

Monthly MCO Compliance Report

Cardinal Care January & February 2024 Deliverables



Health Care Services Division

April 12, 2024

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Compliance Points Overview

MCO	Prior Month Point Balance	Point(s) Incurred for Current Month/s*	Point(s) Expiring	Final Point Balance*	Area of Violation: Finding or Concern
<u>Aetna</u>	11	0	0	11	FINDINGS NONE CONCERNS MHS SA REPORTING ERROR
<u>Anthem</u>	1	0	0	1	FINDINGS NONE CONCERNS MHS SA x 2 PHARMACY PA REPORTING ERROR X 2
<u>Molina</u>	1	10	0	11	FINDINGS MHS SA CONCERNS MHS SA
<u>Sentara</u>	1	2	0	3	FINDINGS CALL CENTER STATS PHI BREACH CONCERNS REPORTING ERROR MHS SA x 2 PHARMACY PA
<u>United</u>	11	2	0	13	FINDINGS EI CLAIMS x 2 CONCERNS REPORTING ERROR x 3 MHS SA x 2

**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.

Summary

The Health Care Services (HCS) and Integrated Care (IC) Divisions held their second joint **Compliance Review Committee (CRC)** on April 3, 2024. The Committee reviewed compliance referrals and deliverables measuring performance for January and February 2024. The meeting's agenda covered all identified and referred issues of non-compliance, including failures to meet contract thresholds or requirements related to: data submission, claims processing, call center requirements, data breach notifications, and the timely processing of service authorizations.

The joint CRC consists of five representatives from the Health Care Services Division and five representatives from the Integrated Care Division. These committee members vote on what, if any, compliance enforcement actions should be issued in response to identified compliance issues.

The CRC voted to issue twenty-two (22) Notices of Non-Compliance (NONC) related to HCS compliance issues, including five (5) NONCs with associated compliance points, and three (3) with financial sanctions. One of the NONCs also included a request for an MCO Improvement Plan (MIP).

Each MCO's compliance findings and concerns are detailed below. Information related to HCS compliance activities is also included. The Department communicated the findings of its review of January and February's compliance issues in letters and emails issued to the MCOs on April 8, 2024.

Aetna Better Health of Virginia

Findings:

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

Concerns:

- **Contract Adherence:** Aetna Better Health failed to process all Mental Health Services (MHS) Service Authorizations within the required timeframe. Per the February 2024 data, there were two (2) expedited service authorization requests that did not require supplemental information and were not processed within 72 hours. Aetna's overall timeliness for processing MHS Service Authorization requests for the month of February was 99.99%.

The HCS Compliance Team recommended that in response to the issue identified above, Aetna be issued a **Notice of Non-Compliance (NONC)**. The CRC agreed with the team's recommendation and voted to issue a **Notice of Non-Compliance (NONC)**. (CES # 5938)

- **Data Submission Error:** DMAS timely received the February 2024 MCO Call Statistics report from Aetna. Review of Aetna's submission revealed three (3) reporting errors.

On March 21, 2024, the Department requested that Aetna validate the submitted data. On March 22, 2024, Aetna responded that they had identified manual errors within the initial report and submitted a corrected report.

As described in Section 17.1.2 of the Cardinal Care contract, Aetna is required to submit accurate reporting deliverables as specified in the Cardinal Care contract and the Cardinal Managed Care Technical Manual.

The HCS Compliance Team recommended that in response to the issue identified above, Aetna be issued a **Notice of Non-Compliance (NONC)**. The CRC agreed with the team's recommendation and voted to issue a **Notice of Non-Compliance (NONC)**. (CES # 5942)

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 January and February 2024, Aetna Better Health showed a **high** level of compliance. Aetna submitted 15 of the 16 required monthly reporting deliverables accurately and on time. However, one of the required monthly reporting deliverables was submitted inaccurately and had to be resubmitted after the designated due date (as addressed above in **CES # 5942**), for which Aetna received a Notice of Non-Compliance. Additionally, Aetna failed to meet contractual requirements related to the timely processing of MHS service authorizations (as addressed above in **CES # 5938**) and received a second Notice of Non-Compliance. Despite these issues, Aetna complied with most applicable regulatory and contractual requirements.

