



DEPARTMENT OF COMMUNITY HEALTH

GEORGIA FAMILIES

**MEDICAID CARE MANAGEMENT
ORGANIZATIONS ACT
COMPLIANCE MONITORING**

**ANALYSES OF HOSPITAL STATISTICAL AND
REIMBURSEMENT (HS&R) REPORT SUBMISSIONS
–JULY THROUGH SEPTEMBER 2011**

FEBRUARY 2, 2012

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PROJECT BACKGROUND

The Medicaid Care Management Organizations Act (the “Act”) requires the Care Management Organizations (CMOs) to provide a Hospital Statistical and Reimbursement (HS&R) report within 30 (thirty) days upon request of a provider. Specifically, O.C.G.A. 33-21A-11 states:

Upon request by a hospital provider related to a specific fiscal year, a care management organization shall, within 30 days of the request, provide that hospital with an HS&R report for the requested fiscal year. Any care management organization which violates this Code section by not providing the requested report within 30 days shall be subject to a penalty of \$1,000.00 per day, starting on the thirty-first day after the request and continuing until the report is provided. It is the intent of the General Assembly that such penalty be collected by the Department of Community Health and deposited into the Indigent Care Trust Fund created pursuant to Code Section 31-8-152. A care management organization shall not reduce the funding available for health care services for members as a result of payment of such penalties.

Additionally, the CMOs must submit a list of the requested HS&R reports to the Department of Community Health (“the Department” or DCH) no later than thirty days following the calendar quarter period.

OBJECTIVE AND METHODOLOGY

OBJECTIVE

As requested by the Department, Myers and Stauffer LC (MSLC) tested the information included on the quarterly HS&R reports submitted by the CMOs in response to the Act for the quarter beginning July 1, 2011 and ending September 30, 2011 (“Quarter 3”). We attempted to confirm the information reported by the CMOs to demonstrate their compliance with the HS&R reporting requirements of the Act.

The quarterly HS&R reports the CMOs submit to the Department contain the following data: the identification of hospitals that requested HS&R reports including location, name of report requestor, date the HS&R report(s) were requested, the date the CMO released the report to the hospital or requestor, and other related information.

Using the HS&R reports provided by each CMO, we attempted to confirm six report requests for each respective CMO. The Methodology section below provides an overview of how we analyzed the data on the quarterly reports.

METHODOLOGY

In order to perform this analysis, we utilized the quarterly reports submitted to DCH by each of the CMOs. For AMERIGROUP Community Care (AMERIGROUP) and WellCare of Georgia (WellCare), these reports were obtained on November 8, 2011 by accessing each CMO’s web portal. We were not able to access Peach State Health Plan’s (PSHP’s) report via their web portal; therefore, this report was received directly from PSHP on November 2, 2011. The Quarter 3 HS&R reports from the CMOs are included in Exhibit A of this report.

In accordance with the confirmation process approved by DCH, MSLC requests confirmation of the CMO-reported request and release dates from providers when the CMO-reported release date is greater than 20 days from the CMO-reported request date. For Quarter 3, no reports with release dates greater than 20 days were identified, therefore with DCH’s approval, we selected six HS&R reports each for AMERIGROUP, PSHP, and WellCare to contact the providers for confirmation of the dates reported by the CMOs.

Telephone calls or e-mails regarding the 18 HS&R reports were completed on December 6, 2011 to four unique contacts representing six facilities. Providers were asked to provide the date they requested the HS&R report and the date the CMO

provided notification the report was available. A maximum of three contacts per provider were performed in an effort to acquire data for this analysis. Once the data was collected, we analyzed the results and performed follow-up communication as necessary. Providers' responses were compared with the dates reported on each CMO's quarterly report.

Assumptions and Limitations

The assumptions and limitations summarized below should be noted when reviewing this report.

