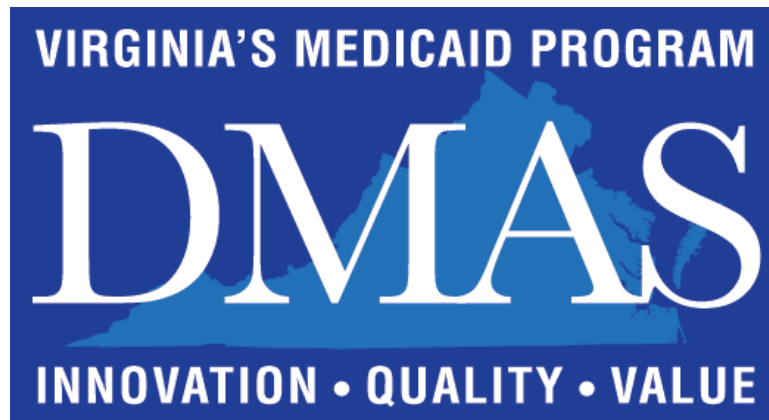


# Monthly MCO Compliance Report

**Medallion 4.0 January 2022 Deliverables**



**Health Care Services Division**

March 15, 2022

# Monthly MCO Compliance Report

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## Medallion 4.0 January 2022 Deliverables

### Contents

Compliance Points Overview.....	2
Summary.....	3
Aetna Better Health of Virginia.....	4
Anthem Healthkeepers Plus.....	6
Molina Complete Care.....	9
Optima Family Care.....	13
UnitedHealthcare.....	16
Virginia Premier.....	18
NEXT STEPS.....	21

# Compliance Points Overview

MCO	Prior Month Point Balance	Point(s) Incurred for Current Month*	Point(s) Expiring from January 2021	Final Point Balance*	Area of Violation: Finding or Concern
<u>Aetna</u>	1.0	5	0	6.0	<b>FINDINGS</b> MCO CLAIMS <b>CONCERNS</b> NEWBORN ID
<u>Anthem</u>	14.0	1	6	9.0	<b>FINDINGS</b> APPEALS & GRIEVANCES <b>CONCERNS</b> DATA SUBMISSION ERRORS CMHRS SA PHARMACY PA
<u>Molina</u>	10.0	7	0	17.0	<b>FINDINGS</b> PROVIDER CALL CENTER STATS MEMBER CALL CENTER STATS MEMBER COMMUNICATION <b>CONCERNS</b> NEWBORN ID DATA SUBMISSION ERROR CMHRS SA
<u>Optima</u>	7.0	0	1	6.0	<b>FINDINGS</b> NONE <b>CONCERNS</b> NEWBORN ID DATA SUBMISSION ERRORS CMHRS SA PHARMACY PA
<u>United</u>	7.0	1	0	8.0	<b>FINDINGS</b> APPEALS & GRIEVANCES <b>CONCERNS</b> DATA SUBMISSION ERRORS EI CLAIMS
<u>VA Premier</u>	21	0	2	19	<b>FINDINGS</b> NONE <b>CONCERNS</b> DATA SUBMISSION ERRORS EI CLAIMS

*\*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 January 2021 (Issue date: 2/15/2021) expire on 2/15/2022 and are subtracted from the final point balance.

# Summary

The **Compliance Review Committee (CRC)** met on March 1, 2022 to review deliverables measuring performance for January 2022 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 Warning Letters with associated compliance points and financial penalties as well as Notices of Non-Compliance to Managed Care Organizations (MCOs) for 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 December's compliance issues in letters and emails issued to the MCOs on March 4, 2022.

# Aetna Better Health of Virginia

## Findings:

- **Contract Adherence:** Aetna Better Health of Virginia reported failing to timely pay one (1) clean claim within 365 days on the December 2021 MCO Claims report and 19 clean claims within 365 days on the January 2022 MCO Claims report. A total of 62 claims were identified as processed untimely in Aetna's Claims Detail Report.

On January 26, 2022, the Department requested additional documentation relating to Aetna's MCO Claims Report submission for December 2021. Aetna provided the requested information detailing the impacted claim and self-identified 62 additional claims that were also not adjudicated within 365 days of claim receipt. On January 31, 2022, Aetna provided the detailed information concerning 62 additional claims, as well as the root cause analysis on claims adjudication delays. A mapping issue was identified as it related to the pend codes on the Pending Report. In the February 2022 MCO Claims Report submission, Aetna reported that 19 claims were not processed within 365 days of receipt. The Department requested to identify which 19 claims were part of the 62 claims that were reported on January 31, 2022, and to provide the claim payment or denial dates. Upon the review, the Department confirmed that all identified claims were adjudicated untimely.