Anthem HealthKeepers Plus

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 January 2024 Appeals & Grievances Summary report from Anthem. Anthem's submission improperly included an appeal that was closed on November 22, 2023.

As described in Section 17.1.2 of the Cardinal Care contract, Anthem is required to submit accurate reporting deliverables as specified in the Cardinal Care contract and the Cardinal Managed Care Technical Manual.

The HCS Compliance Team recommended that in response to the issue identified above, Anthem be issued a **Notice of Non-Compliance (NONC)**. The CRC agreed with the team's recommendation and voted to issue a **Notice of Non-Compliance (NONC)**. (CES # 5936)

- **Data Submission Error:** DMAS timely received the January 2024 MCO Call Statistics report from Anthem. Review of Anthem's submission revealed three (3) reporting errors.

On February 28, 2024, the Department requested that Anthem validate the submitted data. On February 29, 2024, Anthem submitted a corrected report.

As described in Section 17.1.2 of the Cardinal Care contract, Anthem is required to submit accurate reporting deliverables as specified in the Cardinal Care contract and the Cardinal Managed Care Technical Manual.

The HCS Compliance Team recommended that in response to the issue identified above, Anthem be issued a **Notice of Non-Compliance (NONC)**. The CRC agreed with the team's recommendation and voted to issue a **Notice of Non-Compliance (NONC)**. (CES # 5937)

- **Contract Adherence:** Anthem HealthKeepers Plus failed to process all Mental Health Services (MHS) Service Authorizations within the required timeframe. Per the January 2024 data, there were two (2) standard service authorization requests that did not require supplemental information and were not processed within 14 days. Anthem's overall timeliness for processing MHS Service Authorization requests for the month of January was 99.82%.

The HCS Compliance Team recommended that in response to the issue identified above, Anthem be issued a **Notice of Non-Compliance (NONC)**. The CRC agreed with the team's recommendation and voted to issue a **Notice of Non-Compliance (NONC)**. (CES # 5874)

- **Contract Adherence:** Anthem HealthKeepers Plus failed to process all Mental Health Services (MHS) Service Authorizations within the required timeframe. Per the February 2024 data, there was one (1) standard service authorization request that did not require supplemental information and was not processed within 14 days. Anthem's overall timeliness for processing MHS Service Authorization requests for the month of February was 99.86%.

The HCS Compliance Team recommended that in response to the issue identified above, Anthem be issued a **Notice of Non-Compliance (NONC)**. The CRC agreed with the team's recommendation and voted to issue a **Notice of Non-Compliance (NONC)**. (CES # 5939)

- **Contract Adherence:** Anthem HealthKeepers Plus failed to timely process all Pharmacy Prior Authorization requests within the required timeframe. Per the February 2024 data, there were two (2) Pharmacy Prior Authorization requests processed past 24 hours. Anthem's overall timeliness of Pharmacy Prior Authorizations processing for the month of February was 99.99%.

The HCS Compliance Team recommended that in response to the issue identified above, Anthem be issued a **Notice of Non-Compliance (NONC)**. The CRC agreed with the team's recommendation and voted to issue a **Notice of Non-Compliance (NONC)**. (CES # 5941)

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 January and February 2024, Anthem showed a **moderate** level of compliance. Anthem submitted 14 of the 16 required monthly reporting deliverables accurately and on time. However, two of the required monthly reporting deliverables were submitted inaccurately and had to be resubmitted after the designated due date (as addressed above in **CES # 5936 & CES # 5937**), for which Anthem received two (2) Notices of Non-Compliance. Additionally, Anthem failed to meet contractual requirements related to the timely processing of MHS service and pharmacy prior authorization requests (as addressed above in **CES # 5874, CES # 5939, & CES # 5941**) and received three (3) additional Notices of Non-Compliance. Despite these issues, Anthem complied with most applicable regulatory and contractual requirements.

