



**DEPARTMENT OF COMMUNITY HEALTH**

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**GEORGIA FAMILIES**

**MEDICAID CARE MANAGEMENT  
ORGANIZATIONS ACT  
COMPLIANCE MONITORING**

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

**JUNE 9, 2011**

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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 January 1, 2011 and ending March 31, 2011 (“Quarter 1”). 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 five 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 May 5, 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 May 4, 2011. The Quarter 1 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 20 days or greater from the CMO-reported request date. For Quarter 1, only four reports released at 20 days or greater were identified. All four of these reports were included on the report submitted by PSHP. Two additional PSHP reports were selected for confirmation. For AMERIGROUP and WellCare, we selected five HS&R reports each to contact the providers for confirmation of the dates reported by the CMOs.

Telephone calls or e-mails regarding the 16 HS&R reports were completed on May 26, 2011 to seven unique contacts representing seven 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. In situations where a hospital reported receiving an HS&R report where the date significantly differed from what was reported by the CMO, a follow-up e-mail was sent to the CMO requesting supporting documentation for these reports and dates.

### **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 20 or More 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	23	0	5	5 (100%)	0 (0%)
PSHP	34	4	6	6 (100%)	0 (0%)
WellCare	32	0	5	5 (100%)	0 (0%)
<b>Total</b>	<b>89</b>	<b>4</b>	<b>16</b>	<b>16 (100%)</b>	<b>0 (0%)</b>

As illustrated in the table above, we have included the total number of reports each respective CMO reported to the Department for Quarter 1. For all reports selected for confirmation, the findings indicate that for 100 percent (16 of the 16) of the HS&R reports, the providers were able to confirm the information reported by the CMO.

**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	3.8	14
PSHP	0	9.5	63
WellCare	1	6.5	11

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 1, 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 five providers we contacted confirmed the dates reported by the CMO.

## **Peach State Health Plan**

For Quarter 1, MSLC identified one HS&R report released by PSHP to a provider at greater than 30 days. There were three HS&R reports released greater than 20 days from the date of the request. The six providers we contacted confirmed the dates reported by the CMO.

One HS&R report, for Rockdale Medical Center, was released at 63 days. PSHP reported the following on their HS&R request report submitted to DCH for Quarter 1:

*Rockdale Medical Center - It should be noted that the provider did not follow the established procedure for submitting this type of request. Section 3.6 of the provider's contract with Peach State requires the provider to comply with the requirements of the Peach State Provider Manual. Page 22 of the Peach State Provider Manual provides that all requests for HS&R reports be submitted via e-mail to the designated e-mail box (HSRrequest@psHP.com) or via certified mailing to the VP of Compliance. However, in the current matter, the provider failed to follow the established policy and submitted the request by overnight mail to another staff member (VP of Contracting). This staff member was out of the office from December 16, 2010 to January 24, 2011, when he terminated his employment with Peach State Health Plan. As a result, the envelope was not immediately discovered. As soon as it was discovered, our staff contacted the provider and transmitted the report via e-mail. It is our position that the delay was caused by the provider's failure to follow the procedure set forth in our Provider Manual.*

We contacted the provider representative for this facility who confirmed the dates which PSHP has reported on their HS&R report. When asked if the process that PSHP outlined above was available and used for this request, the provider representative indicated that the most current provider manual to which they had access was from 2008. It does not appear that the specific directions for submitting HS&R report requests to the e-mail address included in PSHP's response above were included in this earlier version of the provider manual. The provider representative also did not appear to be aware that a more current version was available. The provider representative stated that the other CMOs require a letter to be sent to request the HS&R reports and was not aware there was an email address that should be used for PSHP. The provider representative indicated that someone from PSHP called shortly before sending the HS&R report to apologize for the lateness. The provider representative did submit the request via Fed Ex overnight as indicated in PSHP's response to the VP of Contracting although it is not clear as to why PSHP's employee termination procedures would not have identified an overnight Fed Ex package sent to a terminated employee for more

than a month after the employee was terminated. It was also noted that the provider representative stated that HS&R reports for Rockdale Medical Center had been requested in prior quarters by submitting a request via overnight Fed Ex to the VP of Contracting and the requested reports were received timely and no communication was received from PSHP at that time indicating the provider was not compliant with PSHP policy regarding the process for requesting those reports. Based on this information, DCH may assess a fine for the 32 days the report was beyond the 30 day threshold.

