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: 06 Dallas
Contract Number / Name: H5817 AMERIGROUP TEXAS, INC.

Review ID: 9397

Auditing Guide Version: MA Audit Review Guide, Version 4
Auditing Element: GV01
Review Type: Routine
Review Status: Confirmed
MCO Response Received Date: 10/19/2007
Element Accepted Date: 01/14/2008
Element Release Date: 02/06/2008
CAP Released Date: 05/28/2008

Visit Start Date: 7/23/2007
Exit Conference Date: 08/31/2007
Date Report Issued: 09/06/2007
Date Report Due: 10/15/2007
CAP Accepted Date: 01/14/2008
Audit Closed Date: 05/28/2008
Element Projected Completion Date: 12/01/2007
MCO Response Due Date: 10/21/2007

Requirement:

Organization Determinations and Reconsiderations Not Categorized as Grievances - The MAO must correctly distinguish between organization determinations, reconsiderations, and grievances and process them through the appropriate mechanisms.

Deficiencies:

Elements GV01, GV03, GV04, and GV05 were not met due to eight of the 15 samples being misclassified. 8 samples do not meet grievance definition as described in Chapter 13 of the Medicare Managed Care Manual.

Corrective Action Required:

CMS requires Plan to conduct internal audit which will capture MAO's grievances for three month period starting October 1, 2007 and ending December 31, 2007. Per CMS requirements, a monthly report must be sent to the Dallas Regional Office for review. A final cumulative report will be due to CMS no later than January 15, 2008.

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: 9397

Region: 06 Dallas

Contract Number / Name: H5817 AMERIGROUP TEXAS, INC.

Auditing Guide Version: MA Audit Review Guide, Version 4
Auditing Element: GV03
Review Type: Routine
Review Status: Confirmed
MCO Response Received Date: 10/19/2007
Element Accepted Date: 01/14/2008
Element Release Date: 02/06/2008
CAP Released Date: 05/28/2008

Visit Start Date: 7/23/2007
Exit Conference Date: 08/31/2007
Date Report Issued: 09/06/2007
Date Report Due: 10/15/2007
CAP Accepted Date: 01/14/2008
Audit Closed Date: 05/28/2008
Element Projected Completion Date: 12/01/2007
MCO Response Due Date: 10/21/2007

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:

Elements GV01, GV03, GV04, and GV05 were not met due to eight of the 15 samples being misclassified. 8 samples do not meet grievance definition as described in Chapter 13 of the Medicare Managed Care Manual.

Corrective Action Required:

CMS requires Plan to conduct internal audit which will capture MAO's grievances for three month period starting October 1, 2007 and ending December 31, 2007. Per CMS requirements, a monthly report must be sent to the Dallas Regional Office for review. A final cumulative report will be due to CMS no later than January 15, 2008.

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

Findings: NOT MET

Review ID: 9397

Region: 06 Dallas

Contract Number / Name: H5817 AMERIGROUP TEXAS, INC.

Auditing Guide Version: MA Audit Review Guide, Version 4
Auditing Element: GV04
Review Type: Routine
Review Status: Confirmed
MCO Response Received Date: 10/19/2007
Element Accepted Date: 01/14/2008
Element Release Date: 02/06/2008
CAP Released Date: 05/28/2008

Visit Start Date: 7/23/2007
Exit Conference Date: 08/31/2007
Date Report Issued: 09/06/2007
Date Report Due: 10/15/2007
CAP Accepted Date: 01/14/2008
Audit Closed Date: 05/28/2008
Element Projected Completion Date: 12/01/2007
MCO Response Due Date: 10/21/2007

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:

Elements GV01, GV03, GV04, and GV05 were not met due to eight of the 15 samples being misclassified. 8 samples do not meet grievance definition as described in Chapter 13 of the Medicare Managed Care Manual.

Corrective Action Required:

CMS requires Plan to conduct internal audit which will capture MAO's grievances for three month period starting October 1, 2007 and ending December 31, 2007. Per CMS requirements, a monthly report must be sent to the Dallas Regional Office for review. A final cumulative report will be due to CMS no later than January 15, 2008.

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: 9397

Region: 06 Dallas

Contract Number / Name: H5817 AMERIGROUP TEXAS, INC.

