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: 4898

Region: 04 Atlanta

Contract Number / Name: H0150 HEALTHSPRING OF ALABAMA, INC.

Auditing Guide Version: MA Audit Review Guide, Version 4
Auditing Element: OP09
Review Type: Routine
Review Status: Confirmed
MCO Response Received Date: 10/25/2007
Element Accepted Date: 11/21/2007
Element Release Date: 11/28/2007
CAP Released Date: 11/28/2007

Visit Start Date: 7/31/2007
Exit Conference Date: 08/02/2007
Date Report Issued: 09/13/2007
Date Report Due: 09/16/2007
CAP Accepted Date: 11/28/2007
Audit Closed Date: 11/28/2007
Element Projected Completion Date: 11/30/2007
MCO Response Due Date: 10/28/2007

Requirement:

OPTIONAL: Favorable Standard Pre-Service Approvals (Timeliness) - If the MAO makes a favorable standard pre-service organization determination, it must notify the member of its determination 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:

Based on the review of WS-OP3, Favorable Standard Pre-Organization Determinations and interviews with staff, Health Springs of Alabama failed to notify members of the determination as expediously as the member's health condition required and no later than 14 days after receiving the request. Findings include the following: 1. Case No. 3 had a request for physical therapy through home health 2 times per week for 4 weeks due to impaired gait with decreased mobility, frequent falls, and the need to teach proper use of the seat lift. The contracted home health agency was notified the day of request (03/05/2007)and service was verbally approved upon condition that the OASIS assessment and the physical therapy evaluation would be faxed. The Disease Management Department requested the information again and did not receive until 03/27/2007. The date the request was received was 03/05/2008 and the approval process was not completeled until 03/28/2007. As a result, even though the service was not delayed,the approval process was out of compliance.

Corrective Action Required:

Health Springs must produce: A. Process Procedures 1. Identify cases requiring interdisciplinary assessments and evaluations by trending services potentially requiring guidelines for requesting an extension if justified. 2. Produce policies and guidelines for these services for the Disease Management staff to assist in deciding when these extensions for preservice determinations are necessary. 3. Implement policy and guidelines and audit files to evaluate whether the timeframes for processing meet the regulatory requirement of no later than 14 calendar days after receiving the request or an addtional 14 days if an extesion is jusitied B. Provider Education 1. Identify providers that are not providing clinical assessments timely for decsion making within the regulatory requirements. 2. Establish training to contractors which have not provided information timely for the preservice determination process to meet regulatory guidelines.

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Review ID: 4898

Region: 04 Atlanta

Contract Number / Name: H0150 HEALTHSPRING OF ALABAMA, INC.

Auditing Guide Version: MA Audit Review Guide, Version 4
Auditing Element: RP01
Review Type: Routine
Review Status: Confirmed
MCO Response Received Date: 10/25/2007
Element Accepted Date: 11/21/2007
Element Release Date: 11/28/2007
CAP Released Date: 11/28/2007

Visit Start Date: 7/31/2007
Exit Conference Date: 08/02/2007
Date Report Issued: 09/13/2007
Date Report Due: 09/16/2007
CAP Accepted Date: 11/28/2007
Audit Closed Date: 11/28/2007
Element Projected Completion Date: 05/15/2008
MCO Response Due Date: 10/28/2007

Requirement:

Favorable Standard Pre-Service Reconsiderations (Timeliness) - If the MAO makes a fully favorable decision on a standard pre-service reconsideration, it must issue a decision to the member, and authorize or provide the service, as expeditiously as the member's health requires, but no later than 30 calendar days after receiving the reconsideration request (or an additional 14 calendar days if an extension is justified).

Deficiencies:

HealthSpring does not meet the CMS compliance standard because of the 10 cases CMS reviewed,samples #5 and #6 did not meet the timeliness requirement. HealthSpring forwarded screen prints from their internal systems, that specified dates in which documentation was forwarded to the members on August 10, 2007. However, the dates the members were notified was outside 30 calendar days after receiving the reconsideration request (or an additional 14 calendar days if an extension is justified)

Corrective Action Required:

The MAO must ensure that Favorable Standard Pre-service Reconsiderations are processed timely. Training must be provided to staff responsible for processing Pre Service Reconsiderations. Please provide CMS with a copy of the training materials and a list of attendees. Monthly audits of Favorable Standard Pre-Service Reconsiderations must be conducted, and the MAO is required to provide CMS with quarterly updates of its audit results for a six month period.

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Findings: NOT MET

Review ID: 4898

Region: 04 Atlanta

Contract Number / Name: H0150 HEALTHSPRING OF ALABAMA, INC.

Auditing Guide Version: MA Audit Review Guide, Version 4
Auditing Element: RP02
Review Type: Routine
Review Status: Confirmed
MCO Response Received Date: 10/25/2007
Element Accepted Date: 11/21/2007
Element Release Date: 11/28/2007
CAP Released Date: 11/28/2007

Visit Start Date: 7/31/2007
Exit Conference Date: 08/02/2007
Date Report Issued: 09/13/2007
Date Report Due: 09/16/2007
CAP Accepted Date: 11/28/2007
Audit Closed Date: 11/28/2007
Element Projected Completion Date: 05/15/2008
MCO Response Due Date: 10/28/2007

Requirement:

Adverse Standard Pre-Service Reconsiderations (Timeliness) - If the MAO is unable to make a fully favorable decision on a standard pre-service reconsideration, it must forward the case to CMS' independent review entity as expeditiously as the member's health requires, but no later than 30 calendar days after receiving the reconsideration request (or an additional 14 calendar days if an extension is justified). The MAO must concurrently notify the member of this action.