According to Section 10.1.E.b of the Medallion 4 Contract, failures to comply with the Contract that represent "a threat to the integrity of the program" or that "infringe on the rights of a member or potential enrollee" should receive five points.

The Compliance Team recommended that in response to the issue identified above, Aetna be issued a **Warning Letter and five (5) compliance points** with no financial penalty, MIP, or CAP. The CRC agreed with the Compliance Team's recommendation, and voted to issue a **Warning Letter and five (5) compliance points** with no financial penalty, MIP, or CAP in response to this issue. **(CES # 4623)**

## Concerns:

- **Contract Adherence:** Aetna failed to report 100% of the Newborn Medicaid or FAMIS IDs within 60 days of birth. Aetna reported 257 out of 259 (99.2%). Section 6.4.A of the Medallion 4.0 contract requires the Contractor must ensure that the newborn has a Medicaid or FAMIS ID number before sixty (60) days. Thus, Aetna violated the terms of the Medallion 4.0 contract in the area addressed above.

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 # 4675)**

### **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 January 2022, Aetna showed a moderate level of compliance. Aetna timely submitted all 23 required monthly reporting deliverables. Two contract deliverables failed to meet contract adherence requirements for timely processing of MCO Claims and submission of Newborn IDs within 60 days of birth (as addressed above in **CES # 4623 & 4675**). In summation, Aetna complied with most applicable regulatory and contractual requirements.

# Anthem HealthKeepers Plus

## Findings:

- **Contract Adherence:** Anthem HealthKeepers Plus failed to resolve two (2) internal member appeals within 30 days. Anthem processed these appeals in 31 days.

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.

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 (1) point penalty.

The Compliance Team recommended that in response to the issue identified above, Anthem be issued a **Warning Letter and one (1) compliance point** with no financial penalty, MIP, or CAP. The CRC agreed with the Compliance Team's recommendation, and voted to issue a **Warning Letter and one (1) compliance point** with no financial penalty, MIP, or CAP in response to this issue. **(CES # 4773)**

## Concerns:

- **Data Submission Error:** DMAS timely received the Quarter 4 2021 submission of the Provider File – MCO Network deliverable from Anthem. The Network Requirements Submission Manual (NSRM) was updated on November 15, 2021 to include new fields created to track CMHRS providers. These new fields are titled, CMHRS provider and CMHRS Procedure Code. The Department notified the Health Plans of this change to the NSRM on November 15, 2021 via email. Upon review, Anthem's submission failed to report the required data.

The Compliance Team recommended that in response to the issue identified above, Anthem 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 # 4735)**

- **Data Submission Error:** DMAS timely received the Quarter 4 2021 submission of the Providers Failing Accreditation/Credentialing & Terminations deliverable from Anthem. In accordance with the 2021 Virginia Acts of Assembly, Chapter 552, and effective July 1, 2021, the contractor must report to the Department on a quarterly basis on the termination of MHS (CMHRS and Behavioral Therapy Providers) providers. DMAS notified the Health Plans of the changes to the deliverable on July 15, 2021. Upon review, Anthem's submission failed to report the total number of in-network CMHRS & Behavioral Therapy providers.

The Compliance Team recommended that in response to the issue identified above, Anthem 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 # 4733)**

- **Contract Adherence:** Anthem timely provided the Community Mental Health Rehabilitation Services (CMHRS) Service Authorizations. Per the January 2022 data, there were two (2) CMHRS standard service authorization requests that did not require supplemental information and were not processed within 14 days. The max processing time for these untimely processed requests was 48 days. Anthem's overall timeliness for processing CMHRS Service Authorization requests for the month of January was 99.69%.

The Compliance Team recommended that in response to the issue identified above, Anthem 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 #4693)**

- **Contract Adherence:** Anthem failed to timely process Pharmacy Prior Authorization requests. Per January 2022 data, there was one (1) Pharmacy Prior Authorization Request processed past 24 hours. This request was processed in 57 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)** 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 any associated compliance points, financial sanctions, or corrective actions. **(CES # 4653)**

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

- No updates

### **Appeal Decision:**

- No appeals

### **Expiring Points:**

- **Case # 3733:** January 2021 – Appeals & Grievances Issue. 1 point was removed from Anthem's total by closing **CES # 3733**.
- **Case # 3699:** January 2021 – MCO Claims Issue. 5 points were removed from Anthem's total by closing **CES # 3699**.