Auditing Guide Version: MA Audit Review Guide, Version 4
Auditing Element: GV05
Review Type: Routine
Review Status: Confirmed
MCO Response Received Date: 10/19/2007
Element Accepted Date: 01/14/2008
Element Release Date: 02/06/2008
CAP Released Date: 05/28/2008

Visit Start Date: 7/23/2007
Exit Conference Date: 08/31/2007
Date Report Issued: 09/06/2007
Date Report Due: 10/15/2007
CAP Accepted Date: 01/14/2008
Audit Closed Date: 05/28/2008
Element Projected Completion Date: 12/01/2007
MCO Response Due Date: 10/21/2007

Requirement:

Method of Grievance Decision Notification The MAO just respond to written grievances in writing. The MAO must respond to oral grievances either orally or in writing, unless the member requests a written response. The MAO must respond to all grievances related to quality of care in writing, regardless of how the grievance was submitted.

Deficiencies:

Elements GV01, GV03, GV04, and GV05 were not met due to eight of the 15 samples being misclassified. 8 samples do not meet grievance definition as described in Chapter 13 of the Medicare Managed Care Manual.

Corrective Action Required:

CMS requires Plan to conduct internal audit which will capture MAO's grievances for three month period starting October 1, 2007 and ending December 31, 2007. Per CMS requirements, a monthly report must be sent to the Dallas Regional Office for review. A final cumulative report will be due to CMS no later than January 15, 2008.

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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: 9397

Region: 06 Dallas

Contract Number / Name: H5817 AMERIGROUP TEXAS, INC.

Auditing Guide Version: MA Audit Review Guide, Version 4
Auditing Element: OC06
Review Type: Routine
Review Status: Confirmed
MCO Response Received Date: 10/19/2007
Element Accepted Date: 01/14/2008
Element Release Date: 05/27/2008
CAP Released Date: 05/28/2008

Visit Start Date: 7/23/2007
Exit Conference Date: 08/31/2007
Date Report Issued: 09/06/2007
Date Report Due: 10/15/2007
CAP Accepted Date: 01/14/2008
Audit Closed Date: 05/28/2008
Element Projected Completion Date: 12/31/2007
MCO Response Due Date: 10/21/2007

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:

Standard denial notice was not used on 24 of the 30 samples. The notice to the enrollee does not comply with the model appeals language in CMS-1003-NDP. The reason for the service being denied is not indicated.

Corrective Action Required:

Plan must conduct a three month internal audit from October1, 2007-December 31, 2007 of denied OC02 claims. Plan per CMS regulations must submit a monthly report to Dallas Regional Office reflecting findings of audit. Plan must submit a cumulative report to Dallas Regional office and indicate findings in HPMS no later than January 15, 2008

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

Findings: NOT MET

Review ID: 9397

Region: 06 Dallas

Contract Number / Name: H5817 AMERIGROUP TEXAS, INC.

Auditing Guide Version: MA Audit Review Guide, Version 4
Auditing Element: OP01
Review Type: Routine
Review Status: Confirmed
MCO Response Received Date: 10/19/2007
Element Accepted Date: 01/14/2008
Element Release Date: 02/06/2008
CAP Released Date: 05/28/2008

Visit Start Date: 7/23/2007
Exit Conference Date: 08/31/2007
Date Report Issued: 09/06/2007
Date Report Due: 10/15/2007
CAP Accepted Date: 01/14/2008
Audit Closed Date: 05/28/2008
Element Projected Completion Date: 10/05/2007
MCO Response Due Date: 10/21/2007

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:

This element is not met. A sample of ten standard Pre-Service denials by Amerigroup and six by the delegated entity were reviewed. Three denial letters issued by Amerigroup were not issued to the members within 14 days from the date the request for service was received.

Corrective Action Required:

When Amerigroup makes a pre-service denial determination, the member must be notified within 14 calendar days from the date the request was received (or 28 days if an extension was taken and justified.) Amerigroup must conduct an internal audit of standard pre-service denials for October 1-December 31, 2007, and submit the results to CMS no later than Jaunary 15, 2008.

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: 9397

Region: 06 Dallas

Contract Number / Name: H5817 AMERIGROUP TEXAS, INC.

Auditing Guide Version: MA Audit Review Guide, Version 4
Auditing Element: OP02
Review Type: Routine
Review Status: Confirmed
MCO Response Received Date: 10/19/2007
Element Accepted Date: 01/14/2008
Element Release Date: 02/06/2008
CAP Released Date: 05/28/2008

Visit Start Date: 7/23/2007
Exit Conference Date: 08/31/2007
Date Report Issued: 09/06/2007
Date Report Due: 10/15/2007
CAP Accepted Date: 01/14/2008
Audit Closed Date: 05/28/2008
Element Projected Completion Date: 10/31/2007
MCO Response Due Date: 10/21/2007

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:

This element is not met. A sample of ten Standard Pre-Service Denial determinations by Amerigroup and six by the delegated entity were reviewed. The CMS-1003-NDMC(Notice of Denial of Medical Coverage) with appeals language was not provided for one pre-service denial determination by Amerigroup. Three denial letters included language that was confusing to the member, incorrect or incomplete. One denial was a Part D service that was incorrectly categorized as a Part C Service. Delegated Entity Denials: The CMS-1003-NDMC was not provided for five denials by the delegated entity. Appeals rights were not included for four denials. The denial reason on the one CMS-1003-NDMC that was provided was too clinical for the member to understand.

