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: 10357

Region: 06 Dallas

Contract Number / Name: H3206 PRESBYTERIAN INSURANCE COMPANY, INC.

Auditing Guide Version: MA Audit Review Guide, Version 5
Auditing Element: DN03
Review Type: Routine
Review Status: Confirmed
MCO Response Received Date: 06/26/2008
Element Accepted Date: 07/08/2008
Element Release Date:
CAP Released Date:

Visit Start Date: 2/25/2008
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Date Report Issued: 05/12/2008
Date Report Due: 05/12/2008
CAP Accepted Date: 07/18/2008
Audit Closed Date:
Element Projected Completion Date: 08/26/2008
MCO Response Due Date: 06/26/2008

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:

This requirement is not met. The disenrollment notification sent by Presbyterian Insurance Company, Inc. (PIC) to an enrollee to confirm a voluntary disenrollment through a source other than the organization is not accurate. In all sample cases the notice did not include each of the requirements outlined in Chapter 2 of the Medicare Managed Care Manual, exhibit 12.

Corrective Action Required:

PIC must revise, and submit to the Regional Office for approval, the enrollee notification sent to confirm a voluntary disenrollment identified through a transaction reply report.

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

Findings: NOT MET

Review ID: 10357

Region: 06 Dallas

Contract Number / Name: H3206 PRESBYTERIAN INSURANCE COMPANY, INC.

Auditing Guide Version: MA Audit Review Guide, Version 5
Auditing Element: DN05
Review Type: Routine
Review Status: Confirmed
MCO Response Received Date: 06/26/2008
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Visit Start Date: 2/25/2008
Exit Conference Date: 03/28/2008
Date Report Issued: 05/12/2008
Date Report Due: 05/12/2008
CAP Accepted Date: 07/18/2008
Audit Closed Date:
Element Projected Completion Date: 08/26/2008
MCO Response Due Date: 06/26/2008

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:

This requirement is not met. It is the policy of PIC to disenroll a plan member following both the expiration of a ninety day grace period and proper notification of the amount of the delinquent premium. For each of the sample cases, the requirement for timely notification of the premium amount due, as outlined in Chapter 2, section 50.3.1, of the Medicare Managed Care Manual, was not met. In addition, the grace period for each sample case is inconsistent with PICs internal policy as well as the manual instructions in the Medicare Managed Care Manual, Chapter 2, Section 50.3.1.

Corrective Action Required:

PIC must revise, effectuate and audit internal procedures to ensure compliance with 42 CFR 422.74(d). The CAR should clearly describe the measures that PIC will undertake to ensure that an involuntary disenrollment action due to nonpayment of premiums is consistent with regulatory requirements and CMS manual instructions. The CAP response should include a timetable for correction and implementation of revised policies, procedures or processes, and any other actions necessary to correct this deficiency. The CAP should include a provision for ongoing monitoring of the various actions required for accurate processing of an involuntary disenrollment. Following corrective actions taken, PIC must conduct an internal audit of these actions, on a monthly basis, to ensure ongoing compliance with this requirement. The CAP should, at a minimum, provide for the submission of a monthly summary report to the Regional Office of the monthly audit findings on or before the 20th of the following month and subsequent months. The summary report should include: title of the auditor(s), the audit methodology, and the results of the audit. PIC must continue to provide a monthly update of internal audit results until CMS determines that PIC meets regulatory requirements.

CMS Medicare Managed Care Auditing Report

Auditing Review Results (Initial Report)-Public Website Version

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

Findings: NOT MET

Review ID: 10357

Region: 06 Dallas

Contract Number / Name: H3206 PRESBYTERIAN INSURANCE COMPANY, INC.

