



**DEPARTMENT OF COMMUNITY HEALTH  
GEORGIA FAMILIES**

**MEDICAID CARE MANAGEMENT ORGANIZATIONS ACT  
COMPLIANCE MONITORING:**

**ANALYSES OF HOSPITAL STATISTICAL AND REIMBURSEMENT  
(HS&R) REPORT SUBMISSIONS – APRIL THROUGH JUNE 2009**

**September 18, 2009**

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## BACKGROUND AND PROJECT PURPOSE

The Medicaid Care Management Organizations Act (the “Act”) requires the Care Management Organizations (CMOs) to provide an 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 the requested HS&R reports to the Department of Community Health (“the Department” or DCH) on April 30, July 30, October 30, and January 30 for the previous quarter.

As requested by the DCH, Myers and Stauffer tested the information included on the quarterly HS&R reports submitted by the CMOs in response to the Act for the quarter beginning April 1, 2009 and ended June 30, 2009 (“Quarter 2”). 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 reports were requested, the date the CMO released the report to the hospital, and other related information.

We attempted to confirm 100 percent of the dates reported by the CMOs for the time period above by telephoning each provider contact, as indicated by the CMOs’ reports. 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 the CMOs. For WellCare, this report was received on 08/4/09 by accessing the CMO's web portal. We also accessed an original report for AMGP on 8/4/09 via AMGP's web portal but then we obtained a revised report via their portal on 9/16/09. We were not able to access the PSHP report via Peach State's web portal; therefore this report was received directly from PSHP on 08/07/09. PSHP then provided us with a revised Quarter 2 HS&R report on 09/14/09. The Quarter 2 HS&R reports from the CMOs are included in Exhibit B of this report.

Myers and Stauffer telephoned the provider contacts listed in the quarterly reports. Providers were asked to provide the date they requested the HS&R report and the date the CMO notified them that the report was available. Telephone calls were made on 4/27/09, between 8/17/09 and 8/26/09 and finally on 9/15/09 to 14 unique providers representing 24 facilities. 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 any additional follow-up work that was necessary.

Providers' responses were compared with the dates included on the CMOs' quarterly reports. In situations where a hospital reported receiving an HS&R report but on a date significantly different than that reported by the CMO, a follow-up e-mail was sent to the CMO to request supporting documentation for these reports and dates.

Additionally, we also documented provider comments related to the HS&R reports. Provider comments were categorized by issue and can be found in the Provider Issues and Concerns section of this 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 its report to DCH. However, if instances occurred where a provider stated they requested and received an HS&R report from a CMO, M&S followed-up with the respective CMO to confirm information obtained from provider.
- Provider comments not directly related to the timeliness of the reports, while not independently verified by M&S, have been included in this report for informational purposes.
- M&S accepted a verbal confirmation for information received from providers.

## ANALYTICAL SUMMARIES AND FINDINGS

This section provides a summary of our findings. Detailed findings by CMO and hospital can be found in Exhibit A.

**Table I. Total Report Counts**

Report Count by CMO	Number of Reports Requested, According to CMO or Provider	Number of Reports Which M&S Was Able to Contact Provider	Provider in Agreement with CMO-Reported Dates	Provider in Disagreement with CMO-Reported Dates
AMGP	15	15	14 (93%)	1 (7%)
PSHP*	16	16	15 (94%)	1 (6%)
WellCare	15	14	13 (93%)	1 (7%)
Total	46	45	42 (93%)	3 (7%)

*\*Total number of reports requested, according to PSHP, does not include the report for Grady Health System which was included and validated on the Quarter 1 report.*

As illustrated in the table above, we have included the total number of reports each respective CMO reported to the Department for Quarter 2. The findings indicate that for 42 of 45 (93 percent) HS&R reports, the providers were able to confirm the information reported by the CMO. This included the following scenarios:

- Provider’s dates match the CMOs dates exactly
- Provider unsure of exact dates, but did not think dates differed from dates provided by CMO
- Provider only able to give partial information. For example: provider only gave a requested date, did not know exact day received
- Provider did not know exact dates, but stated report was provided in a timely manner
- Provider gave different dates than CMO, however, provider’s reported request and received dates were less than 30 days

The findings also indicate that for 3 of 45 (7 percent) HS&R reports, the providers were unable to confirm the information reported by the CMO. This included the following scenarios:

- One report in which the contact for Memorial Health University Medical, Jared Kirby, reported requesting an HS&R report from AMGP on 3/30/09 but could not provide any confirmation regarding the delivery date.
- One report for Houston Medical Center which, according to PSHP, was provided at 31 days but according to the provider was received at 32 days.
- One report for Flint River Hospital requested of WellCare which the provider contact, Lynn Davis, reported she never received.