### **Financial Sanctions Update:**

- No outstanding sanctions at this time.

### **Summary:**

- For deliverables measuring performance for January 2022, Anthem showed a moderate level of compliance. Anthem timely submitted all 23 required monthly reporting deliverables. Three contract deliverables failed to meet contract adherence requirements for timely processing of internal member appeals, Pharmacy Prior Authorizations, and CMHRS Service Authorizations (as addressed above in **CES # 4773, 4653, & 4693**). Two quarterly deliverables included data submission errors (as addressed above in **CES # 4735 & 4733**). In summation, Anthem complied with most applicable regulatory and contractual requirements.

# Molina Complete Care

## Findings:

- **Call Center Statistics:** DMAS timely received the January 2022 MCO Provider Call Center Statistics report from Molina Complete Care. 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 80.46% of incoming provider calls in the month of January 2022.

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 failed to answer at least 95% of the incoming provider calls as required to be in compliance with the Medallion 4.0 contract.

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.

The Compliance Team recommended that in response to the issue identified above, Molina be issued a **Warning Letter one (1) compliance point, a \$5,000 financial penalty, and a CAP**. The CRC agreed with the Compliance Team's recommendation, and voted to issue a **Warning Letter, one (1) compliance point, a \$5,000 financial penalty, and a CAP** in response to this issue. (CES # 4674)

- **Call Center Statistics:** DMAS timely received the January 2022 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 85.29% of incoming member calls in the month of January 2022.

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.

According to Section 10.1.E.b of the Medallion 4.0 contract, failures to comply with the contract that represent "a threat to the integrity of the program" or that "impair a member's or potential enrollee's ability to obtain correct information regarding services" are subject to a five point penalty.

The Compliance Team recommended that in response to the issue identified above, Molina be issued a **Warning Letter, five (5) compliance points, a**

**\$5,000 financial penalty, and a CAP.** The CRC agreed with the Compliance Team's recommendation, and voted to issue a **Warning Letter, five (5) compliance points, a \$5,000 financial penalty, and a CAP** in response to this issue. (CES # 4673)

- **Provider Communication:** In November 2021, Molina utilized the internal appeal decision letter with an incorrect number to file an appeal via fax with the DMAS Appeals Division. The provider followed the instructions outlined on the letter and timely faxed a request to the incorrect number listed on the letter. The Department requested some additional information regarding the impact of members and/or providers. Molina confirmed that since July 1, 2021, 3940 providers received Molina's communication with the incorrect fax number.

Per the Medallion 4.0 Contract Section 12.6.C State Fair Hearing Process, Standard appeals may be requested orally or in writing to DMAS by the member or the member's authorized representative. Expedited appeals may be filed by telephone or in writing. The appeal may be filed at any time after the Contractor's internal appeal process is exhausted but must be requested no later than 120 calendar days from the date of the Contractor's internal appeal decision. In addition, within twenty-four (24) hours of a request by DMAS, the Contractor shall either: fax (or email if requested by email) a copy of the member's internal appeal decision to the DMAS Appeals Division at 804-452-5454; or, if there has been no internal appeal decision, notify the Appeals Division in writing that the member has not exhausted the Contractor's appeal process.

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.

The Compliance Team recommended that in response to the issue identified above, Molina be issued a **Warning Letter, one (1) compliance point, a \$5,000 financial penalty, and no CAP.** The CRC agreed with the Compliance Team's recommendation, and voted to issue a **Warning Letter, one (1) compliance point, a \$5,000 financial penalty, and no CAP** in response to this issue. (CES # 4754)

### **Concerns:**

- **Contract Adherence:** Molina failed to report 100% of the Newborn Medicaid or FAMIS IDs within 60 days of birth. Molina reported 90 out of 107 (84.1%). Section 6.4.A of the Medallion 4.0 contract requires the Contractor must ensure that the newborn has a Medicaid or FAMIS ID number before sixty (60) days. Thus, Molina violated the terms of the Medallion 4.0 contract in the area addressed above.

