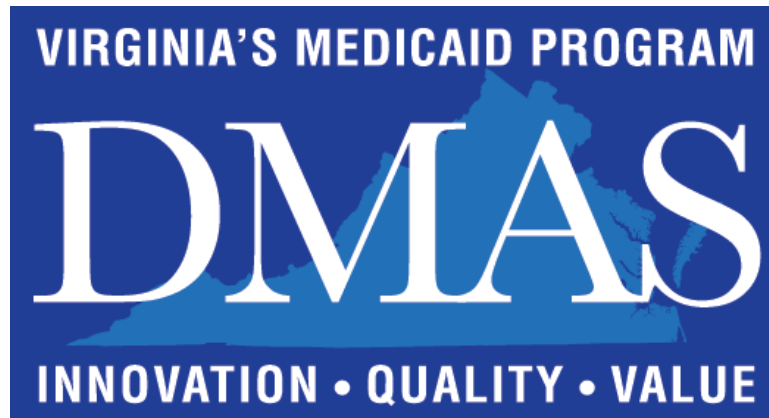


# Monthly MCO Compliance Report

**Medallion 4.0 November 2021 Deliverables**



**Health Care Services Division**

January 25, 2022

# Monthly MCO Compliance Report

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## Medallion 4.0 November 2021 Deliverables

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# Compliance Points Overview

MCO	Prior Month Point Balance	Point(s) Incurred for Current Month*	Point(s) Expiring from November 2020	Final Point Balance*	Area of Violation: Finding or Concern
<u>Aetna</u>	3.0 <sub>~</sub>	0	0	2.0	<b>FINDINGS</b> NONE <b>CONCERNS</b> CMHRS SA
<u>Anthem</u>	16.0	0	1.0	15.0	<b>FINDINGS</b> NONE <b>CONCERNS</b> NONE
<u>Molina</u>	10.0	0	0	10.0	<b>FINDINGS</b> NONE <b>CONCERNS</b> NETWORK ADEQUACY PROVIDER CALL CENTER STATS MEMBER CALL CENTER STATS DATA SUBMISSION ERROR CMHRS SA
<u>Optima Health</u>	9.0	0	2.0	7.0	<b>FINDINGS</b> NONE <b>CONCERNS</b> NETWORK ADEQUACY
<u>United</u>	7.0	1.0	0	8.0	<b>FINDINGS</b> CMHRS SA <b>CONCERNS</b> NETWORK ADEQUACY LATE SUBMISSION
<u>VA Premier</u>	28	0	2.0	26	<b>FINDINGS</b> NONE <b>CONCERNS</b> CMHRS SA PHARM PA

*\*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 2020 (Issue date: 12/15/2020) expire on 12/15/2021 and are subtracted from the final point balance.)

# Summary

The **Compliance Review Committee (CRC)** met on January 5, 2022 to review deliverables measuring performance for November 2021 as well as other reported program issues. The CRC consists of five managers and supervisors from the Health Care Services division who vote on what, if any, compliance enforcement actions to take in response to identified issues of potential non-compliance.

The CRC voted to issue a Warning Letter with associated compliance points and Notices of Non-Compliance to managed care organizations (MCOs) for data submission errors and failure to meet contractual requirements or thresholds.

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 6, 2022.

# 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 timely provided the Community Mental Health Rehabilitation Services (CMHRS) Service Authorizations. Per the November 2021 data, there was one (1) CMHRS standard service authorization request that did not require supplemental information processed past 72 hours. The processing time for this request was 79 hours, which exceeds the contract requirement. Aetna's overall timeliness for processing CMHRS Service Authorization requests for the month of November was 99.91%.