Auditing Guide Version: MA Audit Review Guide, Version 5
Auditing Element: DN06
Review Type: Routine
Review Status: Confirmed
MCO Response Received Date: 06/26/2008
Element Accepted Date: 07/09/2008
Element Release Date:
CAP Released Date:

Visit Start Date: 2/25/2008
Exit Conference Date: 03/28/2008
Date Report Issued: 05/12/2008
Date Report Due: 05/12/2008
CAP Accepted Date: 07/18/2008
Audit Closed Date:
Element Projected Completion Date: 08/26/2008
MCO Response Due Date: 06/26/2008

Requirement:

Involuntary Disenrollment for Move Out of Service Area - The MAO must disenroll Medicare members who permanently leave the approved plan service area, or who reside outside the approved plan service area for more than six (6) months, unless they move into an approved plan continuation area and the member has elected the continuation of enrollment option, or the plan offers a visitor/traveler program. Member notice is required prior to transmission of the disenrollment to CMS.

Deficiencies:

This requirement is not met. The member notification sent by PIC to communicate an involuntary disenrollment action due to an enrollee's permanent move outside of the service area does not accurately communicate the involuntary disenrollment action for two of the three sample cases. The enrollee notice currently in use indicates that the beneficiary requested the disenrollment when, in fact, the disenrollment is an involuntary action taken on the part of the organization.

Corrective Action Required:

PIC must develop a member notice to be used for an involuntary disenrollment due to a permanent move outside of the service area to accurately convey the nature of the disenrollment action and submit the notice to the CMS Regional Office for approval prior to use.

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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: 10357

Region: 06 Dallas

Contract Number / Name: H3206 PRESBYTERIAN INSURANCE COMPANY, INC.

Auditing Guide Version: MA Audit Review Guide, Version 5
Auditing Element: ER05
Review Type: Routine
Review Status: Confirmed
MCO Response Received Date:06/26/2008
Element Accepted Date: 07/08/2008
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CAP Released Date:

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Date Report Issued: 05/12/2008
Date Report Due: 05/12/2008
CAP Accepted Date:07/18/2008
Audit Closed Date:
Element Projected Completion Date:08/26/2008
MCO Response Due Date: 06/26/2008

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:

This requirement is not met. PIC did not notify the beneficiary of receipt of the enrollment election or confirmation of enrollment acceptance within required timeframes in 17 of the 30 sample cases.

Corrective Action Required:

PIC must revise, effectuate and audit internal procedures to ensure compliance with 42 CFR 422.60(e) (3). The CAR should clearly describe the measures that PIC will undertake to ensure that enrollees are notified of receipt of an election and confirmation of enrollment within timeframes contained in the Medicare Managed Care Manual, Chapter 2, section 40.4 and 40.4.2. The CAP response should include a timetable for correction and implementation of revised policies, procedures or processes, and any other actions necessary to correct this deficiency. The CAP should include a provision for ongoing monitoring of the various actions required for accurate notification of an enrollment notice. Following corrective actions taken, PIC must conduct an internal audit of these actions, on a monthly basis, to ensure ongoing compliance with this requirement. The CAP should, at a minimum, provide for the submission of a monthly summary report to the Regional Office of the monthly audit findings on or before the 20th of the following month and subsequent months. The summary report should include: title of the auditor(s), the audit methodology, and the result of the audit. PIC must continue to provide a monthly update of internal audit results until CMS determines that PIC meets regulatory requirements.

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Date Report Generated: 9/30/2008

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

Findings: NOT MET

Review ID: 10357

Region: 06 Dallas

Contract Number / Name: H3206 PRESBYTERIAN INSURANCE COMPANY, INC.

Auditing Guide Version: MA Audit Review Guide, Version 5
Auditing Element: ER06
Review Type: Routine
Review Status: Confirmed
MCO Response Received Date:06/26/2008
Element Accepted Date: 07/08/2008
Element Release Date:
CAP Released Date:

Visit Start Date: 2/25/2008
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Date Report Due: 05/12/2008
CAP Accepted Date:07/18/2008
Audit Closed Date:
Element Projected Completion Date:08/26/2008
MCO Response Due Date: 06/26/2008

Requirement:

Required Enrollment Notice (Notice Content) - The written acknowledgement notice and confirmation of enrollment acceptance, sent in response to the beneficiary"s enrollment election, meets CMS requirements and specifies the correct effective date of enrollment.

Deficiencies:

This requirement is not met. In 29 of the 30 sample cases PICs enrollment Welcome letter contained inaccurate information regarding the Open Enrollment Period and the Confirmation letter did not contain all of the CMS required language from Chapter 2, model letter Exhibit 6.

