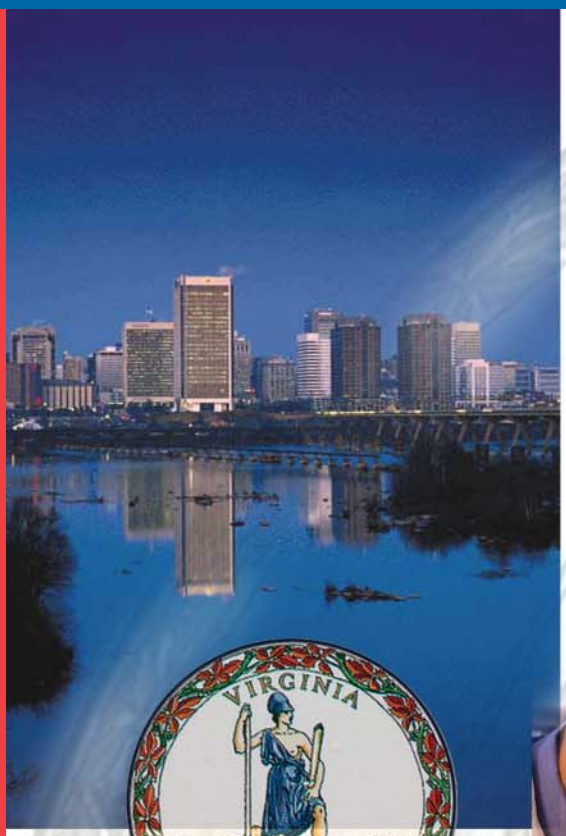
delmarva foundation



# Commonwealth of Virginia Department of Medical Assistance Services

## External Quality Review

## AMERIGROUP

Annual Report CY 2005

*Improving Healthcare in the Communities We Serve.*

# AMERIGROUP Annual Report

## Introduction and Purpose

The Virginia Department of Medical Assistance Services (DMAS) is charged with the responsibility of evaluating the quality of care provided to recipients enrolled in contracted Medallion II managed care plans. The intent of the Medallion II program is to improve access to care, promote disease prevention, ensure quality care, and reduce Medicaid expenditures. To ensure that the care provided meets acceptable standards for quality, access, and timeliness, DMAS has contracted with the Delmarva Foundation for Medical Care, Inc. (Delmarva) to serve as the External Quality Review Organization (EQRO). This annual report will include the overall results of the Operational Systems Review as well as the findings related to quality, access and timeliness of care.

Following federal requirements for an annual assessment, as set for the in the Balanced Budget Act of 1997 (BBA) and federal EQRO regulations, Delmarva conducted a comprehensive review of MCO Name to assess the MCO's performance relative to the quality of care, timeliness of services, and accessibility of services.

For purposes of assessment, Delmarva has adopted the following definitions:

- **Quality,** stated in the federal regulations as it pertains to external quality review, is "the degree to which a Managed Care Organization (MCO) or Prepaid Inpatient Health Plan (PIHP) increases the likelihood of desired health outcomes of its recipients through its structural and operational characteristics and through the provision of health services that are consistent with current professional knowledge" ("Final Rule: External Quality Review," 2003).

- **Access** (or accessibility), as defined by the National Committee for Quality Assurance (NCQA), is the "timeliness in which an organization's member can obtain available services. The organization must be able to ensure accessibility of routine and regular care and urgent and after-hours care" ("Standards and Guidelines," 2003).

- **Timeliness,** as it relates to utilization management decisions, is defined by NCQA as when "the organization makes utilization decisions in a timely manner to accommodate the clinical urgency of the situation. The intent is that organizations make utilization decisions in a timely manner to minimize any disruption in the provision of health care" ("Standards and Guidelines," 2003). An additional definition

of timeliness given in the National Health Care Quality Report "refers to obtaining needed care and minimizing unnecessary delays in getting that care" ("Envisioning the National Health Care," 2001).

This annual report provides an evaluation of data sources reviewed by Delmarva as the EQRO to assess the progress that Medallion II managed care plans have made in fulfilling the foals of DMAS. This annual report is a mandated activity in the Medallion II contract and the BBA External Quality Review regulations.

