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: 7597

Region: 02 New York

Contract Number / Name: H5821 MAPFRE LIFE INSURANCE COMPANY

Auditing Guide Version: MA Audit Review Guide, Version 4

Auditing Element: GV03

Review Type: Routine

Review Status: Confirmed

MCO Response Received Date:

Element Accepted Date: 11/09/2007

Element Release Date: 11/09/2007

CAP Released Date:11/09/2007

Visit Start Date: 9/18/2006

Exit Conference Date: 11/14/2006

Date Report Issued: 02/23/2007

Date Report Due: 12/29/2006

CAP Accepted Date:11/09/2007

Audit Closed Date: 11/09/2007

Element Projected Completion Date:

MCO Response Due Date: 04/09/2007

Requirement:

Grievance Decision Notification (Timeliness) The MAO must notify the member of its decisions as expeditiously as the case requires based on the member's health status but no later than 30 days after the receipt date of the oral or written grievance. If the compliant involves an MAO's decision to invoke an extension relating to an organization determination or reconsideration, or the compliant involves an MAO's refusal to grant an enrollee's request for an expedited organization determination or expedited reconsideration, the MAO must respond to an enrollee's grievance within 24 hours. Exception: If the member requests an extension, or if the MAO justifies the need for information and documents that the delay is in the interest of the member, the MAO may extend the 30-day timeframe up to an additional 14 days. In this case, the MAO must immediately notify the member in writing of the reasons for the delay.

Deficiencies:

This element is not met. Of the fifteen (15) case files sampled for compliance review, Mapfre failed to process nine (9) cases within the timeframes established by Chapter 13 of the Medicare Managed Care Manual and 42 CFR 422.564(e)(1)-(2) and (f).

Corrective Action Required:

Current guidelines state that the MAO must notify the member of its decisions as expeditiously as the case requires based on the member's health status but no later than 30 days after the receipt date of the oral or written grievance. If the compliant involves an MAO's decision to invoke an extension relating to an organization determination or reconsideration, or the compliant involves an MAO's refusal to grant an enrollee's request for an expedited organization determination or expedited reconsideration, the MAO must respond to an enrollee's grievance within 24 hours. Exception: If the member requests an extension, or if the MAO justifies the need for information and documents that the delay is in the interest of the member, the MAO may extend the 30-day timeframe up to an additional 14 days. In this case, the MAO must immediately notify the member in writing of the reasons for the delay. Therefore it is our recommendation that Mapfre re-educate staff and modify its Policy and Procedures to ensure that the organization is in compliance with Grievance Decision Notification (Timeliness) guidelines as outlined in Section 13 of the Medicare Managed Care Manual.

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: 7597

Region: 02 New York

Contract Number / Name: H5821 MAPFRE LIFE INSURANCE COMPANY

Auditing Guide Version: MA Audit Review Guide, Version 4

Auditing Element: GV04

Review Type: Routine

Review Status: Confirmed

MCO Response Received Date:

Element Accepted Date: 11/09/2007

Element Release Date: 11/09/2007

CAP Released Date:11/09/2007

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Exit Conference Date: 11/14/2006

Date Report Issued: 02/23/2007

Date Report Due: 12/29/2006

CAP Accepted Date:11/09/2007

Audit Closed Date: 11/09/2007

Element Projected Completion Date:

MCO Response Due Date: 04/09/2007

Requirement:

Grievance Decision Notification (Notice Content) The MAO must inform the member of the disposition of the grievance. For quality of care issues, the MAO must also include a description of the member's right to file a written compliant with the QIO.

Deficiencies:

This element is not met. Of the fifteen (15) case files sampled for compliance review, Mapfre failed to process nine (9) cases within the timeframes established by Chapter 13 of the Medicare Managed Care Manual and 42 CFR 422.564(e)(1)-(2) and (f).

Corrective Action Required:

Current guidelines state that the MAO must notify the member of its decisions as expeditiously as the case requires based on the member's health status but no later than 30 days after the receipt date of the oral or written grievance. If the compliant involves an MAO's decision to invoke an extension relating to an organization determination or reconsideration, or the compliant involves an MAO's refusal to grant an enrollee's request for an expedited organization determination or expedited reconsideration, the MAO must respond to an enrollee's grievance within 24 hours. Exception: If the member requests an extension, or if the MAO justifies the need for information and documents that the delay is in the interest of the member, the MAO may extend the 30-day timeframe up to an additional 14 days. In this case, the MAO must immediately notify the member in writing of the reasons for the delay. Therefore it is our recommendation that Mapfre re-educate staff and modify its Policy and Procedures to ensure that the organization is in compliance with Grievance Decision Notification (Timeliness) guidelines as outlined in Section 13 of the Medicare Managed Care Manual.

