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: 04 Atlanta
Contract Number / Name: H4203 PALMETTO HEALTH ALLIANCE

Review ID: 10517

Auditing Guide Version: PACE Audit Guide, Version 1
Auditing Element: PRT08
Review Type: Routine
Review Status: Confirmed
MCO Response Received Date:04/16/2008
Element Accepted Date: 04/25/2008
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CAP Released Date:06/09/2008

Visit Start Date: 1/14/2008
Exit Conference Date: 01/18/2008
Date Report Issued: 03/03/2008
Date Report Due: 02/17/2008
CAP Accepted Date:04/30/2008
Audit Closed Date: 06/09/2008
Element Projected Completion Date:04/25/2008
MCO Response Due Date: 04/17/2008

Requirement:

A PACE organization must inform a participant in writing of his or her appeal rights under Medicare or Medicaid managed care, or both, assist the participant in choosing which to pursue if both are applicable, and forward the appeal to the appropriate external entity.

Deficiencies:

Based on review of participants medical record and one form letter for notification of emergency services and interviews with center staff, Palmetto Health Alliance did not consistently provide notification with the appropriate language to members obtaining emergent services. The findings include but are not limited to: 1. The participant was transported to the emergency room by ambulance on July 22, 2007. Palmetto Health Alliance sent the notification to the participant on August 1, 2007 denying payment of the services because (quote from letter)you must first call and speak with the physician on call during the evenings and weekends at xxx-xxxx. The notification also stated that Palmetto SeniorCare will not cover the costs of this unauthorized visit because his shoulder pain of one month duration was not an emergency. However, the medical records indicate that his complaint was not only shoulder pain associated with a fall one month prior but also shortness of breath consistent with asthma. He had utilized his albuterol nebulizer and had been assessed that day by his attending provider, but was not relieved. This account documented in his medical record is consistent with the definition of prudent layperson medical emergency in accordance with 42 CFR 460.100 (2)(c).

Corrective Action Required:

The PO must submit the following information : 1. Policy and procedure that addresses proper notification for emergent services. 2. Form letter for notification of notice of non-coverage. 3. Assessment criteria for potential non-compliant participants with ambulance and/or emergency room use. 4. Training module for staff in emergent care notification procedures and assessment criteria.

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Review ID: 10517

Region: 04 Atlanta

Contract Number / Name: H4203 PALMETTO HEALTH ALLIANCE

Auditing Guide Version: PACE Audit Guide, Version 1
Auditing Element: QAP04
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MCO Response Received Date:04/16/2008
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Requirement:

a) Quality assessment and performance improvement requirements. A PACE organization must do the following: (1) Use a set of outcome measures to identify areas of good or problematic performance. (2) Take actions targeted at maintaining or improving care based on outcome measures. (3) Incorporate actions resulting in performance improvement into standards of practice for the delivery of care and periodically track performance to ensure that any performance improvements are sustained over time. (4) Set priorities for performance improvement, considering prevalence and severity of identified problems, and give priority to improvement activities that affect clinical outcomes. (5) Immediately correct any identified problem that directly or potentially threatens the health and safety of a PACE participant. (b) Quality assessment and performance improvement coordinator. A PACE organization must designate an individual to coordinate and oversee implementation of quality assessment and performance improvement activities. (c) Involvement in quality assessment and performance improvement activities. (1) A PACE organization must ensure that all interdisciplinary team members, PACE staff, and contract providers are involved in the development and implementation of quality assessment and performance improvement activities and are aware of the results of these activities. (2) The quality improvement coordinator must encourage a PACE participant and his or her caregivers to be involved in quality assessment and performance improvement activities, including providing information about their satisfaction with services.

Deficiencies:

Based on review of pharmacy policies and procedures and interviews with the reviewing pharmacist, Palmetto Health Alliance did not consistently recognize pharmacy medication administrative record reconciliation in Shandon PACE center. The errors were identified after the occurrence and incident reports were filled out. However, the Quality Assurance and Improvement Project Committee had not identified this as a problem area for further investigation. The findings include but are not limited: 1. The HPMS data from the second quarter showed four medication errors. The reviewing pharmacists was interviewed and three incident reports were noted with the following information: a. The potential medication event occurred on 05/17/2007. The original order was written as Lasix 80 mg by mouth every Tuesday and Saturday for a participant in the Lexington center. The medication was dispensed to a participant with a similar name located in the Shandon center. The participant at Shandon never received any doses of Lasix. However, the participant who needed the medication may have had a delay of treatment because of the mistake. In conclusion, Lasix is a very potent diuretic that could have potential negative outcomes for participants who accidently received the drug or who do not obtain the correct dosage. b. The actual medication event occurred on 05/14/2007. The original order on 04/20/2007 was to resume Synthyroid 50mg after the medication was discontinued on 04/13/2007. According to the original order the medication was only to be discontinued for seven days and resumed on the seventh day. The dispensing pharmacy did not update the participants medication profile. As a result, the participant may not have received the recommended medication as ordered. c. The actual medication event occurred on 05/02/2007. The original order dated 04/19/2007 stated to restart Claritin 10 mg once daily through 05/31/2007. The medical director reviewed the chart and did not find that Claritin had been dispensed by the pharmacy or administered by the nurses as ordered for the month of May. As a result, the participant did not have 12 doses of the prescribed medication due to pharmacy dispensing and medication administration record reconciliation errors. 2. The policies and procedures Section 61- Pharmacy was reviewed. The policies did state that the pharmacists must reconcile the participants records monthly. As a result of following this policy, the review pharmacist identified the errors. However, the policy did not define medication errors in accordance with standards of practice by the American Pharmacy Association or appropriate accrediting organizations. In addition, the Pharmacy Staff developed Monthly Medication Assessment that was presented to the Pharmacy Review Committee. These reports documented drug utilization patterns and costs, but did not mention error rate or identification.