Deficiencies:

HealthSpring does not meet the CMS compliance standard because 2 of the 10 cases did not meet the Adverse Standard Pre-Service Reconsiderations (Timeliness) criteria. Samples cases #1 and #6 were not forwarded to the independent review entity within 30 calendar days after receiving the reconsideration request (or an additional 14 calendar days if an extension was justified).

Corrective Action Required:

The MAO must ensure that Unfavorable Standard Pre-Service Reconsiderations are processed timely. In addition to the implementation of the corrective action plan submitted to CMS on August 10th, 2007, monthly audits of Unfavorable Standard Pre-Service Reconsiderations must be conducted, and the MAO is required to provide CMS with quarterly updates of its audit results for a six month period.

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Date Report Generated: 9/30/2008

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

Findings: NOT MET

Review ID: 4898

Region: 04 Atlanta

Contract Number / Name: H0150 HEALTHSPRING OF ALABAMA, INC.

Auditing Guide Version: MA Audit Review Guide, Version 4
Auditing Element: RP03
Review Type: Routine
Review Status: Confirmed
MCO Response Received Date: 10/25/2007
Element Accepted Date: 11/21/2007
Element Release Date: 11/28/2007
CAP Released Date: 11/28/2007

Visit Start Date: 7/31/2007
Exit Conference Date: 08/02/2007
Date Report Issued: 09/13/2007
Date Report Due: 09/16/2007
CAP Accepted Date: 11/28/2007
Audit Closed Date: 11/28/2007
Element Projected Completion Date: 05/15/2008
MCO Response Due Date: 10/28/2007

Requirement:

Effectuation of Third Party Standard Pre-Service Reconsideration Reversals - If the MAO's determination is reversed in whole or in part by the independent review entity, the MAO must authorize the service within 72 hours from the date it receives the notice reversing the determination, or provide the service as quickly as the member's health requires (but no later than 14 calendar days from that date). 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:

Effectuation of Third Party Standard Pre-Service Reconsideration - HealthSpring did not meet the CMS compliance standard because in Sample #3, documentation of notification to the Independent Review Entity (IRE) was not located. In Sample #5, the notification was not timely.

Corrective Action Required:

The MAO must ensure that Unfavorable Standard Pre-Service Reconsiderations are forwarded to the IRE in compliance with 42 CFR 422.618 (b)(1) and C. Training must be provided to staff responsible for processing unfavorable standard pre-service reconsiderations. Please provide CMS with a copy of the training materials and a list of attendees. Monthly audits of unfavorable Standard pre-service reconsiderations must be conducted, and the MAO is required to provide CMS with quarterly updates of its audit results for a six month period.

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Findings: NOT MET

Review ID: 4898

Region: 04 Atlanta

Contract Number / Name: H0150 HEALTHSPRING OF ALABAMA, INC.

Auditing Guide Version: MA Audit Review Guide, Version 4
Auditing Element: RP05
Review Type: Routine
Review Status: Confirmed
MCO Response Received Date: 10/25/2007
Element Accepted Date: 11/21/2007
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CAP Accepted Date: 11/28/2007
Audit Closed Date: 11/28/2007
Element Projected Completion Date: 05/15/2008
MCO Response Due Date: 10/28/2007

Requirement:

Requests for Expedited Reconsiderations (Timeliness)The MAO must promptly decide whether to expedite a reconsideration based on regulatory requirements. If the MAO decides not to expedite a reconsideration, 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 reconsideration, and provide written notice within 3 calendar days of the oral notice. If the MAO decides to expedite the reconsideration, it must make a determination and notify the member as expeditiously as the member's health requires, but no later than 72 hours from the time it receives the request for reconsideration (or an additional 14 calendar days if an extension is justified). If the MAO makes an expedited reconsideration determination that is fully favorable to the member, it must authorize or provide the service as expeditiously as the member's health requires, but no later than 72 hours from the time it receives the request for reconsideration (or an additional 14 calendar days if an extension is justified). If the MAO first notifies the member of its fully favorable expedited determination orally it must mail written confirmation to the member within 3 calendar days of the oral notification. If the MAO affirms, in whole or in part, its adverse expedited organization determination, it must forward the case to CMS' independent review entity as expeditiously as the member's health requires, but not later than 24 hours after the decision. If the MAO fails to provide the member with the results of its reconsideration within the timeframes specified above (as expeditiously as the member's health condition requires or within 72 hours), this failure constitutes an adverse reconsideration determination and the MAO must submit the file to CMS' independent review entity within 24 hours. The MAO must concurrently notify the member in writing that it has forwarded the case file to CMS' independent review entity.

Deficiencies:

Requests for Expedited Reconsiderations (Timeliness). The MAO must promptly decide whether to expedite a reconsideration based on regulatory requirements. If the MAO decides not to expedite a reconsideration, 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 reconsideration, and provide written notice within 3 calendar days of the oral notice. HealthSpring did not meet the CMS compliance standard for samples 3 and 5. A review of these samples indicated the member was not notified with 72 hours.

Corrective Action Required:

The MAO must ensure that Requests of Expedited Reconsiderations are processed timely. In addition to the implementation of the corrective action plan submitted to CMS on August 10th, 2007, monthly audits of Requests of Expedited Reconsiderations must be conducted, and the MAO is required to provide CMS with quarterly updates of its audit results for a six month period.