The Compliance Team recommended that in response to the issue identified above, Aetna be issued a **Notice of Non-Compliance (NONC)** without any associated compliance points, financial sanctions, or corrective actions. The CRC agreed with the Compliance Team's recommendation, and voted to issue a **Notice of Non-Compliance (NONC)** without associated compliance points or financial sanctions in response to this issue. **(CES #4583)**

## MIP/CAP Update:

- No updates

## Appeal Decision:

- ~Aetna Better Health requested reconsideration of the Warning Letter associated with CES #4536 due to untimely processing of one member appeal. Aetna provided additional information regarding this member's appeal, advising that the appeal resolution date reflected the State Fair Hearing date, rather than the MCO's internal denial date. Based upon review of provided information, HCS Compliance Unit reviewed for the MCO's appeal denial date, and was able to confirm that the appeal was processed timely within the required time frame of 30 days. HCS Leadership decided to rescind the Warning Letter for Case ID 4536, including its point on January 19, 2022.

## Expiring Points:

- No points

## Financial Sanctions Update:

- No outstanding sanctions at this time

## Summary:

- For deliverables measuring performance for November 2021, Aetna showed a high level of compliance. Aetna timely submitted all 24 required monthly reporting deliverables. One contract deliverables failed to meet contract adherence requirements for timely processing of CMHRS Service Authorization (as addressed above in **CES # 4583**). In summation, Aetna complied with most 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:

- No concerns

## MIP/CAP Update:

- No updates

## Appeal Decision:

- Anthem requested reconsideration of a Notice of Non-Compliance (NONC) associated with CES #4539 due to reporting error. The Maternal Care Report (the csv data) showed that the data included the Medicaid IDs in an incorrect format, as well as the OR/CC codes without the leading zeros. DMAS received Anthem's resubmitted report and confirmed that it met the reporting and formatting requirements. HCS Leadership and Subject Matter Experts decided to rescind the NONC on January 19, 2022.

## Expiring Points:

- **Case # 3533:** November 2020 – Appeals & Grievances Issue. 1 point was removed from Anthem's total by closing **CES # 3533**.

## Financial Sanctions Update:

- November 2021 Early Intervention Claims Payment Issue - \$5,000 (**CES# 4513**)

## Summary:

- For deliverables measuring performance for November 2021, Anthem showed a very high level of compliance. Anthem timely submitted all 24 required monthly reporting deliverables. Those deliverables did not expose any programmatic issues. In summation, Anthem complied with all 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 timely process Community Mental Health Rehabilitation Services (CMHRS) Service Authorizations. Per the November 2021 data, there were two (2) standard CMHRS requests that did not require supplemental information processed past 14 days which exceeds the contract requirement. These requests were processed in 15 days and the overall timeliness of processing CMHRS SA requests was 99.43%.

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)** without any associated compliance points, financial sanctions, or corrective actions. **(CES # 4584)**

- **Contract Adherence:** Molina timely provided DMAS with the contractually Q3/2021 submission of the Provider Network file. However, Molina did not meet the required contract thresholds for Network Adequacy. Where the pediatrics requirement is 75%, Alleghany County received a score of 25%, and Dickenson 50%. Where the pediatrics requirement is 80%, Bedford County received a score of 67%. Additionally, the submitted Medallion Network Exemption Request Form did not provide rationale for approval.

Section 4.1 of the Medallion 4.0 Contract states the Contractor's network shall meet or exceed Federal standards in 42 CFR §438.68 and 42 CFR §438.206, as well as the full scope of access standards described in Section 4.6, Access to Care Standards. The Contractor shall regularly assess and certify through submission of quarterly reports to the Department the adequacy of its provider network and notify the Department of any major initiatives or changes to program design (e.g., expanded benefits).

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)** without any associated compliance points, financial sanctions, or corrective actions. **(CES # 4578)**



- **Call Center Statistics:** DMAS timely received the November 2021 MCO Member Call Center Statistics report from Molina. Upon review, the Compliance Unit discovered that the report indicated that Molina did not meet the required contract thresholds for call center statistics (did not answer 95% of incoming member calls). Molina answered 91.01% of incoming member calls in the month of November 2021.