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Date Report Generated: 9/30/2008

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

Findings: NOT MET

Review ID: 7597

Region: 02 New York

Contract Number / Name: H5821 MAPFRE LIFE INSURANCE COMPANY

Auditing Guide Version: MA Audit Review Guide, Version 4

Auditing Element: OC01

Review Type: Routine

Review Status: Confirmed

MCO Response Received Date:

Element Accepted Date: 11/09/2007

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CAP Released Date:11/09/2007

Visit Start Date: 9/18/2006

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Date Report Issued: 02/23/2007

Date Report Due: 12/29/2006

CAP Accepted Date:11/09/2007

Audit Closed Date: 11/09/2007

Element Projected Completion Date:

MCO Response Due Date: 04/09/2007

Requirement:

Correct Claim Determinations - The MAO must make correct claim determinations, which include developing the claim for additional information when necessary, for: Services obtained from a non-contracting provider when the services were authorized by a contracted provider or the MAO, Ambulance services dispatched through 911, Emergency services, Urgently needed services, Post-stabilization care services; and Renal dialysis services that Medicare members obtain while temporarily out of the service area.

Deficiencies:

Original sample consisted of thirty (30) case files. Five (5) were labeled as misclassified. Mapfre failed to process, develop and secure incomplete information all of the twenty-five remaining case files as required. As a result of this deficiency this element is not met.

Corrective Action Required:

Mapfre must ensure that the Claims Department exhausts all options in your attempts to secure information necessary to properly develop a claim prior to denial. This requirement must be documented and supported by policy and procedures.

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: 7597

Region: 02 New York

Contract Number / Name: H5821 MAPFRE LIFE INSURANCE COMPANY

Auditing Guide Version: MA Audit Review Guide, Version 4
Auditing Element: OC03
Review Type: Routine
Review Status: Confirmed
MCO Response Received Date:
Element Accepted Date: 11/09/2007
Element Release Date: 11/09/2007
CAP Released Date: 11/09/2007

Visit Start Date: 9/18/2006
Exit Conference Date: 11/14/2006
Date Report Issued: 02/23/2007
Date Report Due: 12/29/2006
CAP Accepted Date: 11/09/2007
Audit Closed Date: 11/09/2007
Element Projected Completion Date:
MCO Response Due Date: 04/09/2007

Requirement:

Timely Payment of Non-Contracting Provider Clean Claims - The MAO must pay 95 percent of "clean" claims from non-contracting providers within 30 calendar days of receipt.

Deficiencies:

Original sample consisted of thirty (30) case files. Three (3) were labeled as misclassified. Mapfre failed to process and pay eight (8) of the remaining twenty-seven (27) cases within 30 days. Based upon this deficiency this element is not met.

Corrective Action Required:

Mapfre must ensure that its claims department process and pay all clean claims within 30 days of receipt of said claim. In the event the claim is not paid within 30 days then the organization must pay interest on the claim, based upon the federal rates in effect at the time of the event.

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: 7597

Region: 02 New York

Contract Number / Name: H5821 MAPFRE LIFE INSURANCE COMPANY

Auditing Guide Version: MA Audit Review Guide, Version 4
Auditing Element: OC04
Review Type: Routine
Review Status: Confirmed
MCO Response Received Date:
Element Accepted Date: 11/09/2007
Element Release Date: 11/09/2007
CAP Released Date: 11/09/2007

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Date Report Issued: 02/23/2007
Date Report Due: 12/29/2006
CAP Accepted Date: 11/09/2007
Audit Closed Date: 11/09/2007
Element Projected Completion Date:
MCO Response Due Date: 04/09/2007

Requirement:

Interest on Clean Claims Paid Late - If the MAO pays clean claims from non-contracting providers in over 30 calendar days, it must pay interest in accordance with § 1816 (c)(2)(B) and § 1842 (c)(2)(B).

Deficiencies:

Of the eight (8) cases not paid within 30 days, and cited in OC03, Mapfre failed to pay interest on three (3) of the cases.

Corrective Action Required:

Mapfre must ensure that its claims department process and pay all clean claims within 30 days of receipt of said claim. In the event the claim is not paid within 30 days then the organization must pay interest on the claim, based upon the federal rates in effect at the time of the event.