Although Delmarva's task is to assess how well AMERIGROUP performs in the areas of quality, access, and timeliness from Health Employer Data and Information Set (HEDIS®[1]) performance, performance improvement projects (PIPs), and operational systems review perspective, it is important to note the interdependence of quality, access, or timeliness also may be noted under either of the other two areas.

Quality, access and timeliness of care expectations for all persons enrolled in the Medallion II managed care program. Ascertaining whether health plans have met the intent of the BBA and state requirements is a major goal of this report.

### Background on Plan

AMERIGROUP Corporation is headquartered in Virginia Beach. Through its wholly owned subsidiaries, AMERIGROUP (AMERIGROUP) serves more than 1 million people in Florida, Georgia, Illinois, Maryland, New York, New Jersey, Ohio, Texas, Virginia and the District of Columbia. AMERIGROUP began serving enrollees in 10 cities/counties in Northern VA in September 2005 and had 18,614 enrollees as of December 2005.

### Data Sources

Delmarva used three major data sources to evaluate the participating Medallion II MCOs' performance:

- HEDIS, which is a nationally recognized set of performance measures developed by NCQA. These measures are used by health care purchasers to assess the quality and timeliness of care and service delivery to members for managed care delivery systems.
- Summaries of plan-conducted Performance Improvement Projects.
- Operational Systems Review, consisting of a pre-site and on-site review.

AMERIGROUP began operations as a Medallion II MCO in September 2005. Because the operational start date was late in the year under review, AMERIGROUP would not have had adequate member information or time to implement a PIP for 2005. In addition, its members would not have met the continuous enrollment criteria for the HEDIS measures reported for the time period covered for the annual report. Therefore, AMERIGROUP's Annual Report does not include an analysis on these two aspects of the review.

[1] HEDIS ®is a registered trademark of the National Committee for Quality Assurance.

## Methodology

Delmarva performed an external independent review of all data from the three sources above. The EQRO has assessed quality, access, and timeliness across the three data disciplines. After discussion of this integrated review, Delmarva will provide an assessment to DMAS regarding how well the health plan is providing quality care and services to its members.

AMERIGROUP's Operational Systems Review assessed activities performed by the MCO during the time frame of January 1, 2005 through December 31, 2005 (CY 2005). The purpose was to identify, validate, quantify, and monitor problem areas in the overall quality improvement program. The review incorporated regulations set forth under the final rule of the BBA that became effective on August 13, 2002. The BBA is the comprehensive revision to federal statutes governing all aspects of Medicaid managed care programs as set forth in Section 1932 of the Social Security Act and Title 42 of the *Code of Federal Regulations* (CFR), part 438 *et seq*. In support of these regulations and health plan contractual requirements, Delmarva evaluated and then assessed compliance for the following systems:

- Enrollee Rights (ER) and Protections—Subpart C Regulation
- Quality Assessment and Performance Improvement (QAPI)—Subpart D Regulation
- Grievance Systems (GS)—Subpart F Regulation

It is expected that each health plan will use the review findings and recommendations for operational systems improvement to become fully compliant with all standards and requirements.

The operational systems standards used in the calendar year (CY) 2005 review were the same as those used in the 2004 review period (January 1, 2004-December 31, 2004) and in the 2003 review period (June- December 2003). These standards incorporate both the BBA and Medallion II contractual requirements. Specifically, these standards include regulations under Subparts C, D, and F of the BBA. AMERIGROUP has been operating as a Medallion II MCO only since September 2005.

## Quality at a Glance

Ensuring quality of care for Medicaid managed care recipients is a key objective of the Medallion II program. Various indicators exist that serve as direct and proximate measures of the quality of care and services provided to Medallion II recipients. Along with access and timeliness, these indicators are essential components of a quality-driven system of care, which is vital for the success of the Medallion II program. Data obtained from clinical studies performed by Delmarva as well as through other avenues of data support the delivery of quality health care to the Medallion II population. The findings related to quality are reported in the following sections.