Molina Health Care

Findings:

- **Contract Adherence:** Molina Health Care failed to process all Mental Health Services (MHS) Service Authorizations within the required timeframe. Per the January 2024 data, Molina failed to process ten (10) standard service authorization requests within 14 days, and two (2) expedited service authorization requests within 72 hours. None of these service authorization requests required supplemental information. Molina's overall timeliness for processing MHS Service Authorization requests for the month of January was 98.36%.

Section 17.1.2 of the Cardinal Care contract states that the Department will assess **ten (10) compliance points** for a Contractor's failure to process service authorization requests within the prescribed timeframes described in Section 6, Utilization Management Requirements. Molina Healthcare failed to process twelve (12) Mental Health service authorization requests within the required timeframes – resulting in a timely processing rate below the Department's 99% threshold.

The HCS Compliance Team recommended that in response to the issue identified above, Molina be issued a **Notice of Non-Compliance (NONC)** with **ten (10) compliance points** and a financial penalty of **\$15,000**. No MIP or CAP will be required at this time. The CRC agreed with the team's recommendation and voted to issue a **Notice of Non-Compliance (NONC)** with **ten (10) compliance points** and a financial penalty of **\$15,000** in response to this issue. **(CES # 5875)**

Concerns:

- **Contract Adherence:** Molina Health Care failed to process all Mental Health Services (MHS) Service Authorizations within the required timeframe. Per the February 2024 data, Molina failed to process one (1) standard service authorization request within 14 days, that did not require supplemental information and were not processed within 14 days. Molina's overall timeliness for processing MHS Service Authorization requests for the month of February was 99.86%.

The HCS 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 team's recommendation and voted to issue a **Notice of Non-Compliance (NONC)**. **(CES # 5940)**

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 January and February 2024, Molina Health Care showed a **moderate** level of compliance. Molina submitted all 16 required monthly reporting deliverables accurately and on time. However, Molina failed to meet contract requirements related to the timely processing of MHS service authorizations in January (as addressed above in **CES # 5875**) and received a Notice of Non-Compliance with ten (10) compliance points and a financial penalty. Molina also failed to meet contract requirements related to the timely processing of MHS service authorizations in February (as addressed above in **CES # 5940**) and received a second Notice of Non-Compliance. Despite these issues, Molina complied with most applicable regulatory and contractual requirements.

Sentara Community Plan

Findings:

- **Contract Adherence:** Sentara Community Plan failed to meet the required contract thresholds related to call center statistics per the February 2024 MCO Call Center Statistics report.

Section 2.12 of the Cardinal Care contract requires that MCOs limit the abandonment rate of all incoming calls to five percent (5%). Sentara Community Plan failed to answer at least 95% of incoming calls as required by the Cardinal Care contract – answering only 91.8% of all incoming calls in the month of February.

The HCS Compliance Team recommended that in response to the issue identified above, Sentara 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 team’s recommendation and voted to issue a **Notice of Non-Compliance (NONC)** and **one (1) compliance point** in response to this issue. **(CES # 5935)**

- **Contract Adherence:** Sentara Community Plan failed to notify DMAS of a breach of members’ protected health information (PHI).

On February 15, 2024, DMAS’ External Provider Audit and Policy Unit received a Completed Audit Report from Sentara which referenced a lost box of medical records. Per the Completed Audit Report, a box containing requested medical records was submitted to Sentara on November 17, 2023. This records box was subsequently lost during the move of Sentara’s corporate office and attempts to recover it have been unsuccessful.

Despite referencing the lost records box in the Completed Audit Report, Sentara failed to independently investigate or address this potential breach of protected health information (PHI). Sentara also failed to properly notify the Department or the impacted members of the breach.

On March 1, 2024, the Department asked Sentara to investigate and provide additional information regarding this lost records box. Sentara’s subsequent investigation determined that the box contained the medical records of seventy-five (75) members. Sentara is now in the process of notifying the impacted members.

Section 21.2.7 of the Cardinal Cares contract states: Contractors who utilize, access, or store personally identifiable information as part of the performance of a contract are required to safeguard this information and immediately notify the Department of any breach or suspected breach in the security of such information. Contractors shall allow the Department to both participate in the investigation of incidents and exercise control over decisions regarding external reporting.

