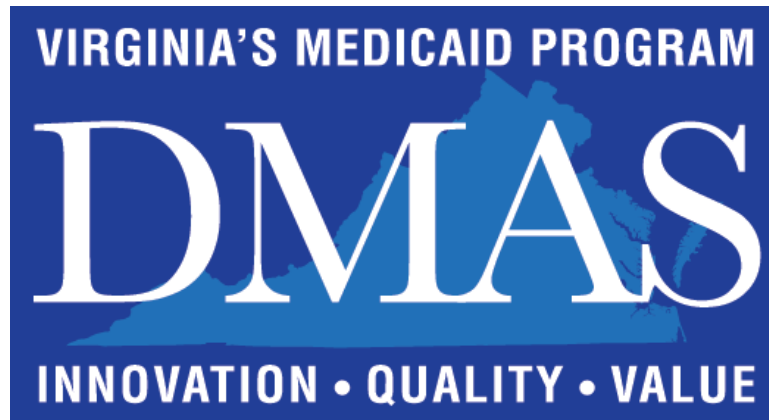


Monthly MCO Compliance Report

Medallion 4.0 July 2022 Deliverables



Health Care Services Division

August 12, 2022

Monthly MCO Compliance Report

Medallion 4.0 July 2022 Deliverables

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Compliance Points Overview

MCO	Prior Month Point Balance	Point(s) Incurred for Current Month*	Point(s) Expiring from June 2021	Final Point Balance*	Area of Violation: Finding or Concern
<u>Aetna</u>	8	1	0	9	FINDINGS APPEALS & GRIEVANCES CONCERNS NONE
<u>Anthem</u>	9	1	1	9	FINDINGS APPEALS & GRIEVANCES CONCERNS NONE
<u>Molina</u>	19	0	1	18	FINDINGS NONE CONCERNS CMHRS SA UNTIMELY MIP SUBMISSION
<u>Optima</u>	2	0	2	0	FINDINGS NONE CONCERNS CMHRS SA EI CLAIMS REPORTING ERROR
<u>United</u>	7	0	1	6	FINDINGS NONE CONCERNS EI CLAIMS CMHRS SA
<u>VA Premier</u>	12	0	1	11	FINDINGS NONE CONCERNS 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 June 2021 (Issue date: 7/15/2021) expire on 7/15/2022 and are subtracted from the final point balance.

Summary

The **Compliance Review Committee (CRC)** met on August 3, 2022 to review deliverables measuring performance for June 2022. The meeting's agenda covered all identified and referred issues of non-compliance, including reporting deliverables timeliness and accuracy, and thresholds not met in the areas of prior authorization reviews, specialty claims adjudication, and MCO appeals resolution.

The CRC consists of five managers and supervisors from the Health Care Services division who vote on what, if any, compliance enforcement actions should be taken in response to identified compliance issues.

The CRC voted to issue two Warning Letters with associated compliance points and no financial penalties, as well as Notices of Non-Compliance.

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 June's compliance issues in letters and emails issued to the MCOs on August 5, 2022.

Aetna Better Health of Virginia

Findings:

- **Contract Adherence:** Aetna Better Health failed to resolve seven (7) internal member appeals within 30 days. Aetna processed these appeals in 34 to 56 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, Aetna 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** in response to this issue. (CES # 5061)

Concerns:

- No concerns

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 June 2022, Aetna showed a high level of compliance. Aetna timely submitted all 23 required monthly reporting deliverables. One contract deliverable failed to meet contract adherence

requirements for the timely processing of internal member appeals (as addressed above in **CES # 5061**). In summation, Aetna complied with nearly all applicable regulatory and contractual requirements.

Anthem HealthKeepers Plus

Findings:

- **Contract Adherence:** Anthem HealthKeepers Plus failed to resolve four (4) internal member appeals within 30 days. Anthem processed these appeals in 48 to 98 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** in response to this issue. (CES # 5062)

Concerns:

- No concerns

MIP/CAP Update:

- No updates

Appeal Decision:

- No appeals

Expiring Points:

- **Case # 4293:** June 2021 – Appeals & Grievances Summary Issue. 1 point was removed from Anthem's total by closing **CES # 4293**.

Financial Sanctions Update:

- No outstanding sanctions at this time.