## HEDIS

AMERIGROUP began operations as a Medallion II MCO in September 2005. Because the operations start date was late in the year under review, AMERIGROUP's members would not have met the continuous enrollment criteria for the HEDIS measures reported for the time period covered for the annual report. Therefore, AMERIGROUP's Annual Report does not include an analysis on HEDIS measures.

## Performance Improvement Projects

AMERIGROUP began operations as a Medallion II MCO in September 2005. Because the operations start date was late in the year under review, AMERIGROUP would not have had adequate member information or time to implement a PIP for 2005. Therefore, AMERIGROUP's Annual Report does not include an analysis on this aspect of the review.

## Operational Systems Review

The standards that pertain to quality and were used to assess the Medallion II MCOs performance in the area of quality are listed below.

**Enrollee Rights and Protections—Subpart C Regulations**

- ER.1. Enrollee Rights and Protections-Staff/Provider
- ER.6. Advanced Directives

**Quality Assessment and Performance Improvement—Subpart D Regulations**

- QA3. 438.206 Availability of Services (b) (3)
- QA5. 438.206 (c) (2) Cultural Considerations
- QA6. 438.208 Coordination and Continuity of Care
- QA11. 438.210 (b) Coverage and Authorization of Services—Processing of Requests
- QA15. 438.214 (b) Provider Selection—Credentialing and Recredentialing Requirements
- QA16. 438. 214 (c) Provider Selection—Nondiscrimination
- QA17. 438.12 (a,b) Provider Discrimination Prohibited
- QA18. 438.214 (d) Provider Selection—Excluded Providers
- QA19. 438.56 (b) Provider Enrollment and Disenrollment—Requested by MCO
- QA20. 438.56 (c) Provider Enrollment and Disenrollment—Requested by Enrollee
- QA21. 438.228 Grievance Systems
- QA22. 438.230 Subcontractual Relationships and Delegation
- QA23. 438.236 (a,b) Practice Guidelines
- QA24. 438.236 (c) Dissemination of Practice Guidelines
- QA25. 438.236 (d) Application of Practice Guidelines
- QA26. 438.240 Quality Assessment and Performance Improvement Program

- QA27. 438.240 (b ) (2) Basic Elements of Quality Assessment and Performance Improvement (QAPI) Program—Under/Over Utilization of Services
- QA28. 438.240 (b) (3) Basic Elements of QAPI Program—Special Health Care Needs
- QA29. 438.242 Health/Management Information Systems

**Grievance Systems—Subpart F Regulations**

- GS1. 438.402 (a,b) Grievance System
- GS2. 438.402 (3) Filing Requirements—Procedures
- GS3. 438.404 Notice of Action
- GS4. 438.404 (b) Content of Notice of Action
- GS5. 438.416 Record-Keeping and Reporting Requirements
- GS6. 438.406 Handling of Grievances and Appeals—Special Requirements for Appeals

The following section provides a detailed assessment of the Medallion II MCO's performance in calendar year 2005 as it relates to the operational systems review findings for quality. This year's on-site review included an assessment of all elements and standards. Because AMERIGROUP began serving Medallion II enrollees in September 2005, this is the MCO's first Operational Systems Review for this program.

Ensuring quality of care for Medicaid managed care recipients is a key objective of the Medallion II program. Various indicators exist that serve as direct and proximate measures of the quality of care and services provided to Medallion II recipients. Along with access and timeliness, these indicators are essential components of a quality-driven system of care, which is vital for the success of the Medallion II program. Data obtained from clinical studies performed by Delmarva as well as through other avenues of data support the delivery of quality health care to the Medallion II population.

All 29 of the Quality Assessment and Performance Improvement standards were fully met as evaluated through documented policies and procedures that were in place at the time of the review. All but one of the Enrollee Rights standards (ER 1) and one of the Grievance Systems standards (GS 6) used to assess quality were met.

To fully meet the Enrollee Rights standard, AMERIGROUP must have documented procedures in place for sharing with enrollees that they are not liable for payment in case of MCO insolvency. For the Grievance System standard, AMERIGROUP must ensure that the documented appeal process provides the enrollee, representative, or legal representation of a deceased enrollee before and during the appeal process, to examine the enrollee case file, including medical records, considered during the appeal process.