By losing the records box and taking no action to address the loss, Sentara failed to properly safeguard the medical records of seventy-five (75) members. Sentara also failed to immediately notify the Department of the potential breach of member PHI as required by the contract.

Section 17.1.2 of the Cardinal Care contract states that the Department may assess one (1) point when the Contractor fails to “meet any additional requirement specified in this Contract that is not specifically identified in this Section.”

The HCS Compliance Team recommended that in response to the issue identified above, Sentara be issued a **Notice of Non-Compliance (NONC)** and **one (1) compliance point** with no financial penalty. The Department also requests that Sentara submit a **MCO Improvement Plan (“MIP”)** to address the MCO’s failures to meet contractual requirements related to member PHI.

The CRC agreed with the team’s recommendation and voted to issue a **Notice of Non-Compliance (NONC), one (1) compliance point**, and a **MIP** in response to this issue. **(CES # 5893)**

Concerns:

- **Data Submission Error:** DMAS timely received the January 2024 Mental Health Services (MHS) Service Authorizations & Registrations from Sentara. The submitted report revealed one (1) Standard service authorization and 606 Expedited service authorization requests processed untimely. The HCS Compliance team reached out to Sentara to validate the submitted data. A corrected report was received on 3/1/2024.

As described in Section 17.1.2 of the Cardinal Care contract, Sentara is required to submit accurate reporting deliverables as specified in the Cardinal Care contract and the Cardinal Managed Care Technical Manual.

The HCS Compliance Team recommended that in response to the issue identified above, Sentara be issued a **Notice of Non-Compliance (NONC)**. The CRC agreed with the team’s recommendation and voted to issue a **Notice of Non-Compliance (NONC)**. **(CES # 5878)**

- **Contract Adherence:** Sentara Community Plan failed to process all Mental Health Services (MHS) Service Authorizations within the required timeframe in January 2024. Per the January data, Sentara failed to process three (3) standard service authorization requests within 14 days. None of these service authorization requests required supplemental information. Sentara’s overall timeliness for processing MHS Service Authorization requests for the month of January was 99.94%.

The HCS Compliance Team recommended that in response to the issue identified above, Sentara be issued a **Notice of Non-Compliance (NONC)**. The CRC agreed with the team’s recommendation and voted to issue a **Notice of Non-Compliance (NONC)**. (CES # 5879)

- **Contract Adherence:** Sentara Community Plan failed to process all Mental Health Services (MHS) Service Authorizations within the required timeframe in February 2024. Per the February data, Sentara failed to process six (6) standard service authorization requests within 14 days. None of these service authorization requests required supplemental information. Sentara’s overall timeliness for processing MHS Service Authorization requests for the month of February was 99.83%.

The HCS Compliance Team recommended that in response to the issue identified above, Sentara be issued a **Notice of Non-Compliance (NONC)**. The CRC agreed with the team’s recommendation and voted to issue a **Notice of Non-Compliance (NONC)**. (CES # 5944)

- **Contract Adherence:** Sentara Community Plan failed to timely process all Pharmacy Prior Authorization requests within the required timeframe. Per the February 2024 data, there were two (2) Pharmacy Prior Authorization requests processed past 24 hours. Sentara’s overall timeliness for Pharmacy Prior Authorizations processing for the month of February was 99.98%.

The HCS Compliance Team recommended that in response to the issue identified above, Sentara be issued a **Notice of Non-Compliance (NONC)**. The CRC agreed with the team’s recommendation and voted to issue a **Notice of Non-Compliance (NONC)**. (CES # 5943)

MIP/CAP Update:

- No update

Request for Reconsideration:

- No requests for reconsideration

Expiring Points:

- No points

Financial Sanctions Update:

- No outstanding sanctions

Summary:

- For deliverables measuring performance for January and February 2024, Sentara Community Plan showed a **low** level of compliance. Sentara submitted 15 of the 16 required monthly reporting deliverables accurately and on time. However, one of the required monthly reporting deliverables was submitted inaccurately and had to be resubmitted after the designated due date (as addressed above in **CES # 5878**), for which Sentara received a Notice of Non-Compliance. Additionally, Sentara failed to meet the required contract thresholds related to call center statistics, and failed to properly notify the Department of a PHI breach (as addressed above in **CES # 5935 & CES # 5893**) and received (2) Notices of Non-Compliance with compliance points. Sentara also failed to meet contractual requirements related to the timely processing of pharmacy prior authorization and MHS service authorization requests for the months of January and February (as addressed above in **CES # 5943, CES #5879, & CES # 5944**) and received three (3) additional Notices of Non-Compliance. Despite these issues, Sentara complied with many applicable regulatory and contractual requirements.

UnitedHealthcare

Findings:

- **Contract Adherence:** UnitedHealthcare failed to process sixteen (16) EI clean claims within the required 14 calendar days per the January 2024 Early Intervention Services report. UnitedHealthcare's overall timeliness for processing EI clean claims within 14 days for the month of January was 97.63%.

Section 12.2.4 of the Cardinal Care 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 Contractor must also ensure ninety-nine percent (99%) of clean claims from these providers are adjudicated within fourteen (14) calendar days of receipt of the clean claim.

According to the Cardinal Care contract, the Department may assess one (1) point for failure to timely or accurately adjudicate claims in compliance with Section 12.1, General Provider Payment Processes.

The HCS Compliance Team recommended that in response to the issue identified above, UnitedHealthcare be issued a **Notice of Non-Compliance (NONC)** with **one (1) compliance point**, and a financial penalty of **\$15,000**, with no MIP or CAP. The CRC agreed with the team's recommendation and voted to issue a **Notice of Non-Compliance (NONC)** with **one (1) compliance point**, and a financial penalty of **\$15,000** in response to this issue. **(CES # 5873)**

- **Contract Adherence:** UnitedHealthcare failed to process twenty-two (22) EI clean claims within the required 14 calendar days per the February 2024 Early Intervention Services report. UnitedHealthcare's overall timeliness for processing EI clean claims within 14 days for the month of February was 96.66%.

Section 12.2.4 of the Cardinal Care 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 Contractor must also ensure ninety-nine percent (99%) of clean claims from these providers are adjudicated within fourteen (14) calendar days of receipt of the clean claim.

According to the Cardinal Care contract, the Department may assess one (1) point for failure to timely or accurately adjudicate claims in compliance with Section 12.1, General Provider Payment Processes.

The HCS Compliance Team recommended that in response to the issue identified above, UnitedHealthcare be issued a **Notice of Non-Compliance (NONC)** with **one (1) compliance point**, and a financial penalty of **\$15,000**, with no MIP or CAP. The CRC agreed with the team's recommendation and voted to issue a **Notice of Non-Compliance (NONC)** with **one (1) compliance point**, and a financial penalty of **\$15,000** in response to this issue. (CES # 5934)

Concerns:

- **Data Submission Error:** DMAS timely received the January 2024 MCO Claims deliverable from UnitedHealthcare. Review of UnitedHealthcare's submission found that three (3) claims were not processed within the required 365 days.

On February 26, 2024, the Department requested additional documentation related to UnitedHealthcare's MCO Claims Report submission for January 2024. On February 29, 2024, UnitedHealthcare responded that the three claims that fell under the "Paid claims greater than 365 days of receipt" category were adjusted claims and should not have been included in the report.

As described in Section 17.1.2 of the Cardinal Care contract, UnitedHealthcare is required to submit accurate reporting deliverables as specified in the Cardinal Care contract and the Cardinal Managed Care Technical Manual.

The HCS Compliance Team recommended that in response to the issue identified above, UnitedHealthcare be issued a **Notice of Non-Compliance (NONC)**. The CRC agreed with the team's recommendation and voted to issue a **Notice of Non-Compliance (NONC)**. (CES # 5877)

- **Data Submission Error:** DMAS timely received the January 2024 Appeals & Grievances Summary deliverables from UnitedHealthcare. UnitedHealthcare's submission included an incorrect file date (1/30/2023 instead of 1/24/2024).

