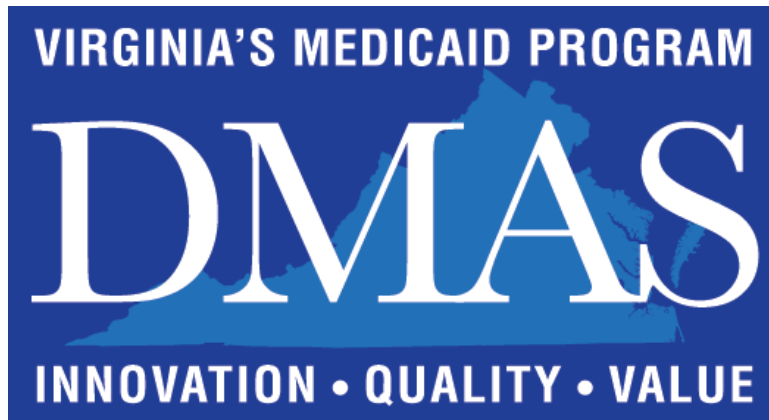


Monthly MCO Compliance Report

Medallion 4.0 November 2022 Deliverables



Health Care Services Division

December 20, 2022

Monthly MCO Compliance Report

Medallion 4.0 November 2022 Deliverables

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Compliance Points Overview

MCO	Prior Month Point Balance	Point(s) Incurred for Current Month*	Point(s) Expiring from October 2021	Final Point Balance*	Area of Violation: Finding or Concern
<u>Aetna</u>	10	0	1	9	FINDINGS NONE CONCERNS NONE
<u>Anthem</u>	9	1	1	9	FINDINGS APPEALS & GRIEVANCES CONCERNS CMHRS SA
<u>Molina</u>	12	0	0	12	FINDINGS NONE CONCERNS CMHRS SA
<u>Optima</u>	2	0	0	2	FINDINGS NONE CONCERNS CMHRS SA
<u>United</u>	5	0	1	4	FINDINGS NONE CONCERNS CMHRS SA
<u>VA Premier</u>	4	0	0	4	FINDINGS NONE CONCERNS EI CLAIMS

**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 2021 (Issue date: 11/15/2021) expire on 11/15/2022 and are subtracted from the final point balance.

Summary

The **Compliance Review Committee (CRC)** met on December 7, 2022 to review deliverables measuring performance for October 2022. The meeting's agenda covered all identified and referred issues of non-compliance, including data submission errors and failure to meet contract thresholds related to early intervention claims, service authorizations, and member appeals.

The CRC consists of five managers and supervisors from the Health Care Services Division who vote on what, if any, compliance enforcement actions should be taken in response to identified compliance issues.

The CRC voted to issue seven enforcement letters to the impacted Managed Care Organizations (MCOs). This included one Warning letter with an associated compliance point and MCO Improvement Plan (MIP) request, as well as six Notices of Non-Compliance (NONC).

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 9, 2022.

Aetna Better Health of Virginia

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 # 4535:** October 2021 – Call Center Statistics. 1 point was removed from Aetna’s total by closing **CES # 4535**.

Financial Sanctions Update:

- No outstanding sanctions at this time.

Summary:

- For deliverables measuring performance for October 2022, Aetna showed a very high level of compliance. Aetna timely submitted all 18 required monthly reporting deliverables. In summation, Aetna complied with all 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. Anthem processed these appeals on day 34 and day 50.

Section 12.3 of the Medallion 4.0 contract, states 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.

The Medallion 4.0 contract states that the Department may, at its discretion, assess one (1) point when the Contractor fails to meet an administrative and/or procedural program requirement, and the Contractor's failure, as determined by the Department represents "a threat to [the] smooth and efficient operation" of the Medicaid program.

The Compliance Team recommended that in response to the issue identified above, Anthem be issued a **Warning Letter** with **one (1) compliance point**, and no financial penalty.

Additionally, the Compliance Team recommended that Anthem submit an **MCO Improvement Plan (MIP)** to address the MCO's ongoing failure to meet to the required contract thresholds for member appeals.

The CRC agreed with the Compliance Team's recommendation and voted to issue a **Warning Letter, one (1) compliance point**, and a **MIP** in response to this issue. **(CES # 5233)**

Concerns:

- **Contract Adherence:** Anthem Healthkeepers Plus failed to process all Community Mental Health Rehabilitation Services (CMHRS) Service Authorizations within the required timeframe. Per the October 2022 data, there were two (2) CMHRS standard service authorization requests that did not require supplemental information and were not processed within 14 days. Anthem's overall timeliness for processing CMHRS Service Authorization requests for the month of October was 99.74%.

The Compliance Team recommended that in response to the issue identified above, Anthem 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)**. **(CES # 5216)**

MIP/CAP Update:

- No updates

Appeal Decision:

- No appeals

Expiring Points:

- **Case # 4537:** October 2021 – Appeals & Grievances Issue. 1 point was removed from Anthem’s total by closing **CES # 4537**.

Financial Sanctions Update:

- No outstanding sanctions at this time.

Summary:

- For deliverables measuring performance for October 2022, Anthem showed a moderate level of compliance. Anthem timely submitted all 18 required monthly reporting deliverables. Two contract deliverables failed to meet contract adherence requirements for the timely processing of internal member appeals and CMHRS service authorizations (as addressed above in **CES # 5233 & 5216**). 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:

- **Contract Adherence:** Molina Complete Care failed to process all Community Mental Health Rehabilitation Services (CMHRS) Service Authorizations within the required timeframe. Per the October 2022 data, there were three (3) expedited service authorization requests that did not require supplemental information and were not processed within 72 hours, and one (1) standard service authorization request that was not processed within 14 days without supplemental information requested. Molina's overall timeliness for processing CMHRS Service Authorization requests for the month of October was 98.9%.