Per Section 7.15.C.b of the Medallion 4.0 contract, in order to be compliant, Molina was required to answer at least 95% of incoming member calls. Molina failed to answer enough incoming member calls to be in compliance.

The Department is requesting that the MCOs adheres to call center requirements and the reporting specifications, as outlined in the Medallion 4.0 Deliverables Technical Manual under section 1.5.23 for the listed deliverable. Since Molina is currently under a MCO Improvement Plan, no compliance points or financial sanctions will be issued in response to this identified issue. However, the Department may proceed with issuance of points or financial sanctions for failing to meet call center reporting requirements in the future.

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)** without any associated compliance points, financial sanctions, or corrective actions. **(CES # 4579)**

- **Call Center Statistics:** DMAS timely received the November 2021 MCO Provider Call Center Statistics report from Molina. Upon review, the Compliance Unit discovered that the report indicated that Molina did not meet the required contract thresholds for call center statistics (did not answer 95% of incoming provider calls). Molina answered 92.44% of incoming provider calls in the month of November 2021.

Section 5.9 of the Medallion 4.0 contract requires that the MCOs Provider call abandonment rates shall average less than five percent (5%) each month. Molina Complete Care failed to answer at least 95% of the incoming provider calls as required to be in compliance with the Medallion 4.0 contract.

The Department is requesting that the MCOs adheres to call center requirements and the reporting specifications, as outlined in the Medallion 4.0 Deliverables Technical Manual under section 1.5.23 for the listed deliverable. Since Molina is currently under a MCO Improvement Plan, no compliance points or financial sanctions will be issued in response to this identified issue. However, the Department may proceed with issuance of points or financial sanctions for failing to meet call center reporting requirements in the future.

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)** without any associated compliance points, financial sanctions, or corrective actions. **(CES # 4593)**

- **Data Submission Error:** DMAS timely received the November 2021 MCO Call Center Statistics Monthly Report deliverable from Molina. However, the report was submitted with identified data quality error: Total calls received did not equal the amount answered plus amount abandoned for both Member and Provider calls.

The Compliance Team recommended that in response to the issue identified above, Molina be issued a **Notice of Non-Compliance (NONC)** without any associated compliance points, financial sanctions, or corrective actions. The CRC agreed with the Compliance Team's recommendation, and voted to issue a **NONC** without associated compliance points or financial sanctions in response to this issue. **(CES # 4595)**

### **MIP/CAP Update:**

- Molina submitted an MCO Improvement Plan related to the MCO Call Center Stats associated with CTS # 4474 on November 29, 2021. The provided MIP did not include sufficiently detailed information regarding the actions taken to address the identified issue as well as those measures put into place to prevent a reoccurrence. The Department requested to provide the information that was not addressed in the MIP, as well as the updated September Call Center Statistics report. In addition, the Department requested that Molina provides weekly Call Center stats for the month of January 2022. Weekly reports should be submitted via the DMAS secure FTP server by close of business each Wednesday following the reporting week, with the first week's report due by January 12, 2022.

### **Appeal Decision:**

- No appeals

### **Expiring Points:**

- No points

### **Financial Sanctions Update:**

- No outstanding sanctions at this time

### **Summary:**

- For deliverables measuring performance for November 2021, Molina showed a moderate level of compliance. Molina timely submitted all 24 required monthly reporting deliverables. Molina failed to meet contract adherence requirements to timely process CMHRS Service Authorizations, Member and Provider Call Center requirements, to meet the required thresholds for Network Adequacy (as addressed above in **CES # 4584, 4579, 4593 & 4578**). One monthly deliverable had a submission error (as addresses above in **CES # 4595**). In summation, Molina complied with most 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 timely provided DMAS with the contractually Q3/2021 submission of the Provider Network file. However, Optima did not meet the required contract thresholds for Network Adequacy. The pediatrics requirement is 75%. Patrick County received a score of 25%.

