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: H2409 MEDICA INSURANCE COMPANY

Review ID: 10997

Auditing Guide Version: PFFS Audit Review Guide, Version 2

Auditing Element: CN01

Review Type: Routine

Review Status: Confirmed

MCO Response Received Date:

Element Accepted Date:

Element Release Date:

CAP Released Date:

Visit Start Date: 6/16/2008

Exit Conference Date: 06/19/2008

Date Report Issued: 07/31/2008

Date Report Due: 08/03/2008

CAP Accepted Date:

Audit Closed Date:

Element Projected Completion Date:

MCO Response Due Date: 09/14/2008

Requirement:

Required Contract Provisions: Privacy and Confidentiality - The MAO"s written contracts with first tier and downstream entities and terms and conditions of payment must contain the provisions that contracting entities agree to safeguard beneficiary privacy and confidentiality, consistent with all Federal and State laws, and ensure accuracy of beneficiary medical, health, and enrollment information and records.

Deficiencies:

see contract H2410 for results

Corrective Action Required:

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: H2409 MEDICA INSURANCE COMPANY

Review ID: 10997

Auditing Guide Version: PFFS Audit Review Guide, Version 2
Auditing Element: DN02
Review Type: Routine
Review Status: Confirmed
MCO Response Received Date:
Element Accepted Date:
Element Release Date:
CAP Released Date:

Visit Start Date: 6/16/2008
Exit Conference Date: 06/19/2008
Date Report Issued: 07/31/2008
Date Report Due: 08/03/2008
CAP Accepted Date:
Audit Closed Date:
Element Projected Completion Date:
MCO Response Due Date: 09/14/2008

Requirement:

Voluntary Disenrollment (Timeliness) - The MAO sends the disenrollment notice to the member within timeframes specified by CMS.

Deficiencies:

see results in contract H2410

Corrective Action Required:

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: H2409 MEDICA INSURANCE COMPANY

Review ID: 10997

Auditing Guide Version: PFFS Audit Review Guide, Version 2

Auditing Element: DN03

Review Type: Routine

Review Status: Confirmed

MCO Response Received Date:

Element Accepted Date:

Element Release Date:

CAP Released Date:

Visit Start Date: 6/16/2008

Exit Conference Date: 06/19/2008

Date Report Issued: 07/31/2008

Date Report Due: 08/03/2008

CAP Accepted Date:

Audit Closed Date:

Element Projected Completion Date:

MCO Response Due Date: 09/14/2008

Requirement:

Voluntary Disenrollment (Notice Content) - The MAO sends the disenrollment notice to the member in a format specified by CMS, providing the correct effective date of disenrollment.

Deficiencies:

see results in contract H2410

Corrective Action Required:

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: 10997

Region: 05 Chicago

Contract Number / Name: H2409 MEDICA INSURANCE COMPANY

Auditing Guide Version: PFFS Audit Review Guide, Version 2

Auditing Element: DN05

Review Type: Routine

Review Status: Confirmed

MCO Response Received Date:

Element Accepted Date:

Element Release Date:

CAP Released Date:

Visit Start Date: 6/16/2008

Exit Conference Date: 06/19/2008

Date Report Issued: 07/31/2008

Date Report Due: 08/03/2008

CAP Accepted Date:

Audit Closed Date:

Element Projected Completion Date:

MCO Response Due Date: 09/14/2008

Requirement:

Involuntary Disenrollment for Non-Payment of Premium (Optional) - The MAO may involuntarily disenroll Medicare members who fail to pay monthly basic or supplementary premiums only after demonstrating to CMS that the MAO has made reasonable efforts to collect the unpaid premium amount, including notifying the individual that the premiums are delinquent, providing the individual with a grace period to pay past premiums due, and advising the individual that failure to pay will result in termination. An MAO may not disenroll members for failure to pay premiums (or notify them of impending disenrollment) in cases where the member has requested that premiums be withheld from his/her Social Securityh benefit check, or any individual considered to be in premium withhold status by CMS, as outlined in Section 50.3.1 of Manual Chapter 2. The MAO may only disenroll the Medicare member when the MAO has not received payment within a grace period of a minimum of 1 calendar month that begins on the first day of the month for which the premium was not paid. The effective date of disenrollment is the first day of the month after the grace period ends.

