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: 8257

Region: 04 Atlanta

Contract Number / Name: H1034 AMERICA'S HEALTH CHOICE MEDICAL PLAN

Auditing Guide Version: MA Audit Review Guide, Version 4

Auditing Element: PR03

Review Type: Focused

Review Status: Confirmed

MCO Response Received Date:

Element Accepted Date: 09/26/2007

Element Release Date: 09/26/2007

CAP Released Date:09/26/2007

Visit Start Date: 2/14/2007

Exit Conference Date: 02/16/2007

Date Report Issued: 03/13/2007

Date Report Due: 04/02/2007

CAP Accepted Date:09/26/2007

Audit Closed Date: 09/26/2007

Element Projected Completion Date:

MCO Response Due Date: 04/27/2007

Requirement:

Credentialing Requirements for Physicians and Other Health Care Professionals - The MAO must follow a documented process for physicians and other health care professionals regarding initial credentialing and recredentialing.

Deficiencies:

America's Health Choice does not meet the CMS compliance standard. CMS reviewed 20 provider credentialing files and found that one was misclassified and 16 of the remaining 19 did not meet CMS requirements. A significant finding in the review of AHC's provider credentialing was the lack of Quality Improvement processes. AHC does not have a formal process for reviewing performance indicators which incorporates information from utilization management, grievances, enrollee satisfaction surveys, and other activities of the organization. Specific deficiencies include: - Thirteen provider applications were not completed in entirety. - Four applications did not demonstrate that the provider had malpractice insurance at the time of credentialing. - One applications did not demonstrate that the provider has clinical privileges. - One application did not include the pages corresponding to referrals, licensure, certification, malpractice insurance, and education. Therefore, the auditor could not verify the provider's malpractice insurance in either the application or by using the Primary Verification Source. - In one application the provider attested to not having any malpractice action brought or settled against him in the five year period prior to May 5, 2004. Although his signed "Summary of Malpractice Claims" indicate that there were two malpractice claims (in January 2000 and July 2000) settled against him during this five-year timeframe.

Corrective Action Required:

In order to demonstrate compliance with Credentialing Requirements for Physicians and Other Health Care Professionals, America's Health Choice must establish a Quality Improvement process which encompasses a formal process for reviewing performance indicators including: utilization management system, grievance system, enrollee satisfaction surveys, and other activities of the organization. America's Health Choice credentialing staff must ensure that all provider applications are completed in entirety in order to demonstrate compliance with CMS requirements. In addition to ensuring completed applications, the America's Health Choice credentialing staff must verify that the information on the application, including the Attestation page, correlates with the information provided by the Primary Verification Source.