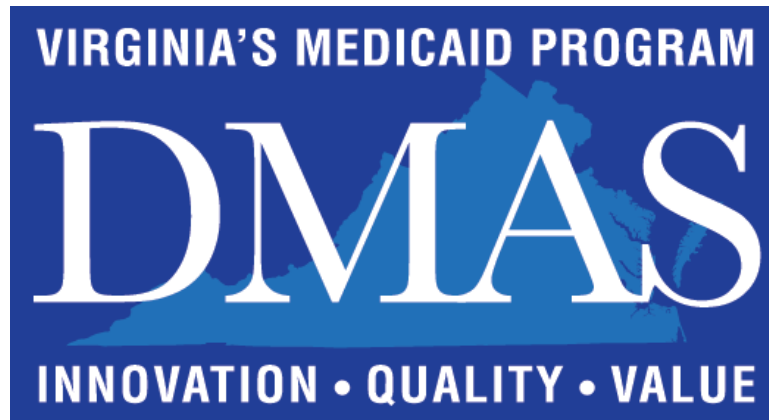


Monthly MCO Compliance Report

Medallion 4.0 October 2021 Deliverables



Health Care Services Division

January 7, 2022

Monthly MCO Compliance Report

Medallion 4.0 October 2021 Deliverables

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Compliance Points Overview

MCO	Prior Month Point Balance	Point(s) Incurred for Current Month*	Point(s) Expiring from October 2020	Final Point Balance*	Area of Violation: Finding or Concern
<u>Aetna</u>	1.0	2.0	0	3.0	FINDINGS APPEALS & GRIEVANCES PROVIDER CALL CENTER STATS CONCERNS NONE
<u>Anthem</u>	16.0	1.0	1.0	16.0	FINDINGS APPEALS & GRIEVANCES CONCERNS CMHRS SA LATE SUBMISSION DATA SUBMISSION ERROR
<u>Molina</u>	10.0	0	0	10.0	FINDINGS NONE CONCERNS NONE
<u>Optima Health</u>	10.0	0	1.0	9.0	FINDINGS NONE CONCERNS CMHRS SA DATA SUBMISSION ERROR
<u>United</u>	7.0	1.0	1.0	7.0	FINDINGS CMHRS SA CONCERNS LATE SUBMISSION
<u>VA Premier</u>	30	0	2.0	28	FINDINGS NONE CONCERNS NONE

**All listed point infractions are pending until the expiration of the 15-day comment period.*

Notes:

-**Findings**- Area(s) of violation; point(s) issued.

-**Concerns**- Area(s) of concern that could lead to potential findings; **no** points issued.

-**Expired Points**- Compliance points expire 365 days after issuance. Thus, all points issued in October 2020 (Issue date: 11/15/2020) expire on 11/15/2021 and are subtracted from the final point balance.)

Summary

The **Compliance Review Committee (CRC)** met on December 7, 2021 to review deliverables measuring performance for October 2021 as well as other reported program issues. The CRC consists of five managers and supervisors from the Health Care Services division who vote on what, if any, compliance enforcement actions to take in response to identified issues of potential non-compliance.

The CRC voted to issue Warning Letters with associated compliance points and Notices of Non-Compliance to managed care organizations (MCOs) for failure to meet contractual requirements/thresholds and data submission errors.

Each MCO's compliance findings and concerns are further detailed below. Data related to the Health Care Services Division's compliance activities are also included. The Department communicated the findings of its review of October's compliance issues in letters and emails issued to the MCOs on December 8, 2021.

Aetna Better Health of Virginia

Findings:

- **Contract Adherence:** Aetna Better Health failed to resolve one (1) internal member appeal within 30 days. This member appeal was processed in 35 days.

Section 12.3 of the Medallion 4.0 contract, the Contractor shall process, resolve, and provide notice to each appeal as expeditiously as the Member's health condition requires and shall not exceed 30 calendar days from the initial date of receipt of the appeal.

