performance is satisfactory for this element.

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: 11077

Region: 02 New York

Contract Number / Name: H3338 NATIONAL HEALTH PLAN NETWORK INC.

Auditing Guide Version: HCPP Monitoring Guide
Auditing Element: OP09
Review Type: Routine
Review Status: Confirmed
MCO Response Received Date: 05/08/2008
Element Accepted Date:
Element Release Date:
CAP Released Date:

Visit Start Date: 2/7/2008
Exit Conference Date: 02/08/2008
Date Report Issued: 03/25/2008
Date Report Due: 03/24/2008
CAP Accepted Date:
Audit Closed Date:
Element Projected Completion Date: 09/12/2008
MCO Response Due Date: 05/09/2008

Requirement:

OPTIONAL: Standard Pre-Service Approvals (Timeliness) - If the HCPP 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 60 days after receiving the request.

Deficiencies:

National Health Plan Network (NHPN) was unable to demonstrate that it has the infrastructure, policies and procedures, and staffing to meet minimum performance requirements for this and all audited Elements. * * * * * For this element, NHPN did not supply any universes or identify any cases. Therefore, CMS auditors reviewed: (1) organization and staffing (sufficient staffing, organized to carry out the responsibilities with a chain of oversight and accountability), (2) staff interviews (did staff know what to do and how to do it), (3) systems (to record and track/control the work), (4) Policies and Procedures (instructions on how the organization will do the work and meet the Medicare requirements) and (5) model/template notices/letters (to record and to clearly communicate results or instructions to members and other affected parties). ***** Auditors found the following: 1. NHPN could not demonstrate that it has the organization (or delegated entities under acceptable contract) or has oversight and control over the organizational units (or delegated entities) that would be needed to correctly, completely and timely meet the responsibilities under this element. The organization chart was very abbreviated, informal and insufficient or unclear. It appeared that some items on the chart are not staffed, are not a formal part of the organization and/or are not accountable to or controlled by the organization. The one delegated entity contract was very recent, draft and unsigned. There is neither separate compliance officer nor internal audit unit. ***** 2. The CEO appears to be the principal staff responsible for this Element and almost all plan functions. The staff/CEO interview did not assure auditors that almost all critical functions would or could be handled correctly, completely and timely by a single person. Further, a single-person arrangement does not allow the CEO as management to oversee and replace as necessary the CEO as staff. ***** 3. Systems are insufficient or non-existent. The entire system for the appeals area was a spreadsheet that is missing most critical fields for measuring, reporting and monitoring complete, correct and timely processing of an appeal. ***** 4. Policies and Procedures are insufficient or non-existent. Of the P and Ps that were provided, most were incomplete, unclear and would be totally unusable by new staff. They do not reference NHPN units and are not signed off by an NHPN chain of managers. They are unclear as to which NHPN unit (or staff) or NHPN-contracted delegated entity has responsibility for each step, what systems are used for recording and tracking, who has managerial responsibility for oversight and evaluation of the procedures, what forms/templates/models are to be used, etc. Although they refer to attachments, there are no attachments. As an example, the document identified by NHPN as Policy and Procedure for Customer Services had only two paragraphs, one of which says "CUSTOMER QUESTIONS ON UNDERSTANDING THE PLAN, CAN YOU SEND ME ADDITIONAL INFORMATION, OR SEND ME A SPECIFIC PLAN DOCUMENT IE SUMMARY OF PLAN BENEFITS IS EXPEDITED AT THE TIME OF CALL" (sic). ***** 5. NHPN did not provide any model or template letters or notices for this area. Although NHPN said there were no cases, it did not present an actual notice sent to the member of its determination as expeditiously as the member's health condition requires, but no later than 60 days after receiving the request.

Corrective Action Required:

National Health Plan Network must submit a Corrective Action Plan (CAP) specifically addressing how and when it will correct its gaps and problems in organization, staffing, systems and policies and procedures. The CAP should cover who will make the corrections, who will internally monitor and evaluate progress and completion (should not be same as person or unit that makes the correction), and specifically how NHPN will document to CMS that performance is satisfactory for this element.

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: 11077

Region: 02 New York

Contract Number / Name: H3338 NATIONAL HEALTH PLAN NETWORK INC.

Auditing Guide Version: HCPP Monitoring Guide
Auditing Element: RC01
Review Type: Routine
Review Status: Confirmed
MCO Response Received Date: 05/08/2008
Element Accepted Date:
Element Release Date:
CAP Released Date:

Visit Start Date: 2/7/2008
Exit Conference Date: 02/08/2008
Date Report Issued: 03/25/2008
Date Report Due: 03/24/2008
CAP Accepted Date:
Audit Closed Date:
Element Projected Completion Date: 09/12/2008
MCO Response Due Date: 05/09/2008

Requirement:

Favorable Claims Reconsiderations (Timeliness) - If the HCPP 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:

National Health Plan Network (NHPN) was unable to demonstrate that it has the infrastructure, policies and procedures, and staffing to meet minimum performance requirements for this and all audited Elements. * * * * * For this element, NHPN did not supply any universes or identify any cases. Therefore, CMS auditors reviewed: (1) organization and staffing (sufficient staffing, organized to carry out the responsibilities with a chain of oversight and accountability), (2) staff interviews (did staff know what to do and how to do it), (3) systems (to record and track/control the work), (4) Policies and Procedures (instructions on how the organization will do the work and meet the Medicare requirements) and (5) model/template notices/letters (to record and to clearly communicate results or instructions to members and other affected parties). ***** Auditors found the following: 1. NHPN could not demonstrate that it has the organization (or delegated entities under acceptable contract) or has oversight and control over the organizational units (or delegated entities) that would be needed to correctly, completely and timely meet the responsibilities under this element. The organization chart was very abbreviated, informal and insufficient or unclear. It appeared that some items on the chart are not staffed, are not a formal part of the organization and/or are not accountable to or controlled by the organization. The one delegated entity contract was very recent, draft and unsigned. There is neither separate compliance officer nor internal audit unit. ***** 2. The CEO appears to be the principal staff responsible for this Element and almost all plan functions. The staff/CEO interview did not assure auditors that almost all critical functions would or could be handled correctly, completely and timely by a single person. Further, a single-person arrangement does not allow the CEO as management to oversee and replace as necessary the CEO as staff. ***** 3. Systems are insufficient or non-existent. The entire system for the appeals area was a spreadsheet that is missing most critical fields for measuring, reporting and monitoring complete, correct and timely processing of an appeal. ***** 4. Policies and Procedures are insufficient or non-existent. Of the P and Ps that were provided, most were incomplete, unclear and would be totally unusable by new staff. They do not reference NHPN units and are not signed off by an NHPN chain of managers. They are unclear as to which NHPN unit (or staff) or NHPN-contracted delegated entity has responsibility for each step, what systems are used for recording and tracking, who has managerial responsibility for oversight and evaluation of the procedures, what forms/templates/models are to be used, etc. Although they refer to attachments, there are no attachments. As an example, the document identified by NHPN as Policy and Procedure for Customer Services had only two paragraphs, one of which says "CUSTOMER QUESTIONS ON UNDERSTANDING THE PLAN, CAN YOU SEND ME ADDITIONAL INFORMATION, OR SEND ME A SPECIFIC PLAN DOCUMENT IE SUMMARY OF PLAN BENEFITS IS EXPEDITED AT THE TIME OF CALL" (sic). ***** 5. NHPN did not provide any model or template letters or notices for this area. Although NHPN said there were no cases, it did present an actual reply to an appeal. The actual reply did not follow any CMS model, was totally unsatisfactory and was probably confusing to the enrollee.