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: 7597

Region: 02 New York

Contract Number / Name: H5821 MAPFRE LIFE INSURANCE COMPANY

Auditing Guide Version: MA Audit Review Guide, Version 4

Auditing Element: OC05

Review Type: Routine

Review Status: Confirmed

MCO Response Received Date:

Element Accepted Date: 11/09/2007

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Date Report Due: 12/29/2006

CAP Accepted Date:11/09/2007

Audit Closed Date: 11/09/2007

Element Projected Completion Date:

MCO Response Due Date: 04/09/2007

Requirement:

Timely Adjudication of Non-Clean Claims - The MAO must pay or deny all non-contracted claims that do not meet the definition of "clean claims" within 60 calendar days of receipt.

Deficiencies:

The element is not met due to the following deficiencies: - Worksheet, OC1, plan failed to process and pay one (1) of the twenty-seven (27) claims within 60 days. - Worksheet OC2, plan failed to process and deny six (6) of the twenty-five (25) claims within the 60 day timeframe. A total of seven (7) of the fifty-two (52) cases submitted for both the non-participating provider paid claims and denied claims were not processed timely.

Corrective Action Required:

In order to guarantee that they satisfy compliance requirements Mapfre must ensure that they adhere to the timeframes established for processing claims as annotated below: - Clean Non-participating provider claims must be processed and paid within 30 days of receipt of completed claim. In the event the claim is not processed within 30 days plan must pay interest on claim. - Non-clean Non-participating provider claims must be processed, paid or denied within 60 days of receipt of the claim.

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

Findings: NOT MET

Review ID: 7597

Region: 02 New York

Contract Number / Name: H5821 MAPFRE LIFE INSURANCE COMPANY

Auditing Guide Version: MA Audit Review Guide, Version 4
Auditing Element: OC06
Review Type: Routine
Review Status: Confirmed
MCO Response Received Date:
Element Accepted Date: 11/09/2007
Element Release Date: 11/09/2007
CAP Released Date:11/09/2007

Visit Start Date: 9/18/2006
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Date Report Issued: 02/23/2007
Date Report Due: 12/29/2006
CAP Accepted Date:11/09/2007
Audit Closed Date: 11/09/2007
Element Projected Completion Date:
MCO Response Due Date: 04/09/2007

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:

In 25 of the 25 cases reviewed Mapfre failed to send out OMB approved denial notices to the members and as a result, the reviewers could not accurately assess compliance with notice requirements as required by this element.

Corrective Action Required:

In the event Mapfre denies payment for a service in whole or in part, the organization must issue an OMB approved Notice of Denial Payment, (CMS-10003-Notice of Denial of Payment (NDP)) to the beneficiary within 60 days of receiving the request for payment. The notice shall provide the beneficiary with the name of the provider, date and type of service and basis for denial. Mapfre must ensure that its claims department adheres to these instructions and that they are reflected in policy and procedure manuals.

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: 7597

Region: 02 New York

Contract Number / Name: H5821 MAPFRE LIFE INSURANCE COMPANY

Auditing Guide Version: MA Audit Review Guide, Version 4

Auditing Element: OP01

Review Type: Routine

Review Status: Confirmed

MCO Response Received Date:

Element Accepted Date: 11/09/2007

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CAP Released Date:11/09/2007

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CAP Accepted Date:11/09/2007

Audit Closed Date: 11/09/2007

Element Projected Completion Date:

MCO Response Due Date: 04/09/2007

Requirement:

Standard Pre-Service Denials (Timeliness) - If the MAO makes an adverse standard pre-service organization determination, it must notify the member in writing using the CMS-10003-NDMC (Notice of Denial of Medical Coverage), or an RO-approved modification of the NDMC, of its decision as expeditiously as the member's health condition requires, but no later than 14 calendar days after receiving the request (or an additional 14 days if an extension is justified).

Deficiencies:

In all seven (7) cases reviewed Mapfre failed to send out OMB approved denial notices to the member and as a result, the viewers could not assess notice compliance in this element.

Corrective Action Required:

In the event Mapfre denies a members request for a service in whole or in part, the organization must issue an OMB approved CMS-10003-NDMC (Notice of Denial of Medical Coverage) to the beneficiary as expeditiously as the enrollee's health requires but no later than 14 days of receiving the request for decision. The notice shall provide the beneficiary with the name of the provider, date and type of service and basis for denial. Mapfre must ensure that its Utilization review department adheres to these instructions and that they are reflected in policy and procedure manuals.