According to Section 10.1.E.a of the Medallion 4.0 contract, a failure to comply with the contract that "represents a threat to [the] smooth and efficient operation" of the Medallion 4.0 program is subject to a one (1) point penalty. Aetna is placed in Level 1 on the Compliance Deficiency Identification System. Thus, a financial sanction will not be issued in response to this issue

The Compliance Team recommended that in response to the issue identified above, Aetna be issued a **Warning Letter, 1 compliance point, no financial penalty and no MIP/CAP**. The CRC agreed with the Compliance Team's recommendation, and voted to issue a **Warning Letter, 1 compliance point, no financial penalty and no MIP/CAP** in response to this issue. (CES # 4536)

- **Call Center Statistics:** DMAS timely received the October 2021 MCO Provider Call Center Statistics report from Aetna. Upon review, the Compliance Unit discovered that the report indicated that Aetna did not meet the required contract thresholds for call center statistics (did not answer 95% of incoming provider calls). Aetna answered 92.7% of incoming provider calls in the month of October 2021.

Section 5.9 of the Medallion 4.0 contract requires that the MCOs Provider call abandonment rates shall average less than five percent (5%) each month. Aetna failed to answer at least 95% of the incoming provider calls as required to be in compliance with the Medallion 4.0 contract.

According to Section 10.1.E.a of the Medallion 4.0 contract, a failure to comply with the contract that "represents a threat to [the] smooth and efficient operation" of the Medallion 4.0 program is subject to a one point penalty. Aetna is placed in Level 1 on the Compliance Deficiency Identification System. Thus, a financial sanction will not be issued in response to this issue.

The Compliance Team recommended that in response to the issue identified above, Aetna be issued a **Warning Letter, 1 compliance point, no financial**

penalty and no MIP/CAP. The CRC agreed with the Compliance Team's recommendation, and voted to issue a **Warning Letter, 1 compliance point, no financial penalty and no MIP/CAP** in response to this issue. **(CES # 4535)**

Concerns:

- No concerns

MIP/CAP Update:

- No updates

Appeal Decision:

- No appeals

Expiring Points:

- **Case # 3253:** October 2020 – Early Intervention Claims Payment. 1 point was removed from Aetna's total by closing **CES # 3253.**

Financial Sanctions Update:

- No outstanding sanctions at this time

Summary:

- For deliverables measuring performance for October 2021, Aetna showed a moderate level of compliance. Aetna timely submitted all 24 required monthly reporting deliverables. Two contract deliverables failed to meet contract adherence requirements for timely processing of internal member appeals and for call center statistics (as addressed above in **CES # 4536 & 4535**). In summation, Aetna complied with most applicable regulatory and contractual requirements.

Anthem HealthKeepers Plus

Findings:

- **Contract Adherence:** Anthem HealthKeepers Plus failed to resolve two (2) internal member appeals within 30 days. These appeals were processed in 32 days.

Section 12.3 of the Medallion 4.0 contract, the Contractor shall process, resolve, and provide notice to each appeal as expeditiously as the Member's health condition requires and shall not exceed 30 calendar days from the initial date of receipt of the appeal.

According to Section 10.1.E.a of the Medallion 4.0 contract, a failure to comply with the contract that "represents a threat to [the] smooth and efficient operation" of the Medallion 4.0 program is subject to a one (1) point penalty.

Anthem is placed in Level 2 on the Compliance Deficiency Identification System. As described in 10.1.D of the Medallion 4.0 contract, an MCO in Level 2 of the Compliance Deficiency Identification System is subject to a \$5,000 financial sanction.

The Compliance Team recommended that in response to the issue identified above, Anthem be issued a **Warning Letter, one (1) compliance point, a \$5,000 penalty and no MIP/CAP**. The CRC agreed with the Compliance Team's recommendation, and voted to issue a **Warning Letter, one (1) compliance point, a \$5,000 penalty and no MIP/CAP** in response to this issue. (CES # 4537)

Concerns:

- **Contract Adherence:** Anthem failed to timely process Community Mental Health Rehabilitation Services (CMHRS) Service Authorizations. Per October 2021 data, there were four (4) CMHRS standard service authorization requests that did not require supplemental information processed past 14 days. The average processing time for these requests was 16 days and the maximum processing time was 20 days, which exceeds the contract requirement to process the requests in 14 days. Anthem's overall timeliness for processing CMHRS Service Authorization requests for the month of October was 99.30%.