Corrective Action Required:

PIC must revise, and submit to the Regional Office for approval, the beneficiary Welcome and Confirmation letters to ensure consistency with CMS requirements in the Medicare Managed Care Manual, Chapter 2, Exhibits 4 and 6.

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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: 10357

Region: 06 Dallas

Contract Number / Name: H3206 PRESBYTERIAN INSURANCE COMPANY, INC.

Auditing Guide Version: MA Audit Review Guide, Version 5
Auditing Element: ER08
Review Type: Routine
Review Status: Confirmed
MCO Response Received Date: 06/26/2008
Element Accepted Date: 07/08/2008
Element Release Date:
CAP Released Date:

Visit Start Date: 2/25/2008
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Date Report Issued: 05/12/2008
Date Report Due: 05/12/2008
CAP Accepted Date: 07/18/2008
Audit Closed Date:
Element Projected Completion Date: 08/26/2008
MCO Response Due Date: 06/26/2008

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:

This requirement is not met. PIC provided inaccurate information regarding the Open Enrollment Period in the denial notice for two of the four sample cases.

Corrective Action Required:

PIC must revise, and submit to the Regional Office for approval, the denial of enrollment notice to ensure that information contained within is consistent with the Medicare Managed Care Manual, Chapter 2, Section 30.3

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Auditing Review Results (Initial Report)-Public Website Version

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

Findings: NOT MET

Review ID: 10357

Region: 06 Dallas

Contract Number / Name: H3206 PRESBYTERIAN INSURANCE COMPANY, INC.

Auditing Guide Version: MA Audit Review Guide, Version 5

Auditing Element: ER12

Review Type: Routine

Review Status: Confirmed

MCO Response Received Date:06/26/2008

Element Accepted Date: 07/08/2008

Element Release Date:

CAP Released Date:

Visit Start Date: 2/25/2008

Exit Conference Date: 03/28/2008

Date Report Issued: 05/12/2008

Date Report Due: 05/12/2008

CAP Accepted Date:07/18/2008

Audit Closed Date:

Element Projected Completion Date:08/26/2008

MCO Response Due Date: 06/26/2008

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:

This requirement is not met. PIC did not appropriately submit requests for retroactive enrollment actions to CMS designee IntegriGuard for sample cases number 4 and 5. Retroactive requests must be submitted to IntegriGuard 45 days from the date a plan receives the weekly Transaction Reply Report or Monthly Reconciliation Report as stated in Chapter 2 and Chapter 19 of the Medicare Managed Care Manual.

Corrective Action Required:

PIC must revise, effectuate and audit internal procedures to ensure compliance with 42 CFR 422.60 and sections 40.4.2 and 60.4 of the Medicare Managed Care Manual. The CAR should clearly describe the measures that PIC will undertake to ensure that, when appropriate, requests for retroactive enrollment actions are submitted to CMS contractor in a timely manner. The CAP response should include a timetable for correction and implementation of revised policies, procedures or processes, and any other actions necessary to correct this deficiency. The CAP should include a provision for ongoing monitoring of the various actions required for appropriate retroactive enrollment requests. Following corrective actions taken, PIC must conduct an internal audit of these actions, on a monthly basis, to ensure ongoing compliance with this requirement. The CAP should, at a minimum, provide for the submission of a monthly summary report to the Regional Office of the monthly audit findings on or before the 20th of the following month and subsequent months. The summary report should include: title of the auditor(s), the audit methodology, and the result of the audit. PIC must continue to provide a monthly update of internal audit results until CMS determines that PIC meets regulatory requirements.

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Date Report Generated: 9/30/2008

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

Findings: NOT MET

Review ID: 10357

Region: 06 Dallas

Contract Number / Name: H3206 PRESBYTERIAN INSURANCE COMPANY, INC.