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: 7597

Region: 02 New York

Contract Number / Name: H5821 MAPFRE LIFE INSURANCE COMPANY

Auditing Guide Version: MA Audit Review Guide, Version 4
Auditing Element: OP02
Review Type: Routine
Review Status: Confirmed
MCO Response Received Date:
Element Accepted Date: 11/09/2007
Element Release Date: 11/09/2007
CAP Released Date:11/09/2007

Visit Start Date: 9/18/2006
Exit Conference Date: 11/14/2006
Date Report Issued: 02/23/2007
Date Report Due: 12/29/2006
CAP Accepted Date:11/09/2007
Audit Closed Date: 11/09/2007
Element Projected Completion Date:
MCO Response Due Date: 04/09/2007

Requirement:

Standard Pre-Service Denials (Notice Content) - If the MAO makes an adverse standard pre-service organization determination, the written CMS-10003-NDMC (Notice of Denial of Medical Coverage), or an RO-approved modification of the NDMC, must be sent to the member and must clearly state the service denied and denial reason.

Deficiencies:

In all seven (7) cases reviewed Mapfre failed to send out OMB approved denial notices to the member and as a result, the viewers could not assess notice compliance in this element.

Corrective Action Required:

In the event Mapfre denies a members request for a service in whole or in part, the organization must issue an OMB approved CMS-10003-NDMC (Notice of Denial of Medical Coverage) to the beneficiary as expeditiously as the enrollee¿s health requires but no later than 14 days of receiving the request for decision. The notice shall provide the beneficiary with the name of the provider, date and type of service and basis for denial. Mapfre must ensure that its Utilization review department adheres to these instructions and that they are reflected in policy and procedure manuals.

CMS Medicare Managed Care Auditing Report

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Date Report Generated: 9/30/2008

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

Findings: NOT MET

Review ID: 7597

Region: 02 New York

Contract Number / Name: H5821 MAPFRE LIFE INSURANCE COMPANY

Auditing Guide Version: MA Audit Review Guide, Version 4

Auditing Element: OP04

Review Type: Routine

Review Status: Confirmed

MCO Response Received Date:

Element Accepted Date: 11/09/2007

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CAP Released Date: 11/09/2007

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Exit Conference Date: 11/14/2006

Date Report Issued: 02/23/2007

Date Report Due: 12/29/2006

CAP Accepted Date: 11/09/2007

Audit Closed Date: 11/09/2007

Element Projected Completion Date:

MCO Response Due Date: 04/09/2007

Requirement:

Requests for Expedited Organization Determinations (Timeliness) - The MAO must promptly decide whether to expedite an organization determination based on regulatory requirements. If the MAO decides not to expedite an organization determination, it must automatically transfer the request to the standard timeframe, provide oral notice to the member of the decision not to expedite within 72 hours of receipt of the request for an expedited organization determination, and provide written notice within 3 calendar days of the oral notice. If the MAO makes an expedited organization determination (favorable or adverse), it must notify the member in writing as expeditiously as the member's health requires, but no later than 72 hours after receiving the request (or an additional 14 calendar days if an extension is justified). If the MAO first notifies the member of its expedited determination orally, it must mail written confirmation to the member within 3 calendar days of the oral notification.

Deficiencies:

The misclassification threshold for this element is 30% or three (3) of ten (10). Of the ten (10) cases selected for review all cases were determined to be misclassified. As a result, reviewers could not assess Mapfre's ability to receive, acknowledge and process request for Expedited Organization requests.

Corrective Action Required:

Mapre must develop and document internal policy and procedures, which provides individuals responsible for receiving, acknowledging and processing Expedited Organization Determinations, with detailed instructions on how to execute and disseminate decisions in accordance with Medicare Guidelines. In addition to the implementation of staff training and policy and procedure updates, Mapfre must also submit to the Regional office quarterly reports of Requests for expedited Organization determinations.