AMERIGROUP has polices and procedures in place to ensure that members with special needs are able to request a specialist as their PCP and to inform enrollees of direct access to women's health services within the

network for routine and preventive care. Second opinions are also available at no cost to the enrollee. Policies and procedures allow members can receive necessary services out-of-network if AMERIGROUP is unable to cover necessary services in-network.

AMERIGROUP has a comprehensive program in place to address and promote the delivery of services in a culturally competent manner to those enrollees with limited English proficiency (LEP) and diverse ethnic or cultural backgrounds. This is achieved through the Cultural Competency policy, cultural competency training program and the Cultural Competency Committee that collects and disseminates information on cultural differences relative to members.

The Quality Improvement Program includes safety nets for those members with special needs. The Continuity of Care policy describes the MCO's efforts in identifying and providing continued care for members whose conditions require ongoing treatment. The Children with Special Health Care Needs Policy describes how the MCO identifies and matches members to the appropriate case management services. The Case Management Program Overview and the Medical Management Program describe the mechanisms in place for the development of a treatment plan involving the specialist, PCP and the enrollee. The Coordination of Care Between Behavioral Health and Medical Management Policy details the process used to facilitate coordination between behavioral health and medical issues which may include, but are not limited to joint rounds, home, or facility visits, coordination of referrals, use of AMERIGROUP medical disease management program, and use of he medical case management team.

AMERIGROUP uses its corporate policies and procedures to address the confidentiality and privacy of member information requirements. AMERIGROUP has a comprehensive set of corporate policies, implemented at the local level to address the privacy and confidentiality requirement of HIPAA.

Inter-rater reliability testing is completed to ensure consistent application of criteria and guidelines.

AMERIGROUP has a comprehensive provider credentialing and recredentialing process in place. Because AMERIGROUP is new to the VA market, only credentialing has occurred. The MCO does not discriminate against particular providers that serve high-risk populations or specialize in conditions that require costly treatment. Delegation procedures are in place and require a pre-assessment of any potential delegate and routine performance monitoring of all delegates. There are sanctioning processes in place for providers with substandard performance.

Complaint, grievance and appeals policies and procedures are in place. AMERIGROUP prohibits individuals from providing incentives for denying, limiting, and/or discontinuing medical services. Consistent with this process, the MCO provides written notice of adverse decisions. The notifications to the members and providers include all the required components including the member's right to a State Fair Hearing.

Clinical practice guidelines including preventive and disease specific guidelines are in place, are distributed to providers and are available to members if requested. Guidelines are approved by the Medical Advisory Committee and are updated at a minimum of every two years or earlier if relevant new information is identified.

### Summary of Quality

It is clear that AMERIGROUP is committed to providing quality of care and services to its enrollees. All 29 of the Quality Assessment and Performance Improvement standards were fully met as evaluated through documented policies and procedures that were in place at the time of the review. All but one of the Enrollee Rights standards (ER 1) and one of the Grievance Systems standards (GS 6) used to assess quality were met.

AMERIGROUP has a comprehensive set of policies and procedures that have been implemented. The quality improvement program is well documented and indicators to monitor progress, detect the need for change, and evaluate the quality improvement efforts is in place as demonstrated by the use of the Balance QM Scorecard and documented committee meeting minutes.

## Access at a Glance

Access is an essential component of a quality-driven system of care, and historically has been a challenge for Medicaid recipients enrolled in fee-for-service programs. The intent of the Medallion II program is to improve access to care. One of DMAS's major goals in securing approval of the 1915(b) Medicaid waiver application was to develop managed care delivery systems that would remove existing barriers for Medicaid recipients, thereby improving their overall health status, increasing their quality of life, and reducing costly health expenditures related to a fragmented system of care. The findings with regard to access are described below.

### HEDIS

AMERIGROUP began operations as a Medallion II MCO in September 2005. Because the operations start date was late in the year under review, AMERIGROUP's members would not have met the continuous enrollment criteria for the HEDIS measures reported for the time period covered for the annual report. Therefore, AMERIGROUP's Annual Report does not include an analysis on HEDIS measures.