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 **Notice of Non-Compliance (NONC)** without associated compliance points or financial sanctions in response to this issue. **(CES # 4676)**

- **Contract Adherence:** Molina failed to timely process Community Mental Health Rehabilitation Services (CMHRS) Service Authorizations. Per the January 2022 data, there was one (1) expedited CMHRS request that did not require supplemental information processed past 72 hours which exceeds the contract requirement. Molina processed this expedited request in 246 hours and the overall timeliness of processing CMHRS SA requests was 99.58%.

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 **Notice of Non-Compliance (NONC)** without any associated compliance points, financial sanctions, or corrective actions. **(CES # 4717)**

- **Data Submission Error:** DMAS timely received the Quarter 4 2021 submission of the Provider File – MCO Network deliverable from Molina. The Network Requirements Submission Manual (NSRM) was updated on November 15, 2021 to include new fields created to track CMHRS providers. These new fields are titled, CMHRS provider and CMHRS Procedure Code. The Department notified the Health Plans of this change to the NSRM on November 15, 2021 via email. Upon review, Molina's submission failed to report the required data.

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 **Notice of Non-Compliance (NONC)** without associated compliance points or financial sanctions in response to this issue. **(CES # 4753)**

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

- Regarding CES case # 4474, Molina submitted weekly call center stats in the month of January 2022 for review by the Department. The Compliance Team met with Molina on January 27, 2022 to discuss the data received. Molina then submitted a revised MCO Improvement Plan (MIP) on February 7, 2022. The Compliance Team noted discrepancies between the weekly data provided and

the monthly deliverable received on February 15, 2022 for the month of January 2022 data.

The Compliance team met with Molina again on March 10, 2022 to discuss the concerns with the MIP and continued compliance issues with call center data. This MCO Improvement Plan was denied by the Department as Molina failed to submit an adequate MIP that addressed the repeated issues with Molina's failure to be in compliance with call center abandonment rates. The Compliance Team advised Molina of this denial and requested a combined Corrective Action Plan from Molina to address the reoccurring issue of non-compliance with both Member and Provider Call Center Stats.

### **Appeal Decision:**

- No appeals

### **Expiring Points:**

- No points

### **Financial Sanctions Update:**

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

- January 2022 Provider Call Center Stats Issue - \$5,000 (CES# 4674)
- January 2022 Member Call Center Stats Issue - \$5,000 (CES# 4673)
- January 2022 Provider Communication Issue - \$5,000 (CES# 4754)

### **Summary:**

- For deliverables measuring performance for January 2022, Molina showed a low level of compliance. Molina timely submitted all 23 required monthly reporting deliverables. Five deliverables failed to meet contract adherence requirements for Provider and Member Call Center Stats, Provider communication, Newborn IDs, and the timely processing of CMHRS Service Authorizations (as addressed above in CES # 4674, 4673, 4754, 4676, & 4717). Another deliverable included data submission errors (as addressed above in CES # 4753). In summation, Molina complied with some 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 report 100% of the Newborn Medicaid or FAMIS IDs within 60 days of birth. Optima reported 473 out of 477 (99.2%). Section 6.4.A of the Medallion 4.0 contract requires the Contractor must ensure that the newborn has a Medicaid or FAMIS ID number before sixty (60) days. Thus, Optima violated the terms of the Medallion 4.0 contract in the area addressed above.

The Compliance Team recommended that in response to the issue identified above, Optima 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 # 4695)**

- **Data Submission Error:** DMAS timely received the Quarter 4 2021 submission of the Providers Failing Accreditation/Credentialing & Terminations deliverable from Optima. In accordance with the 2021 Virginia Acts of Assembly, Chapter 552, and effective July 1, 2021, the contractor must report to the Department on a quarterly basis on the termination of MHS (CMHRS and Behavioral Therapy Providers) providers. DMAS notified the Health Plans of the new template for the deliverable on July 15, 2021. Upon review, Optima's submission failed to use the correct template to report the required data.

The Compliance Team recommended that in response to the issue identified above, Optima 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 # 4734)**

- **Data Submission Error:** DMAS timely received the Quarter 4 2021 submission of the Provider File – MCO Network deliverable from Optima. The Network Requirements Submission Manual (NSRM) was updated on November 15, 2021 to include new fields created to track CMHRS providers.

These new fields are titled, CMHRS provider and CMHRS Procedure Code. The Department notified the Health Plans of this change to the NSRM on November 15, 2021 via email. Upon review, Optima's submission failed to report the required data.