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: 7597

Region: 02 New York

Contract Number / Name: H5821 MAPFRE LIFE INSURANCE COMPANY

Auditing Guide Version: MA Audit Review Guide, Version 4
Auditing Element: OP05
Review Type: Routine
Review Status: Confirmed
MCO Response Received Date:
Element Accepted Date: 11/09/2007
Element Release Date: 11/09/2007
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Date Report Issued: 02/23/2007
Date Report Due: 12/29/2006
CAP Accepted Date:11/09/2007
Audit Closed Date: 11/09/2007
Element Projected Completion Date:
MCO Response Due Date: 04/09/2007

Requirement:

Expedited Denials (Notice Content) - If the MAO makes an adverse expedited organization determination, the written CMS-10003-NDMC (Notice of Denial of Medical Coverage), or an RO-approved modification of the NDMC, must be sent to the member and must clearly state the service denied and denial reason.

Deficiencies:

The misclassification threshold for this element is 30% or three (3) of ten (10). Of the ten (10) cases selected for review all cases were determined to be misclassified. As a result, reviewers could not assess Mapfre's ability to receive, acknowledge and process request for Expedited Organization requests. In addition, the reviewer could not assess whether or not the proper notices were issued in accordance with this element. Although, the plan failed to provide an adequate sample for review, Mapfre did provide reviewers with copies of OMB approved notices that were in circulation.

Corrective Action Required:

Mapre must develop and document internal policy and procedures, which provides individuals responsible for receiving, acknowledging and processing Expedited Organization Determinations, with detailed instructions on how to execute and disseminate decisions in accordance with Medicare Guidelines. In addition to the implementation of staff training and policy and procedure updates, Mapfre must also submit to the Regional office quarterly reports of Requests for expedited Organization determinations.

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Date Report Generated: 9/30/2008

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

Findings: NOT MET

Review ID: 7597

Region: 02 New York

Contract Number / Name: H5821 MAPFRE LIFE INSURANCE COMPANY

Auditing Guide Version: MA Audit Review Guide, Version 4
Auditing Element: OP06
Review Type: Routine
Review Status: Confirmed
MCO Response Received Date:
Element Accepted Date: 11/09/2007
Element Release Date: 11/09/2007
CAP Released Date: 11/09/2007

Visit Start Date: 9/18/2006
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Date Report Issued: 02/23/2007
Date Report Due: 12/29/2006
CAP Accepted Date: 11/09/2007
Audit Closed Date: 11/09/2007
Element Projected Completion Date:
MCO Response Due Date: 04/09/2007

Requirement:

Organization Determination Extensions (Notice Content) - If an extension is granted for an organization determination, the written notice to the member must include the reasons for the delay, and inform the member of the right to file an expedited grievance if he or she disagrees with the decision to grant an extension.

Deficiencies:

In one (1) of the seven (7) cases reviewed in WSOP01 Mapfre failed to notify the member in writing, as required by the guidelines, that they were taking an extension and as a result the member's request would not be processed within the established timeframes.

Corrective Action Required:

Mapfre must ensure that all extensions are proper, appropriately documented and written notifications are sent to the member. Mapfre must train its Appeals and Grievance staff and update its policies and procedures to support this requirement.

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: 7597

Region: 02 New York

Contract Number / Name: H5821 MAPFRE LIFE INSURANCE COMPANY

Auditing Guide Version: MA Audit Review Guide, Version 4
Auditing Element: OP07
Review Type: Routine
Review Status: Confirmed
MCO Response Received Date:
Element Accepted Date: 11/09/2007
Element Release Date: 11/09/2007
CAP Released Date:11/09/2007

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Date Report Issued: 02/23/2007
Date Report Due: 12/29/2006
CAP Accepted Date:11/09/2007
Audit Closed Date: 11/09/2007
Element Projected Completion Date:
MCO Response Due Date: 04/09/2007

Requirement:

Decision Not to Expedite an Organization Determination (Notice Content) - If the MAO decides not to expedite an organization determination, the notice to the member of the decision not to expedite must explain that the MAO will process the request using the 14-day standard timeframe, inform the member of the right to file an expedited 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 MAO grievance process and its timeframes.

Deficiencies:

The misclassification threshold for this element is 30% or three (3) of ten (10). Of the ten (10) cases selected for review all cases were determined to be misclassified. As a result, reviewers could not assess Mapfre's ability to transfer Expedited appeals requests to the standard process appropriately.

Corrective Action Required:

Although this element could not be validated during inspection of the cases files, it was determined, after the interviews with staff and review of the policies and procedures, that Mapfre does have a process in place for transferring expedited cases to the standard process when appropriate.

