



# COMMONWEALTH of VIRGINIA

KAREN KIMSEY  
DIRECTOR

## *Department of Medical Assistance Services*

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February 14, 2022

Randy Ricker  
Plan President  
Optima Health  
4417 Corporation Lane  
Virginia Beach, VA 23462

Re: Commonwealth Coordinated Care Plus (CCC Plus) – Corrective Action Plan (CAP) –  
Inappropriate Waiver Enrollment – Case ID # 20207

Dear Mr. Ricker,

The Department of Medical Assistance Services (DMAS) makes assurances to the Centers for Medicare & Medicaid Services (CMS) that all members enrolled in the CCC Plus Waiver meet Nursing Facility (NF) Long Term Services and Supports (LTSS) criteria. DMAS continually monitors CCC Plus contractual compliance to ensure the MCO's accurate and appropriate entry of CCC Plus Waiver enrollments and NF admissions into the DMAS LTC web portal. The CCC Plus Contract Section 4.7.1 states, "In accordance with §32.1-330 of the Code of Virginia, all individuals requesting community based waiver or nursing facility LTSS must receive a screening to determine if they meet the level of care needed for NF services." The LTSS Screening must indicate that the individual meets the LTSS criteria in order for LTSS to begin. Individuals should not be approved to receive Medicaid funded LTSS without having an approved LTSS screening on file. Section 4.7.9.1 states "The Contractor shall not enter LOC benefit information until the applicable services (NF, CCC Plus Waiver, Hospice) have started."

On May 14, 2021, DMAS issued a Corrective Action Plan (CAP), Case ID # 19687, to Optima for inappropriate waiver enrollment of a member. Optima provided a project plan on July 13, 2021 citing human error as the root cause and outlining procedures to prevent waiver enrollment errors in the future. However, after the implementation of the project plan, Optima continued to enter inaccurate portal entries of members.

On September 16, 2021, Optima was issued another CAP, Case ID # 19987, for inappropriate LTSS entry into the portal. DMAS notified Optima that the screening for the member was not valid and the admission date could not be approved. Optima acknowledged the second CAP and submitted a project plan on October 5, 2021. This same member received a screening on November 30, 2021. Optima staff then entered the NF admission into the portal with the

Case ID # 20207

original admission date (August 16, 2021) despite DMAS informing Optima and the provider that the August admission date could not be entered due to the lack of a valid screening. In addition, another member, [REDACTED] was enrolled in the CCC Plus waiver on [REDACTED]. The physician did not authorize LTSS services on the DMAS 96 form, the documentation shows "Other Services" were authorized. The waiver enrollment was entered into the portal by Optima on [REDACTED].

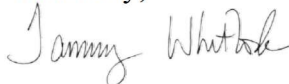
DMAS is requesting Optima provide information detailing strategies to ensure appropriate LTSS entries into the DMAS portal meet all requirements. Please include a detailed plan for your internal monitoring of compliance with these requirements. Optima shall submit a CAP to DMAS for approval no later than 30 calendar days from the date of this letter. Optima will need to identify the root cause(s) for the ongoing lack of compliance and develop a practicable project plan to ensure contractual compliance is monitored and maintained. A biweekly update to this project plan to DMAS is required to document ongoing progress. Failure to comply with the approved CAP will result in additional sanctions.

Optima will be issued 10 points pursuant to CCC Plus contract Section 18.2.3.3 8) Repeated failure to comply with an ongoing or previously implemented CAP (Corrective Action Plan).

Assessment of these points are pending. If you have additional information and/or documentation that will affect this determination, please provide this information to Jason A. Rachel, Ph.D., Division Director, within 15 calendar days from the date of this letter ("Comment Period"). Point violations will be finalized upon the expiration of the Comment Period. After this time, no additional communication will be provided by DMAS regarding the point issuance.

If you have any questions regarding these concerns, contract standards or CAP requirements, please contact [cccpluscompliance@dmass.virginia.gov](mailto:cccpluscompliance@dmass.virginia.gov). Please sign, date and return acknowledging receipt to [cccpluscompliance@dmass.virginia.gov](mailto:cccpluscompliance@dmass.virginia.gov).

Sincerely,



Tammy Whitlock, MSHA  
Deputy of Complex Care and Services

cc: Elizabeth Smith, RN  
cc: Jason Rachel, PhD

**Exhibit 1 – Optima– 2021 Point Schedule**

<b><u>MCO</u></b>	<b><u>Area(s) of Violation</u></b>	<b><u>Previous Balance</u></b>	<b><u>Point(s) Expired</u></b>	<b><u>Point(s) Incurred</u></b>	<b><u>Current Balance</u></b>	<b><u>Sanctions pursuant to 18.2.2</u></b>
Optima	18.2.3.3	0	0	10	tbd	tbd

***18.2.3.3 Ten (10) Point Violations***

The Department may, at its discretion, assess ten (10) points per incident of noncompliance when the Contractor fails to meet an administrative and/or procedural program requirement, and the Contractor’s failure, as determined by the Department, has one of the following impacts:...(8)Repeated failure to comply with an ongoing or previously implemented CAP (Corrective Action Plan).

Acknowledge agreement via signature below to address the Re: Commonwealth Coordinated  
Care Plus (CCC Plus) – (CAP)-Inappropriate Waiver Enrollment. Case ID # 20207

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Randy Ricker / Date