Corrective Action Required:

National Health Plan Network must submit a Corrective Action Plan (CAP) specifically addressing how and when it will correct its gaps and problems in organization, staffing, systems and policies and procedures. The CAP should cover who will make the corrections, who will internally monitor and evaluate progress and completion (should not be same as person or unit that makes the correction), and specifically how NHPN will document to CMS that performance is satisfactory for this element.

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: 11077

Region: 02 New York

Contract Number / Name: H3338 NATIONAL HEALTH PLAN NETWORK INC.

Auditing Guide Version: HCPP Monitoring Guide
Auditing Element: RC02
Review Type: Routine
Review Status: Confirmed
MCO Response Received Date: 05/08/2008
Element Accepted Date:
Element Release Date:
CAP Released Date:

Visit Start Date: 2/7/2008
Exit Conference Date: 02/08/2008
Date Report Issued: 03/25/2008
Date Report Due: 03/24/2008
CAP Accepted Date:
Audit Closed Date:
Element Projected Completion Date: 09/12/2008
MCO Response Due Date: 05/09/2008

Requirement:

Adverse Claims Reconsiderations (Timeliness) - If the HCPP 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 HCPP concurrently notifies the member that it has forwarded the case to CMS' independent review entity.

Deficiencies:

National Health Plan Network (NHPN) was unable to demonstrate that it has the infrastructure, policies and procedures, and staffing to meet minimum performance requirements for this and all audited Elements. * * * * * For this element, NHPN did not supply any universes or identify any cases. Therefore, CMS auditors reviewed: (1) organization and staffing (sufficient staffing, organized to carry out the responsibilities with a chain of oversight and accountability), (2) staff interviews (did staff know what to do and how to do it), (3) systems (to record and track/control the work), (4) Policies and Procedures (instructions on how the organization will do the work and meet the Medicare requirements) and (5) model/template notices/letters (to record and to clearly communicate results or instructions to members and other affected parties). ***** Auditors found the following: 1. NHPN could not demonstrate that it has the organization (or delegated entities under acceptable contract) or has oversight and control over the organizational units (or delegated entities) that would be needed to correctly, completely and timely meet the responsibilities under this element. The organization chart was very abbreviated, informal and insufficient or unclear. It appeared that some items on the chart are not staffed, are not a formal part of the organization and/or are not accountable to or controlled by the organization. The one delegated entity contract was very recent, draft and unsigned. There is neither separate compliance officer nor internal audit unit. ***** 2. The CEO appears to be the principal staff responsible for this Element and almost all plan functions. The staff/CEO interview did not assure auditors that almost all critical functions would or could be handled correctly, completely and timely by a single person. Further, a single-person arrangement does not allow the CEO as management to oversee and replace as necessary the CEO as staff. ***** 3. Systems are insufficient or non-existent. The entire system for the appeals area was a spreadsheet that is missing most critical fields for measuring, reporting and monitoring complete, correct and timely processing of an appeal. ***** 4. Policies and Procedures are insufficient or non-existent. Of the P and Ps that were provided, most were incomplete, unclear and would be totally unusable by new staff. They do not reference NHPN units and are not signed off by an NHPN chain of managers. They are unclear as to which NHPN unit (or staff) or NHPN-contracted delegated entity has responsibility for each step, what systems are used for recording and tracking, who has managerial responsibility for oversight and evaluation of the procedures, what forms/templates/models are to be used, etc. Although they refer to attachments, there are no attachments. As an example, the document identified by NHPN as Policy and Procedure for Customer Services had only two paragraphs, one of which says "CUSTOMER QUESTIONS ON UNDERSTANDING THE PLAN, CAN YOU SEND ME ADDITIONAL INFORMATION, OR SEND ME A SPECIFIC PLAN DOCUMENT IE SUMMARY OF PLAN BENEFITS IS EXPEDITED AT THE TIME OF CALL" (sic). ***** 5. NHPN did not provide any model or template letters or notices for this area. Although NHPN said there were no cases, it did present an actual reply to an appeal. The actual reply did not follow any CMS model, was totally unsatisfactory and was probably confusing to the enrollee.

Corrective Action Required:

National Health Plan Network must submit a Corrective Action Plan (CAP) specifically addressing how and when it will correct its gaps and problems in organization, staffing, systems and policies and procedures. The CAP should cover who will make the corrections, who will internally monitor and evaluate progress and completion (should not be same as person or unit that makes the correction), and specifically how NHPN will document to CMS that performance is satisfactory for this element.

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: 11077

Region: 02 New York

Contract Number / Name: H3338 NATIONAL HEALTH PLAN NETWORK INC.

Auditing Guide Version: HCPP Monitoring Guide
Auditing Element: RC03
Review Type: Routine
Review Status: Confirmed
MCO Response Received Date: 05/08/2008
Element Accepted Date:
Element Release Date:
CAP Released Date:

Visit Start Date: 2/7/2008
Exit Conference Date: 02/08/2008
Date Report Issued: 03/25/2008
Date Report Due: 03/24/2008
CAP Accepted Date:
Audit Closed Date:
Element Projected Completion Date: 09/12/2008
MCO Response Due Date: 05/09/2008

Requirement:

Effectuation of Third Party Claims Reconsideration Reversals - If the HCPP's determination is reversed in whole or in part by the independent review entity, the HCPP must pay for the service no later than 60 calendar days from the date it receives the notice reversing the organization determination. The HCPP must also inform the independent review entity that the organization has effectuated the decision. If the determination of the HCPP is reversed in whole or in part by an ALJ, or at a higher level of appeal, the HCPP 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:

National Health Plan Network (NHPN) was unable to demonstrate that it has the infrastructure, policies and procedures, and staffing to meet minimum performance requirements for this and all audited Elements. * * * * * For this element, NHPN did not supply any universes or identify any cases. Therefore, CMS auditors reviewed: (1) organization and staffing (sufficient staffing, organized to carry out the responsibilities with a chain of oversight and accountability), (2) staff interviews (did staff know what to do and how to do it), (3) systems (to record and track/control the work), (4) Policies and Procedures (instructions on how the organization will do the work and meet the Medicare requirements) and (5) model/template notices/letters (to record and to clearly communicate results or instructions to members and other affected parties). ***** Auditors found the following: 1. NHPN could not demonstrate that it has the organization (or delegated entities under acceptable contract) or has oversight and control over the organizational units (or delegated entities) that would be needed to correctly, completely and timely meet the responsibilities under this element. The organization chart was very abbreviated, informal and insufficient or unclear. It appeared that some items on the chart are not staffed, are not a formal part of the organization and/or are not accountable to or controlled by the organization. The one delegated entity contract was very recent, draft and unsigned. There is neither separate compliance officer nor internal audit unit. ***** 2. The CEO appears to be the principal staff responsible for this Element and almost all plan functions. The staff/CEO interview did not assure auditors that almost all critical functions would or could be handled correctly, completely and timely by a single person. Further, a single-person arrangement does not allow the CEO as management to oversee and replace as necessary the CEO as staff. ***** 3. Systems are insufficient or non-existent. The entire system for the appeals area was a spreadsheet that is missing most critical fields for measuring, reporting and monitoring complete, correct and timely processing of an appeal. ***** 4. Policies and Procedures are insufficient or non-existent. Of the P and Ps that were provided, most were incomplete, unclear and would be totally unusable by new staff. They do not reference NHPN units and are not signed off by an NHPN chain of managers. They are unclear as to which NHPN unit (or staff) or NHPN-contracted delegated entity has responsibility for each step, what systems are used for recording and tracking, who has managerial responsibility for oversight and evaluation of the procedures, what forms/templates/models are to be used, etc. Although they refer to attachments, there are no attachments. As an example, the document identified by NHPN as Policy and Procedure for Customer Services had only two paragraphs, one of which says "CUSTOMER QUESTIONS ON UNDERSTANDING THE PLAN, CAN YOU SEND ME ADDITIONAL INFORMATION, OR SEND ME A SPECIFIC PLAN DOCUMENT IE SUMMARY OF PLAN BENEFITS IS EXPEDITED AT THE TIME OF CALL" (sic). ***** 5. NHPN did not provide any model or template letters or notices for this area. Although NHPN said there were no cases, it did present an actual reply to an appeal. The actual reply did not follow any CMS model, was totally unsatisfactory and was probably confusing to the enrollee.

Corrective Action Required:

National Health Plan Network must submit a Corrective Action Plan (CAP) specifically addressing how and when it will correct its gaps and problems in organization, staffing, systems and policies and procedures. The CAP should cover who will make the corrections, who will internally monitor and evaluate progress and completion (should not be same as person or unit that makes the correction), and specifically how NHPN will document to CMS that performance is satisfactory for this element.

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: 11077

Region: 02 New York

Contract Number / Name: H3338 NATIONAL HEALTH PLAN NETWORK INC.

Auditing Guide Version: HCPP Monitoring Guide
Auditing Element: RE01
Review Type: Routine
Review Status: Confirmed
MCO Response Received Date: 05/08/2008
Element Accepted Date:
Element Release Date:
CAP Released Date:

Visit Start Date: 2/7/2008
Exit Conference Date: 02/08/2008
Date Report Issued: 03/25/2008
Date Report Due: 03/24/2008
CAP Accepted Date:
Audit Closed Date:
Element Projected Completion Date: 09/12/2008
MCO Response Due Date: 05/09/2008

Requirement:

Acceptance of Standard Reconsideration Requests - The HCPP must accept written requests for standard reconsiderations of requests for services or payment filed within 60 calendar days of the notice of the organization determination (or if good cause is shown, accepts written requests for standard reconsideration after 60 calendar days).

Deficiencies:

National Health Plan Network (NHPN) was unable to demonstrate that it has the infrastructure, policies and procedures, and staffing to meet minimum performance requirements for this and all audited Elements. * * * * * CMS auditors reviewed: (1) organization and staffing (sufficient staffing, organized to carry out the responsibilities with a chain of oversight and accountability), (2) staff interviews (did staff know what to do and how to do it), (3) systems (to record and track/control the work), (4) Policies and Procedures (instructions on how the organization will do the work and meet the Medicare requirements) and (5) model/template notices/letters (to record and to clearly communicate results or instructions to members and other affected parties). ***** Auditors found the following: 1. NHPN could not demonstrate that it has the organization (or delegated entities under acceptable contract) or has oversight and control over the organizational units (or delegated entities) that would be needed to correctly, completely and timely meet the responsibilities under this element. The organization chart was very abbreviated, informal and insufficient or unclear. It appeared that some items on the chart are not staffed, are not a formal part of the organization and/or are not accountable to or controlled by the organization. The one delegated entity contract was very recent, draft and unsigned. There is neither separate compliance officer nor internal audit unit. ***** 2. The CEO appears to be the principal staff responsible for this Element and almost all plan functions. The staff/CEO interview did not assure auditors that almost all critical functions would or could be handled correctly, completely and timely by a single person. Further, a single-person arrangement does not allow the CEO as management to oversee and replace as necessary the CEO as staff. ***** 3. Systems are insufficient or non-existent. The entire system for the appeals area was a spreadsheet that is missing most critical fields for measuring, reporting and monitoring complete, correct and timely processing of an appeal. ***** 4. Policies and Procedures are insufficient or non-existent. Of the P and Ps that were provided, most were incomplete, unclear and would be totally unusable by new staff. They do not reference NHPN units and are not signed off by an NHPN chain of managers. They are unclear as to which NHPN unit (or staff) or NHPN-contracted delegated entity has responsibility for each step, what systems are used for recording and tracking, who has managerial responsibility for oversight and evaluation of the procedures, what forms/templates/models are to be used, etc. Although they refer to attachments, there are no attachments. As an example, the document identified by NHPN as Policy and Procedure for Customer Services had only two paragraphs, one of which says "CUSTOMER QUESTIONS ON UNDERSTANDING THE PLAN, CAN YOU SEND ME ADDITIONAL INFORMATION, OR SEND ME A SPECIFIC PLAN DOCUMENT IE SUMMARY OF PLAN BENEFITS IS EXPEDITED AT THE TIME OF CALL" (sic). ***** 5. NHPN did not provide any model or template letters or notices for this area. Although NHPN said there were no cases, it did present an actual reply to an appeal. The actual reply did not follow any CMS model, was totally unsatisfactory and was probably confusing to the enrollee.

Corrective Action Required:

National Health Plan Network must submit a Corrective Action Plan (CAP) specifically addressing how and when it will correct its gaps and problems in organization, staffing, systems and policies and procedures. The CAP should cover who will make the corrections, who will internally monitor and evaluate progress and completion (should not be same as person or unit that makes the correction), and specifically how NHPN will document to CMS that performance is satisfactory for this element.

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: 11077

Region: 02 New York

Contract Number / Name: H3338 NATIONAL HEALTH PLAN NETWORK INC.