### Performance Improvement Projects

AMERIGROUP began operations as a Medallion II MCO in September 2005. Because the operations start date was late in the year under review, AMERIGROUP would not have had adequate member information or time to implement a PIP for 2005. Therefore, AMERIGROUP's Annual Report does not include an analysis on this aspect of the review.

## Operational Systems Review

In 2004, as part of a desk-review, Delmarva comprehensively reassessed elements from the previous year's review that previously were not fully met and found that the majority of all elements had improved to a met status. In 2005, Delmarva reassessed all elements and standards as part of the Operational Systems Review. Delmarva's Operational Systems Review of the Medallion II MCOs evaluated elements pertaining to access in the following required review categories. The following standards were used to assess the MCOs compliance with access standards.

**Enrollee Rights and Protections—Subpart C Regulations**

- ER3. Information and Language Requirements (438.10)
- ER5. Emergency and Post-Stabilization Services (438.114, 422.113c)
- ER7. Rehabilitation Act, ADA

**Quality Assessment and Performance Improvement—Subpart D Regulations**

- QA1. 438.206 Availability of Services (b)
- QA2. 438.206 Availability of Services (b) (2)
- QA4. 438.206 Availability of Services (b) (4)
- QA7. 438.208 (c) 103 Additional Services for Enrollees with Special Health Care Needs
- QA8. 438.208 (c) (4) Direct Access to Specialists
- QA10. 438.208 (e) Primary Care and Coordination Program

AMERIGROUP met the requirements for all of the Enrollee Rights and Quality Assessment and Performance Improvement standards used to assess access.

AMERIGROUP has begun to assess access requirements contained in its contract with DMAS. Access standards are documented in policy and also in the Provider Manual. The Provider Network Accessibility Analysis Policy discusses how reviews are performed quarterly to assess network accessibility. Evidence of monitoring was provided in the form of GeoAccess reports and analysis.

As noted in the quality section, AMERIGROUP has polices and procedures in place to ensure that members with special needs are able to request a specialist as their PCP and to inform enrollees of direct access to women's health services within the network for routine and preventive care. Second opinions are also available at no cost to the enrollee. Policies and procedures allow members can receive necessary services out-of-network if AMERIGROUP is unable to cover necessary services in-network. In addition, policies and procedures are in place to ensure access to appropriate health care professionals through Case and Disease Management Programs.

The authorization and referral processes are in place and there was documentation to demonstrate that these processes are monitored for timeliness to completion to meet AMERIGROUP standards and benchmarks. There are standard and expedited authorization procedures to address the need of the MCO to provide a determination as expeditiously as possible.

AMERIGROUP uses the QM Balanced Scorecard to monitor over and under utilization of services. This Scorecard includes various indicators (e.g. inpatient days, emergency room visits, grievance/appeals completion frames etc) across all departments. The data is collected, analyzed and reported monthly. This provides the MCO with a useful tool in monitoring data trends and identifying areas of under and over utilization.

### Summary of Access

Overall, access is an area of strength for AMERIGROUP and supports the health plan's intent as a quality-driven system of care. AMERIGROUP met the requirements for all of the Enrollee Rights and Quality Assessment and Performance Improvement standards used to assess access. Access is ensured through appropriate authorization processes, primary care coordination procedures and processes in place to address members with special needs.

## Timeliness at a Glance

Access to necessary health care and related services alone is insufficient in advancing the health status of Medallion II recipients. Equally important is the timely delivery of those services, which is an additional goal, established by DMAS for the systems of care that serve Medallion II recipients. The findings related to timeliness are revealed in the sections that follow.

### Performance Improvement Projects

AMERIGROUP began operations as a Medallion II MCO in September 2005. Because the operations start date was late in the year under review, AMERIGROUP would not have had adequate member information or time to implement a PIP for 2005. Therefore, AMERIGROUP's Annual Report does not include an analysis on this aspect of the review.

### HEDIS

AMERIGROUP began operations as a Medallion II MCO in September 2005. Because the operations start date was late in the year under review, AMERIGROUP's members would not have met the continuous enrollment criteria for the HEDIS measures reported for the time period covered for the annual report. Therefore, AMERIGROUP's Annual Report does not include an analysis on HEDIS measures.