Corrective Action Required:

The PO must submit the following information: 1. Procedure and Policy, Section 61 updates to include: a. Defintion of medication errors as defined by the appropriate professional organization and/or accrediting organization. b. Updates to reflect changes in the reporting of the Pharmacy Review Committee to include medication errors. c. Quality Assurance and Program improvement Committee (QAPI) involvement of tracking and trending medication error rates to include dispensing errors from the pharmacy as well as administration errors from the nursing staff in the center and/or home. 2. Examples of reports and minutes concerning medication errors that will be submitted by the Pharmacy Reveiw Committee to the QAPI Committe for tracking and trending. 3. Training module for the staff that addresses the changes in the Procedure and Policy, Section 61.

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Auditing Guide Version: PACE Audit Guide, Version 1
Auditing Element: SDY04
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Requirement:

The entire text is very lengthy and is not listed here in its entirety. See Regulation for entire text. (a) Initial comprehensive assessment" (1) Basic requirement. The interdisciplinary team must conduct an initial comprehensive assessment on each participant promptly following enrollment. (2) As part of the initial comprehensive assessment, each discipline of the IDT must evaluate the participant in person, at appropriate intervals, and develop a discipline-specific assessment of the participant's health and social status: (3) At the recommendation of team members, other professional disciplines (for example, dentistry, or audiology) may be included in the comprehensive assessment process. (4) The comprehensive assessment must include several areas such as physical and cognitive function and ability and medication use. (b) Development of plan of care. The interdisciplinary team must promptly consolidate discipline-specific assessments into a single plan of care for each participant through discussion in team meetings and consensus of the entire IDT. (c) Periodic reassessment" (1) Semiannual reassessment. On at least a semiannual basis, the following members of the IDT must conduct an in-person reassessment: Primary care physician, Registered nurse, Master"s-level social worker, Recreational therapist or activity coordinator. (2) Annual reassessment. On at least an annual basis, the following members of the interdisciplinary team must conduct an in-person reassessment: Physical therapist, Occupational therapist, Dietitian, Home care coordinator. (d) Unscheduled reassessments. In addition to annual and semiannual reassessments, unscheduled reassessments may be required based on the following: (1) A change in participant status... (2) At the request of the participant or designated representative... (i) The PACE organization must have explicit procedures for timely resolution of requests by a participant or his or her designated representative to initiate, eliminate or continue a particular service... (iv) The PACE organization must explain any denial of a request to the participant or the participant's designated representative orally and in writing. The PACE organization must provide the specific reasons for the denial in understandable language. The PACE organization is responsible for the following: (A) Informing the participant or designated representative of his or her right to appeal the decision as specified in Sec.460.122. (B) Describing both the standard and expedited appeals processes, including the right to, and conditions for, obtaining expedited consideration of an appeal of a denial of services as specified in Sec.460.122. (C) Describing the right to and conditions for continuation of appealed services through the period of an appeal as specified in Sec. 460.122(e). (v) If the IDT fails to provide the participant with timely notice of the resolution of the request or does not furnish the services required by the revised care plan, this failure constitutes an adverse decision, and the participant's request must be automatically processed by the PACE organization as an appeal in accordance with Sec.460.122. (d) Changes to plan of care. Team members who conduct a reassessment must meet the following requirements: (1) Reevaluate the participant's plan of care. (2) Discuss any changes in the plan with the IDT. (3) Obtain approval of the revised plan from the IDT and the participant (or designated representative). (4) Furnish any services included in the revised plan of care as a result of a reassessment to the participant as expeditiously as the participant's health condition requires. (e) Documentation. Interdisciplinary team members must document all assessment and reassessment information in the participant's medical record.

Deficiencies:

Based on the medical record and policy review, Palmetto Health Alliance failed to correctly identify and/or conduct a restraint assessment for the use of a Y-Strap device in accordance with Policy and Procedure Section 65, 42 CFR 460.114, and 42 CFR 460.104. The resident`s medical record identified a restraint. However, this device was used during transportation with participants who have bilateral amputations. Even though the device was identified as a restraint on the physical therapy assessment form, the device was actually used as a safety belt device during transport in the van. The belt was removed after the participant was safely transported between the center and their residence. This did not meet the definition as stated by Policy and Procedure section 65 and 42 CFR 460.114, Restraints. In addition, the medical record did not contain a Restraint/Positioning Device Order/Assessment form as directed in the current Policy and Procedure Section 65 and 42 CFR 460.104. An interview with the PACE staff indicated that the Y-Strap device, although documented as a restraint by physical therapy, was considered to be a safety belt and not a restraint. Therefore, an assessment was not conducted for any participant who currently utilized the device.

Corrective Action Required:

The PACE organization must accomplish the following: 1. Correctly redefine the Y strap belt as a safety belt used only to stabilize bilateral amputees for safe transport between the center and residence. 2. Correctly address the use of the Y-Strap device in their policies as the defined device instead of as a restraint requiring assessment for use beyond a safety belt in the van. 3. Provide CMS with updated policy and procedures to reflect the reason for the use of such a device during transportation. 4. Provide information regarding how assessments of the Y-Strap will be addressed to comply with assessment requirements. 5. Provide CMS with the training material for education of the Interdisciplinary Team (IDT.)