Auditing Guide Version: HCPP Monitoring Guide
Auditing Element: RE02
Review Type: Routine
Review Status: Confirmed
MCO Response Received Date: 05/08/2008
Element Accepted Date:
Element Release Date:
CAP Released Date:

Visit Start Date: 2/7/2008
Exit Conference Date: 02/08/2008
Date Report Issued: 03/25/2008
Date Report Due: 03/24/2008
CAP Accepted Date:
Audit Closed Date:
Element Projected Completion Date: 09/12/2008
MCO Response Due Date: 05/09/2008

Requirement:

Appropriate Person(s) Conduct the Reconsideration - A person or persons who were not involved in making the organization determination must conduct the reconsideration.

Deficiencies:

National Health Plan Network (NHPN) was unable to demonstrate that it has the infrastructure, policies and procedures, and staffing to meet minimum performance requirements for this and all audited Elements. * * * * * CMS auditors reviewed: (1) organization and staffing (sufficient staffing, organized to carry out the responsibilities with a chain of oversight and accountability), (2) staff interviews (did staff know what to do and how to do it), (3) systems (to record and track/control the work), (4) Policies and Procedures (instructions on how the organization will do the work and meet the Medicare requirements) and (5) model/template notices/letters (to record and to clearly communicate results or instructions to members and other affected parties). ***** Auditors found the following: 1. NHPN could not demonstrate that it has the organization (or delegated entities under acceptable contract) or has oversight and control over the organizational units (or delegated entities) that would be needed to correctly, completely and timely meet the responsibilities under this element. The organization chart was very abbreviated, informal and insufficient or unclear. It appeared that some items on the chart are not staffed, are not a formal part of the organization and/or are not accountable to or controlled by the organization. The one delegated entity contract was very recent, draft and unsigned. There is neither separate compliance officer nor internal audit unit. ***** 2. The CEO appears to be the principal staff responsible for this Element and almost all plan functions. The staff/CEO interview did not assure auditors that almost all critical functions would or could be handled correctly, completely and timely by a single person. Further, a single-person arrangement does not allow the CEO as management to oversee and replace as necessary the CEO as staff. ***** 3. Systems are insufficient or non-existent. The entire system for the appeals area was a spreadsheet that is missing most critical fields for measuring, reporting and monitoring complete, correct and timely processing of an appeal. ***** 4. Policies and Procedures are insufficient or non-existent. Of the P and Ps that were provided, most were incomplete, unclear and would be totally unusable by new staff. They do not reference NHPN units and are not signed off by an NHPN chain of managers. They are unclear as to which NHPN unit (or staff) or NHPN-contracted delegated entity has responsibility for each step, what systems are used for recording and tracking, who has managerial responsibility for oversight and evaluation of the procedures, what forms/templates/models are to be used, etc. Although they refer to attachments, there are no attachments. As an example, the document identified by NHPN as Policy and Procedure for Customer Services had only two paragraphs, one of which says "CUSTOMER QUESTIONS ON UNDERSTANDING THE PLAN, CAN YOU SEND ME ADDITIONAL INFORMATION, OR SEND ME A SPECIFIC PLAN DOCUMENT IE SUMMARY OF PLAN BENEFITS IS EXPEDITED AT THE TIME OF CALL" (sic). ***** 5. NHPN did not provide any model or template letters or notices for this area. Although NHPN said there were no cases, it did not have a person or persons who were not involved in making the organization determination to conduct the reconsideration.

Corrective Action Required:

National Health Plan Network must submit a Corrective Action Plan (CAP) specifically addressing how and when it will correct its gaps and problems in organization, staffing, systems and policies and procedures. The CAP should cover who will make the corrections, who will internally monitor and evaluate progress and completion (should not be same as person or unit that makes the correction), and specifically how NHPN will document to CMS that performance is satisfactory for this element.

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: 11077

Region: 02 New York

Contract Number / Name: H3338 NATIONAL HEALTH PLAN NETWORK INC.

Auditing Guide Version: HCPP Monitoring Guide
Auditing Element: RP01
Review Type: Routine
Review Status: Confirmed
MCO Response Received Date: 05/08/2008
Element Accepted Date:
Element Release Date:
CAP Released Date:

Visit Start Date: 2/7/2008
Exit Conference Date: 02/08/2008
Date Report Issued: 03/25/2008
Date Report Due: 03/24/2008
CAP Accepted Date:
Audit Closed Date:
Element Projected Completion Date: 09/12/2008
MCO Response Due Date: 05/09/2008

Requirement:

Favorable Standard Pre-Service Reconsiderations (Timeliness) - If the HCPP 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 60 calendar days after receiving the reconsideration request.

Deficiencies:

National Health Plan Network (NHPN) was unable to demonstrate that it has the infrastructure, policies and procedures, and staffing to meet minimum performance requirements for this and all audited Elements. * * * * * For this element, NHPN did not supply any universes or identify any cases. Therefore, CMS auditors reviewed: (1) organization and staffing (sufficient staffing, organized to carry out the responsibilities with a chain of oversight and accountability), (2) staff interviews (did staff know what to do and how to do it), (3) systems (to record and track/control the work), (4) Policies and Procedures (instructions on how the organization will do the work and meet the Medicare requirements) and (5) model/template notices/letters (to record and to clearly communicate results or instructions to members and other affected parties). ***** Auditors found the following: 1. NHPN could not demonstrate that it has the organization (or delegated entities under acceptable contract) or has oversight and control over the organizational units (or delegated entities) that would be needed to correctly, completely and timely meet the responsibilities under this element. The organization chart was very abbreviated, informal and insufficient or unclear. It appeared that some items on the chart are not staffed, are not a formal part of the organization and/or are not accountable to or controlled by the organization. The one delegated entity contract was very recent, draft and unsigned. There is neither separate compliance officer nor internal audit unit. ***** 2. The CEO appears to be the principal staff responsible for this Element and almost all plan functions. The staff/CEO interview did not assure auditors that almost all critical functions would or could be handled correctly, completely and timely by a single person. Further, a single-person arrangement does not allow the CEO as management to oversee and replace as necessary the CEO as staff. ***** 3. Systems are insufficient or non-existent. The entire system for the appeals area was a spreadsheet that is missing most critical fields for measuring, reporting and monitoring complete, correct and timely processing of an appeal. ***** 4. Policies and Procedures are insufficient or non-existent. Of the P and Ps that were provided, most were incomplete, unclear and would be totally unusable by new staff. They do not reference NHPN units and are not signed off by an NHPN chain of managers. They are unclear as to which NHPN unit (or staff) or NHPN-contracted delegated entity has responsibility for each step, what systems are used for recording and tracking, who has managerial responsibility for oversight and evaluation of the procedures, what forms/templates/models are to be used, etc. Although they refer to attachments, there are no attachments. As an example, the document identified by NHPN as Policy and Procedure for Customer Services had only two paragraphs, one of which says "CUSTOMER QUESTIONS ON UNDERSTANDING THE PLAN, CAN YOU SEND ME ADDITIONAL INFORMATION, OR SEND ME A SPECIFIC PLAN DOCUMENT IE SUMMARY OF PLAN BENEFITS IS EXPEDITED AT THE TIME OF CALL" (sic). ***** 5. NHPN did not provide any model or template letters or notices for this area. Although NHPN said there were no cases, it did present an actual reply to an appeal. The actual reply did not follow any CMS model, was totally unsatisfactory and was probably confusing to the enrollee.