## Operational Systems Review

Access to necessary health care and related services alone is insufficient in advancing the health status of Medallion II recipients. Equally important is the timely delivery of those services, which is an additional goal, established by DMAS for the systems of care that serve Medallion II recipients. The findings related to timeliness are revealed in the sections to follow. Delmarva assessed the Enrollee Rights, Quality Assessment and Performance Improvement, and Grievance System standards to evaluate AMERIGROUP's commitment to timeliness of services.

Delmarva's operational systems review of the Medallion II MCOs assessed and documented elements pertaining to timeliness in the following review requirement categories. These elements pertain to the 2005 and last year's review to provide a complete evaluation of the Medallion II MCOs performance in the area of timeliness. Standards used to assess the Medallion II MCOs compliance with timeliness are included below.

**Enrollee Rights and Protections—Subpart C Regulations**

- ER2. Written Statement Upon Enrollment
- ER4. 42 C.F.R. 431, Subpart F, and the Code of Virginia, Title 2.1, Chapter 26, (Privacy and Protection Act of 1976) and the Health Insurance Portability and Accountability Act of 1996

**Quality Assessment and Performance Improvement—Subpart D Regulations**

- QA9. 438.208 (d) (2) (ii-iii) Referrals and Treatment Plans
- QA11. 438.210 (b) Coverage and Authorization of Services—Processing of Requests
- QA12. 438.210 (c) Coverage and Authorization of Services—Notice of Adverse Action
- QA13. 438.210 (d) (1) Timeframe for Decisions—Standard Authorization of Decisions
- QA14. 438.210 (d) (2) Timeframe for Decisions—Expedited Authorization Decisions

**Grievance Systems—Subpart F Regulations**

- GS7. 438.408 Resolution and Notification: Grievances and Appeals—Standard Resolution
- GS8. 438.408 Resolution and Notification: Grievances and Appeals—Expedited Resolution
- GS9. 438.408 (b-d) Resolution and Notification
- GS10. 438.408 (c) Requirements for State Fair Hearings
- GS11. 438.410 Expedited Resolution of Appeals, GS. 438.424 Effectuation of Reversed Appeal Resolutions

AMERIGROUP met all of the requirements for the Quality Assessment and Performance Improvement and Grievance Systems standards used to evaluate the dimension of timeliness. Only one of the Enrollee Rights standards pertaining to timeliness (ER4) was not met. Specifically, AMERIGROUP's policies and procedures did not include the requirement to provide disclosures of Protected Health Information (PHI) to DMAS within 30 days of request and in the format requested by the Department.

The QM Balanced Scorecard contains numerous indicators relative to timeliness. These include timeliness of member and provider complaint, grievance and appeal resolution as well as compliance with the notifications in cases of authorizations, denials and/or reductions in service.

The Grievance Systems standards require the assessment of the timeliness in regards to:

- Turn around times for completion of grievances and appeals.
- Allowing up to a 14 day time frame extension when requested by the enrollee.
- Requiring an expedited authorization and appeals processes.
- Requiring timely notification in cases of denial, reduction or termination of a service,

AMERIGROUP's policies and procedures addressed all time frames and these were determined to be within the time frames established by the standards. These dimensions of timeliness are tracked and monitored through the quality improvement channels at AMERIGROUP.

### Summary of Timeliness

AMERIGROUP demonstrates a commitment to timeliness. Many dimensions of timeliness of services are monitored through the QM Balanced Scorecard which is compiled and reviewed monthly. The timeframes for completion of tasks is compliant with contract requirements, except for the requirement to provide PHI to DMAS within 30 days of request.

## Overall Strengths

**Quality:**

- All 29 of the Quality Assessment and Performance Improvement standards were met.
- All but one of the Enrollee Rights standards (ER 1) and one of the Grievance Systems standards (GS 6) used to assess quality were met.
- A comprehensive cultural competency and awareness program.
- The Quality Management Balanced Scorecard provides a snapshot of AMERIGROUP's monthly activities according to their internal goals/benchmarks. This Scorecard provides a useful tool to track, trend, and monitor major activities.
- Although the MCO is new to VA, its policies and procedures are well-developed and implemented based on their experience in other state markets.
- Although there is not much data to collect for the first review period (September through December 2005), the MCO already has processes in place to collect and analyze data.
- The credentialing system is already in place and a review of credentialing files demonstrated adherence to the policies and procedures.