Auditing Guide Version: MA Audit Review Guide, Version 5
Auditing Element: OC06
Review Type: Routine
Review Status: Confirmed
MCO Response Received Date: 06/26/2008
Element Accepted Date: 07/17/2008
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CAP Released Date:

Visit Start Date: 2/25/2008
Exit Conference Date: 03/28/2008
Date Report Issued: 05/12/2008
Date Report Due: 05/12/2008
CAP Accepted Date: 07/18/2008
Audit Closed Date:
Element Projected Completion Date: 10/01/2008
MCO Response Due Date: 06/26/2008

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:

This requirement is not met. PICs written denial notices for claims submitted by non-contracting providers contain an inadequate explanation of the specific reason(s) for denial. The phrase, these services are not a covered benefit, is shown as the reason for denial for 20 percent of the sample cases. PIC did not generate any claim denial notice to the enrollee for 10 percent of the sample cases.

Corrective Action Required:

PIC must revise, effectuate and audit internal procedures to ensure compliance with CFR 422.568(e). PIC must take appropriate steps to correct denial notices for noncontracting provider claims to ensure that notices to an enrollee provide a specific reason for the denial. In addition, in order to protect enrollee due process rights, PIC must identify all instances where members were not issued a claim denial notice within the last twelve months for services provided by a noncontracting provider and ensure that an appropriate member notice is provided in all instances. The CAP should include a timetable for correction and implementation of revised policies, procedures or processes, and any other actions necessary to correct this deficiency. PIC must provide the format and content of revised policies and procedures and the CAP should include a provision for ongoing monitoring. Following corrective actions taken, PIC should conduct an internal audit on a monthly basis, of claim denials from noncontracting providers issued by the organization to ensure ongoing compliance with this requirement. The CAP should, at a minimum, provide for submission of a monthly report to the Regional Office of the audit findings on or before the 20th of the following month and subsequent months. The summary report should include: title of auditor(s), the audit methodology, and the results of the audit. PIC must continue to provide monthly updates of internal audit results until CMS determines that PIC meets regulatory requirements.

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

Findings: NOT MET

Review ID: 10357

Region: 06 Dallas

Contract Number / Name: H3206 PRESBYTERIAN INSURANCE COMPANY, INC.

Auditing Guide Version: MA Audit Review Guide, Version 5
Auditing Element: OP02
Review Type: Routine
Review Status: Confirmed
MCO Response Received Date: 06/26/2008
Element Accepted Date: 07/09/2008
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CAP Released Date:

Visit Start Date: 2/25/2008
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Date Report Issued: 05/12/2008
Date Report Due: 05/12/2008
CAP Accepted Date: 07/18/2008
Audit Closed Date:
Element Projected Completion Date: 08/31/2008
MCO Response Due Date: 06/26/2008

Requirement:

Adverse Standard Pre-Service Organization Determinations (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 the specific denial reason. The notice must also inform the enrollee of his or her right to a standard or expedited reconsideration, including the rights to, and conditions for, obtaining an expedited reconsideration, as well as describe the appeal process

Deficiencies:

This requirement is not met. The content of PICs adverse standard pre-service organization determination notice is incorrect for two of the sample cases. A denial notice specific to one of PICs other product lines was used for sample case number 1 and did not include either the required Medicare appeals language or provide a specific reason for denial. The denial reason shown for sample case number 5 incorrectly states that out of network services are not a covered benefit except for emergencies, urgent care, renal dialysis and post-stabilization care. As a Preferred Provider Organization, PIC must provide reimbursement for all Part A and Part B services covered under the Original Medicare program regardless of whether the services are furnished by a contracting provider. The denial notice must reflect the extent to which services furnished by a non-contracting provider do not conform to Original Medicare coverage criteria.

Corrective Action Required:

PIC must revise, effectuate and audit internal procedures to ensure compliance with 42 CFR 422.568(e) as well as instructions in the Medicare Managed Care Manual, Chapter 13, section 40.2.2. PIC must take appropriate steps to ensure that the content of adverse standard pre-service organization determinations comply with regulatory requirements. The CAP response should include a timetable for correction and implementation of revised policies, procedures or processes, and any other actions necessary to correct this deficiency. In addition, the CAP should include a provision for ongoing monitoring. Following corrective actions taken, PIC should conduct an internal audit, on a monthly basis, of all adverse notices issued by the organization, to ensure ongoing compliance with this requirement. The CAP should, at a minimum, provide for the submission of a monthly summary report to the Regional Office of the monthly audit findings on or before the 20th of the following month and subsequent months. The summary report should include: title of the auditor (s), the audit methodology, and the results of the audit. PIC must continue to provide monthly updates of internal audit results until CMS determines that PIC meets regulatory requirements.