Corrective Action Required:

National Health Plan Network must submit a Corrective Action Plan (CAP) specifically addressing how and when it will correct its gaps and problems in organization, staffing, systems and policies and procedures. The CAP should cover who will make the corrections, who will internally monitor and evaluate progress and completion (should not be same as person or unit that makes the correction), and specifically how NHPN will document to CMS that performance is satisfactory for this element.

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: 11077

Region: 02 New York

Contract Number / Name: H3338 NATIONAL HEALTH PLAN NETWORK INC.

Auditing Guide Version: HCPP Monitoring Guide

Auditing Element: RP02

Review Type: Routine

Review Status: Confirmed

MCO Response Received Date: 05/08/2008

Element Accepted Date:

Element Release Date:

CAP Released Date:

Visit Start Date: 2/7/2008

Exit Conference Date: 02/08/2008

Date Report Issued: 03/25/2008

Date Report Due: 03/24/2008

CAP Accepted Date:

Audit Closed Date:

Element Projected Completion Date: 09/12/2008

MCO Response Due Date: 05/09/2008

Requirement:

Adverse Standard Pre-Service Reconsiderations (Timeliness) - If the HCPP is unable to make a fully favorable decision on a standard pre-service reconsideration, it must forward the case to CMS's independent review entity as expeditiously as the member's health requires, but no later than 60 calendar days after receiving the reconsideration request. The HCPP must concurrently notify the member of this action.

Deficiencies:

National Health Plan Network (NHPN) was unable to demonstrate that it has the infrastructure, policies and procedures, and staffing to meet minimum performance requirements for this and all audited Elements. * * * * * For this element, NHPN did not supply any universes or identify any cases. Therefore, CMS auditors reviewed: (1) organization and staffing (sufficient staffing, organized to carry out the responsibilities with a chain of oversight and accountability), (2) staff interviews (did staff know what to do and how to do it), (3) systems (to record and track/control the work), (4) Policies and Procedures (instructions on how the organization will do the work and meet the Medicare requirements) and (5) model/template notices/letters (to record and to clearly communicate results or instructions to members and other affected parties). ***** Auditors found the following: 1. NHPN could not demonstrate that it has the organization (or delegated entities under acceptable contract) or has oversight and control over the organizational units (or delegated entities) that would be needed to correctly, completely and timely meet the responsibilities under this element. The organization chart was very abbreviated, informal and insufficient or unclear. It appeared that some items on the chart are not staffed, are not a formal part of the organization and/or are not accountable to or controlled by the organization. The one delegated entity contract was very recent, draft and unsigned. There is neither separate compliance officer nor internal audit unit. ***** 2. The CEO appears to be the principal staff responsible for this Element and almost all plan functions. The staff/CEO interview did not assure auditors that almost all critical functions would or could be handled correctly, completely and timely by a single person. Further, a single-person arrangement does not allow the CEO as management to oversee and replace as necessary the CEO as staff. ***** 3. Systems are insufficient or non-existent. The entire system for the appeals area was a spreadsheet that is missing most critical fields for measuring, reporting and monitoring complete, correct and timely processing of an appeal. ***** 4. Policies and Procedures are insufficient or non-existent. Of the P and Ps that were provided, most were incomplete, unclear and would be totally unusable by new staff. They do not reference NHPN units and are not signed off by an NHPN chain of managers. They are unclear as to which NHPN unit (or staff) or NHPN-contracted delegated entity has responsibility for each step, what systems are used for recording and tracking, who has managerial responsibility for oversight and evaluation of the procedures, what forms/templates/models are to be used, etc. Although they refer to attachments, there are no attachments. As an example, the document identified by NHPN as Policy and Procedure for Customer Services had only two paragraphs, one of which says "CUSTOMER QUESTIONS ON UNDERSTANDING THE PLAN, CAN YOU SEND ME ADDITIONAL INFORMATION, OR SEND ME A SPECIFIC PLAN DOCUMENT IE SUMMARY OF PLAN BENEFITS IS EXPEDITED AT THE TIME OF CALL" (sic). ***** 5. NHPN did not provide any model or template letters or notices for this area. Although NHPN said there were no cases, it did present an actual reply to an appeal. The actual reply did not follow any CMS model, was totally unsatisfactory and was probably confusing to the enrollee.

Corrective Action Required:

National Health Plan Network must submit a Corrective Action Plan (CAP) specifically addressing how and when it will correct its gaps and problems in organization, staffing, systems and policies and procedures. The CAP should cover who will make the corrections, who will internally monitor and evaluate progress and completion (should not be same as person or unit that makes the correction), and specifically how NHPN will document to CMS that performance is satisfactory for this element.

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: 11077

Region: 02 New York

Contract Number / Name: H3338 NATIONAL HEALTH PLAN NETWORK INC.

Auditing Guide Version: HCPP Monitoring Guide
Auditing Element: RP03
Review Type: Routine
Review Status: Confirmed
MCO Response Received Date: 05/08/2008
Element Accepted Date:
Element Release Date:
CAP Released Date:

Visit Start Date: 2/7/2008
Exit Conference Date: 02/08/2008
Date Report Issued: 03/25/2008
Date Report Due: 03/24/2008
CAP Accepted Date:
Audit Closed Date:
Element Projected Completion Date: 09/12/2008
MCO Response Due Date: 05/09/2008

Requirement:

Effectuation of Third Party Standard Pre-Service Reconsideration Reversals - If the HCPP's determination is reversed in whole or in part by the independent review entity, the HCPP must authorize or provide for the service within 60 days from the date it receives the notice reversing the determination.