**WellCare**

Based on the information submitted to the Department by WellCare in the quarterly report for the period ending March 31, 2011, it appears all reports were released by WellCare to providers within 30 days of the date requested, as required by the Act. Additionally, all reports were reported by WellCare as being released less than 20 days from the request date. The five providers we contacted confirmed the dates reported by the CMO.

**Summary of Potential Penalties**

Based on the findings above, it appears that there is one penalty for late a HS&R report which would be assessed by DCH for the quarter January 1, 2011 through March 31, 2011.

**TABLE III. Summary of Potential Penalties**

CMO	Provider Name	Request Date	Release Date	Days Late
PSHP	Rockdale Medical Center	12/28/10	3/1/11	32

# EXHIBITS

CMO Name: AMERIGROUP  
 Reporting Date: 3/31/2011  
 Reporting Period: 1/1/2011- 3/31/2011

Hospital Name	Location	Date Report Requested	Date Report Released	Requestors Name	Comments	TAT	Notes
Wellstar Cobb Hospital	Austell	1/4/2011	1/5/2011	George Lane		1	Summary Only Requested
Wellstar Douglas Hospital	Douglasville	1/4/2011	1/5/2011	George Lane		1	Summary Only Requested
Wellstar Kennestone Hospital	Marietta	1/4/2011	1/5/2011	George Lane	Requested with one email	1	Summary Only Requested
Wellstar Paulding Hospital	Dallas	1/4/2011	1/5/2011	George Lane		1	Summary Only Requested
Wellstar Windy Hill Hospital	Marietta	1/4/2011	1/5/2011	George Lane		1	
Evans Memorial Hospital	Claxton	1/14/2011	1/14/2011	Stephen Harrell		0	Both Summary and Detail Sent
Northside Hospital	Atlanta	1/14/2011	1/18/2011	Jonathan Skaggs	Requested with one email	4	Summary Only Requested
Northside Hospital - Cherokee	Canton	1/14/2011	1/18/2011	Jonathan Skaggs	Requested with one email	4	Summary Only Requested
Northside Hospital - Forsyth	Cumming	1/14/2011	1/18/2011	Jonathan Skaggs	Requested with one email	4	Summary Only Requested
Hamilton Medical Center	Dalton	1/27/2011	1/27/2011	Casey Wilburn	Requested with one email	0	
Murray Medical Center	Chatsworth	1/27/2011	1/27/2011	Casey Wilburn	Requested with one email	0	Summary Only Requested
Atlanta Medical Center	Atlanta	1/26/2011	1/27/2011	Stephen Delrossi	Requested with one email	1	Summary & Detail
Northeast Georgia Medical Center	Gainesville	2/9/2011	2/23/2011	Linda Nicholson	Requested with one email	14	Detail Requested and Sent
BJC Medical Center	Commerce	2/15/2011	2/23/2011	Lynn Cheramie	Requested with one email	8	Summary & Detail
Northside Hospital - Cherokee	Canton	3/17/2011	3/22/2011	Jonathan Skaggs	Requested with one email	5	Summary Only Requested
Jefferson Hospital	Louisville	3/18/2011	3/22/2011	Deborah Pate	Requested with one email	4	Summary Only Requested
Floyd Medical Center	Rome	3/22/2011	3/22/2011	Wanda Manning	Requested with one email	0	Summary Only Requested
Upson Regional Medical Center	Thomaston	3/28/2011	4/6/2011	John Williams	Requested with one email	9	Both Summary and Detail Sent
Coffee Regional Hospital	Douglas	3/31/2011	4/6/2011	Stephen Harrell	Requested with one email	6	Both Summary and Detail Sent
Smith Northview Hospital	Valdosta	3/31/2011	4/6/2011	Mike Wyche	Requested with one email	6	Both Summary and Detail Sent
Children's Health Care of Atlanta @ Scottish Rite	Atlanta	3/31/2011	4/6/2011	Sherry McQueen	Requested with one email	6	Both Summary and Detail Sent
Children's Health Care of Atlanta @ Egleston	Atlanta	3/31/2011	4/6/2011	Sherry McQueen	Requested with one email	6	Both Summary and Detail Sent
Children's Health Care of Atlanta @ Hugh Spalding	Atlanta	3/31/2011	4/6/2011	Sherry McQueen	Requested with one email	6	Both Summary and Detail Sent

Exhibit A

Hospital Statistical & Reimbursement Report
Quarterly Report
Business Owner: Wanda Tanner Moran
Peach State Health Plan
Reporting Date: 4/30/2011
Reporting Period: January 1, 2011 thru March 31, 2011