Summary:

- For deliverables measuring performance for June 2022, Anthem showed a high level of compliance. Anthem timely submitted all 23 required monthly

reporting deliverables. One contract deliverable failed to meet contract adherence requirements for the timely processing of internal member appeals (as addressed above in **CES # 5062**). In summation, Anthem complied with nearly 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 timely provided the Community Mental Health Rehabilitation Services (CMHRS) Service Authorizations. Per the June 2022 data, there was one (1) CMHRS standard service authorization request that did not require supplemental information and was not processed within 14 days, and one (1) CMHRS expedited service authorization request that did not require supplemental information and was not processed within 72 hours. Molina's overall timeliness for processing CMHRS Service Authorization requests for the month of June was 99.15%.

Molina is currently under an MCO Improvement Plan due to failing to meet the required turnaround requirements for CMHRS Service Authorizations in January 2022, February 2022, March 2022, April 2022 and May 2022.

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)**. (CES # 5060)

- **Untimely Submission:** Molina Complete Care failed to timely provide DMAS with the requested MCO Improvement Plan (MIP) to address Molina's ongoing issues related to Community Mental Health Rehabilitation Services (CMHRS) Service Authorization requests. The MIP was due on July 23, 2022 and was not submitted until July 26, 2022. This is the second time that Molina Complete Care has missed a MIP submission deadline.

According to Section 10.1.F.d of the Medallion 4.0 Contract, Molina is required to submit a completed MIP to the Department within fifteen (15) calendar days from the date of the received compliance violation notification.

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)** in response to this issue. (CES #5063)

MIP/CAP Update:

- Molina Complete Care submitted the MIP response to CES # 5019 untimely regarding the issue with CMHRS Service Authorization and Registrations. A MIP was submitted by the MCO on July 26, after HCS' follow-up with the MCO, and is currently under review by the HCS Compliance Unit. Preliminary reviews identified gaps in measures taken to prevent recurrence in service authorization review delays. HCS Compliance Unit will further review and contact the MCO if additional information is necessary.

Appeal Decision:

- No appeals

Expiring Points:

- **Case # 4333:** June 2021 – MCO Call Center Statistics Issue. 1 point was removed from Molina's total by closing **CES # 4333**.

Financial Sanctions Update:

- No outstanding sanctions at this time.

Summary:

- For deliverables measuring performance for June 2022, Molina showed a moderate level of compliance. Molina timely submitted all 23 required monthly reporting deliverables. Two contract deliverables failed to meet contract adherence requirements for timely submission of MIP, and timely processing of CMHRS SA requests (as addressed above in **CES # 5063 & 5060**). In summation, Molina complied with nearly all 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:

- **Data Submission Error:** DMAS timely received the June 2022 Live Births Report from Optima Family Care. Upon review, the Compliance Unit discovered that the submitted file did not contain newborn Date of Birth data.

According to Section 10.1.E.d.b of the Medallion 4.0 Contract, Optima is required to submit all reporting deliverables in the format and with the contents specified in the Medallion 4.0 Contract and the Medallion 4.0 Deliverables Technical Manual.

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)** in response to this issue. **(CES #5053)**

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

On July 19, 2022, the Compliance Unit requested detailed claim information relating to the one (1) clean claim not paid within 14 days. Optima processed this claim in 56 days.

The overall timeliness of adjudicated clean claims was 99.96% for the month of June 2022.

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 # 5055)**

- **Contract Adherence:** Optima timely provided the Community Mental Health Rehabilitation Services (CMHRS) Service Authorizations. Per the June 2022 data, there were five (5) CMHRS standard service authorization requests that

did not require supplemental information and was not processed within 14 days. These requests were processed in 35 days. Optima's overall timeliness for processing CMHRS Service Authorization requests for the month of June was 99.59%.

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)** in response to this issue. **(CES #5058)**

MIP/CAP Update:

- No updates

Appeal Decision:

- No appeals

Expiring Points:

- **Case # 4257:** June 2021 – Pharmacy Prior Authorization Issue. 1 point was removed from Optima's total by closing **CES # 4257**.
- **Case # 4273 & # 4356:** June 2021 – EI Services Claims Issues. 1 point was removed from Optima's total by closing **CES # 4273 & # 4356**.

Financial Sanctions Update:

- No outstanding sanctions at this time.