The Compliance Team recommended that in response to the issue identified above, Optima 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 # 4736)**

- **Contract Adherence:** Optima failed to timely process Community Mental Health Rehabilitation Services (CMHRS) Service Authorizations. Per the January 2022 data, there was one (1) standard CMHRS request that did not require supplemental information processed past 14 days which exceeds the contract requirement. This request was processed in 19 days and the overall timeliness of processing CMHRS SA requests was 99.92%.

The Compliance Team recommended that in response to the issue identified above, Optima 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 any associated compliance points, financial sanctions, or corrective actions. **(CES # 4694)**

- **Contract Adherence:** Optima failed to timely process Pharmacy Prior Authorization requests. Per January 2022 data, there was one (1) Pharmacy Prior Authorization Request processed past 24 hours. Optima processed this request in 29 hours. The overall timeliness of Pharmacy Prior Authorizations processing was 99.97%.

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)** 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 any associated compliance points, financial sanctions, or corrective actions. **(CES # 4654)**

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

- No updates

### **Appeal Decision:**

- No appeals

### **Expiring Points:**

- **Case # 3698:** January 2021 – EI Claims Issue. 1 point was removed from Optima’s total by closing **CES # 3698**.

### **Financial Sanctions Update:**

- No outstanding sanctions at this time.

### **Summary:**

- For deliverables measuring performance for January 2021, Optima showed a moderate level of compliance. Optima timely submitted all 23 required monthly reporting deliverables, and those deliverables did not expose any programmatic issues. Three deliverables failed to meet contract adherence requirements to submit all Newborn IDs, and timely process CMHRS SA and Pharmacy PA requests (as addressed above in **CES #4695, 4694, & 4654**). Two quarterly deliverables included data submission errors (as addressed above in **CES # 4734 & 4736**). In summation, Optima complied with most 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 91.

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.

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 (1) point penalty.

The Compliance Team recommended that in response to the issue identified above, UnitedHealthcare be issued a **Warning Letter and one (1) compliance point** with no financial penalty, MIP, or CAP. The CRC agreed with the Compliance Team's recommendation, and voted to issue a **Warning Letter and one (1) compliance point** with no financial penalty, MIP, or CAP in response to this issue. **(CES # 4793)**

## Concerns:

- **Data Submission Error:** DMAS timely received the Quarter 4 2021 submission of the Providers Failing Accreditation/Credentialing & Terminations deliverable from UnitedHealthcare. In accordance with the 2021 Virginia Acts of Assembly, Chapter 552, and effective July 1, 2021, the contractor must report to the Department on a quarterly basis on the termination of MHS (CMHRS and Behavioral Therapy Providers) providers. DMAS notified the Health Plans of the new template for the deliverable on July 15, 2021. Upon review, UnitedHealthcare's submission failed to use the correct template to report the required data.

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 **Notice of Non-Compliance (NONC)** without associated compliance points or financial sanctions in response to this issue. **(CES # 4713)**

- **Data Submission Error:** DMAS timely received the Quarter 4 2021 submission of the Provider File – MCO Network deliverable from

UnitedHealthcare. The Network Requirements Submission Manual (NSRM) was updated on November 15, 2021 to include new fields created to track CMHRS providers. These new fields are titled, CMHRS provider and CMHRS Procedure Code. DMAS notified the Health Plans of this change to the NSRM on November 15, 2021 via email. Upon review, UnitedHealthcare's submission failed to report the required data.

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 **Notice of Non-Compliance (NONC)** without associated compliance points or financial sanctions in response to this issue. **(CES # 4715)**

- **Contract Adherence:** The Department timely received the January 2022 Early Intervention Services Report from UnitedHealthcare. Upon review, a DMAS subject matter expert discovered the report indicated UnitedHealthcare failed to process one (1) clean claim within 14 calendar days.

On February 17, 2022, the Compliance Unit requested detailed claim information relating to the one (1) clean claim not paid within 14 days. UnitedHealthcare reported receiving this claim with a billed NPI that was not found in system. The Provider record and reimbursement set up was required in order to process claim. The claim operations team identified the delay in processing amongst multi-segment teams and is working to resolve the gap on future claim instances. UnitedHealthcare paid this claim on day 17.

The overall timeliness of adjudicated clean claims was 99.86% for the month of January 2022.

