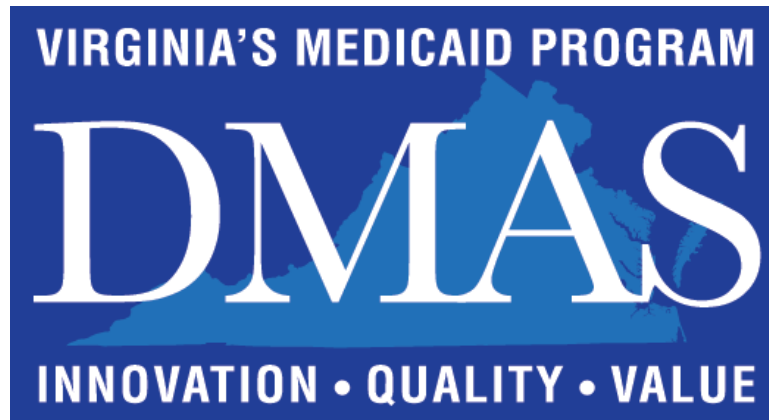


# Monthly MCO Compliance Report

**Medallion 4.0 October 2023 Deliverables**



**Health Care Services Division**

November 21, 2023

# Monthly MCO Compliance Report

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## Medallion 4.0 October 2023 Deliverables

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# Compliance Points Overview

MCO	Prior Month Point Balance	Point(s) Incurred for Current Month*	Point(s) Expiring from September 2022	Final Point Balance*	Area of Violation: Finding or Concern
<u>Aetna</u>	0	0	0	0	<b>FINDINGS</b> NONE <b>CONCERNS</b> NONE
<u>Anthem</u>	6	1	1	6	<b>FINDINGS</b> MARKETING SERVICES <b>CONCERNS</b> NONE
<u>Molina</u>	16	0	1	15	<b>FINDINGS</b> NONE <b>CONCERNS</b> NONE
<u>Optima</u>	11	1	1	11	<b>FINDINGS</b> LATE SUBMISSION <b>CONCERNS</b> NONE
<u>United</u>	4	2	0	6	<b>FINDINGS</b> LATE SUBMISSION EI CLAIMS <b>CONCERNS</b> NONE

*\*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 September 2022 (Issue date: 10/15/2022) expire on 10/15/2023 and are subtracted from the final point balance.

# Summary

The **Compliance Review Committee (CRC)** met on November 8, 2023, to review deliverables measuring performance for September 2023. The meeting's agenda covered all identified and referred issues of non-compliance, including late submission of deliverables, failure to meet contract thresholds related to Early Intervention claims, and failure to adhere to contract requirements related to marketing materials.

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 four (4) Notices of Non-Compliance (NONC) to the impacted MCOs, consisting of all NONCs with associated compliance points, and of which one also included a financial penalty.

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 September's compliance issues in letters and emails issued to the MCOs on November 13, 2023.

# Aetna Better Health of Virginia

## 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

## Request for Reconsideration:

- No requests for reconsideration

## Expiring Points:

- No points

## Financial Sanctions Update:

- No outstanding sanctions

## Summary:

- For deliverables measuring performance for September 2023, Aetna Better Health showed a **very high** level of compliance. Aetna submitted all 16 required monthly reporting deliverables accurately and on time. Aetna complied with all applicable regulatory and contractual requirements.

# Anthem HealthKeepers Plus

## Findings:

- **Contract Adherence:** DMAS has determined that Anthem HealthKeepers Plus sent an internal appeal decision letter to a FAMIS member containing inaccurate information regarding appeal rights for EPSDT services. It appears Anthem may have utilized an incorrect template when preparing the letter sent to the FAMIS member.

Attachment XIV of the Medallion 4.0 contract states that EPSDT services are not covered for members of the FAMIS program. As a result, no reference to EPSDT services or appeal rights should have been included in the letter to a FAMIS member.

The Compliance Team recommended that in response to the issue identified above, Anthem be issued a **Notice of Non-Compliance (NONC)** 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 **Notice of Non-Compliance (NONC)** and **one (1) compliance point** with no financial penalty, MIP, or CAP in response to this issue. **(CES # 5753)**

## Concerns:

- No concerns

## MIP/CAP Update:

- No updates

## Request for Reconsideration:

- No requests for reconsideration

## Expiring Points:

- **Case #5193:** September 2022 – Appeals & Grievances Issue. 1 point was removed from Anthem's total by closing **CES # 5193**.

## Financial Sanctions Update:

- No outstanding sanctions

## Summary:

- For deliverables measuring performance for September 2023, Anthem showed a **moderate** level of compliance. Anthem submitted all 16 required monthly reporting deliverables accurately and on time. However, Anthem

failed to meet contract adherence on Marketing services (as addressed above in **CES # 5753**) and received a Notice of Non-Compliance and a compliance point. Despite this issue, Anthem complied with most 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:

- No concerns

## MIP/CAP Update:

- No updates

## Request for Reconsideration:

- No requests for reconsideration

## Expiring Points:

- **Case #5173:** September 2022 – CMHRS SA Issue. 1 point was removed from Molina's total by closing **CES # 5173**.