Summary:

- For deliverables measuring performance for June 2022, Optima showed a moderate level of compliance. Optima timely submitted all 23 required monthly reporting deliverables. Two deliverables failed to meet contract adherence requirements for the timely processing of Early Intervention claims, and CMHRS Service Authorizations (as addressed above in **CES # 5055 & 5058**). One contract deliverable was received with submitted data error (as addressed in **CES # 5053**). In summation, Optima complied with most applicable regulatory and contractual requirements.

UnitedHealthcare

Findings:

- No findings (*i.e.*, no compliance issues severe enough to necessitate the issuance of compliance points).

Concerns:

- **Contract Adherence:** The Department timely received the June 2022 Early Intervention Services Report from UnitedHealthcare. Upon review, a DMAS subject matter expert discovered the report indicated UnitedHealthcare failed to process two (2) clean claims within 14 calendar days.

On July 19, 2022, the Compliance Unit requested detailed claim information relating to the two (2) clean claims not paid within 14 days. UnitedHealthcare reported that an upgrade to the claims system in late May caused a temporary issue with a particular overflow queue resulting in delayed processing time; the issue has been corrected and impacted claims have been routed appropriately. UnitedHealthcare processed both claims on day 15.

The overall timeliness of adjudicated clean claims was 99.63% for the month of June 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)** in response to this issue. **(CES # 5056)**

- **Contract Adherence:** UnitedHealthcare timely provided the Community Mental Health Rehabilitation Services (CMHRS) Service Authorizations. Per the June 2022 data, there was one (1) CMHRS standard service authorization request that did not require supplemental information and was not processed within 14 days. This request was processed on day 17.

UnitedHealthcare's overall timeliness for processing CMHRS Service Authorization requests for the month of June was 99.61%.

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)** in response to this issue. (CES #5059)

MIP/CAP Update:

- UnitedHealthcare submitted the MCO Improvement Plan response to CES # 4955 timely regarding the issue with Early Intervention claims. The Department reviewed the provided MIP and found that it adequately addresses the Early Intervention claim adjudication issues identified by DMAS. UnitedHealthcare's MCO Improvement Plan is now approved.

Appeal Decision:

- No appeals

Expiring Points:

- **Case # 4253:** June 2021 – Pharmacy Prior Authorization Issue. 1 point was removed from UnitedHealthcare's total by closing **CES # 4253**.

Financial Sanctions Update:

- No outstanding sanctions at this time.

Summary:

- For deliverables measuring performance for June 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 processing of EI claims, and CMHRS SA requests (as addressed above in **CES # 5056 & 5059**). 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:** The Department timely received the June 2022 Early Intervention Services Report from Virginia Premier. Upon review, a DMAS subject matter expert discovered the report indicated Virginia Premier failed to process 22 clean claims within 14 calendar days.

On July 19, 2022, the Compliance Unit requested detailed claim information relating to the 22 clean claims not paid within 14 days. Virginia Premier reported 18 claims untimely due to Availity File issues (VPHP claim file processing issue resulting in the delay of loading two files in a timely manner. Remediated steps have been put in place to prevent from recurring). These claims were processed between day 16 and day 22. The overall timeliness of adjudicated clean claims was 99.37% for the month of June 2022.

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)**. (CES # 5057)

MIP/CAP Update:

- No updates

Appeal Decision:

- No appeals

Expiring Points:

- **Case # 4254:** June 2021 – Pharmacy Prior Authorizations Issue. 1 point was removed from Virginia Premier's total by closing **CES # 4254**.

Financial Sanctions Update:

- No outstanding sanctions at this time.

Summary:

- For deliverables measuring performance for June 2022, Virginia Premier showed a high level of compliance. Virginia Premier timely submitted all 23 required monthly reporting deliverables. One contract deliverable failed to

meet contract adherence requirements for timely processing of Early Intervention claims (as addressed above in **CES # 5057**). In summation, Virginia Premier complied with most regulatory and contractual requirements.

Next Steps

The Health Care Services Compliance Unit will continue to host monthly Compliance Review Committee meetings, track and monitor compliance issues and points, and communicate with the MCOs regarding identified issues. The HCS Compliance Unit will also continue to collaborate with other DMAS units and divisions to investigate and resolve potential compliance issues.

The Compliance Unit will continue its enforcement efforts to ensure the timely processing of service authorizations and claims. The Compliance Unit will also remain focused on overall compliance with Medallion 4.0 contractual requirements - especially those with an impact on members and providers.

Where appropriate, the HCS Compliance Unit will work closely with the Integrated Care Compliance Unit to align enforcement actions between the two contracts.