- Clinical practice guidelines are in place and include preventive and disease specific guidelines. These are reviewed at least every two years.
- AMERIGROUP has a comprehensive program in place to address and promote the delivery of services in a culturally competent manner to those enrollees with limited English proficiency (LEP) and diverse ethnic or cultural backgrounds. This is achieved through the Cultural Competency policy, cultural competency training program and the Cultural Competency Committee that collects and disseminates information on cultural differences relative to members.
- Policies and procedures are in place to identify members with special needs and to place them into case or disease management programs.

**Access:**

- AMERIGROUP met the requirements for all of the Enrollee Rights and Quality Assessment and Performance Improvement standards used to assess access.
- AMERIGROUP has procedures in place to assess the required access standards. The appropriate access standards are documented and monitored.
- Polices and procedures in place to ensure that members with special needs are able to request a specialist as their PCP.
- Female members have direct access to women's health services within the network for routine and preventive care.
- Second opinions are available at no cost to the enrollee.
- Members can receive necessary services out-of-network if AMERIGROUP is unable to cover necessary services in-network.
- Policies and procedures are in place to ensure access to appropriate health care professionals through Case and Disease Management Programs.
- The authorization and referral processes are in place and appear to be functioning appropriately. The QM Balanced Scorecard is a useful tool to monitor over and under utilization of services across various departments.

**Timeliness:**

- The authorization and appeals processes are monitored for timeliness to completion to meet AMERIGROUP standards and benchmarks.
- There are standard and expedited authorization procedures to address the need of the MCO to provide a determination as expeditiously as possible.
- Members are able to request extensions for appeals and authorizations.
- Member and provider notifications in cases of denials, appeals and/or reductions of services are completed timely and according to procedures.
- Turn around times for appeals and grievances are measured against AMERIGROUP internal standards monthly.

- The QM Balance Scorecard provides AMERIGROUP with useful tool to monitor timeliness on a monthly basis.

## Recommendations

This section offers DMAS a set of recommendations to build upon identified strengths and to address the areas of opportunity within the existing programs. These recommendations draw from the findings of those data sources individually and in the aggregate. Delmarva's recommendations for AMERIGROUP are as follows:

- Continue to use the QM Balanced Scorecard to assess the dimensions of quality, access and timeliness.
- Ensure that the appeals policies and procedures provide that the legal representative of a deceased enrollee has the right to examine the enrollee case file, including medical records during the appeal process.
- Ensure that policies and procedures are revised to include procedures to share information with enrollees that they are not liable for payment if the MCO becomes insolvent.
- Ensure that the MCO's confidentiality and privacy policies and procedures note that disclosures to DMAS will occur within 30 days of request and in the format requested by the Department.
- Ensure continued data collection for use in development and implementation of at least on quality improvement project.

## References

Centers for Medicare and Medicaid Services (CMS). (2002, June). *Final Rule: Medicaid Managed Care; 42 CFR Part 400, et.al., Subpart D- Quality Assessment and Performance Improvement*. Retrieved December 9, 2004, from CMS website: http://www.cms.hhs.gov/medicaid/managedcare/f4289.pdf

Centers for Medicare and Medicaid Services (CMS). (2003, January). *Final Rule: External Quality Review of Managed Care Organizations and Prepaid Inpatient Health Plans; 42 CFR Part 438.300 et.al.* Retrieved November 1, 2004 from CMS website: http://www.cms.hhs.gov/medicaid/managedcare/eqr12403.pdf

Institute of Medicine (IOM), Committee on the National Quality Report on Health Care Delivery, Board on Health Care Services. (2001). *Envisioning the National Health Care Quality Report*. Retrieved February 24, 2005, from the National Academies Press website: http://www.nap.edu/html/envisioning/ch2.htm

National Committee for Quality Assurance (NCQA). (2003). *Standards and Guidelines for the Accreditation of* MCOs.