Deficiencies:

see results in contract H2410

Corrective Action Required:

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: H2409 MEDICA INSURANCE COMPANY

Review ID: 10997

Auditing Guide Version: PFFS Audit Review Guide, Version 2
Auditing Element: DN07
Review Type: Routine
Review Status: Confirmed
MCO Response Received Date:
Element Accepted Date:
Element Release Date:
CAP Released Date:

Visit Start Date: 6/16/2008
Exit Conference Date: 06/19/2008
Date Report Issued: 07/31/2008
Date Report Due: 08/03/2008
CAP Accepted Date:
Audit Closed Date:
Element Projected Completion Date:
MCO Response Due Date: 09/14/2008

Requirement:

Compliant Retroactive Disenrollment Requests - The MAO correctly submits requests to the CMS Regional Office, or Program Safeguard Contractor, for retroactive disenrollments that are permitted by the CMS policy in the MA Enrollment Guidelines, Section 60.5. Supporting information is included in accordance with CMS policy.

Deficiencies:

see results in contract H2410

Corrective Action Required:

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: 10997

Region: 05 Chicago

Contract Number / Name: H2409 MEDICA INSURANCE COMPANY

Auditing Guide Version: PFFS Audit Review Guide, Version 2

Auditing Element: DN08

Review Type: Routine

Review Status: Confirmed

MCO Response Received Date:

Element Accepted Date:

Element Release Date:

CAP Released Date:

Visit Start Date: 6/16/2008

Exit Conference Date: 06/19/2008

Date Report Issued: 07/31/2008

Date Report Due: 08/03/2008

CAP Accepted Date:

Audit Closed Date:

Element Projected Completion Date:

MCO Response Due Date: 09/14/2008

Requirement:

Involuntary Disenrollment for Disruptive Behavior - The MAO may request disenrollment of a Medicare member for disruptive behavior only when the behavior substantially impairs the MAO"s ability to furnish services to the member or other members. The MAO may only disenroll a member for disruptive behavior if it has met the requirements of Section 50.3.2 of the MA Enrollment Guidelines and with CMS approval.

Deficiencies:

see results in contract H2410

Corrective Action Required:

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: 10997

Region: 05 Chicago

Contract Number / Name: H2409 MEDICA INSURANCE COMPANY

Auditing Guide Version: PFFS Audit Review Guide, Version 2

Auditing Element: DN09

Review Type: Routine

Review Status: Confirmed

MCO Response Received Date:

Element Accepted Date:

Element Release Date:

CAP Released Date:

Visit Start Date: 6/16/2008

Exit Conference Date: 06/19/2008

Date Report Issued: 07/31/2008

Date Report Due: 08/03/2008

CAP Accepted Date:

Audit Closed Date:

Element Projected Completion Date:

MCO Response Due Date: 09/14/2008

Requirement:

Involuntary Disenrollment for Fraud or Abuse - The MAO may disenroll Medicare members when they commit fraud or permit abuse of their enrollment cards. Fraud is limited to knowingly providing, during the election process, fraudulent information that materially affects determination of the the members" eligibility to enroll in an MA plan. Abuse of members" enrollment cards includes intentionally permitting others to use their enrollment cards to obtain services under the MA plan. The MAO disenrolls Medicare members for fraud or abuse only after the MAO mails the members a written notice that includes an explanation of the members" right to a hearing under the MAO"s grievance procedures. The MAO disenrolls members effective the first day of the calendar month after the month in which notice is sent to the members of the intended action. When an MAO disenrolls a member for this reason, it must immediately notify the CMS RO.