## Financial Sanctions Update:

- No outstanding sanctions

## Summary:

- For deliverables measuring performance for September 2023, Molina Complete Care showed a **very high** level of compliance. Molina submitted all 16 required monthly reporting deliverables accurately and on time. Molina complied with all applicable regulatory and contractual requirements.



# Optima Family Care

Optima Health and Virginia Premier merged into a single health plan effective July 1, 2023. As Optima Health has assumed all of Virginia Premier's rights and obligations under the terms of the merger agreement, Optima will be issued any enforcement actions related to Virginia Premier's failure to meet contractual requirements.

## Findings:

- **Untimely Deliverable Submission:** Optima Family Care failed to timely submit the annual IT/Disaster Recovery Plan by the due date of September 30, 2023. Optima Family Care submitted the missing report to the Department on November 1, 2023.

Section 10.5 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, Optima Family Care 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)**, with **one (1) compliance point** and a **\$15,000 financial penalty**.

The CRC agreed with the Compliance Team's recommendation and voted to issue a **Notice of Non-Compliance (NONC)**, including **one (1) compliance point**, and a **\$15,000 financial penalty**, in response to this issue. **(CES # 5713)**

## Concerns:

- No concerns

## MIP/CAP Update:

- Optima Family Care submitted the MCO Improvement Plan (MIP) in response to **CES # 5673** regarding the MCO's self-identified failure to adhere to call answer rate of 95% or above. The MIP is currently under review for approval.

## Request for Reconsideration:

- No requests for reconsideration

## Expiring Points:

- **Case #5194:** September 2022 – Appeals & Grievances Issue. 1 point was removed from Optima's total by closing **CES # 5194**.

## Financial Sanctions Update:

- No outstanding sanctions

## Summary:

- For deliverables measuring performance for September 2023, Optima Family Care showed a **moderate** level of compliance. Optima submitted all 16 of the required monthly reporting deliverables accurately and on time. However, Optima submitted a required annual deliverable after the designated due date (as addressed above in **CES # 5713**) resulted in the assessment of a Notice of Non-Compliance, and a compliance point with \$15,000 financial penalty. Despite this issue, Optima complied with most applicable regulatory and contractual requirements.

# UnitedHealthcare

## Findings:

- **Untimely Deliverable Submission:** UnitedHealthcare failed to timely submit the quarterly Medication Therapy Management Report by the due date of October 31, 2023. UnitedHealthcare submitted the missing report to the Department on November 3, 2023.

Section 10.5 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)** 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 **Notice of Non-Compliance (NONC)** and **one (1) compliance point** with no financial penalty, MIP, or CAP in response to this issue. **(CES # 5733)**

- **Contract Adherence:** DMAS timely received the September 2023 Early Intervention Services report from UnitedHealthcare. Upon review, the Compliance Unit discovered UnitedHealthcare failed to process one (1) clean claim within thirty (30) calendar days.

On October 20, 2023, the Compliance Unit requested detailed claim information relating to the clean claim not paid within 30 calendar days. UnitedHealthcare reported the claim adjudication delay reason was due to the provider information not listed in the healthplan's system. The detailed report revealed that the claim paid on day 31. Thus, UnitedHealthcare failed to process a clean Early Intervention claim within 30 calendar days.

Section 5.5 of the Medallion 4.0 contract requires 100% of the clean claims from community mental health rehabilitation services, ARTS, and early intervention providers shall be processed within thirty (30) calendar days of receipt of the clean claim.

The Compliance Team recommended that in response to the issue identified above, UnitedHealthcare be issued a **Notice of Non-Compliance (NONC)** 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 **Notice of Non-Compliance (NONC)** and **one (1) compliance point** with no financial penalty, MIP, or CAP in response to this issue. **(CES # 5693)**

### Concerns:

- No concerns

### MIP/CAP Update:

- UnitedHealthcare submitted a Corrective Action Plan (CAP) in response to **CES # 5613 & 5614** regarding the subcontractor's offshore request to access the EPS Portal. The CAP was approved. The MCO was notified of this decision on October 25, 2023.

### Request for Reconsideration:

- No requests for reconsideration

### Expiring Points:

- No points

### Financial Sanctions Update:

- No outstanding sanctions

### Summary:

- For deliverables measuring performance for September 2023, UnitedHealthcare showed a **moderate** level of compliance. UnitedHealthcare submitted all 16 required monthly reporting deliverables accurately and on time. However, UnitedHealthcare submitted a required quarterly deliverable after the designated due date (as addressed above in **CES # 5733**) and received a Notice of Non-Compliance and a compliance point. Additionally, UnitedHealthcare failed to meet contractual requirements for Early Intervention claims processing (as addressed above in **CES # 5693**) and received a Notice of Non-Compliance and a compliance point. Despite these issues, UnitedHealthcare complied with most applicable regulatory and contractual requirements.

# Next Steps

The new Cardinal Care Managed Care Contract has been ratified – with an effective date of October 1, 2023. As a result, November’s Compliance Review Committee meeting was the last meeting reviewing compliance enforcement actions under the Medallion 4.0 Contract.

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