Corrective Action Required:

Amerigroup and the delegated entity must ensure that the CMS-1003-NDMC with appeals language is provided to the member when a pre-service denial determination is made. The notice must include the denied service and give the correct reason for the denial which is not confusing or misleading to the member. Amerigroup must conduct an internal audit of standard pre-service denials for October 1-December 31, 2007, and submit the results to CMS no later than January 15, 2008.

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

Findings: NOT MET

Review ID: 9397

Region: 06 Dallas

Contract Number / Name: H5817 AMERIGROUP TEXAS, INC.

Auditing Guide Version: MA Audit Review Guide, Version 4
Auditing Element: RC01
Review Type: Routine
Review Status: Confirmed
MCO Response Received Date: 10/19/2007
Element Accepted Date: 01/14/2008
Element Release Date: 02/06/2008
CAP Released Date: 05/28/2008

Visit Start Date: 7/23/2007
Exit Conference Date: 08/31/2007
Date Report Issued: 09/06/2007
Date Report Due: 10/15/2007
CAP Accepted Date: 01/14/2008
Audit Closed Date: 05/28/2008
Element Projected Completion Date: 12/01/2007
MCO Response Due Date: 10/21/2007

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:

Worksheet was not met for RC01 due to misclassifications. There were not denials made on these misclassified samples. Definition of Universe is: "All claims reconsiderations determinations made during the review period that resulted in the MA Plan reversing its initial denial."

Corrective Action Required:

Plan conducts audit of the favorable claim reconsiderations from October 1, 2007-December 31, 2007. Favorable Claims Reconsiderations must consist of all claims reconsiderations determinations made during the review period that resulted in the MA reversing its decision. Plan per CMS requirements submits monthly report to CMS. Plan submits final cumulative report not later than January 15, 2008.

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

Findings: NOT MET

Review ID: 9397

Region: 06 Dallas

Contract Number / Name: H5817 AMERIGROUP TEXAS, INC.

Auditing Guide Version: MA Audit Review Guide, Version 4
Auditing Element: RC02
Review Type: Routine
Review Status: Confirmed
MCO Response Received Date: 10/19/2007
Element Accepted Date: 01/14/2008
Element Release Date: 02/06/2008
CAP Released Date: 05/28/2008

Visit Start Date: 7/23/2007
Exit Conference Date: 08/31/2007
Date Report Issued: 09/06/2007
Date Report Due: 10/15/2007
CAP Accepted Date: 01/14/2008
Audit Closed Date: 05/28/2008
Element Projected Completion Date: 12/01/2007
MCO Response Due Date: 10/21/2007

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 samples pulled do not meet the definition of this universe. The definition requires that the claim reconsiderations be fully favorable to the member. Worksheet Universe definition: "All claims reconsideration determinations made during the review period that were not fully favorable to the member."

Corrective Action Required:

Plan conducts audit of the unfavorable claim reconsiderations from October 1, 2007-December 31, 2007. Plan per CMS requirements submits monthly report to CMS. Plan submits final cumulative report not later than January 15, 2008.

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: 9397

Region: 06 Dallas

Contract Number / Name: H5817 AMERIGROUP TEXAS, INC.

Auditing Guide Version: MA Audit Review Guide, Version 4
Auditing Element: RC03
Review Type: Routine
Review Status: Confirmed
MCO Response Received Date: 10/19/2007
Element Accepted Date: 01/14/2008
Element Release Date: 02/06/2008
CAP Released Date: 05/28/2008

Visit Start Date: 7/23/2007
Exit Conference Date: 08/31/2007
Date Report Issued: 09/06/2007
Date Report Due: 10/15/2007
CAP Accepted Date: 01/14/2008
Audit Closed Date: 05/28/2008
Element Projected Completion Date: 12/01/2007
MCO Response Due Date: 10/21/2007

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 samples pulled do not meet the definition of this universe. The definition requires that the claim reconsiderations be fully favorable to the member. Worksheet Universe definition: "All claims reconsideration determinations made during the review period that were not fully favorable to the member."

Corrective Action Required:

Plan conducts audit of the unfavorable claim reconsiderations from October 1, 2007-December 31, 2007. Plan per CMS requirements submits monthly report to CMS. Plan submits final cumulative report not later than January 15, 2008.