- Our procedures were not designed to identify instances where a CMO may have failed to include a provider's request for an HS&R report in the CMO's report to DCH. However, had instances occurred where a provider stated they requested an HS&R report from a CMO that was not included in the CMO's report to DCH, MSLC would have communicated with the respective CMO to confirm the information obtained from the provider.
- If instances occurred where a provider stated they received a requested HS&R report from a CMO after 20 days and that report was originally excluded from our confirmation process, we would have communicated with the respective CMO to confirm the information obtained from the provider.
- MSLC accepted a verbal confirmation for information received from providers.
- As instructed by the Department, if the due date of the report, 30 days after the report was requested, fell on a Saturday or Sunday, the next business day was assumed to be the due date for purposes of this analysis.

ANALYTICAL SUMMARIES AND FINDINGS

This section provides a summary of our findings. Detailed findings can be found in Exhibit B.

Table I. Total Report Counts by CMO

CMO	Number of Reports Requested, According to CMO or Provider	Number of Reports Released Greater than 20 Days After Request, According to CMO or Provider	Number of Reports for Which MSLC was Able to Contact Provider	Provider in Agreement with CMO-Reported Dates	Provider Disagrees with CMO-Reported Dates
AMERIGROUP	27	0	6	6 (100%)	0 (0%)
PSHP	18	0	6	6 (100%)	0 (0%)
WellCare	10	0	6	3 (50%)	3 (50%)
Total	55	0	18	15 (83.3%)	3 (16.7%)

As illustrated in the table above, we have included the total number of reports each respective CMO reported to the Department for Quarter 3. For all reports selected for confirmation, the findings indicate that for 83.3 percent (15 of the 18) of the HS&R reports, the providers were able to confirm the information reported by the CMO. There were three facilities which the provider representative disagreed with the CMO-reported date. None of these conflicts resulted in a release date in excess of the 30-day provision in the Act.

Table II. Length of Time between Request and Release Dates for HS&R Reports, As Reported by the CMOs

CMO	Days Between Request and Release Dates		
	Minimum	Average	Maximum
AMERIGROUP	0	5.0	19
PSHP	0	2.6	20
WellCare	1	9.9	15

The statistics included in Table II are based on the dates provided within the CMO quarterly reports. Although the dates given to MSLC by the providers were considered in the analysis, documentation provided by the CMOs was used to confirm the dates reported to DCH by the CMOs.

AMERIGROUP

For Quarter 3, MSLC did not identify any HS&R report released by AMERIGROUP to a provider that was greater than 30 days. There were no HS&R reports released greater than 20 days from the date of the request. The four unique contacts which represent six facilities we contacted confirmed the dates reported by the CMO. We noted on AMERIGROUP's submitted report, there were seven HS&R requests from Quarter 4 included on the Quarter 3 report. We included these seven requests in our analysis.

Peach State Health Plan

For Quarter 3, MSLC did not identify any HS&R report released by PSHP to a provider that was greater than 30 days. There were no HS&R reports released greater than 20 days from the date of the request. The four providers we contacted confirmed the dates reported by the CMO.

WellCare

For Quarter 3, MSLC did not identify any HS&R report released by WellCare to a provider that was greater than 30 days. There were no HS&R reports released greater than 20 days from the date of the request. Two of the four providers we contacted confirmed the dates reported by the CMO. The remaining two contacts, representing three facilities, indicated the report release date was 8/31/11, not 8/30/11 as reported by WellCare. This date discrepancy changed the release time from 11 days to 12 days in one case and six days to seven days in remaining instances. One of the providers submitted documentation which indicates the 8/31/11 date is correct. We requested documentation from WellCare regarding these release dates. Joshua Luft at WellCare responded with the following:

"We are researching this request now and I will submit documentation as soon as we have it. Typically, due to the size of the HS&R reports, the delivery method is via Fed Ex overnight. Our "release date" would be the date the report(s) are run and placed in Fed Ex packages for shipping. The actual date of receipt will generally be the following business day. This would explain the date(s) these facilities are reporting."