Deficiencies:

National Health Plan Network (NHPN) was unable to demonstrate that it has the infrastructure, policies and procedures, and staffing to meet minimum performance requirements for this and all audited Elements. * * * * * For this element, NHPN did not supply any universes or identify any cases. Therefore, CMS auditors reviewed: (1) organization and staffing (sufficient staffing, organized to carry out the responsibilities with a chain of oversight and accountability), (2) staff interviews (did staff know what to do and how to do it), (3) systems (to record and track/control the work), (4) Policies and Procedures (instructions on how the organization will do the work and meet the Medicare requirements) and (5) model/template notices/letters (to record and to clearly communicate results or instructions to members and other affected parties). ***** Auditors found the following: 1. NHPN could not demonstrate that it has the organization (or delegated entities under acceptable contract) or has oversight and control over the organizational units (or delegated entities) that would be needed to correctly, completely and timely meet the responsibilities under this element. The organization chart was very abbreviated, informal and insufficient or unclear. It appeared that some items on the chart are not staffed, are not a formal part of the organization and/or are not accountable to or controlled by the organization. The one delegated entity contract was very recent, draft and unsigned. There is neither separate compliance officer nor internal audit unit. ***** 2. The CEO appears to be the principal staff responsible for this Element and almost all plan functions. The staff/CEO interview did not assure auditors that almost all critical functions would or could be handled correctly, completely and timely by a single person. Further, a single-person arrangement does not allow the CEO as management to oversee and replace as necessary the CEO as staff. ***** 3. Systems are insufficient or non-existent. The entire system for the appeals area was a spreadsheet that is missing most critical fields for measuring, reporting and monitoring complete, correct and timely processing of an appeal. ***** 4. Policies and Procedures are insufficient or non-existent. Of the P and Ps that were provided, most were incomplete, unclear and would be totally unusable by new staff. They do not reference NHPN units and are not signed off by an NHPN chain of managers. They are unclear as to which NHPN unit (or staff) or NHPN-contracted delegated entity has responsibility for each step, what systems are used for recording and tracking, who has managerial responsibility for oversight and evaluation of the procedures, what forms/templates/models are to be used, etc. Although they refer to attachments, there are no attachments. As an example, the document identified by NHPN as Policy and Procedure for Customer Services had only two paragraphs, one of which says "CUSTOMER QUESTIONS ON UNDERSTANDING THE PLAN, CAN YOU SEND ME ADDITIONAL INFORMATION, OR SEND ME A SPECIFIC PLAN DOCUMENT IE SUMMARY OF PLAN BENEFITS IS EXPEDITED AT THE TIME OF CALL" (sic). ***** 5. NHPN did not provide any model or template letters or notices for this area. Although NHPN said there were no cases, it did present an actual reply to an appeal. The actual reply did not follow any CMS model, was totally unsatisfactory and was probably confusing to the enrollee.

Corrective Action Required:

National Health Plan Network must submit a Corrective Action Plan (CAP) specifically addressing how and when it will correct its gaps and problems in organization, staffing, systems and policies and procedures. The CAP should cover who will make the corrections, who will internally monitor and evaluate progress and completion (should not be same as person or unit that makes the correction), and specifically how NHPN will document to CMS that performance is satisfactory for this element.

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: 11077

Region: 02 New York

Contract Number / Name: H3338 NATIONAL HEALTH PLAN NETWORK INC.

Auditing Guide Version: HCPP Monitoring Guide
Auditing Element: RP04
Review Type: Routine
Review Status: Confirmed
MCO Response Received Date: 05/08/2008
Element Accepted Date:
Element Release Date:
CAP Released Date:

Visit Start Date: 2/7/2008
Exit Conference Date: 02/08/2008
Date Report Issued: 03/25/2008
Date Report Due: 03/24/2008
CAP Accepted Date:
Audit Closed Date:
Element Projected Completion Date: 09/12/2008
MCO Response Due Date: 05/09/2008

Requirement:

Receipt and Documentation of Expedited Reconsideration Requests - The HCPP must maintain procedures for expediting reconsiderations when, upon request from an enrollee or an authorized representative of the enrollee, the organization decides that the longer time frames permitted could seriously jeopardize the life or health of the enrollee or the enrollee's ability to regain maximum function. The procedures must include a process for receipt of oral requests, followed by written documentation of the oral requests.

Deficiencies:

National Health Plan Network (NHPN) was unable to demonstrate that it has the infrastructure, policies and procedures, and staffing to meet minimum performance requirements for this and all audited Elements. * * * * * CMS auditors reviewed: (1) organization and staffing (sufficient staffing, organized to carry out the responsibilities with a chain of oversight and accountability), (2) staff interviews (did staff know what to do and how to do it), (3) systems (to record and track/control the work), (4) Policies and Procedures (instructions on how the organization will do the work and meet the Medicare requirements) and (5) model/template notices/letters (to record and to clearly communicate results or instructions to members and other affected parties). ***** Auditors found the following: 1. NHPN could not demonstrate that it has the organization (or delegated entities under acceptable contract) or has oversight and control over the organizational units (or delegated entities) that would be needed to correctly, completely and timely meet the responsibilities under this element. The organization chart was very abbreviated, informal and insufficient or unclear. It appeared that some items on the chart are not staffed, are not a formal part of the organization and/or are not accountable to or controlled by the organization. The one delegated entity contract was very recent, draft and unsigned. There is neither separate compliance officer nor internal audit unit. ***** 2. The CEO appears to be the principal staff responsible for this Element and almost all plan functions. The staff/CEO interview did not assure auditors that almost all critical functions would or could be handled correctly, completely and timely by a single person. Further, a single-person arrangement does not allow the CEO as management to oversee and replace as necessary the CEO as staff. ***** 3. Systems are insufficient or non-existent. The entire system for the appeals area was a spreadsheet that is missing most critical fields for measuring, reporting and monitoring complete, correct and timely processing of an appeal. ***** 4. Policies and Procedures are insufficient or non-existent. Of the P and Ps that were provided, most were incomplete, unclear and would be totally unusable by new staff. They do not reference NHPN units and are not signed off by an NHPN chain of managers. They are unclear as to which NHPN unit (or staff) or NHPN-contracted delegated entity has responsibility for each step, what systems are used for recording and tracking, who has managerial responsibility for oversight and evaluation of the procedures, what forms/templates/models are to be used, etc. Although they refer to attachments, there are no attachments. As an example, the document identified by NHPN as Policy and Procedure for Customer Services had only two paragraphs, one of which says "CUSTOMER QUESTIONS ON UNDERSTANDING THE PLAN, CAN YOU SEND ME ADDITIONAL INFORMATION, OR SEND ME A SPECIFIC PLAN DOCUMENT IE SUMMARY OF PLAN BENEFITS IS EXPEDITED AT THE TIME OF CALL" (sic). ***** 5. NHPN did not provide any model or template letters or notices for this area. Although NHPN said there were no cases, it did present an actual reply to an appeal. The actual reply did not follow any CMS model, was totally unsatisfactory and was probably confusing to the enrollee.

Corrective Action Required:

National Health Plan Network must submit a Corrective Action Plan (CAP) specifically addressing how and when it will correct its gaps and problems in organization, staffing, systems and policies and procedures. The CAP should cover who will make the corrections, who will internally monitor and evaluate progress and completion (should not be same as person or unit that makes the correction), and specifically how NHPN will document to CMS that performance is satisfactory for this element.

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: 11077

Region: 02 New York

Contract Number / Name: H3338 NATIONAL HEALTH PLAN NETWORK INC.

