CMS Medicare Managed Care Auditing Report

Auditing Review Results (Initial Report)-Public Website Version

Date Report Generated: 9/30/2008

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

Findings: NOT MET
Region: 05 Chicago
Contract Number / Name: H2320 PRIORITY HEALTH

Review ID: 7264

Auditing Guide Version: MA Audit Review Guide, Version 4
Auditing Element: OC06
Review Type: Focused
Review Status: Confirmed
MCO Response Received Date: 10/26/2007
Element Accepted Date: 11/28/2007
Element Release Date: 02/08/2008
CAP Released Date: 02/15/2008

Visit Start Date: 8/6/2007
Exit Conference Date: 08/09/2007
Date Report Issued: 10/04/2007
Date Report Due: 09/23/2007
CAP Accepted Date: 02/08/2008
Audit Closed Date: 02/15/2008
Element Projected Completion Date:
MCO Response Due Date: 11/18/2007

Requirement:

Claim Denials (Notice Content) - If an MAO denies payment, the written denial notice (CMS-10003-Notice of Denial of Payment (NDP)), or an RO-approved modification of the NDP, must be sent to the member. The written denial must clearly state the service denied and the denial reason.

Deficiencies:

Priority Health Plan does not meet the CMS 95% compliance standard because CMS audited 30 cases from the universe of 106 and found 24 cases where the content of the notices did not comply with CMS standards.

Corrective Action Required:

Priority Health Plan needs to ensure that it uses the (CMS-10003-Notice of Denial of Payment (NDP)), or an RO approved modification of the (NDP). The notice to the member must clearly state the service denied and the denial reason.

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Requirement:

Discrimination Against Health Care Professionals ProhibitedAn MAO may not discriminate, in terms of participation, reimbursement, or indemnification, against any health care professional who is acting within the scope of his/her license.

Deficiencies:

Priority Health's policies and procedures do not contain a provision with sufficient detail regarding the provider antidiscrimination rules at 42 CFR Part 422.205.

Corrective Action Required:

Priority Health should update its policies and procedures, as well as its Provider Manual, to incorporate the regulatory requirements at 42 CFR Part 422.205. Specifically, Priority should include the provision that an MA organization cannot discriminate in terms of participation, reimbursement, or indemnification, against any health care professional who is acting within the scope of his or her licensure or certification under State law, solely on the basis of the license or certification.

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Region: 05 Chicago
Contract Number / Name: H2320 PRIORITY HEALTH

Review ID: 7264

Auditing Guide Version: MA Audit Review Guide, Version 4
Auditing Element: RP02
Review Type: Focused
Review Status: Confirmed
MCO Response Received Date: 10/26/2007
Element Accepted Date: 11/28/2007
Element Release Date: 02/08/2008
CAP Released Date: 02/15/2008

Visit Start Date: 8/6/2007
Exit Conference Date: 08/09/2007
Date Report Issued: 10/04/2007
Date Report Due: 09/23/2007
CAP Accepted Date: 02/08/2008
Audit Closed Date: 02/15/2008
Element Projected Completion Date:
MCO Response Due Date: 11/18/2007

Requirement:

Adverse Standard Pre-Service Reconsiderations (Timeliness) - If the MAO is unable to make a fully favorable decision on a standard pre-service reconsideration, it must forward the case to CMS' independent review entity as expeditiously as the member's health requires, but no later than 30 calendar days after receiving the reconsideration request (or an additional 14 calendar days if an extension is justified). The MAO must concurrently notify the member of this action.

Deficiencies:

Priority Health does not meet CMS 95% compliance standard because CMS audited 1 case from a universe of 1 and found 1 case misclassified.