WellCare also provided the tracking information regarding these reports from the shipping company which showed a shipping date of 8/30/11.

EXHIBITS

Exhibit A

CMO Name: AMERIGROUP
Reporting Date: 9/23/2011
Reporting Period: 7/1/2011 - 9/30/2011

Hospital Name	Location	Date Report Requested	Date Report Released	Requestors Name	Comments	TAT	Notes
CHOA - Egleston	Atlanta	7/28/2011	8/10/2011	Sherry McQueen	Request with email	13	Summary Report Provided
CHOA-Scottish Rite	Atlanta	7/28/2011	8/10/2011	Sherry McQueen	Request with email	13	Summary Report Provided
Southeast Georgia Health System	Brunswick	8/2/2011	8/10/2011	Stephanie Sinopoli	Request with email	8	Summary and Detailed Report Provided
Southeast Georgia Health System	Camden	8/2/2011	8/10/2011	Stephanie Sinopoli	Request with email	8	Summary and Detailed Report Provided
Henry Medical Center	Stockbridge	8/16/2011	8/16/2011	Walter Evans	Request with fax	0	Detailed Report Provided
Phoebe Putney Memorial Hospital	Albany	8/19/2011	8/22/2011	Candace Guarnieri	Request with email	3	Detailed Report Provided
Dekalb Medical Center	Decatur	8/24/2011	8/25/2011	Leshia Smith	Request with email	1	Detailed Report Provided
Dekalb Medical Center @ Hillendale	Lithonia	8/24/2011	8/25/2011	Leshia Smith	Request with email	1	Detailed Report Provided
Candler General Hospital	Savannah	9/6/2011	9/6/2011	Esther Mays	Request with email	0	Summary Report Provided
Cobb Hospital	Austell	9/6/2011	9/6/2011	Esther Mays	Request with email	0	Summary Report Provided
Douglas Hospital	Douglasville	9/6/2011	9/6/2011	Esther Mays	Request with email	0	Summary Report Provided
East Georgia Medical Center	Statesboro	9/9/2011	9/9/2011	Esther Mays	Request with email	0	Summary Report Provided
Emory Eastside Medical Center	Snellville	9/9/2011	9/9/2011	Esther Mays	Request with email	0	Summary Report Provided
Cartersville Medical Center	Cartersville	9/9/2011	9/9/2011	Esther Mays	Request with email	0	Summary Report Provided
Doctors Hospital of Augusta	Augusta	9/9/2011	9/9/2011	Esther Mays	Request with email	0	Summary Report Provided
Bacon County Hospital	Alma	9/27/2011	9/29/2011	Marie Barefoot	Request with email	2	Summary Report Provided
Gwinnett Medical Center	Lawrenceville	9/30/2011	10/4/2011	Hans Schermerhorn	Request with Email	4	Detailed Report Provided
Gwinnett Medical Center-Duluth	Duluth	9/30/2011	10/4/2011	Hans Schermerhorn	Request with Email	4	Detailed Report Provided
Southern Regional Medical center	Riverdale	10/3/2011	10/6/2011	Rocky Davis	Request with Email	3	Detailed Report Provided
Stephens County	Toccoa	10/11/2011	10/11/2011	Jeffrey Laird	Jeffrey Laird	0	Detailed Report Provided
Emory Universty Hospital	Atlanta	9/28/2011	10/17/2011	Monica Lester	Request with Sharepc	19	Detailed Report Provided
Emory University Midtown	Atlanta	9/28/2011	10/17/2011	Monica Lester	Request with Sharepc	19	Detailed Report Provided
Candler Hospital	Savannah	10/6/2011	10/17/2011	Tami Jeffers	Request with Email	11	Summary Report Provided
St. Joseph's Hospital	Savannah	10/6/2011	10/17/2011	Tami Jeffers	Request with Email	11	Summary Report Provided
Stephens County	Toccoa	10/12/2011	10/17/2011	Jeffrey Laird	Request with Email	5	Summary Report Provided
Gwinnett Medical Center	Lawrenceville	10/12/2011	10/17/2011	Hans Schermerhorn	Request with Email	5	Summary Report Provided
Gwinnett Medical Center-Duluth	Duluth	10/12/2011	10/17/2011	Hans Schermerhorn	Request with Email	5	Summary Report Provided