Auditing Guide Version: HCPP Monitoring Guide

Auditing Element: RP05

Review Type: Routine

Review Status: Confirmed

MCO Response Received Date: 05/08/2008

Element Accepted Date:

Element Release Date:

CAP Released Date:

Visit Start Date: 2/7/2008

Exit Conference Date: 02/08/2008

Date Report Issued: 03/25/2008

Date Report Due: 03/24/2008

CAP Accepted Date:

Audit Closed Date:

Element Projected Completion Date: 09/12/2008

MCO Response Due Date: 05/09/2008

Requirement:

Requests for Expedited Reconsiderations (Timeliness) - The HCPP must promptly decide whether to expedite a reconsideration based on regulatory requirements. If the HCPP decides not to expedite a reconsideration, 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 reconsideration, and provide written notice within 2 calendar days of the oral notice. If the HCPP decides to expedite the reconsideration, it must make a determination and notify the member as expeditiously as the member's health requires, but no later than 72 hours from the time it receives the request for reconsideration (or an additional 10 calendar days if an extension is justified). If the HCPP makes an expedited reconsideration determination that is fully favorable to the member, it must notify the member of the favorable decision as expeditiously as the member's health requires, but no later than 72 hours from the time it receives the request for reconsideration (or an additional 10 calendar days if an extension is justified). If the HCPP first notifies the member of its fully favorable expedited determination orally it must mail written confirmation to the member within 2 calendar days of the oral notification. If the HCPP affirms, in whole or in part, its adverse expedited organization determination, it must forward the case to CMS's independent review entity as expeditiously as the member's health requires, but not later than 24 hours after the decision. If the HCPP fails to provide the member with the results of its reconsideration within the timeframes specified above (as expeditiously as the member's health condition requires or within 72 hours), this failure constitutes an adverse reconsideration determination and the HCPP must submit the file to CMS's independent review entity within 24 hours. The HCPP must concurrently notify the member in writing that it has forwarded the case file to CMS's independent review entity.

Deficiencies:

National Health Plan Network (NHPN) was unable to demonstrate that it has the infrastructure, policies and procedures, and staffing to meet minimum performance requirements for this and all audited Elements. * * * * * For this element, NHPN did not supply any universes or identify any cases. Therefore, CMS auditors reviewed: (1) organization and staffing (sufficient staffing, organized to carry out the responsibilities with a chain of oversight and accountability), (2) staff interviews (did staff know what to do and how to do it), (3) systems (to record and track/control the work), (4) Policies and Procedures (instructions on how the organization will do the work and meet the Medicare requirements) and (5) model/template notices/letters (to record and to clearly communicate results or instructions to members and other affected parties). ***** Auditors found the following: 1. NHPN could not demonstrate that it has the organization (or delegated entities under acceptable contract) or has oversight and control over the organizational units (or delegated entities) that would be needed to correctly, completely and timely meet the responsibilities under this element. The organization chart was very abbreviated, informal and insufficient or unclear. It appeared that some items on the chart are not staffed, are not a formal part of the organization and/or are not accountable to or controlled by the organization. The one delegated entity contract was very recent, draft and unsigned. There is neither separate compliance officer nor internal audit unit. ***** 2. The CEO appears to be the principal staff responsible for this Element and almost all plan functions. The staff/CEO interview did not assure auditors that almost all critical functions would or could be handled correctly, completely and timely by a single person. Further, a single-person arrangement does not allow the CEO as management to oversee and replace as necessary the CEO as staff. ***** 3. Systems are insufficient or non-existent. The entire system for the appeals area was a spreadsheet that is missing most critical fields for measuring, reporting and monitoring complete, correct and timely processing of an appeal. ***** 4. Policies and Procedures are insufficient or non-existent. Of the P and Ps that were provided, most were incomplete, unclear and would be totally unusable by new staff. They do not reference NHPN units and are not signed off by an NHPN chain of managers. They are unclear as to which NHPN unit (or staff) or NHPN-contracted delegated entity has responsibility for each step, what systems are used for recording and tracking, who has managerial responsibility for oversight and evaluation of the procedures, what forms/templates/models are to be used, etc. Although they refer to attachments, there are no attachments. As an example, the document identified by NHPN as Policy and Procedure for Customer Services had only two paragraphs, one of which says "CUSTOMER QUESTIONS ON UNDERSTANDING THE PLAN, CAN YOU SEND ME ADDITIONAL INFORMATION, OR SEND ME A SPECIFIC PLAN DOCUMENT IE SUMMARY OF PLAN BENEFITS IS EXPEDITED AT THE TIME OF CALL" (sic). ***** 5. NHPN did not provide any model or template letters or notices for this area. Although NHPN said there were no cases, it did present an actual reply to an appeal. The actual reply did not follow any CMS model, was totally unsatisfactory and was probably confusing to the enrollee.

Corrective Action Required:

National Health Plan Network must submit a Corrective Action Plan (CAP) specifically addressing how and when it will correct its gaps and problems in organization, staffing, systems and policies and procedures. The CAP should cover who will make the corrections, who will internally monitor and evaluate progress and completion (should not be same as person or unit that makes the correction), and specifically how NHPN will document to CMS that performance is satisfactory for this element.

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: 11077

Region: 02 New York

Contract Number / Name: H3338 NATIONAL HEALTH PLAN NETWORK INC.

Auditing Guide Version: HCPP Monitoring Guide
Auditing Element: RP06
Review Type: Routine
Review Status: Confirmed
MCO Response Received Date: 05/08/2008
Element Accepted Date:
Element Release Date:
CAP Released Date:

Visit Start Date: 2/7/2008
Exit Conference Date: 02/08/2008
Date Report Issued: 03/25/2008
Date Report Due: 03/24/2008
CAP Accepted Date:
Audit Closed Date:
Element Projected Completion Date: 09/12/2008
MCO Response Due Date: 05/09/2008

Requirement:

Decision Not to Expedite a Reconsideration (Notice Content) - If the HCPP decides not to expedite a reconsideration, the notice to the member of the decision not to expedite must explain that the HCPP will process the request using the standard timeframe, inform the member of the right to file a grievance if he or she disagrees with the decision not to expedite, and provide instructions about the HCPP grievance process and its timeframes.