Deficiencies:

see results in contract H2410

Corrective Action Required:

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: 10997

Region: 05 Chicago

Contract Number / Name: H2409 MEDICA INSURANCE COMPANY

Auditing Guide Version: PFFS Audit Review Guide, Version 2

Auditing Element: ER04

Review Type: Routine

Review Status: Confirmed

MCO Response Received Date:

Element Accepted Date:

Element Release Date:

CAP Released Date:

Visit Start Date: 6/16/2008

Exit Conference Date: 06/19/2008

Date Report Issued: 07/31/2008

Date Report Due: 08/03/2008

CAP Accepted Date:

Audit Closed Date:

Element Projected Completion Date:

MCO Response Due Date: 09/14/2008

Requirement:

Enrollment Election Completion Process - The MAO must correctly identify incomplete enrollment elections and follow CMS requirements for requesting information from the beneficiaries to make the elections complete.

Deficiencies:

see results in contract H2410

Corrective Action Required:

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: 10997

Region: 05 Chicago

Contract Number / Name: H2409 MEDICA INSURANCE COMPANY

Auditing Guide Version: PFFS Audit Review Guide, Version 2

Auditing Element: ER05

Review Type: Routine

Review Status: Confirmed

MCO Response Received Date:

Element Accepted Date:

Element Release Date:

CAP Released Date:

Visit Start Date: 6/16/2008

Exit Conference Date: 06/19/2008

Date Report Issued: 07/31/2008

Date Report Due: 08/03/2008

CAP Accepted Date:

Audit Closed Date:

Element Projected Completion Date:

MCO Response Due Date: 09/14/2008

Requirement:

Required Enrollment Notice (Timeliness) - The MAO notifies the beneficiary of receipt of the enrollment election and confirmation of enrollment acceptance within timeframes specified by CMS. This may be done with two separate notices or one combined notice as specified by CMS.

Deficiencies:

See results in contract H2410

Corrective Action Required:

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: 10997

Region: 05 Chicago

Contract Number / Name: H2409 MEDICA INSURANCE COMPANY

Auditing Guide Version: PFFS Audit Review Guide, Version 2

Auditing Element: ER08

Review Type: Routine

Review Status: Confirmed

MCO Response Received Date:

Element Accepted Date:

Element Release Date:

CAP Released Date:

Visit Start Date: 6/16/2008

Exit Conference Date: 06/19/2008

Date Report Issued: 07/31/2008

Date Report Due: 08/03/2008

CAP Accepted Date:

Audit Closed Date:

Element Projected Completion Date:

MCO Response Due Date: 09/14/2008

Requirement:

Denial of Enrollment Prior to Transmission to CMS (Notice Content) - The MAO gives beneficiaries denial notice that meets CMS requirements. If the MA plan is currently enrolled to capacity, the notice explains the procedures that will be followed when vacancies occur.

Deficiencies:

see results in contract H2410

Corrective Action Required:

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: 10997

Region: 05 Chicago

Contract Number / Name: H2409 MEDICA INSURANCE COMPANY

Auditing Guide Version: PFFS Audit Review Guide, Version 2

Auditing Element: ER12

Review Type: Routine

Review Status: Confirmed

MCO Response Received Date:

Element Accepted Date:

Element Release Date:

CAP Released Date:

Visit Start Date: 6/16/2008

Exit Conference Date: 06/19/2008

Date Report Issued: 07/31/2008

Date Report Due: 08/03/2008

CAP Accepted Date:

Audit Closed Date:

Element Projected Completion Date:

MCO Response Due Date: 09/14/2008

Requirement:

Retroactive Enrollment Requests - The MAO requests retroactive enrollments, when appropriate, and adheres to CMS requirements in requesting retroactive enrollments from the Regional Office or Program Safeguard Contractor.