**Table II.** Length of time between request and release dates for HS&R reports

CMO	Days Between Request and Release Dates		
	Minimum	Average	Maximum
AMGP	0	6	34
PSHP	6	21	36
WellCare	2	12	18

The statistics included in Table II are based on the dates provided on the CMO quarterly reports with the addition of dates given to M&S by the providers that were confirmed by the CMOs.

The Act requires that requests for HS&R reports shall be provided to requesting hospitals within 30 days of the request. For Quarter 2, M&S did not find any HS&R reports released to a hospital that were greater than 30 days for WellCare.

For AMGP, M&S identified one report requested by Memorial Health University Medical on 3/30/09 which was not released to the provider until 5/5/09, or 34 days later. Kathleen Cistola from AMGP acknowledged via e-mail that this report was late and provided the following additional information:

*“Yes, the requested report was sent, however as you can see from the attached revised report, there was a delay in sending it to the requestor timely. The issue was that the person who received the request was out on vacation for an extended period, thus the delay. In order to prohibit this from happening in the future, all requests are now tracked by 3 individuals using the process below.*

*The revised process is as follows:*

1. *All HSR Report requests are sent via e-mail from the hospitals.*
2. *E-mails are responded to requesting more information, i.e. Medicaid ID#, dates of services, etc... this occurs very often.*

3. *Complete e-mail are then printed and put in a unique folder for referencing when running the HSR Report.*
4. *HSR reports are run, usually with a week, and stored on a unique folder on the "O" drive.*
5. *An e-mail response is sent to the requestor with attached, password protected, HSR Reports and asks for a receipt confirmation.*
6. *When confirmation e-mail is received, it is printed and place in the HSR Report request file folder.*
7. *The requested information is then documented in the HSR report that we send to DCH."*

Based on this information, DCH may wish to consider assessing AMGP the \$1,000 daily penalty for failing to provide the requested report in a timely manner.

Based on the information contained on the quarterly report ended June 30, 2009 submitted to DCH by the CMOs, M&S identified two reports for PSHP that were not released to the hospital, Houston Medical Center, within 30 days of the dates they were requested, as required by the Act. We contacted this provider for confirmation of the dates as reported by PSHP. The provider stated that the first report was requested on 3/17/09 and received on 4/20/09. PSHP reported on the Quarter 1 HS&R report that this report was requested on 3/18/09 and delivered on 4/20/09. In response to our request, PSHP provided the email from the provider requesting this report on 3/18/09. Based on this information, it appears that this report was provided at 31 days and DCH may wish to assess the \$1,000 penalty for the one day that the report was late.

The second report was provided by PSHP 5/26/09, 36 days after the request was received from Houston Medical Center on 4/20/09. Although it initially appears that PSHP could be subject to the \$1,000 per day penalty prescribed by the Act for not releasing this report within 30 days of the request, PSHP indicated on the report submitted to DCH that the provider requested the HS&R in a format other than that required by Section 4.18.6.4.1 of the contract between DCH and PSHP. We confirmed with the provider that she had initially requested this report on 3/17/09 and received the report on 4/18/09 but the report was in summary format (the required format). The provider indicated she then requested the report again on 4/20/09 as reported by PSHP but asked that it be in a more detailed format. Given that this request appears to fall outside the scope of the Act, DCH may want to consider foregoing any assessment of a penalty in this situation.

### **Provider Issues and Concerns**

During the calls with providers, we received several comments regarding the information included on the HS&R reports from the CMOs. Please note that some providers did not supply comments while others provided multiple comments. A summary of the provider comments regarding the HS&R reports follows:

- One contact, representing Piedmont Hospital, Fayette Community Hospital, Piedmont Mountainside and Piedmont Newnan, expressed dissatisfaction with the accuracy of the data on the reports. The applicable reports were provided by all three CMOs.
- One hospital, Floyd Medical Center, indicated the individual listed as the provider contact on the HS&R quarterly report submitted by WellCare was not known to the hospital.

## RECOMMENDATIONS

In addition to the recommendations presented in earlier analyses of the HS&R report submissions, we make the following additional recommendations to the Department based on our findings after analyzing the Quarter 2 HS&R reports:

- In addition to previous recommendations regarding the creation of a more comprehensive reporting format, DCH may wish to also consider adding:
  - An indication of the time period of each requested HS&R report similar to the information included in the comment field by AMGP on its Quarter 1 HS&R report.
- DCH may also wish to require the CMOs to research and respond to issues identified in this and future analyses, including:
  - The questioned accuracy of the reports provided to Piedmont Hospital, Fayette Community Hospital, Piedmont Mountainside and Piedmont Newnan, and
  - The issue with the Floyd Medical Center contact name listed on WellCare's HS&R report for the second quarter 2009.



