CMS Medicare Managed Care Auditing Report

Auditing Review Results (Initial Report)-Public Website Version

Date Report Generated: 9/30/2008

MRT Number: M0002, Contract Number: All, Category: All, Element: All, Finding:NOT MET, Reviewer:All

Findings: NOT MET
Region: 09 San Francisco
MRT Number / Name: M0002 MRT Americhoice
Contract Number / Name: H0321 ARIZONA PHYSICIANS IPA, INC.

Review ID: 9917

Auditing Guide Version: MA Audit Review Guide, Version 4
Auditing Element: OP04
Review Type: Focused
Review Status: Confirmed
MCO Response Received Date:
Element Accepted Date: 04/30/2008
Element Release Date: 04/30/2008
CAP Released Date:04/30/2008

Visit Start Date: 02/25/2008
Exit Conference Date: 02/29/2008
Date Report Issued: 04/01/2008
Date Report Due: 04/14/2008
CAP Accepted Date:04/30/2008
Audit Closed Date: 04/30/2008
Element Projected Completion Date:
MCO Response Due Date: 05/16/2008

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:

APIPA does not meet this requirement. CMS reviewed a sample of 10 expedited organization determinations from a universe of 21 (health plan and delegated entity cases), the reviewer found all 10 cases non-compliant. APIPA and its delegated entity had not notified member of the approval decisions either orally or in writing. (Decisions for all 10 cases were made within the required 72 hour time-frame.)

Corrective Action Required:

APIPA must describe the actions it is taking to ensure that it is meeting the member notification requirements for expedited organization determinations in accordance with CMS policy and regulations. Corrective action must include internal health plan oversight audits.

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Region: 09 San Francisco

MRT Number / Name: M0002 MRT Americhoice

Contract Number / Name: H0321 ARIZONA PHYSICIANS IPA, INC.

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: 04/30/2008

Element Release Date: 04/30/2008

CAP Released Date:04/30/2008

Visit Start Date: 02/25/2008

Exit Conference Date: 02/29/2008

Date Report Issued: 04/01/2008

Date Report Due: 04/14/2008

CAP Accepted Date:04/30/2008

Audit Closed Date: 04/30/2008

Element Projected Completion Date:

MCO Response Due Date: 05/16/2008

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:

APIPA does not meet this requirement. CMS reviewed 20 credentialing files, the reviewer found three files non-compliant with CMS requirements for the following reasons: (A)1 file was not recredentialed timely. The physician was recredentialed on 9/21/07 with a previous recredentialing date of 5/26/04. (B)1 file had a late (6 months older than the recredentialing decision) signed application attestation. The physician signed the attestation on 1/28/07 but the recredentialing decision was 8/10/07, and (C)1 file was missing the consideration of quality of care information in the recredentialing process.

Corrective Action Required:

APIPA must describe the actions it is taking to ensure that it credentials/recredentials contracted providers in accordance with CMS requirements, on a timely basis. Corrective action must include internal health plan audits of credentialing files to ensure compliance.