Deficiencies:

see results in contract H2410

Corrective Action Required:

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: 10997

Region: 05 Chicago

Contract Number / Name: H2409 MEDICA INSURANCE COMPANY

Auditing Guide Version: PFFS Audit Review Guide, Version 2

Auditing Element: ER17

Review Type: Routine

Review Status: Confirmed

MCO Response Received Date:

Element Accepted Date:

Element Release Date:

CAP Released Date:

Visit Start Date: 6/16/2008

Exit Conference Date: 06/19/2008

Date Report Issued: 07/31/2008

Date Report Due: 08/03/2008

CAP Accepted Date:

Audit Closed Date:

Element Projected Completion Date:

MCO Response Due Date: 09/14/2008

Requirement:

Working Aged Survey - The MAO must conduct an annual working aged survey. It must submit one Excel file for both members who were working aged in the annual survey and for those members who did not respond to the survey. The name and HIC# for each member must be included in this file.

Deficiencies:

see results in contract H2410

Corrective Action Required:

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: H2409 MEDICA INSURANCE COMPANY

Review ID: 10997

Auditing Guide Version: PFFS Audit Review Guide, Version 2
Auditing Element: MR01
Review Type: Routine
Review Status: Confirmed
MCO Response Received Date:
Element Accepted Date:
Element Release Date:
CAP Released Date:

Visit Start Date: 6/16/2008
Exit Conference Date: 06/19/2008
Date Report Issued: 07/31/2008
Date Report Due: 08/03/2008
CAP Accepted Date:
Audit Closed Date:
Element Projected Completion Date:
MCO Response Due Date: 09/14/2008

Requirement:

Appropriate Submission and Distribution of Marketing Materials - The MAO follows the requirements contained in the regulations and Medicare Marketing Guidelines for submission and distribution of marketing materials, including appropriate timelines and content of model, non-model, and File & Use materials.

Deficiencies:

see results in contract H2410

Corrective Action Required:

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: 10997

Region: 05 Chicago

Contract Number / Name: H2409 MEDICA INSURANCE COMPANY

Auditing Guide Version: PFFS Audit Review Guide, Version 2

Auditing Element: MR08

Review Type: Routine

Review Status: Confirmed

MCO Response Received Date:

Element Accepted Date:

Element Release Date:

CAP Released Date:

Visit Start Date: 6/16/2008

Exit Conference Date: 06/19/2008

Date Report Issued: 07/31/2008

Date Report Due: 08/03/2008

CAP Accepted Date:

Audit Closed Date:

Element Projected Completion Date:

MCO Response Due Date: 09/14/2008

Requirement:

No Engagement in Activities Which Mislead, Confuse, or Misrepresent the MAO The MAO does not engage in activities which materially mislead, confuse, or misrepresent the MAO. The MAO may not: " Claim recommendation or endorsement by CMS or Medicare or the Department of Health and Human Services, or that CMS, Medicare, or the Department of Health and Human Services recommend that beneficiaries enroll in the plan; " Make erroneous written or oral statements including any statement, claim, or promise that conflicts with, materially alters, or erroneously expands upon the information contained in CMS-approved materials; " Use providers or provider groups to distribute printed information comparing benefits of different health plans, unless the materials have the concurrence of all MAOs involved and unless the materials have received prior approval from CMS; " Use providers to accept enrollment applications or offer inducement to persuade beneficiaries to join plans; " Use providers to offer anything of value to induce plan enrollees to select them as a provider; " Accept plan applications in provider offices or other places where health care is delivered; " Offer gifts or payment as an inducement to enroll in the organization; " Offer cash gifts, including charitable contributions made on behalf of people attending a marketing presentation, and including gift certificates and gift cards that can be readily converted to cash; " Employ MA plan names which suggest that a plan is not available to all Medicare beneficiaries (Does not apply to plan names in effect on or before July 31, 2000); " Engage in any discriminatory marketing practice, such as targeted marketing to Medicare beneficiaries from higher income areas, without making comparable efforts to enroll Medicare beneficiaries from lower income areas; or " Use high pressure sales tactics to enroll a beneficiary into a plan or require an in-home appointment; " Send unsolicited e-mails unless the Medicare beneficiary agrees to receive e-mails; " Buy or rent e-mail lists to distribute information about MA plans " Conduct door-to-door solicitation of Medicare beneficiaries.

