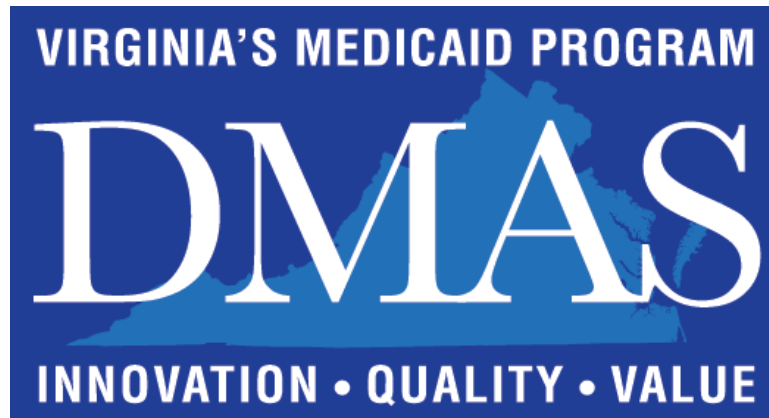


Monthly MCO Compliance Report

Medallion 4.0 December 2022 Deliverables



Health Care Services Division

January 13, 2023

Monthly MCO Compliance Report

Medallion 4.0 December 2022 Deliverables

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Compliance Points Overview

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

**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 November 2021 (Issue date: 12/15/2021) expire on 12/15/2022 and are subtracted from the final point balance.

Summary

The **Compliance Review Committee (CRC)** met on January 4, 2023 to review deliverables measuring performance for November 2022. The meeting's agenda covered all identified and referred issues of non-compliance, including 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 eight enforcement letters to the impacted Managed Care Organizations (MCOs). This included one Warning letter with an associated compliance point, as well as seven Notices of Non-Compliance (NONC), one of which also included a request for an MCO Improvement Plan (MIP).

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 November's compliance issues in letters and emails issued to the MCOs on January 5, 2023.

Aetna Better Health of Virginia

Findings:

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

Concerns:

- **Contract Adherence:** Aetna Better Health failed to process all Community Mental Health Rehabilitation Services (CMHRS) Service Authorizations within the required timeframe. Per the November 2022 data, there was one (1) CMHRS expedited service authorization request that did not require supplemental information and was not processed within 72 hours. Aetna's overall timeliness for processing CMHRS Service Authorization requests for the month of November was 99.89%. Aetna Better Health also failed to meet the required contract thresholds for the timely processing of all CMHRS Service Authorizations in August and September 2022.

The Compliance Team recommended that in response to the issue identified above, Aetna 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 # 5273)

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 November 2022, Aetna showed a high level of compliance. Aetna 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 # 5273**). In summation, Aetna complied with nearly all applicable regulatory and contractual requirements.

Anthem HealthKeepers Plus

Findings:

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

Concerns:

- **Contract Adherence:** Anthem Healthkeepers Plus failed to process all Community Mental Health Rehabilitation Services (CMHRS) Service Authorizations within the required timeframe. Per the November 2022 data, there was one (1) CMHRS standard service authorization request that did not require supplemental information and was not processed within 14 days. Anthem's overall timeliness for processing CMHRS Service Authorization requests for the month of November was 99.87%. Anthem HealthKeepers Plus also failed to meet the required contract thresholds for the timely processing of all CMHRS Service Authorizations in August and October 2022.

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 # 5274)

- **Contract Adherence:** Anthem failed to timely process all Pharmacy Prior Authorization requests within the required timeframe. Per the November 2022 data, there was one (1) Pharmacy Prior Authorization Request processed past 24 hours. This request was processed in 42 hours. The overall timeliness of Pharmacy Prior Authorizations processing was 99.99%.

Section 8.7.N of the Medallion 4.0 contract requires the MCOs to provide a response by telephone or other telecommunication within 24 hours of a service authorization request. If the Contractor denies a request for service authorization, the Contractor must issue a Notice of Action within twenty-four (24) hours of the denial to the prescriber and the member. 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)**. The CRC agreed with the Compliance Team's recommendation and voted to issue a **Notice of Non-Compliance (NONC)**. (CES # 5277)

MIP/CAP Update:

- Anthem HealthKeepers Plus submitted the MCO Improvement Plan in response to **CES # 5233** regarding the MCO Member Appeals Resolution issue. The MIP addressed the root cause analysis of identified issues, offered remediation efforts, and was approved on 1/10/2023.