Molina is currently under a Corrective Action Plan to address the MCO's failure to meet the required processing deadlines for CMHRS Service Authorizations in July, August, and September 2022.

The Compliance Team recommended that in response to the issue identified above, Molina 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)**. (CES # 5217)

MIP/CAP Update:

- Molina Complete Care submitted the Corrective Action Plan in response to **CES # 5173** regarding the CMHRS Service Authorization issue. The CAP was approved on 12/20/2022 with a request for weekly updates and milestones met to ensure a successful implementation of the proposed plan.

Appeal Decision:

- No appeals

Expiring Points:

- No points

Financial Sanctions Update:

- No outstanding sanctions at this time.

Summary:

- For deliverables measuring performance for October 2022, Molina showed a high level of compliance. Molina timely submitted all 18 required monthly reporting deliverables. One contract deliverable failed to meet contract adherence requirements for the timely processing of CMHRS Service Authorizations (as addressed above in **CES # 5217**). In summation, Molina complied with nearly 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 Family Care failed to process all Community Mental Health Rehabilitation Services (CMHRS) Service Authorizations within the required timeframe. Per the October 2022 data, there were 12 CMHRS expedited service authorization requests that did not require supplemental information and were not processed within 72 hours. Optima's overall timeliness for processing CMHRS Service Authorization requests for the month of October was 99.18%.

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)**. (CES # 5214)

MIP/CAP Update:

- No updates

Appeal Decision:

- No appeals

Expiring Points:

- No points

Financial Sanctions Update:

- No outstanding sanctions at this time.

Summary:

- For deliverables measuring performance for October 2022, Optima showed a high level of compliance. Optima timely submitted all 18 required monthly reporting deliverables. However, one contract deliverable failed to meet contract adherence requirements for the timely processing of CMHRS Service Authorization requests (as addressed above in **CES # 5214**). In summation, Optima complied with nearly all of the applicable regulatory and contractual requirements.

UnitedHealthcare

Findings:

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

Concerns:

- **Contract Adherence:** UnitedHealthcare failed to process all Community Mental Health Rehabilitation Services (CMHRS) Service Authorizations within the required timeframe. Per the October 2022 data, there were three (3) CMHRS standard service authorization requests that did not require supplemental information and were not processed within 14 days. UnitedHealthcare's overall timeliness for processing CMHRS Service Authorization requests for the month of October was 99.16%.

The Compliance Team recommended that in response to the issue identified above, UnitedHealthcare 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)**. (CES # 5215)

- **Data Submission Error:** DMAS timely received the Community Mental Health Rehabilitation Services (CMHRS) Service Authorizations and Registrations deliverable from UnitedHealthcare. Upon review, UnitedHealthcare's submission included 44 service authorizations and 2 registrations with response dates from June, July, August, and November 2022.

The Compliance Team recommended that in response to the issue identified above, UnitedHealthcare 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)**. (CES # 5234)

MIP/CAP Update:

- No updates

Appeal Decision:

- No appeals

Expiring Points:

- No points

Financial Sanctions Update:

- No outstanding sanctions at this time.

Summary:

- For deliverables measuring performance for October 2022, UnitedHealthcare showed a moderate level of compliance. UnitedHealthcare timely submitted all 18 required monthly reporting deliverables. However, one contract deliverable failed to meet contract adherence requirements for the timely processing of CMHRS Service Authorization requests and included data submission errors (as addressed above in **CES # 5215 & 5234**). 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:

- **Contract Adherence:** The Department timely received the October 2022 Early Intervention Services Report from Virginia Premier. Upon review, a DMAS subject matter expert discovered the report indicated Virginia Premier failed to process six (6) clean claims within 14 calendar days.

On November 21, 2022, the Compliance Unit requested detailed claim information relating to the six (6) clean claims not paid within 14 days. Virginia Premier reported these claims were processed untimely due to the payment run voided on October 6 and then voids had to be voided again on October 18. These claims were processed between day 16 and day 19. The overall timeliness of adjudicated clean claims was 99.81% for the month of October 2022.

The Compliance Team recommended that in response to the issue identified above, Virginia Premier 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)**. (CES # 5213)

MIP/CAP Update:

- No updates

Appeal Decision:

- No appeals

Expiring Points:

- No points

Financial Sanctions Update:

- No outstanding sanctions at this time.

Summary:

- For deliverables measuring performance for October 2022, Virginia Premier showed a high level of compliance. Virginia Premier timely submitted all 18 required monthly reporting deliverables. However, one contract deliverable failed to meet contract adherence requirements for the timely processing of

Early Intervention (EI) claims (as addressed above in **CES # 5213**). In summation, Virginia Premier complied with nearly all regulatory and contractual requirements.

Next Steps

The Health Care Services Compliance Unit will continue to host monthly Compliance Review Committee meetings, track and monitor compliance issues and points, and communicate with the MCOs regarding identified issues. The HCS Compliance Unit will also continue to collaborate with other DMAS units and divisions to investigate and resolve potential compliance issues.

The Compliance Unit will continue its enforcement efforts to ensure the timely processing of internal member appeals, service authorizations and claims. The Compliance Unit will also remain focused on overall compliance with Medallion 4.0 contractual requirements - especially those with an impact on members and providers.

Where appropriate, the HCS Compliance Unit will work closely with the Integrated Care Compliance Unit to align enforcement actions between the two contracts.