



COMMONWEALTH of VIRGINIA

KAREN KIMSEY
DIRECTOR

Department of Medical Assistance Services

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April 22, 2021

Jerry Mammano
AETNA Better Health
of Virginia9881
Mayland Drive
Richmond, VA 23233

Re: CCC Plus Program – Corrective Action Plan (CAP) – Inaccurate Level of Care Assessment –
Case ID # 19588

Dear Mr. Mammano,

DMAS continually monitors the CCC Plus contractual compliance of AETNA Better Health of Virginia (Aetna). This includes the plan's accurate and appropriate entry of Level of Care (LOC) Reviews. The CCC Plus Contract Section 4.7.2.3.1 states "the Contractor shall provide the Department with any LOC review data and results for CCC Plus Waiver participants via the Virginia Medicaid Provider Portal within two (2) business days of the LOC face-to-face review. All submitted information must be accurate and complete."

Aetna completed and submitted a LOC review for [REDACTED]
[REDACTED] On this review, the care coordinator provided multiple assessments requiring direct evaluation of the member. The care coordinator then documented the member passed away [REDACTED]

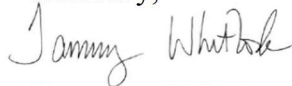
During quality review of annual LOC assessments submitted, the LOC for [REDACTED] was reviewed. One concern was how the care coordinator could have assessed the member on January 11, 2021 and provide assessment details when the member had passed away [REDACTED] prior to the LOC assessment. On secondary review, the care coordinator was advised to submit a discharge LOC. This was submitted on January 12, 2021.

As a result of the critical error in processing annual level care assessments identified above, Aetna must document and implement a CAP that addresses how and when they will adhere to the requirements for LOC Reviews outlined in the contract and shall include steps that will be taken to come into compliance with these requirements. Please ensure the CAP includes a plan identifying 1) internal controls addressing accuracy and appropriate entry of LOC reviews and 2) a system to assure timely submission of LOC reviews into the Virginia Medicaid Provider Portal. A weekly update to DMAS will be required for monitoring progress. Failure to comply with the approved CAP will result in additional sanctions.

Aetna will be issued a point violation pursuant to Section 18.0 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 the CCC Plus Compliance Team at ccpluscompliance@dmass.virginia.gov. Please sign, date and return acknowledging receipt to ccpluscompliance@dmass.virginia.gov.

Sincerely,

A handwritten signature in cursive script that reads "Tammy Whitlock".

Tammy Whitlock, MSHA
Deputy Director of Complex Care and Services

Exhibit 1 – Aetna – 2021 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>
AETNA Better Health of Virginia	4.7.2.3.1	5	5	1	1	\$1,000

4.7.2.3.1 Level of Care (LOC) Reviews

All LOC reviews for Members in CCC Plus Waiver must: 1) be conducted face-to-face; 2) be performed by individuals that meet the review requirements as outlined in the HCBS § 1915 (c) waiver; 3) be conducted timely (minimum within 365 calendar days of the last annual LOC review or waiver admission date); 4) be conducted when a Member experiences a change in status that could impact waiver eligibility; 5) include all the elements on the DMAS 99 Series Form (Level of Care Review Instrument) and 6) the review is to be conducted in the environment in which the Member spends the majority of his or her time (typically the home). For Members who are receiving private duty nursing services, the LOC annual review shall also include all of the elements on the DMAS 109 Private Duty Nursing Pediatric Referral for the Commonwealth Coordinated Care Plus (CCC Plus) Waiver-rev. 4/2019 or the DMAS 108 (Private Duty Nursing Adult Referral for the Commonwealth Coordinated Care Plus (CCC Plus) Waiver-rev. 4/2019. The Contractor shall provide the Department with any LOC review data and results for CCC Plus Waiver participants via the Virginia Medicaid Provider Portal within two (2) business days of the LOC face-to-face review. All submitted information must be accurate and complete.

Acknowledge agreement via signature below to address the outstanding CCC Plus Level of Care (LOC) review issues noted within the attached CAP letter.

Jerry Mammano /Date