Section 4.1 of the Medallion 4.0 Contract states the Contractor's network shall meet or exceed Federal standards in 42 CFR §438.68 and 42 CFR §438.206, as well as the full scope of access standards described in Section 4.6, Access to Care Standards. The Contractor shall regularly assess and certify through submission of quarterly reports to the Department the adequacy of its provider network and notify the Department of any major initiatives or changes to program design (e.g., expanded benefits).

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)** without any associated compliance points, financial sanctions, or corrective actions. **(CES # 4573)**

## MIP/CAP Update:

- No updates

## Appeal Decision:

- No appeals

## Expiring Points:

- **Case # 3495:** November 2020 – Claims Payments Issue. 1 point was removed from Optima's total by closing **CES # 3495**.
- **Case # 3498:** November 2020 – MCO Call Center Statistics Issue. 1 point was removed from Optima's total by closing **CES # 3498**.

## Financial Sanctions Update:

- No outstanding sanctions at this time

## Summary:

- For deliverables measuring performance for November 2021, Optima showed a high level of compliance. Optima timely submitted all 24 required monthly reporting deliverables, and those deliverables did not expose any programmatic issues. One contract deliverables failed to meet the required contract thresholds for Network Adequacy (as addressed above in **CES # 4573**). In summation, Optima complied with most applicable regulatory and contractual requirements.

# UnitedHealthcare

## Findings:

- **Contract Adherence:** UnitedHealthcare failed to timely process Community Mental Health Rehabilitation Services (CMHRS) Service Authorizations. Per November 2021 data, there were four (4) standard CMHRS requests exceeding 14 days without requiring supplemental information. The max processing time for these four requests was 77 days and the overall timeliness of processing CMHRS SA requests was 98.71%.

According to Section 10.1.E.a of the Medallion 4.0 contract, a failure to comply with the contract that "represents a threat to [the] smooth and efficient operation" of the Medallion 4.0 program is subject to a one point penalty. UnitedHealthcare is placed in Level 1 on the Compliance Deficiency Identification System. Thus, a financial sanction will not be issued in response to this issue. However, the Department is requesting that UnitedHealthcare submits a MCO Improvement Plan.

The MIP should address UnitedHealthcare's plan to uphold contract requirements. In addition, UnitedHealthcare should describe the root cause resulting in the untimely processing of CMHRS Service Authorization requests.

The Compliance Team recommended that in response to the issue identified above, United be issued a **Warning Letter, 1 compliance point, no financial penalty and MIP**. The CRC agreed with the Compliance Team's recommendation, and voted to issue a **Warning Letter, 1 compliance point, no financial penalty and MIP** in response to this issue. (CES # 4575)

## Concerns:

- **Untimely Deliverable Submission:** UnitedHealthcare failed to timely submit its quarterly BOI Filing Report for the past two quarters. The last Quarterly BOI Filing report was received by the Department on May 14, 2021. Compliance Unit alerted UnitedHealthcare of the missing file on December 15, 2021. UnitedHealthcare submitted the missing report to the Department later that day.

Section 10.1.E.d.b of the Medallion 4.0 contract requires the MCOs to submit reporting deliverables timely, with accurate data, and in the format and layout specified by DMAS. Thus, UnitedHealthcare 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, UnitedHealthcare be issued a **Notice of Non-Compliance (NONC)** without any associated compliance points, financial sanctions, or corrective

actions. The CRC agreed with the Compliance Team's recommendation, and voted to issue a **NONC** without associated compliance points or financial sanctions in response to this issue. **(CES # 4581)**

- **Contract Adherence:** United timely provided DMAS with the contractually Q3/2021 submission of the Provider Network file. However, United did not meet the required contract thresholds for Network Adequacy. The PCP requirement is 75%; Craig County received a score of 50%. The pediatrics requirement is 75%; Craig County received a score of 0% and Patrick County received a score of 25%. Covington received a score of 0% where the pediatrics requirement is 80%. Additionally, the submitted Medallion Network Exemption Request Form did not provide rationale for approval.