Deficiencies:

see results in contract H2410

Corrective Action Required:

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: 10997

Region: 05 Chicago

Contract Number / Name: H2409 MEDICA INSURANCE COMPANY

Auditing Guide Version: PFFS Audit Review Guide, Version 2

Auditing Element: MR201

Review Type: Routine

Review Status: Confirmed

MCO Response Received Date:

Element Accepted Date:

Element Release Date:

CAP Released Date:

Visit Start Date: 6/16/2008

Exit Conference Date: 06/19/2008

Date Report Issued: 07/31/2008

Date Report Due: 08/03/2008

CAP Accepted Date:

Audit Closed Date:

Element Projected Completion Date:

MCO Response Due Date: 09/14/2008

Requirement:

Marketing Materials Disclaimer - MAOs offering PFFS plans must prominently display the required PFFS disclaimer in all materials, including but not limited to advertisements, enrollment materials, and materials used at sales presentations.

Deficiencies:

see results in contract H2410

Corrective Action Required:

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: 10997

Region: 05 Chicago

Contract Number / Name: H2409 MEDICA INSURANCE COMPANY

Auditing Guide Version: PFFS Audit Review Guide, Version 2

Auditing Element: MR204

Review Type: Routine

Review Status: Confirmed

MCO Response Received Date:

Element Accepted Date:

Element Release Date:

CAP Released Date:

Visit Start Date: 6/16/2008

Exit Conference Date: 06/19/2008

Date Report Issued: 07/31/2008

Date Report Due: 08/03/2008

CAP Accepted Date:

Audit Closed Date:

Element Projected Completion Date:

MCO Response Due Date: 09/14/2008

Requirement:

Outbound Education and Verification Calls - All MAOs offering PFFS plans are required to conduct outbound education and verification calls to all applicants to ensure beneficiaries requesting enrollment understand the plan rules, except enrollments into employer or union sponsored PFFS plans or switches from one PFFS plan to another PFFS plan offered by the same MA organization.

Deficiencies:

see results in contract H2410

Corrective Action Required:

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: 10997

Region: 05 Chicago

Contract Number / Name: H2409 MEDICA INSURANCE COMPANY

Auditing Guide Version: PFFS Audit Review Guide, Version 2

Auditing Element: OC06

Review Type: Routine

Review Status: Confirmed

MCO Response Received Date:

Element Accepted Date:

Element Release Date:

CAP Released Date:

Visit Start Date: 6/16/2008

Exit Conference Date: 06/19/2008

Date Report Issued: 07/31/2008

Date Report Due: 08/03/2008

CAP Accepted Date:

Audit Closed Date:

Element Projected Completion Date:

MCO Response Due Date: 09/14/2008

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 specific denial reason. The notice must also inform the enrollee of his or her right to a standard reconsideration and describe the appeal process.

Deficiencies:

see contract H2410 for results

Corrective Action Required:

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: 10997

Region: 05 Chicago

Contract Number / Name: H2409 MEDICA INSURANCE COMPANY

Auditing Guide Version: PFFS Audit Review Guide, Version 2

Auditing Element: OC202

Review Type: Routine

Review Status: Confirmed

MCO Response Received Date:

Element Accepted Date:

Element Release Date:

CAP Released Date:

Visit Start Date: 6/16/2008

Exit Conference Date: 06/19/2008

Date Report Issued: 07/31/2008

Date Report Due: 08/03/2008

CAP Accepted Date:

Audit Closed Date:

Element Projected Completion Date:

MCO Response Due Date: 09/14/2008

Requirement:

Information on Enrollee Liability - The MAO must provide to plan enrollees, for each claim filed by the enrollee or the provider that furnished the service, an appropriate explanation of benefits. The explanation must include a clear statement of the enrollee"s liability for deductibles, coinsurance, copayment, and balance billing.

Deficiencies:

see contract H2410 for results.

Corrective Action Required: