COMMONWEALTH of VIRGINIA

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July 28, 2021

Jerry Mammano
AETNA Better Health of Virginia
9881 Mayland Drive
Richmond, VA 23233

Re: Commonwealth Coordinated Care Plus (CCC Plus) Program – Corrective Action Plan (CAP)-- System issues impacting Care Management Solution (CRMS) Service Authorization (SA) data submission – Case ID # 19927

Dear Mr. Mammano,

On April 26, 2021, Aetna Better Health of Virginia (Aetna) was issued a Managed Care Improvement Plan (MIP) for failure to submit Medical SA CRMS data files with accurate SA data due to Aetna's Information Technology (IT) system defaulting Utilization Management (UM) decisions and not utilizing the required values for all data fields. The MIP required Aetna to develop a plan and resolve all issues by June 30, 2021.

Aetna submitted a MIP extension request which was received by DMAS on July 6, 2021. The request was based on Aetna being approved to submit daily loads.

Aetna has not demonstrated that the UM decisions are no longer being defaulted while ensuring that actual UM decisions are utilized to populate the data fields in the file layout. Aetna has not provided this information for service authorization data from 8/1/20 through 5/31/21. DMAS cannot approve Aetna to submit daily loads until these issues are addressed.

Due to the failure of meeting the MIP requirements and the resulting significant impact to DMAS not having accurate data, Aetna must document and implement a CAP that addresses how and when the identified issues will be addressed. This CAP should also include steps that will be taken to come into compliance with these requirements. Please submit this information no later than 5:00 PM August 6, 2021. All issues must be resolved prior to August 31, 2021 and daily load approval by DMAS is required. 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 5 point violation and $1,000 financial penalty 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.

The status of the issues identified on the MIP and remaining areas for correction are identified below. Please note that required actions are included in each section.

A. CCCP LTSS and EPSDT SA units/frequency qualifier do not reflect the actual UM decision. The system is defaulting these fields to the required values.

Aetna has advised the following:

- The system mapping has been completed to pull the actual UM decision data as opposed to previous system configuration of IT system defaulting
- A review of the UM decision data reveals UM staff are not populating these fields consistently and are documenting frequency decisions in the case notes
- Aetna has identified approximately 365,000 service lines for ~129,000 unique authorizations dated back to August 1, 2020 that have missing the frequency values in the fields that align with the updated mapping.
    - Medical outpatient auths should be non-defaulted as of 3.1.21
    - BH outpatient auths should be non-defaulted as of 6.21.21
- Projected timeline to fix data from August 1, 2020 is approximately April 2023
- Aetna offered another option that would entail IT defaulting values instead of pulling actual UM decisions from August 1, 2020 through May 31, 2021 and Aetna would work to ensure that any SAs missing the expected frequency values from June 1, 2021 forward are corrected so as to not affect MTR testing.

DMAS Response:

- Aetna system is defaulting IT values instead of actual UM decisions from 8/1/2020 forward
- Aetna has submitted the option to have IT system defaulting values instead of populating actual UM decisions from 8/1/2020 – 5/31/2021 into CRMS production in order to resolve the MIP. This is not acceptable, as this was one of the original items identified as needing correction.
- Additional option for data quality clean up and timeline projection to approximately April 2023 is not an acceptable timeline.
- It unclear what services these identified authorizations represent (CCCP LTSS & EPSDT SAs; CCCP non-LTSS/EPSDT SAs; all MED4 SAs)

DMAS Decision:

- Documentation has not been provided demonstrating that this issue has been resolved.

Required Action:

- Aetna must identify CCC Plus Waiver, EPSDT Personal Care and Private Duty Nursing and CMHRS authorizations which do not include the frequency value from 8/1/20 forward and correct these to send on the file. IT default for these services is not acceptable due to the need for DMAS to publish accurate data for these services.
- Aetna must ensure that all frequency values for all services is reported based on the actual UM decision and are not IT defaulted from 6/1/21 forward as defined by "authorized decision date".

B. CCCP non-LTSS/EPSDT SA units/frequency qualifier do not reflect the UM decision. The system defaults UN/OT.

**Refer to Section A -

C. All Med4 SA units/frequency qualifier default to UN/OT by the system and do not reflect the UM decision.

**Refer to Section A

D. It is unclear is if Aetna is able to accurately report all unit and frequency qualifiers per CRMS requirements for LTSS/EPSDT SAs. See chart attached.

Aetna has advised the following:

- The system vendor was contacted on 6/4/21 to address Hour (HR) and Bi-Weekly (BW) frequency qualifiers
- Current timeline is projected for November 2021 to address

Freq Qualifier Value	Description	Aetna can supply?	Notes
HR	Hour	See comments	Our lowest increment for frequency is *day* currently, but we've asked our vendor to modify our drop down list for frequency qualifier options.
VS	Visit	See comments	We are able to supply this value for the 99509 and T1028 codes from the appendix.

BW	Bi-Weekly	See comments	We have requested the vendor add this to our existing drop down list.

DMAS Review/Comments:

- Current frequency standards for CCC Plus Waiver and EPSDT services were made available to all MCOs in June 2019
- Procedure codes H200 and S5109 also have a Visit (VS) requirement, this is not addressed in Aetna's notes
- Procedure code S5116 has a Hour (HR) requirement
- Procedure codes that have a Bi-weekly (BW) requirement can also be done weekly

DMAS Decision:

- Documentation has not been provided demonstrating that this issue has been resolved.
- Not all required frequency standards have been addressed.
- Not all services requiring these frequency standards have been identified.
- Aetna states the timeline for completion is November 2021

Required Action:

- Aetna must identify all frequency standards for all services.
- The system must be updated to populate these fields accurately in the CRMS file for submission to DMAS.
- Aetna must work with DMAS regarding the timeline for completion of this project.

E. The status field for all SA's reported shows "A' for both CCCP and Med4. This indicates a full approval, even when the authorized units are less than the requested units. Aetna most recently reported an inability to report partial approvals/partial denials with a 'T' status. DMAS provided guidance but another sprint is needed in order to provide this data. It is unclear if Aetna is able to accurately report the status of all SA's with the required values. See chart attached.

Status Code	Description
A	Approved
D	Denied
C	Cancelled
J	Rejected

P	Pending
T	Partial Approval Partial Denial
R	Received

Aetna has advised the following:

- You will be able to provide "T" for Partial Approval/Denials

DMAS Review/Comments:

- Aetna will be able to submit A – Approved; D – Denied and T – Partial Approval/Denial
- As CRMS progresses, DMAS will be requiring all MCOs to be able to submit all status'

DMAS Decision:

- This is met but will need to be validated once files are approved to be submitted into TPT for DMAS review

Required Action: Submit files with required status fields when approval is given for TPT file submission

For CCC Plus and Medallion 4 SA Medical, a daily load cannot be approved based upon IT system default that will still be utilized in order to load actual UM decisions for unit and frequency qualifiers from 8/1/2020 forward. A daily load approval cannot be provided at this time due to this continuing issue. DMAS is willing to work with Aetna as you update your system to capture the required frequency qualifier values; this will not impede a daily load approval. It is expected that this will be completed by August 31, 2021. As advised, DMAS will review Aetna's SA data in TPT to validate status issue in order to determine if the requirements of the CAP are met.

If you have any questions regarding these concerns, contract standards or CAP requirements, please contact the CCC Plus Compliance Team at cccpluscompliance@dmas.virginia.gov and Sandra Dagenhart at Sandra.dagenhart@dmas.virginia.gov. Please sign, date and return acknowledging receipt to cccpluscompliance@dmas.virginia.gov.

Sincerely,

Tammy Whitlock

Tammy Whitlock, MSHA

Deputy Director of Complex Care and Services

Exhibit 1 – Aetna – 2021 Point Schedule

MCO	Area(s) of Violation	Previous Balance	Point(s) Expired	Point(s) Incurred	Current Balance	Sanctions pursuant to 18.2.2
AETNA Better Health of Virginia		1	0	5	6	$1,000

Acknowledge agreement via signature below to address the system issues impacting CRMS SA data submission noted within the attached CAP letter.

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Jerry Mammano /Date