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 **Notice of Non-Compliance (NONC)** without any associated compliance points, financial sanctions, or corrective actions. **(CES # 4633)**

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

- The Department requested additional information from UnitedHealthcare on two (2) of the untimely Service Authorizations identified in the December 2021 submission of the CMHRS Service Authorizations and Registrations monthly deliverable. The Department provided technical assistance regarding the reporting of these two (2) untimely Service Authorizations and approval of the MIP on March 14, 2022.

### Appeal Decision:

- No appeals

### Expiring Points:

- No points

### Financial Sanctions Update:

- No outstanding sanctions at this time.

### Summary:

- For deliverables measuring performance for January 2022, UnitedHealthcare showed a moderate level of compliance. UnitedHealthcare timely submitted all 23 required monthly reporting deliverables. Two contract deliverables failed to meet contract adherence requirements for timely review of internal member appeals and timely processing of EI claims (as addressed above in **CES # 4793 & 4633**). Two quarterly deliverables included data submission errors (as addressed above in **CES # 4713 & 4715**). 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:

- **Data Submission Error:** DMAS timely received the Quarter 4 2021 submission of the Providers Failing Accreditation/Credentialing & Terminations deliverable from Virginia Premier. In accordance with the 2021 Virginia Acts of Assembly, Chapter 552, and effective July 1, 2021, the contractor must report to the Department on a quarterly basis on the termination of MHS (CMHRS and Behavioral Therapy Providers) providers. DMAS notified the Health Plans of the new template for the deliverable on July 15, 2021. Upon review, Virginia Premier's submission failed to report the required data for the new fields.

The Compliance Team recommended that in response to the issue identified above, Virginia Premier 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 # 4714)**

- **Data Submission Error:** DMAS timely received the Quarter 4 2021 submission of the Provider File – MCO Network deliverable from Virginia Premier. The Network Requirements Submission Manual (NSRM) was updated on November 15, 2021 to include new fields created to track CMHRS providers. These new fields are titled CMHRS provider and CMHRS Procedure Code. DMAS notified the Health Plans of this change to the NSRM on November 15, 2021 via email. Upon review, Virginia Premier's submission failed to report the required data in the correct format per the technical specifications.

The Compliance Team recommended that in response to the issue identified above, Virginia Premier 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 # 4716)**

- **Contract Adherence:** The Department timely received the January 2022 Early Intervention Services Report from Virginia Premier. Upon review, a DMAS subject matter expert discovered that the report indicated that Virginia Premier failed to process one (1) clean claim within 14 calendar days.

On February 17, 2022, the Compliance Unit requested detailed claim information relating to the one (1) clean claim not paid within 14 days. Virginia Premier reported receiving a higher volume of claims on December 27, 2021 due to the Christmas holiday. Virginia Premier paid this claim on day 15. The overall timeliness of adjudicated clean claims was 99.97% for the month of January 2022.

The Compliance Team recommended that in response to the issue identified above, Virginia Premier 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 any associated compliance points, financial sanctions, or corrective actions. **(CES # 4634)**

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

- No updates

### **Appeal Decision:**

- No appeals

### **Expiring Points:**

- **Case # 3693:** January 2021 – EI Claims Payment. 1 point was removed from Virginia Premier's total by closing **CES # 3693**.
- **Case # 3713:** January 2021 – Appeals & Grievances Issue. 1 point was removed from Virginia Premier's total by closing **CES # 3713**.

### **Financial Sanctions Update:**

- No outstanding sanctions at this time.

### **Summary:**

- For deliverables measuring performance for January 2022, Virginia Premier showed a moderate level of compliance. Virginia Premier timely submitted all 23 required monthly reporting deliverables and those deliverables did not expose programmatic issues. One contract deliverable failed to meet contract adherence requirements to timely process Early Intervention Claims (as addressed above in **CES # 4634**). Two quarterly deliverables included data submission errors (as addressed above in **CES # 4714 & 4716**). In summation, Virginia Premier complied with most applicable regulatory and contractual requirements.

# Next Steps

At this time, the Compliance Unit continues to host monthly Compliance Review Committee meetings, follow up on recurring issues, and communicate with the MCOs regarding identified issues. The Compliance Unit is also 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 the timely processing of Pharmacy Prior Authorization and CMHRS Service Authorization Requests, as well as compliance with contract requirements for call center abandonment rates, and Early Intervention claims adjudication. 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.