Appeal Decision:

- No appeals

Expiring Points:

- No points

Financial Sanctions Update:

- No outstanding sanctions at this time.

Summary:

- For deliverables measuring performance for November 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 CMHRS service authorizations and Pharmacy Prior Authorizations (as addressed above in **CES # 5274 & 5277**). 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 November 2022 data, there were eight (8) expedited service authorization requests that did not require supplemental information and were not processed within 72 hours. Molina's overall timeliness for processing CMHRS Service Authorization requests for the month of November was 97.33%. Molina Complete Care has failed to meet the required contract thresholds for the timely processing of all CMHRS Service Authorizations each month from January – November 2022.

Since Molina Complete Care is currently under a Corrective Action Plan, no compliance points or financial sanctions will be issued in response to the issue.

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 # 5275)

MIP/CAP Update:

- Molina Complete Care submitted the Corrective Action Plan in response to CES # 5173 regarding the CMHRS Service Authorization issues. 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 November 2022, Molina showed a moderate 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 # 5275**). 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 November 2022 data, there were two (2) CMHRS expedited service authorization requests that did not require supplemental information and were not processed within 72 hours, and one (1) CMHRS standard service authorization request that did not require supplemental information and was not processed within 14 days. Optima's overall timeliness for processing CMHRS Service Authorization requests for the month of November was 99.81%. Optima Family Care also failed to meet the required contract thresholds for the timely processing of all CMHRS Service Authorizations in August, September, and October 2022.

The Compliance Team recommended that in response to the issues identified above, Optima be issued a **Notice of Non-Compliance (NONC)**.

Additionally, the Compliance Team recommended that Optima submit an **MCO Improvement Plan (MIP)** to address the MCO's ongoing failure to meet the required contract thresholds for CMHRS Service Authorization requests.

The CRC agreed with the Compliance Team's recommendation and voted to issue a **Notice of Non-Compliance (NONC)** and request a **MIP** in response to this issue. (CES # 5254)

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 November 2022, Optima showed a moderate 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 # 5254**). In summation, Optima complied with nearly all of the applicable regulatory and contractual requirements.

UnitedHealthcare

Findings:

- **Contract Adherence:** UnitedHealthcare failed to resolve one (1) internal member appeal within 30 days. UnitedHealthcare processed this appeal on day 36.

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, UnitedHealthcare be issued a **Warning Letter** with **one (1) compliance point**, and no financial penalty.

The CRC agreed with the Compliance Team's recommendation and voted to issue a **Warning Letter** with **one (1) compliance point** in response to this issue. (CES # 5276)

Concerns:

- No concerns

MIP/CAP Update:

- No updates

Appeal Decision:

- No appeals

Expiring Points:

- **Case #4575:** November 2021 - CMHRS Service Authorizations and Registrations Issue. 1 point was removed from UnitedHealthcare's total by closing CES # 4575.

Financial Sanctions Update:

- No outstanding sanctions at this time

Summary:

- For deliverables measuring performance for November 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 internal member appeals (as addressed above in **CES # 5276**). In summation, UnitedHealthcare complied with nearly all 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 November 2022 Early Intervention Services Report from Virginia Premier. Upon review, a DMAS subject matter expert discovered the report indicated Virginia Premier failed to process ten (10) clean claims within 14 calendar days.

On December 20, 2022, the Compliance Unit requested detailed claim information relating to the ten (10) clean claims not paid within 14 days. Virginia Premier reported these claims were processed on day 15. The overall timeliness of adjudicated clean claims was 99.71% for the month of November 2022. Virginia Premier also failed to meet the required contract thresholds for Early Intervention claims adjudication in 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 # 5253)

- **Contract Adherence:** Virginia Premier failed to process all Community Mental Health Rehabilitation Services (CMHRS) Service Authorizations within the required timeframe. Per the November 2022 data, there was one (1) CMHRS standard service authorization request that did not require supplemental information and was not processed within 14 days. Virginia Premier's overall timeliness for processing CMHRS Service Authorization requests for the month of November was 99.9%.

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 # 5255)

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 November 2022, Virginia Premier showed a moderate level of compliance. Virginia Premier timely submitted all 18 required monthly reporting deliverables. However, two contract deliverables failed to meet contract adherence requirements for the timely processing of Early Intervention (EI) claims and CMHRS Service Authorization requests (as addressed above in **CES # 5253 & 5255**). In summation, Virginia Premier complied with most applicable 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.