Section 4.1 of the Medallion 4.0 Contract states the Contractor's network shall meet or exceed Federal standards in 42 CFR §438.68 and 42 CFR §438.206, as well as the full scope of access standards described in Section 4.6, Access to Care Standards. The Contractor shall regularly assess and certify through submission of quarterly reports to the Department the adequacy of its provider network and notify the Department of any major initiatives or changes to program design (e.g., expanded benefits).

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)** without any associated compliance points, financial sanctions, or corrective actions. **(CES # 4574)**

### **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 2021, UnitedHealthcare showed a moderate level of compliance. UnitedHealthcare timely submitted all 24 required monthly reporting deliverables, and those

deliverables did not expose any programmatic issues. One contract deliverables failed to meet contract adherence requirements to timely process CMHRS Service Authorizations and one deliverable failed to meet the required contract thresholds for Network Adequacy (as addressed above in **CES # 4575 & 4574**). One quarterly contract deliverable was not submitted timely (as addressed above in **CES # 4581**). 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:** Virginia Premier failed to timely process Community Mental Health Rehabilitation Services (CMHRS) Service Authorizations. Per November 2021 data, there were two (2) standard CMHRS requests that did not require supplemental information processed past 14 days which exceeds the contract requirement. These requests were processed in 15 days and the overall timeliness of processing CMHRS SA requests was 99.89%.

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)** without any associated compliance points, financial sanctions, or corrective actions. **(CES # 4576)**

- **Contract Adherence:** Virginia Premier failed to timely process Pharmacy Prior Authorization requests. Per November 2021 data, there were two (2) Pharmacy Prior Authorization Requests processed past 24 hours. These requests were processed in 42 hours. The overall timeliness of Pharmacy Prior Authorizations processing was 99.91%.

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, Optima 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, 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)** without any associated compliance points, financial sanctions, or corrective actions. **(CES # 4577)**

## MIP/CAP Update:

- No updates

### **Appeal Decision:**

- No appeals

### **Expiring Points:**

- **Case # 3493:** November 2020 – EI Claims Payment. 1 point was removed from Virginia Premier’s total by closing **CES # 3493**.
- **Case # 3513:** November 2020 – Appeals & Grievances Issue. 1 point was removed from Virginia Premier’s total by closing **CES # 3513**.

### **Financial Sanctions Update:**

**The following financial sanctions will be sent to DMAS’ Fiscal Division for enforcement:**

- November 2021 Appeals & Grievances Issue - \$10,000 (**CES# 4496**)

### **Summary:**

- For deliverables measuring performance for November 2021, Virginia Premier showed a moderate level of compliance. Virginia Premier timely submitted all 24 required monthly reporting deliverables and those deliverables did not expose programmatic issues. Two contract deliverables failed to meet contract adherence requirements to timely process CMHRS Service Authorizations and Pharmacy Prior Authorization requests (as addressed above in **CES # 4576 & 4577**). In summation, Virginia Premier complied with most applicable regulatory and contractual requirements.

# Next Steps

At this time, the Compliance Unit is continuing monthly Compliance Review Committee meetings, following up on reoccurring issues, and communicating with the MCOs regarding identified issues. The Compliance Unit is in the process of expanding the types of compliance issues it investigates, and involving itself with programmatic issues as well as technical deliverable issues.

The Compliance Unit continued its enforcement efforts in the area of ensuring Network Adequacy, the timely processing of Pharmacy Prior Authorization and CMHRS Service Authorization Requests, as well as compliance with contract requirements for call center abandonment rates for provider helplines, and the correct formatting and the timely submission of required deliverables. The MCOs were notified of their non-compliance with these issues. The Compliance Unit requested adherence to the Medallion 4.0 contract and issued points as well as financial sanctions as appropriate.

The HCS Compliance Unit is also coordinating with the IC Compliance Unit to align enforcement actions as applicable between the two contracts.