Hospital Name	Location	Date Report Requested	Date Report Released	Requestor's Name
Union General Hospital	Georgia	12/30/2010	1/11/2011	Matt Diskin
Athens Regional Medical Center	Georgia	12/31/2010	1/11/2011	Stephen Gillette
Appling General Hospital	Georgia	1/3/2011	1/12/2011	JP Petsch
West Georgia Medical Center	Georgia	1/6/2011	1/12/2011	Mark Hughes
John D. Archbold Memorial Hospital	Georgia	1/6/2011	1/12/2011	Patricia Barrett
Brooks County Hospital	Georgia	1/6/2011	1/12/2011	Patricia Barrett
Early Memorial Hospital	Georgia	1/6/2011	1/12/2011	Patricia Barrett
Grady General Hospital	Georgia	1/6/2011	1/12/2011	Patricia Barrett
Mitchell County Hospital	Georgia	1/6/2011	1/12/2011	Patricia Barrett
Colquitt Regional Medical Center	Georgia	1/12/2011	1/19/2011	Richard Mise
Hughston Hospital	Georgia	1/12/2011	1/19/2011	Holly Saville
Evans Memorial Hospital	Georgia	1/14/2011	1/19/2011	Stephen Harrell
Northside Hospital	Georgia	1/14/2011	1/28/2011	Jonathan Skaggs
Northside Hospital Cherokee	Georgia	1/14/2011	1/28/2011	Jonathan Skaggs
Northside Hospital Forsyth	Georgia	1/14/2011	1/28/2011	Jonathan Skaggs
Dodge County Hospital	Georgia	2/2/2011	2/8/2011	Mike Hester
Northeast Georgia Medical Center	Georgia	2/9/2011	2/17/2011	Linda Nicholson
BJC Medical Center	Georgia	2/14/2011	2/17/2011	Lynn Cheramie
South Georgia Medical Center	Georgia	2/18/2011	2/21/2011	Bill Huling
Houston Medical Center	Georgia	2/21/2011	3/3/2011	Jennifer Johnson
Perry Hospital	Georgia	2/2/2011	3/3/2011	Jennifer Johnson

Exhibit A

Business Owner: Wanda Tanner Moran
Peach State Health Plan
Reporting Date: 4/30/2011
Reporting Period: January 1, 2011 thru March 31, 2011

Hospital Name	Location	Date Report Requested	Date Report Released	Requestor's Name
Hamilton Medical Center	Georgia	1/26/2011	2/23/2011	Casey Wilburn
Murray Medical Center	Georgia	1/26/2011	2/23/2011	Casey Wilburn
Floyd Medical Center	Georgia	3/22/2011	3/22/2011	Wanda Manning
Children's Healthcare of Atlanta - Egleston	Georgia	3/30/2011	4/2/2011	Sherry McQueen
Children's Healthcare of Atlanta - Scottish Rite	Georgia	3/30/2011	4/2/2011	Sherry McQueen
Children's Healthcare of Atlanta - Hughes Spalding	Georgia	3/30/2011	4/2/2011	Sherry McQueen
Northside Cherokee	Georgia	3/17/2011	3/17/2011	Jonathan Skaggs
Jefferson Hospital	Georgia	3/18/2011	3/21/2011	Deborah Pate
Upson Regional Medical Center	Georgia	3/28/2011	3/28/2011	John Williams
Satilla Regional Medical Center	Georgia	3/28/2011	3/28/2011	Katrina Wheeler
Smith Northview Hospital	Georgia	3/31/2011	4/2/2011	Mike Wyche
Coffee Regional Medical Center	Georgia	3/31/2011	4/2/2011	Stephen Harrell

\*\*\* Rockdale Medical Center - It should be noted that the provider did not follow the established procedure for submitting this type of request. Section 3.6 of the provider's contract with Peach State requires the provider to comply with the requirements of the Peach State Provider Manual. Page 22 of the Peach State Provider Manual provides that all requests for HS&R reports be submitted via e-mail to the designated e-mail box (HSRrequest@pshp.com) or via certified mailing to the VP of Compliance. However, in the current matter, the provider failed to follow the established policy and submitted the request by overnight mail to another staff member (VP of Contracting). This staff member was out of the office from December 16, 2010 to January 24, 2011, when he terminated his employment with Peach State Health Plan. As a result, the envelope was not immediately discovered. As soon as it was discovered, our staff contacted the provider and transmitted the report via e-mail. It is our position that the delay was caused by the provider's failure to follow the procedure set forth in our Provider Manual.





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.