Exhibit A

Georgia Department of Community Health  
Hospital Statistical and Reimbursement Report  
Quarter 2 (Apr 1st - June 30th) 2009

Requester's Name	Hospital Name	Date call made	Comment Category	AMGP Report							PSHP Report							WellCare Report						
				CMO Reported Request Date	CMO Reported Release Date	Provider Reported Request Date	Provider Reported Release Date	CMO-reported Number of days between request and receipt	Provider-Reported Number of days between request and receipt	Dates Validated	CMO Reported Request Date	CMO Reported Release Date	Provider Reported Request Date	Provider Reported Release Date	CMO-reported Number of days between request and receipt	Provider-Reported Number of days between request and receipt	Dates Validated	CMO Reported Request Date	CMO Reported Release Date	Provider Reported Request Date	Provider Reported Release Date	CMO-reported Number of days between request and receipt	Provider-Reported Number of days between request and receipt	Dates Validated
Lynn Davis	Flint River Hospital	8/17/2009	5	N/A	N/A						4/6/2009	4/22/2009	4/6/2009	4/22/2009	16	16	Y	4/3/2009	4/21/2009	4/3/2009	4/28/2009	18	25	N
	Flint River Hospital (Report #2)	8/17/2009	5	N/A	N/A						N/A	N/A						5/5/2009	5/18/2009			13	0	N
Joanne Peoples	Upson Regional Medical Center	9/15/2009									3/24/2009	4/22/2009	3/24/2009	4/22/2009	29	29	Y							
David Makkers	Grady Health System <sup>1</sup>																							
Carolyn Ford	CHOA - Hughes Spalding	4/27/2009		N/A	N/A						4/10/2009	4/22/2009	4/10/2009		12		N	N/A	N/A			N/A		
Jennifer Johnson	Houston Medical Center	8/17/2009	1	N/A	N/A						3/18/2009	4/18/2009	3/17/2009	4/18/2009	31	32	N	N/A	N/A			N/A		
	Houston Medical Center	8/17/2009	7								4/20/2009	5/26/2009	4/20/2009	5/26/2009	36	36	Y							
Hal Mixon	St. Mary Health care	8/17/2009	7, 13	4/21/2009	4/23/2009	4/21/2009	4/23/2009	2	2	Y	4/21/2009	5/14/2009	4/21/2009	5/14/2009	23	23	Y	4/21/2009	5/5/2009	4/21/2009	5/8/2009	14	17	N
Art Kutner	Scottish Rite	8/17/09, 8/20/09	7	N/A	N/A						4/24/2009	5/14/2009	4/24/2009	5/14/2009	20	20	Y	N/A	N/A	4/21/2009	5/8/2009	N/A		
	Egleston - CHOA	8/17/09, 8/20/09	7	N/A	N/A						4/24/2009	5/14/2009	4/24/2009	5/14/2009	20	20	Y	N/A	N/A			N/A		
Kelsie Broughton	Rockdale	8/17/2009	7, 13	N/A	N/A						4/28/2009	5/14/2009	4/28/2009	5/14/2009	16	16	Y	4/28/2009	5/7/2009	4/28/2009	5/9/2009	9	11	N
Beth Dalton	Ty Cobb Healthcare System- Cobb Memorial Hospital	8/17/09, 8/21/09	13	5/5/2009	5/12/2009	5/5/2009	5/12/2009	7	7	Y	5/8/2009	5/14/2009	5/5/2009	5/14/2009	6	9	N	5/5/2009	5/7/2009	5/5/2009	5/7/2009	2	2	Y
	Ty Cobb Healthcare System- Hart County Hospital	8/17/09, 8/21/09	13	5/5/2009	5/12/2009	5/5/2009	5/12/2009	7	7	Y	5/8/2009	5/14/2009	5/5/2009	5/14/2009	6	9	N	5/5/2009	5/7/2009	5/5/2009	5/7/2009	2	2	Y
Robert Cross	Piedmont Hospital, Inc	8/17/09,8/21/09,8/26/09	1, 13	5/13/2009	5/15/2009	5/13/2009	5/15/2009	2	2	Y	5/13/2009	6/8/2009	5/13/2009	6/3/2009	26	21	N	5/13/2009	5/28/2009	5/13/2009	5/24/2009	15	11	N
	Fayette Community Hospital, Inc.	8/17/09,8/21/09,8/26/09	1, 13	5/13/2009	5/15/2009	5/13/2009	5/15/2009	2	2	Y	5/13/2009	6/8/2009	5/13/2009	6/3/2009	26	21	N	5/13/2009	5/28/2009	5/13/2009	5/24/2009	15	11	N
	Piedmont Mountainside	8/17/09,8/21/09,8/26/09	1, 13	5/13/2009	5/15/2009	5/13/2009	5/15/2009	2	2	Y	5/13/2009	6/8/2009	5/13/2009	6/3/2009	26	21	N	5/13/2009	5/28/2009	5/13/2009	5/24/2009	15	11	N
	Piedmont Newnan	8/17/09,8/21/09,8/26/09	1, 13	5/13/2009	5/15/2009	5/13/2009	5/15/2009	2	2	Y	5/13/2009	6/8/2009	5/13/2009	6/3/2009	26	21	N	5/13/2009	5/28/2009	5/13/2009	5/24/2009	15	11	N
George Lane	WellStar Health System- Kennestone Hospital, Cobb Hospital, Douglas Hospital, Paulding Hospital, Windy Hill Hospital	8/17/2009	7	5/19/2009	5/22/2009	5/19/2009	5/22/2009	3	3	Y	N/A	N/A			N/A			N/A	N/A					
Tami Jeffers	St. Joseph- Savannah	8/17/09,8/21/09,8/26/09	13	6/26/2009	6/26/2009	6/26/2009		0		N	N/A	N/A			N/A			6/29/2009	7/6/2009	6/29/2009		7		N
	Candler Hospital	8/17/09,8/21/09,8/26/09	13	6/26/2009	6/26/2009	6/26/2009		0		N	N/A	N/A			N/A			6/29/2009	7/6/2009	6/29/2009		7		N
Jared Kirby	Memorial Health University Medical	8/17/2009	12	4/1/2009	5/5/2009	3/30/2009		34		N	3/30/2009	4/22/2009	3/30/2009		23		N	3/30/2009	4/14/2009	3/30/2009	4/24/2009	15	25	N
Sheri Poole	University Hospital	8/17/2009	11	N/A	N/A						N/A	N/A			N/A			4/3/2009	4/21/2009	4/3/2009	4/10/2009	18	7	N
Kyle Wilkinson	Floyd Medical Center	8/17/09,8/21/09,8/26/09	9	N/A	N/A						N/A	N/A			N/A			6/4/2009	6/18/2009			14		