Deficiencies:

National Health Plan Network (NHPN) was unable to demonstrate that it has the infrastructure, policies and procedures, and staffing to meet minimum performance requirements for this and all audited Elements. * * * * * CMS auditors reviewed: (1) organization and staffing (sufficient staffing, organized to carry out the responsibilities with a chain of oversight and accountability), (2) staff interviews (did staff know what to do and how to do it), (3) systems (to record and track/control the work), (4) Policies and Procedures (instructions on how the organization will do the work and meet the Medicare requirements) and (5) model/template notices/letters (to record and to clearly communicate results or instructions to members and other affected parties). ***** Auditors found the following: 1. NHPN could not demonstrate that it has the organization (or delegated entities under acceptable contract) or has oversight and control over the organizational units (or delegated entities) that would be needed to correctly, completely and timely meet the responsibilities under this element. The organization chart was very abbreviated, informal and insufficient or unclear. It appeared that some items on the chart are not staffed, are not a formal part of the organization and/or are not accountable to or controlled by the organization. The one delegated entity contract was very recent, draft and unsigned. There is neither separate compliance officer nor internal audit unit. ***** 2. The CEO appears to be the principal staff responsible for this Element and almost all plan functions. The staff/CEO interview did not assure auditors that almost all critical functions would or could be handled correctly, completely and timely by a single person. Further, a single-person arrangement does not allow the CEO as management to oversee and replace as necessary the CEO as staff. ***** 3. Systems are insufficient or non-existent. The entire system for the appeals area was a spreadsheet that is missing most critical fields for measuring, reporting and monitoring complete, correct and timely processing of an appeal. ***** 4. Policies and Procedures are insufficient or non-existent. Of the P and Ps that were provided, most were incomplete, unclear and would be totally unusable by new staff. They do not reference NHPN units and are not signed off by an NHPN chain of managers. They are unclear as to which NHPN unit (or staff) or NHPN-contracted delegated entity has responsibility for each step, what systems are used for recording and tracking, who has managerial responsibility for oversight and evaluation of the procedures, what forms/templates/models are to be used, etc. Although they refer to attachments, there are no attachments. As an example, the document identified by NHPN as Policy and Procedure for Customer Services had only two paragraphs, one of which says "CUSTOMER QUESTIONS ON UNDERSTANDING THE PLAN, CAN YOU SEND ME ADDITIONAL INFORMATION, OR SEND ME A SPECIFIC PLAN DOCUMENT IE SUMMARY OF PLAN BENEFITS IS EXPEDITED AT THE TIME OF CALL" (sic). ***** 5. NHPN did not provide any model or template letters or notices for this area. Although NHPN said there were no cases, it did present an actual reply to an appeal. The actual reply did not follow any CMS model, was totally unsatisfactory and was probably confusing to the enrollee.

Corrective Action Required:

National Health Plan Network must submit a Corrective Action Plan (CAP) specifically addressing how and when it will correct its gaps and problems in organization, staffing, systems and policies and procedures. The CAP should cover who will make the corrections, who will internally monitor and evaluate progress and completion (should not be same as person or unit that makes the correction), and specifically how NHPN will document to CMS that performance is satisfactory for this element.

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: 11077

Region: 02 New York

Contract Number / Name: H3338 NATIONAL HEALTH PLAN NETWORK INC.

Auditing Guide Version: HCPP Monitoring Guide
Auditing Element: RP07
Review Type: Routine
Review Status: Confirmed
MCO Response Received Date: 05/08/2008
Element Accepted Date:
Element Release Date:
CAP Released Date:

Visit Start Date: 2/7/2008
Exit Conference Date: 02/08/2008
Date Report Issued: 03/25/2008
Date Report Due: 03/24/2008
CAP Accepted Date:
Audit Closed Date:
Element Projected Completion Date: 09/12/2008
MCO Response Due Date: 05/09/2008

Requirement:

Effectuation of Third Party Expedited Reconsideration Reversals - If the HCPP's determination is reversed in whole or in part by the independent review entity, the HCPP must authorize or provide the service under dispute as expeditiously as the member's health requires but no later than 60 days after the date it receives notice reversing the determination.

Deficiencies:

National Health Plan Network (NHPN) was unable to demonstrate that it has the infrastructure, policies and procedures, and staffing to meet minimum performance requirements for this and all audited Elements. * * * * * For this element, NHPN did not supply any universes or identify any cases. Therefore, CMS auditors reviewed: (1) organization and staffing (sufficient staffing, organized to carry out the responsibilities with a chain of oversight and accountability), (2) staff interviews (did staff know what to do and how to do it), (3) systems (to record and track/control the work), (4) Policies and Procedures (instructions on how the organization will do the work and meet the Medicare requirements) and (5) model/template notices/letters (to record and to clearly communicate results or instructions to members and other affected parties). ***** Auditors found the following: 1. NHPN could not demonstrate that it has the organization (or delegated entities under acceptable contract) or has oversight and control over the organizational units (or delegated entities) that would be needed to correctly, completely and timely meet the responsibilities under this element. The organization chart was very abbreviated, informal and insufficient or unclear. It appeared that some items on the chart are not staffed, are not a formal part of the organization and/or are not accountable to or controlled by the organization. The one delegated entity contract was very recent, draft and unsigned. There is neither separate compliance officer nor internal audit unit. ***** 2. The CEO appears to be the principal staff responsible for this Element and almost all plan functions. The staff/CEO interview did not assure auditors that almost all critical functions would or could be handled correctly, completely and timely by a single person. Further, a single-person arrangement does not allow the CEO as management to oversee and replace as necessary the CEO as staff. ***** 3. Systems are insufficient or non-existent. The entire system for the appeals area was a spreadsheet that is missing most critical fields for measuring, reporting and monitoring complete, correct and timely processing of an appeal. ***** 4. Policies and Procedures are insufficient or non-existent. Of the P and Ps that were provided, most were incomplete, unclear and would be totally unusable by new staff. They do not reference NHPN units and are not signed off by an NHPN chain of managers. They are unclear as to which NHPN unit (or staff) or NHPN-contracted delegated entity has responsibility for each step, what systems are used for recording and tracking, who has managerial responsibility for oversight and evaluation of the procedures, what forms/templates/models are to be used, etc. Although they refer to attachments, there are no attachments. As an example, the document identified by NHPN as Policy and Procedure for Customer Services had only two paragraphs, one of which says "CUSTOMER QUESTIONS ON UNDERSTANDING THE PLAN, CAN YOU SEND ME ADDITIONAL INFORMATION, OR SEND ME A SPECIFIC PLAN DOCUMENT IE SUMMARY OF PLAN BENEFITS IS EXPEDITED AT THE TIME OF CALL" (sic). ***** 5. NHPN did not provide any model or template letters or notices for this area. Although NHPN said there were no cases, it did present an actual reply to an appeal. The actual reply did not follow any CMS model, was totally unsatisfactory and was probably confusing to the enrollee.

Corrective Action Required:

National Health Plan Network must submit a Corrective Action Plan (CAP) specifically addressing how and when it will correct its gaps and problems in organization, staffing, systems and policies and procedures. The CAP should cover who will make the corrections, who will internally monitor and evaluate progress and completion (should not be same as person or unit that makes the correction), and specifically how NHPN will document to CMS that performance is satisfactory for this element.

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: 11077

Region: 02 New York

Contract Number / Name: H3338 NATIONAL HEALTH PLAN NETWORK INC.

Auditing Guide Version: HCPP Monitoring Guide
Auditing Element: RP08
Review Type: Routine
Review Status: Confirmed
MCO Response Received Date: 05/08/2008
Element Accepted Date:
Element Release Date:
CAP Released Date:

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Requirement:

Reconsideration Extensions (Notice Content) - If an extension is taken on a reconsideration, the written notice to the member must include the reasons for the delay, and inform the member of the right to file a grievance if he or she disagrees with the decision to grant an extension.

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