Exhibit A

Hospital Statistical & Reimbursement Report

Quarterly Report

Business Owner: Wanda Tanner Moran

Peach State Health Plan

Reporting Date: 10/30/2011

Reporting Period: July 1, 2011 thru September 30, 2011

	Hospital Name	Location	Date Report Requested	Date Report Released	Requestor's Name
1	Children's Hospital of Atlanta Egleston	Georgia	7/21/2011	7/21/2011	Sherry McQueen
2	Children's Hospital of Atlanta Scottish Rite	Georgia	7/21/2011	7/21/2011	Sherry McQueen
3	Children's Hospital of Atlanta Hughes Spalding	Georgia	7/21/2011	7/21/2011	Sherry McQueen
4	Children's Hospital of Atlanta Egleston	Georgia	7/28/2011	8/17/2011	Art Kutner
5	Children's Hospital of Atlanta Scottish Rite	Georgia	7/28/2011	8/17/2011	Art Kutner
6	Henry Medical Center	Georgia	8/16/2011	8/19/2011	Walter Evans
7	Phoebe Putney Memorial Hospital	Georgia	8/19/2011	8/22/2011	Candace Guarnieri
8	Dekalb Medical Center	Georgia	8/24/2011	8/24/2011	Leshia Smith
9	Dekalb Medical Center @ Hillandale	Georgia	8/24/2011	8/24/2011	Leshia Smith
10	Roosevelt Warm Springs Rehabilitation Hospital	Georgia	9/15/2011	9/15/2011	Lisa Boatwright
11	Phoebe Putney Memorial Hospital	Georgia	9/26/2011	9/27/2011	Shae Foy
12	Bacon County Hospital	Georgia	9/27/2011	9/27/2011	Marie Barefoot
13	Emory University Hospital	Georgia	9/28/2011	9/28/2011	Ronda Mitchell-Wise
14	Emory University Midtown	Georgia	9/28/2011	9/28/2011	Ronda Mitchell-Wise
15	Hughston Hospital	Georgia	9/29/2011	9/29/2011	Holly Salville
16	The Medical Center, Inc.	Georgia	9/29/2011	9/29/2011	Holly Salville
17	Gwinnett Medical Center	Georgia	9/30/2011	9/30/2011	Hans Schermerhorn
18	Gwinnett Medical Hospital Duluth	Georgia	9/30/2011	9/30/2011	Hans Schermerhorn

Exhibit B

Comment Categories Key			
1	Provider stated dissatisfaction with data on report, such as missing and/or inaccurate data, format of report, incorrect reporting periods, etc.	8	Provider disagreed with dates reported by CMO, but provider could not provide evidence supporting the disagreement.
2	Provider stated reports on DCH website were used instead of requested CMO reports.	9	Not able to get into contact with provider.
3	Provider had to request corrected report from CMO.	10	Provider stated a request was submitted to the CMO that was not found on the CMO report; provider gave request/release dates.
4	Request outside of audit period.	11	Provider unsure of exact dates, but did not think dates differed from dates provided by CMO.
5	Requested CMO report(s) was not received.	12	Provider only able to provide partial or no information about HS&R report request and receipt.
6	Provider indicated this facility did not request HS&R reports from CMOs.	13	Provider did not know or did not provide exact dates reported by CMO, but provider stated report was provided in a timely manner.
7	Dates reported by CMO were confirmed.	14	Provider-reported dates differ from CMO-reported dates, but the request was reported by the CMO.