CMS Medicare Managed Care Auditing Report

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

Findings: NOT MET

Review ID: 7597

Region: 02 New York

Contract Number / Name: H5821 MAPFRE LIFE INSURANCE COMPANY

Auditing Guide Version: MA Audit Review Guide, Version 4
Auditing Element: OP08
Review Type: Routine
Review Status: Confirmed
MCO Response Received Date:
Element Accepted Date: 11/09/2007
Element Release Date: 11/09/2007
CAP Released Date: 11/09/2007

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Date Report Issued: 02/23/2007
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CAP Accepted Date: 11/09/2007
Audit Closed Date: 11/09/2007
Element Projected Completion Date:
MCO Response Due Date: 04/09/2007

Requirement:

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

Deficiencies:

The misclassification threshold for this element is 30% or three (3) of ten (10). Of the ten (10) cases selected for review all cases were determined to be misclassified. As a result, reviewers could not assess Mapfre's ability to receive, acknowledge and process request for Expedited Organization requests.

Corrective Action Required:

Mapre must develop and document internal policy and procedures, which provides individuals responsible for receiving, acknowledging and processing Expedited Organization Determinations, with detailed instructions on how to execute and disseminate decisions in accordance with Medicare Guidelines. In addition to the implementation of staff training and policy and procedure updates, Mapfre must also submit to the Regional office quarterly reports of Requests for expedited Organization determinations.

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Date Report Generated: 9/30/2008

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

Findings: NOT MET

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Region: 02 New York

Contract Number / Name: H5821 MAPFRE LIFE INSURANCE COMPANY

Auditing Guide Version: MA Audit Review Guide, Version 4
Auditing Element: RC01
Review Type: Routine
Review Status: Confirmed
MCO Response Received Date:
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Date Report Due: 12/29/2006
CAP Accepted Date:11/09/2007
Audit Closed Date: 11/09/2007
Element Projected Completion Date:
MCO Response Due Date: 04/09/2007

Requirement:

Favorable Claims Reconsiderations (Timeliness) - If the MAO 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:

The misclassification threshold for this element is 30%. The one (1) case file that was selected for review was determined to be misclassified. As a result, reviewers could not assess Mapfre's ability to receive, acknowledge and effectuate favorable claims reconsiderations.

Corrective Action Required:

Mapfre must ensure that favorable claims reconsiderations are properly annotated in their systems and that statistical data pertaining to such cases can be easily accessed upon request.

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

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Region: 02 New York

Contract Number / Name: H5821 MAPFRE LIFE INSURANCE COMPANY

Auditing Guide Version: MA Audit Review Guide, Version 4
Auditing Element: RC02
Review Type: Routine
Review Status: Confirmed
MCO Response Received Date:
Element Accepted Date: 09/04/2007
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Date Report Due: 12/29/2006
CAP Accepted Date:11/09/2007
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MCO Response Due Date: 04/09/2007

Requirement:

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

Deficiencies:

The misclassification threshold for this element is 30%. The one (1) case file that was selected for review was determined to be misclassified. As a result, reviewers could not assess Mapfre's ability to process and effectuate unfavorable claims reconsiderations.

Corrective Action Required:

Mapfre must ensure that unfavorable claims reconsiderations are properly annotated in their systems and that statistical data pertaining to such cases can be easily accessed upon request.

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: 7597

Region: 02 New York

Contract Number / Name: H5821 MAPFRE LIFE INSURANCE COMPANY

Auditing Guide Version: MA Audit Review Guide, Version 4
Auditing Element: RC03
Review Type: Routine
Review Status: Confirmed
MCO Response Received Date:
Element Accepted Date: 09/04/2007
Element Release Date: 11/09/2007
CAP Released Date:11/09/2007

Visit Start Date: 9/18/2006
Exit Conference Date: 11/14/2006
Date Report Issued: 02/23/2007
Date Report Due: 12/29/2006
CAP Accepted Date:11/09/2007
Audit Closed Date: 11/09/2007
Element Projected Completion Date:
MCO Response Due Date: 04/09/2007

Requirement:

Effectuation of Third Party Claims Reconsideration Reversals - If the MAO's determination is reversed in whole or in part by the independent review entity, the MAO must pay for the service no later than 30 calendar days from the date it receives the notice reversing the organization determination. 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:

The misclassification threshold for this element is 30%. The one (1) case file that was selected for review was determined to be misclassified. As a result, reviewers could not assess Mapfre's ability to process and effectuate unfavorable claims reconsiderations.

Corrective Action Required:

Mapfre must ensure that unfavorable claims reconsiderations are properly annotated in their systems and that statistical data pertaining to such cases can be easily accessed upon request.