The Compliance Team recommended that in response to the issue identified above, Anthem be issued a **Notice of Non-Compliance (NONC)** without any associated compliance points, financial sanctions, or corrective actions. The CRC agreed with the Compliance Team's recommendation, and voted to issue

a **NONC** without associated compliance points or financial sanctions in response to this issue. **(CES #4538)**

- **Data Submission Error:** DMAS timely received the October 2021 Maternal Care Monthly Report deliverable from Anthem. Upon review, the Compliance Unit discovered that the submission contained reporting errors due to invalid Medicaid IDs and incorrect formatting for OR/CC codes (leading zero dropped).

The Compliance Team recommended that in response to the issue identified above, Anthem be issued a **Notice of Non-Compliance (NONC)** without any associated compliance points, financial sanctions, or corrective actions. The CRC agreed with the Compliance Team's recommendation, and voted to issue a **NONC** without associated compliance points or financial sanctions in response to this issue. **(CES # 4539)**

- **Untimely Deliverable Submission:** Anthem failed to timely submit its monthly Foster Care and Adoption Assistance Member Care Coordination Report with October 2021 data. The file received contained the previous month's data.

Section 10.1.E.d.b of the Medallion 4.0 contract requires the MCOs to submit reporting deliverables timely, with accurate data, and in the format and layout specified by DMAS. Thus, Anthem violated the terms of the Medallion 4.0 contract in the deliverable submission addressed above.

The Compliance Team recommended that in response to the issue identified above, Anthem be issued a **Notice of Non-Compliance (NONC)** without any associated compliance points, financial sanctions, or corrective actions. The CRC agreed with the Compliance Team's recommendation, and voted to issue a **NONC** without associated compliance points or financial sanctions in response to this issue. **(CES # 4555)**

MIP/CAP Update:

- No updates

Appeal Decision:

- No appeals

Expiring Points:

- **Case # 3433:** October 2020 – Appeals & Grievances Issue. 1 point was removed from Anthem's total by closing **CES # 3433**.

Financial Sanctions Update:

The following financial sanctions will be sent to DMAS' Fiscal Division for enforcement:

- October 2021 Appeals & Grievances Issue - \$5,000 (CES # 4537)

Summary:

- For deliverables measuring performance for October 2021, Anthem showed a moderate level of compliance. Anthem timely submitted all 23 of the 24 required monthly reporting deliverables. Those deliverables did not expose any programmatic issues. Two contract deliverables failed to meet contract adherence requirements to timely process internal member appeals and to timely process CMHRS Service Authorizations (as addressed above in **CES # 4537 & 4538**). One contract deliverable contained data submission errors and another contract deliverable was not submitted timely (as addressed above in **CES # 4539 & 4555**). In summation, Anthem complied with most applicable regulatory and contractual requirements.

Molina Complete Care

Findings:

- No findings (*i.e.*, no compliance issues severe enough to necessitate the issuance of compliance points)

Concerns:

- No concerns

MIP/CAP Update:

- No updates

Appeal Decision:

- Molina requested reconsideration of a Notice of Non-Compliance (NONC) due to failing to meet the Network Adequacy requirements (**CES # 4473**). Molina stated the Network Adequacy Exception Request filed with DMAS was approved on October 13, 2021 for the counties identified as below the threshold. DMAS Subject Matter Experts and HCS Leadership reviewed the documentation provided which showed that the Network Adequacy Exemption Request was only partially approved by DMAS. The exemption was not approved for the counties listed on the NONC. HCS Leadership decided to uphold the previously issued NONC and notified Molina of this decision on December 7, 2021.