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Findings: NOT MET

Review ID: 10357

Region: 06 Dallas

Contract Number / Name: H3206 PRESBYTERIAN INSURANCE COMPANY, INC.

Auditing Guide Version: MA Audit Review Guide, Version 5
Auditing Element: OP04
Review Type: Routine
Review Status: Confirmed
MCO Response Received Date: 06/26/2008
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Date Report Due: 05/12/2008
CAP Accepted Date: 07/18/2008
Audit Closed Date:
Element Projected Completion Date: 08/31/2008
MCO Response Due Date: 06/26/2008

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, promptly provide oral notice to the member of the decision not to expedite, 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:

This requirement is not met. PIC failed to notify the member in writing of its favorable expedited organization determination in all sample cases.

Corrective Action Required:

PIC must revise, effectuate and audit internal procedures to ensure compliance with 42 CFR 422.572(a). PIC must take appropriate steps to ensure that notice is provided to an enrollee of PICs favorable or adverse expedited organization determination. The CAP response should include a timetable for correction and implementation of revised policies, procedures or processes, and any other actions necessary to correct this deficiency. Following corrective actions taken, PIC should conduct an internal audit, on a monthly basis, of all expedited organization determinations to ensure ongoing compliance with this requirement. The CAP should, at a minimum, provide for the submission of a monthly summary report to the Regional Office of the monthly audit findings by the 20th of the following month and subsequent months. The summary report should include: title of the auditor(s), the audit methodology, and the results of the audit. PIC must continue to provide the monthly update of internal audit results until CMS determines that PIC meets regulatory requirements.

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

Findings: NOT MET

Review ID: 10357

Region: 06 Dallas

Contract Number / Name: H3206 PRESBYTERIAN INSURANCE COMPANY, INC.

Auditing Guide Version: MA Audit Review Guide, Version 5
Auditing Element: PR03
Review Type: Routine
Review Status: Confirmed
MCO Response Received Date:06/26/2008
Element Accepted Date: 07/14/2008
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Visit Start Date: 2/25/2008
Exit Conference Date: 03/28/2008
Date Report Issued: 05/12/2008
Date Report Due: 05/12/2008
CAP Accepted Date:07/18/2008
Audit Closed Date:
Element Projected Completion Date:09/30/2008
MCO Response Due Date: 06/26/2008

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:

This requirement is not met. PICs credentialing process was not consistent with Medicare regulations at 42 CFR 422.204 in three of the 30 sampled cases. Specifically: Case Number 2: did not contain documentation to confirm that the physician had not opted-out of the Medicare program. Case number 6: The credentialing documentation contained in the folder did not meet the three year re-credentialing requirement. Further, PIC failed to verify that clinical privileges are in good standing at the designated primary admitting facility. Case number 20: PIC failed to include quality of care information and performance indicators, such as those collected through the Quality Improvement program, in the credentialing file.

Corrective Action Required:

PIC must revise, effectuate and audit internal procedures to ensure compliance with 42 CFR 422.204. PIC must take appropriate steps to establish credentialing procedures that are consistent with regulatory requirements. The CAP should include a timetable for correction and implementation of revised policies, procedures or processes, and any other actions necessary to correct this deficiency. PIC must provide the format and content of revised policies and procedures and the CAP should include a provision for ongoing monitoring of this delegated function. Following corrective actions taken, PIC should conduct an internal audit on a monthly basis, of credentialing and recredentialing actions to ensure ongoing compliance with this requirement. The CAP should, at a minimum, provide for submission of a monthly report to the Regional Office of the audit findings on or before the 20th of the following month and subsequent months. The summary report should include: title of auditor(s), the audit methodology, and the results of the audit. PIC must continue to provide monthly updates of internal audit results until CMS determines that PIC meets regulatory requirements.