Corrective Action Required:

FINDINGS: RP02, NOT MET. Per RP02 Auditing Element requirement: Adverse Standard Pre-Service Reconsiderations (Timeliness) - If the MAO is unable to make a fully favorable decision on a standard pre-service reconsideration, it must forward the case to CMS' independent review entity as expeditiously as the member's health requires, but no later than 30 calendar days after receiving the reconsideration request (or an additional 14 calendar days if an extension is justified). The MAO must concurrently notify the member of this action. CORRECTIVE ACTION REQUIRED (CAR) I. Policies and Procedures A. Develop policies and procedures In the event that Priority Health DOES NOT HAVE A CURRENT POLICY AND PROCEDURE pertaining to Auditing Element RP02, Priority Health must develop and implement a policy and procedure, or policies and procedures to make certain that (Adverse Standard Pre-Service Reconsiderations (Timeliness) standards are met. Copies of this information must be submitted to the Regional Office. Priority Health, when and if necessary, conduct training of appropriate staff on these policies and procedures and submit documentation to the regional office that details the nature of this training, including: the materials used in the training, the individuals conducting the training, and the individuals being trained. B. Revise policies and procedures In the event that Priority Health HAS AN EXISTING POLICY AND PROCEDURE it must be reviewed, and as necessary, revised, in order to meet the required standards for Auditing Element RP02. As necessary, Priority Health must also conduct training of appropriate staff on any new and / or revised policies and procedures. Copies of this information must be submitted to the Regional Office. Priority Health must submit documentation to the regional office that details the nature of this training, including: the materials used in the training, the individuals conducting the training, and the individuals being trained.

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Review ID: 7264

Auditing Guide Version: MA Audit Review Guide, Version 4
Auditing Element: RP03
Review Type: Focused
Review Status: Confirmed
MCO Response Received Date: 10/26/2007
Element Accepted Date: 11/28/2007
Element Release Date: 02/08/2008
CAP Released Date: 02/15/2008

Visit Start Date: 8/6/2007
Exit Conference Date: 08/09/2007
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Date Report Due: 09/23/2007
CAP Accepted Date: 02/08/2008
Audit Closed Date: 02/15/2008
Element Projected Completion Date:
MCO Response Due Date: 11/18/2007

Requirement:

Effectuation of Third Party Standard Pre-Service Reconsideration Reversals - If the MAO's determination is reversed in whole or in part by the independent review entity, the MAO must authorize the service within 72 hours from the date it receives the notice reversing the determination, or provide the service as quickly as the member's health requires (but no later than 14 calendar days from that date). The MAO must also inform the independent review entity that the organization has effectuated the decision.If the MAO's determination is reversed in whole or in part by an ALJ, or at a higher level of appeal, the MAO 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:

PH does not meet the CMS 95% complaince standard because CMS audited 1 case from the universe of 1 and found 1 case that was misclassified.

Corrective Action Required:

FINDINGS: RP03, NOT MET Per RP03 Auditing Element requirement: Effectuation of Third Party Standard Pre-Service Reconsideration Reversals - If the MAO's determination is reversed in whole or in part by the independent review entity, the MAO must authorize the service within 72 hours from the date it receives the notice reversing the determination, or provide the service as quickly as the member's health requires (but no later than 14 calendar days from that date). The MAO must also inform the independent review entity that the organization has effectuated the decision.If the MAO's determination is reversed in whole or in part by an ALJ, or at a higher level of appeal, the MAO 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. CORRECTIVE ACTION REQUIRED (CAR) I. Policies and Procedures A. Develop policies and procedures In the event that Priority Health DOES NOT HAVE A CURRENT POLICY AND PROCEDURE pertaining to Auditing Element RP03, Priority Health must develop and implement a policy and procedure, or policies and procedures to make certain that (Effectuation of Third Party Standard Pre-Service Reconsideration Reversals) standards are met. Copies of this information must be submitted to the Regional Office. Priority Health, when and if necessary, conduct training of appropriate staff on these policies and procedures and submit documentation to the regional office that details the nature of this training, including: the materials used in the training, the individuals conducting the training, and the individuals being trained. B. Revise policies and procedures In the event that Priority Health HAS AN EXISTING POLICY AND PROCEDURE it must be reviewed, and as necessary, revised, in order to meet the required standards for Auditing Element RP03. As necessary, Priority Health must also conduct training of appropriate staff on any new and / or revised policies and procedures. Copies of this information must be submitted to the Regional Office. Priority Health must submit documentation to the regional office that details the nature of this training, including: the materials used in the training, the individuals conducting the training, and the individuals being trained.