COMMONWEALTH of VIRGINIA

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May 20, 2022

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

Re: Commonwealth Coordinated Care Plus (CCC Plus) – Corrective Action Plan (CAP) – Portal LOC update – Case ID # 20348

Dear Mr. Mammano:

The Department of Medical Assistance Services (DMAS) continually monitors the CCC Plus contractual compliance to ensure the plan's use of accurate Level of Care (LOC) benefit information for CCC Plus Members. The CCC Plus contract states in Section 4.7.9.3, *"Nursing Facility (Including Long-Stay Hospital), the Contractor shall enter Nursing Facility admissions and discharges into the Virginia Medicaid Web Portal (LTC Tab). The Contractor shall also enter changes to the NF level of care into the Virginia Medicaid Web Portal when a Member transitions between a skilled Medicare stay and a custodial Medicaid stay. Such admission/discharge and change transactions shall be entered by the Contractor no later than two (2) business days of notification of admission/discharge."* Additionally, Section 3.2.20 of the CCC Plus contract states "*…The weekly 834 files will contain any changes of Member information, and enrollment adds and terminations (drops) for CCC Plus MCO program disenrollments. The monthly 834 file will contain information about the Contractor's CCC Plus membership, including audit, add and termination records for full eligibility/enrollment for current and future enrollment dates…"*

The 834 includes all related CCC Plus Members' LOC benefit information, including retro changes, based upon the transaction date. For example, the 834:

1) Includes current assignments;
2) Includes both future-ended and open-ended Members;
3) Reflects Members cancelled as of current month-end as dropped;
4) Includes retro enrollments for level of care (LOC);
5) Files on the 6th and 13th will only include audit (changes)/adds/drops since last 834 was created;
6) Files on the 6th and 13th are also triggered by a Member's health plan change, benefit plan, or exception indicator (anything that is included on the 834);

7) Reflects if Member is added and then dropped within a couple of days (within same report period and same health plan) as both an ADD and a DROP;
8) Reflects moving from the Contractor's plan to a new plan as a DROP and moving from another plan to the Contractor's Plan as an ADD; and
9) Reflects changes to the LOC or other information as an AUDIT (CHANGE), not both a DROP and ADD."

On April 13, 2022, Aetna requested DMAS update a member's LOC to end date an open Nursing Facility level 2 line for May 5, 2017. This was prior to the member's August 1, 2017 effective date with Aetna. Aetna stated they received notice of the discharge and "were not aware of the member's rate code until DMAS changed the format of the 834 file." Research into the incident shows the member was Fee-For-Service (FFS) during Skilled Nursing Facility (SNF) stay and enrolled into CCC Plus through Aetna on August 1, 2017. The SNF status was sent to Aetna in 2017, prior to the effective date of CCC Plus in August of 2017, and on all subsequent 834s as well. The 834 has always contained the current waiver and nursing facility data.

Aetna should have known that this member was in NF in our system because of the rates, which are published in every contract update. The member data is also listed in the Patient Pay report, which means they are receiving LTSS services.

Additionally, documentation received from Aetna shows that attempted contact with this member, identified as being a NF resident was not initiated until May 2, 2018 when a voicemail was left at the facility to obtain a census. In October 2018 a discharge summary was received from the hospital where it was noted the member resided at home and not in a NF. The first Health Risk Assessment completed with this member was telephonic on May 4, 2020 where it was documented the member resided at home. The documentation reflects several instances where information was available and shared internally prior to the April 13 request to DMAS to enter the facility end-date.

Based on this timeline of events, it appears appropriate steps were not taken to contact the member upon enrollment, even though she was identified as residing in a NF. There was no care coordination performed with this member for over two years after enrollment.

The failure to ensure the DMAS portal accurately reflected the member's non-LTSS status resulted in significant capitation overpayments. The automated quarterly capitation reconciliation program adjusts the capitation rates for the prior two years. The overpayments for August 1, 2017 through March 31, 2020 are not captured in the automated capitation reconciliation.

Due to the facts of this case, DMAS expects a response to this issue no later than June 17, 2022 to include a thorough review into the failure to identify the status of the member for over four (4) years detailed in this letter and provide a summary of the actions that will be taken to prevent future occurrences. This report must include: 1) an assessment of the root cause of what led to the errors and 2) a practicable project plan to ensure incidents such as this do not occur again. This plan must specifically address additional strategies that Aetna will take to ensure all individuals representing Aetna, including employees and contractors/agents, adhere to the requirements within the CCC Plus contract.

Aetna will be issued a 10 point violation pursuant to Section 18.2.3.2 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.

Aetna will be notified in a separate, detailed correspondence identifying the total financial impact for the associated CCC Plus member and the DMAS recoupment process for the overpayments from 2017 to 2020.

If you have any questions regarding these concerns, contract standards or CAP requirements, please contact cccpluscompliance@dmas.virginia.gov. Please sign, date and return acknowledging receipt to cccpluscompliance@dmas.virginia.gov.

Sincerely,

Jason A. Rachel, Ph.D
Integrated Care Division Director

Exhibit 1 – Aetna – 2022 Point Schedule

MCO	Area(s) of Violation	Previous Balance	Point(s) Expired	Point(s) Incurred	Current Balance	Sanctions pursuant to 18.2.2
Aetna	3.2.20 4.7.93	41	0	5	tbd	tbd

Acknowledge agreement via signature below to address Portal LOC update – Case ID # 20348

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Jerry Mammano / Date