Expiring Points:

- No points

Financial Sanctions Update:

- No outstanding sanctions at this time

Summary:

- For deliverables measuring performance for October 2021, Molina showed a very high level of compliance. Molina timely submitted all 24 required monthly reporting deliverables, and those deliverables did not expose any programmatic issues. In summation, Molina complied with all regulatory and contractual requirements.

Optima Family Care

Findings:

- No findings (*i.e.*, no compliance issues severe enough to necessitate the issuance of compliance points)

Concerns:

- **Contract Adherence:** Optima failed to timely process Community Mental Health Rehabilitation Services (CMHRS) Service Authorizations. Per October 2021 data, there was one (1) standard CMHRS request that did not require supplemental information processed past 14 days which exceeds the contract requirement to process the request in 14 days. This request was processed in 15 days and the overall timeliness of processing CMHRS SA requests was 99.95%.

The Compliance Team recommended that in response to the issue identified above, Optima be issued a **Notice of Non-Compliance (NONC)**. The CRC agreed with the Compliance Team's recommendation, and voted to issue a **Notice of Non-Compliance (NONC)** without any associated compliance points, financial sanctions, or corrective actions. **(CES # 4533)**

- **Data Submission Error:** DMAS timely received the October 2021 Appeals & Grievances Monthly Report deliverable from Optima. Optima submitted this deliverable without the new field "DME Access Services", on the first tab, as is required by the July 15, 2021 MCTM update. The field titled, "Access to DME Services / Providers (Grievance)" was added to the MCTM on July 15. Optima should have incorporated that into their data set for deliverables due on October 15, 2021. October 2021 data received on November 15, 2021 is the 2nd month without that field incorporated on their submission.

The Compliance Team recommended that in response to the issue identified above, Optima be issued a **Notice of Non-Compliance (NONC)** without any associated compliance points, financial sanctions, or corrective actions. The CRC agreed with the Compliance Team's recommendation, and voted to issue a **NONC** without associated compliance points or financial sanctions in response to this issue. **(CES # 4553)**

MIP/CAP Update:

- No updates

Appeal Decision:

- Optima requested reconsideration of a Notice of Non-Compliance (NONC) due to failing to meet the turnaround requirements for CMHRS Service Authorization response (**CES # 4493**). Optima stated the member's CMHRS Service Authorization request was reported with an inaccurate processing date for the month of September 2021. The date was misreported due to an error transferring previously approved service authorization information when the member's coverage changed from CCCplus to Medallion on September 1, 2021. The original service authorization request received on August 27, 2021 at 12:01pm was approved on the same date at 12:30pm. Thus this service authorization was processed timely within the required response time. DMAS Subject Matter Experts and HCS Leadership reviewed the additional information provided by Optima and decided to rescind the previously issued NONC. Optima was notified of this decision on December 7, 2021 and the associated CES case was closed.

Expiring Points:

- **Case # 3373:** October 2020 – Call Center Statistics Issue. 1 point was removed from Optima's total by closing **CES # 3373**.

Financial Sanctions Update:

- No outstanding sanctions at this time

Summary:

- For deliverables measuring performance for October 2021, Optima showed a moderate level of compliance. Optima timely submitted all 24 required monthly reporting deliverables, and those deliverables did not expose any programmatic issues. One contract deliverables failed to meet contract adherence requirements to timely process CMHRS Service Authorizations and one contained data submission errors (as addressed above in **CES # 4533 & 4553**). In summation, Optima complied with most applicable regulatory and contractual requirements.

UnitedHealthcare

Findings:

- **Contract Adherence:** UnitedHealthcare failed to timely process Community Mental Health Rehabilitation Services (CMHRS) Service Authorizations. Per October 2021 data, there were four (4) standard CMHRS requests exceeding 14 days without requiring supplemental information. The max processing time for these four requests was 90 days and the overall timeliness of processing CMHRS SA requests was 98.18%

According to Section 10.1.E.a of the Medallion 4.0 contract, a failure to comply with the contract that "represents a threat to [the] smooth and efficient operation" of the Medallion 4.0 program is subject to a one point penalty. UnitedHealthcare is placed in Level 1 on the Compliance Deficiency Identification System. Thus, a financial sanction will not be issued in response to this issue.