<sup>1</sup> This report was reported by PSHP on the Q1/2009 HS&R report and the reported dates were validated with the provider at that time. Therefore, this provider was not contacted during this quarter.

MIN 0  
MAX 34  
AVG 6

MIN 6  
MAX 36  
AVG 21

MIN 2  
MAX 18  
AVG 12

Georgia Department of Community Health  
Hospital Statistical and Reimbursement Report  
Quarter 2 (Apr 1st - June 30th) 2009

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



## Hospital Statistical and Reimbursement Report Quarterly Report

CMO Name: Peach State Health Plan  
 Report Date: July 29, 2009  
 Report Period: April 1, 2009 - June 30, 2009  
 Report Frequency: Quarterly

Hospital Name	Location	Date Report Requested	Date Report Released	Requestors Name
Memorial Health Univ Med Ctr	Savannah, GA	3/30/2009	4/22/2009	Jared Kirby
Upton Regional Med Ctr	Thomaston, GA	3/24/2009	4/22/2009	Joanne Peoples
Grady Health System	Atlanta, GA	3/31/2009	4/3/2009	David Makkers
Flint River Hospital	Montezuma, GA	4/6/2009	4/22/2009	Lynn Davis
CHOA - Hughes Spalding	Atlanta, GA	4/10/2009	4/22/2009	Carolyn Ford
Houston Medical Center	Warner Robins, GA	4/20/2009	5/26/2009	Jennifer Johnson
St. Mary Health care	Athens, GA	4/21/2009	5/14/2009	Hal Mixon
Scottish Rite	Atlanta, GA	4/24/2009	5/14/2009	Art Kutner
Egleston - CHOA	Atlanta, GA	4/24/2009	5/14/2009	Art Kutner
Rockdale	Conyers, GA	4/28/2009	5/14/2009	Kelsie Broughton
Ty Cobb Healthcare System	Royston, GA	5/8/2009	5/14/2009	Beth Dalton
Ty Cobb Healthcare System	Royston, GA	5/8/2009	5/14/2009	Beth Dalton
Piedmont Hospital, Inc	Atlanta, GA	5/13/2009	6/8/2009	Robert Cross
Fayette Community Hospital, Inc	Fayetteville, GA	5/13/2009	6/8/2009	Robert Cross
Piedmont Mountainside	Jasper, GA	5/13/2009	6/8/2009	Robert Cross
Piedmont Newnan	Newnan, GA	5/13/2009	6/8/2009	Robert Cross

Pending  
 Complete  
 Req the old format - not State required

