



COMMONWEALTH of VIRGINIA

Department of Medical Assistance Services

Cheryl Roberts
ACTING DIRECTOR

SUITE 1300
600 EAST BROAD STREET
RICHMOND, VA 23219
804/786-7933
800/343-0634 (TDD)
www.dmas.virginia.gov

August 3, 2022

Jennie Reynolds, President
Anthem HealthKeepers Plus
2015 Staples Mill Rd
Richmond, VA 23230

Re: Commonwealth Coordinated Care Plus (CCC Plus) Program – Corrective Action Plan (CAP) – Portal Level of Care (LOC) Update – Case ID # 20488

Dear Ms. Reynolds,

The Department of Medical Assistance Services (DMAS) continually monitors the CCC Plus contractual compliance to ensure the plan's use of accurate Level of Care (LOC) benefit information for CCC Plus Members. The CCC Plus contract states in Section 4.7.3.3, "*Nursing Facility Admissions and Discharges (Including Long-Stay Hospital)*" The Contractor shall enter Nursing Facility admissions and discharges into the Virginia Medicaid Web Portal (LTC Tab). The Contractor shall also enter changes to the NF level of care into the Virginia Medicaid Web Portal when a Member transitions between a skilled Medicare stay and a custodial Medicaid stay. Such NF admission/discharge and change transactions shall be entered by the Contractor no later than two (2) business days of notification of admission/discharge or level of care change. Additionally, Section 5.3.4.8 of the CCC Plus contract states, "*Reasonable Effort Contact of LTSS Members*.....The Contractor must ensure reasonable effort is made in contacting CCC Plus Waiver or Nursing Facility Members. "Reasonable efforts" for contact of CCC Plus Waiver or Nursing Facility Members includes at least six (6) documented attempts prior to the Health Risk Assessment due date, via documented valid phone number, documented valid mailing address, and at least one (1) home visit with all three methods of contact being employed. In addition, "reasonable efforts" for contact of CCC Plus Waiver or Nursing Facility Members shall include contact with existing LTSS service providers (prior providers if not currently receiving services) in attempts to reach the Member. The Contractor shall continue existing requirements for quarterly outreach to LTSS Members unable to be contacted after the initial six (6) documented attempts described in this section. This quarterly outreach must include a once (1) quarterly contact attempt via documented and valid phone number and documented and valid mailing address. Refer to Attachment 10, *MOC Assessment (HRA) and*

Case ID #20488

Individualized Care Plan (ICP) Requirements by Population. The Contractor shall submit an additional report to the Department on the CCC Plus Waiver and Nursing Facility Members who are unable to be reached due to a lack of response to outreach attempts described above as specified in the *CCC Plus Technical Manual.*”

On June 8, 2022, DMAS received a request from Anthem for an August 1, 2018, level 1 LOC line void effective August 1, 2018 for a member enrolled with Cherrydale Health and Rehab in Arlington, VA. A review of the member’s status shows the member was enrolled in Anthem CCC Plus from December 1, 2017 through July 31, 2018 and again on November 1, 2018 to present. The member was enrolled in the CCC Plus Waiver from August 10, 2016 through December 15, 2017, when she was admitted to the NF. The portal entry for this NF admission was not completed until February 20, 2018, which triggered the Waiver disenrollment in the system. DMAS was advised by Anthem that the member was deceased on December 21, 2017. Anthem had already entered the December 21, 2017 NF end-date in the portal and sent the discharge DMAS 225 to the local Department of Social Services with the member’s date of death.

Subsequent documentation received from Anthem shows that appropriate attempts were not made to contact the member, who was believed to be in the CCC Plus Waiver. There was additional, conflicting documentation from Anthem stating that contact had been made with the NF later, who informed Anthem that the member had moved to Africa to be with her family on October 18, 2018.

The failure to ensure the DMAS portal accurately reflected the member’s non-LTSS status resulted in significant capitation overpayments. The automated quarterly capitation reconciliation program would adjust the capitation rates for the prior two years. The overpayments for capitation payments made from January 1, 2018 through the date included in the quarterly reconciliation process are not captured. Anthem will be notified in a separate, detailed correspondence identifying the total financial impact for the associated CCC Plus member and the DMAS recoupment process for overpayments for that time period.

DMAS expects a response to this issue no later than September 1, 2022. Anthem shall conduct a thorough review into the failure to identify the status of the member for over four (4) years detailed in this letter and provide a summary of the actions that will be taken to prevent future occurrences. This report must include: 1) an assessment of the root cause of what led to the errors including the role of the care coordinator 2) a practicable project plan to ensure incidents such as this do not occur again. This plan must specifically address additional strategies that Anthem will take to ensure all individuals representing Anthem, including employees and contractors/agents, adhere to the requirements within the CCC Plus contract.

Anthem will be issued a 5 point violation pursuant to Section 18.2.3.2 of the CCC Plus contract. Assessment of these points are pending. If you have additional information and/or documentation that will affect this determination, please provide this information to Jason A. Rachel, Ph.D., Division Director, within 15 calendar days from the date of this letter (“Comment Period”). Point violations will be finalized upon the expiration of the Comment Period. After this time, no additional communication will be provided by DMAS regarding the point issuance.

If you have any questions regarding these concerns, contract standards or CAP requirements, please contact ccpluscompliance@dmas.virginia.gov. Please sign, date and return acknowledging receipt to ccpluscompliance@dmas.virginia.gov.

Sincerely,

A handwritten signature in blue ink, appearing to read "Jason A. Rachel".

Jason A. Rachel, Ph.D
Integrated Care Division Director

Exhibit 1 – Anthem – 2022 Point Schedule

<u>MCO</u>	<u>Area(s) of Violation</u>	<u>Previous Balance</u>	<u>Point(s) Expired</u>	<u>Point(s) Incurred</u>	<u>Current Balance</u>	<u>Sanctions pursuant to 18.2.2</u>
Anthem	<u>4.7.3.3</u> <u>5.3.4.8</u> <u>18.2.3.2</u>		0	5	tbd	tbd

Acknowledge agreement via signature below to address Portal LOC update – Case ID # 20488

Jennie Reynolds / Date