The Compliance Team recommended that in response to the issue identified above, United be issued a **Warning Letter, 1 compliance point, no financial penalty and no MIP/CAP**. The CRC agreed with the Compliance Team's recommendation, and voted to issue a **Warning Letter, 1 compliance point, no financial penalty and no MIP/CAP** in response to this issue. (CES # 4534)

Concerns:

- **Untimely Deliverable Submission:** UnitedHealthcare failed to timely submit its quarterly Drug Rebate Report. The Compliance Unit alerted UnitedHealthcare of the missing file on November 16, 2021. UnitedHealthcare submitted the missing report to the Department on November 19, 2021.

Section 10.1.E.d.b of the Medallion 4.0 contract requires the MCOs to submit reporting deliverables timely, with accurate data, and in the format and layout specified by DMAS. Thus, UnitedHealthcare violated the terms of the Medallion 4.0 contract in the deliverable submission addressed above.

The Compliance Team recommended that in response to the issue identified above, UnitedHealthcare be issued a **Notice of Non-Compliance (NONC)** without any associated compliance points, financial sanctions, or corrective actions. The CRC agreed with the Compliance Team's recommendation, and voted to issue a **NONC** without associated compliance points or financial sanctions in response to this issue. (CES # 4554)

MIP/CAP Update:

- No updates

Appeal Decision:

- No appeals

Expiring Points:

- **Case # 3393:** October 2020 – EI Claims Payment. 1 point was removed from UnitedHealthcare’s total by closing **CES # 3393**

Financial Sanctions Update:

- No outstanding sanctions at this time

Summary:

- For deliverables measuring performance for October 2021, UnitedHealthcare showed a moderate level of compliance. UnitedHealthcare timely submitted all 24 required monthly reporting deliverables, and those deliverables did not expose any programmatic issues. One contract deliverables failed to meet contract adherence requirements to timely process CMHRS Service Authorizations and one quarterly contract deliverable was not submitted timely (as addressed above in **CES # 4534 & 4554**). In summation, UnitedHealthcare complied with most regulatory and contractual requirements.

Virginia Premier

Findings:

- No findings (*i.e.*, no compliance issues severe enough to necessitate the issuance of compliance points)

Concerns:

- No concerns

MIP/CAP Update:

- No updates

Appeal Decision:

- No appeals

Expiring Points:

- **Case # 3394:** October 2020 – EI Claims Payment. 1 point was removed from Virginia Premier’s total by closing **CES # 3394**.
- **Case # 3473:** October 2020 – Appeals & Grievances Issue. 1 point was removed from Virginia Premier’s total by closing **CES # 3473**.

Financial Sanctions Update:

The following financial sanctions will be sent to DMAS’ Fiscal Division for enforcement:

- No outstanding sanctions at this time

Summary:

- For deliverables measuring performance for October 2021, Virginia Premier showed an excellent level of compliance. Virginia Premier timely submitted all 24 required monthly reporting deliverables and those deliverables did not expose programmatic issues. In summation, Virginia Premier complied with all applicable regulatory and contractual requirements.

Next Steps

At this time, the Compliance Unit is continuing monthly Compliance Review Committee meetings, following up on reoccurring issues, and communicating with the MCOs regarding identified issues. The Compliance Unit is in the process of expanding the types of compliance issues it investigates, and involving itself with programmatic issues as well as technical deliverable issues.

The Compliance Unit continued its enforcement efforts in the area of ensuring Network Adequacy, the timely processing of Internal Member Appeals, and CMHRS Service Authorization Requests, as well as compliance with contract requirements for call center abandonment rates for provider helplines, and the correct formatting and the timely submission of required deliverables. The MCOs were notified of their non-compliance with these issues. The Compliance Unit requested adherence to the Medallion 4.0 contract and issued points as well as financial sanctions as appropriate.

The HCS Compliance Unit is also coordinating with the IC Compliance Unit to align enforcement actions as applicable between the two contracts.