Medicare Advantage Issues Compendium for Submission to CMS

Description	Plan Explanation (If applicable)	MA Plan	State	CMS Response
Audits				
HCC Coding Audit: Hospitals receive audit requests for hundreds (sometimes thousands) of charts with unreasonable deadlines for completion. (usually 2-4 weeks). Audits are also overly broad in terms of information requested and will regularly request "all records and notes" for all patients seen by the provider for a date range that can span up to an entire year. The audit's timeframe, request volume, and timeframe to respond is often not supported by contractual agreement or the contract is silent. When the provider pushes back, the plan states that the audit is necessary to comply with CMS MA risk adjustments requirements.		United Healthcare, Today's Option (Universal American)	NY, GA	
Appeals				
Plans repeatedly say they are unable to locate the appeal and/or medical records and require multiple resubmissions. This occurs even when hospital has confirmation of delivery to the plan.		United Healthcare	GA	
Failure to respond to appeals		United Healthcare	GA	
Preadmission or Authorization Denials				
Hospitals request authorization for an inpatient admission that meets industry standard criteria for inpatient level of care. Plan bases authorization decision on internal criteria and denies inpatient authorization. Plan delays communication of the		United Healthcare	GA	

decision to the hospital so that it is received after the patient has been discharges and there is no opportunity for the attending physicians to change the level of care ordered.				
Unilateral Changes in DRGs/Other Post-Payment				
Incorrect payment of claims to out-of-network providers due to failure to load current Medicare rates.		United Healthcare	GA	
Use of third party auditors to re-review records for validated and paid claims, then changing the DRG & recouping prior payment.		United Healthcare	GA	