As described in Section 17.1.2 of the Cardinal Care contract, UnitedHealthcare is required to submit all reporting deliverables in the format and with the contents specified in the Cardinal Care contract, and the Cardinal Managed Care Technical Manual.

The HCS Compliance Team recommended that in response to the issue identified above, UnitedHealthcare be issued a **Notice of Non-Compliance**

(NONC). The CRC agreed with the team's recommendation and voted to issue a **Notice of Non-Compliance (NONC)**. (CES # 5946)

- **Data Submission Error:** DMAS timely received the January 2024 MCO Call Statistics report from UnitedHealthcare. Review of UnitedHealthcare's submission revealed three (2) reporting errors.

On February 28, 2024, the Department requested that UnitedHealthcare validate the submitted data. On March 5, 2024, UnitedHealthcare submitted a corrected report.

As described in Section 17.1.2 of the Cardinal Care contract, UnitedHealthcare is required to submit accurate reporting deliverables as specified in the Cardinal Care contract and the Cardinal Managed Care Technical Manual.

The HCS Compliance Team recommended that in response to the issue identified above, UnitedHealthcare be issued a **Notice of Non-Compliance (NONC)**. The CRC agreed with the team's recommendation and voted to issue a **Notice of Non-Compliance (NONC)**. (CES # 5947)

- **Contract Adherence:** UnitedHealthcare failed to process all Mental Health Services (MHS) Service Authorizations within the required timeframe in January 2024. Per the January data, there was one (1) standard service authorization request that did not require supplemental information and was not processed within 14 days. UnitedHealthcare's overall timeliness for processing MHS Service Authorization requests for the month of January was 99.90%.

The HCS Compliance Team recommended that in response to the issue identified above, UnitedHealthcare be issued a **Notice of Non-Compliance (NONC)**. The CRC agreed with the team's recommendation and voted to issue a **Notice of Non-Compliance (NONC)**. (CES # 5876)

- **Contract Adherence:** UnitedHealthcare failed to process all Mental Health Services (MHS) Service Authorizations within the required timeframe in February 2024. Per the February data, UnitedHealthcare failed to process two (2) standard service authorization requests within 14 days. None of these service authorization requests required supplemental information. UnitedHealthcare's overall timeliness for processing MHS Service Authorization requests for the month of February was 99.84%.

The HCS Compliance Team recommended that in response to the issue identified above, UnitedHealthcare be issued a **Notice of Non-Compliance (NONC)**. The CRC agreed with the team's recommendation and voted to issue a **Notice of Non-Compliance (NONC)**. (CES # 5945)

MIP/CAP Update:

- No update

Request for Reconsideration:

- No requests for reconsideration

Expiring Points:

- No points

Financial Sanctions Update:

- No outstanding sanctions

Summary:

- For deliverables measuring performance for January and February 2024, UnitedHealthcare showed a **low** level of compliance. UnitedHealthcare submitted 13 of the 16 required monthly reporting deliverables accurately and on time. However, three (3) of the required monthly reporting deliverables were submitted inaccurately and had to be resubmitted after the designated due date (as addressed above in **CES # 5877, CES # 5946, & CES # 5947**), for which UnitedHealthcare received three (3) Notices of Non-Compliance. Additionally, UnitedHealthcare failed to meet contractual requirements related to the timely processing of MHS service authorizations for the months of January and February (as addressed above in **CES # 5876 & CES # 5945**) and received two (2) additional Notices of Non-Compliance. UnitedHealthcare also failed to meet contract requirements for Early Intervention claims processing for the months of January and February (as addressed above in **CES # 5873 & CES # 5934**) and received two (2) additional Notices of Non-Compliance with compliance points. Despite these issues, UnitedHealthcare complied with many applicable regulatory and contractual requirements.

Next Steps

The Health Care Services and Integrated Care Compliance Teams will continue to host joint Compliance Review Committee meetings at regular intervals. The HCS and IC Compliance Teams will collaborate closely to track, monitor, and communicate with the MCOs regarding identified compliance issues. Both Compliance Units will continue to work with other DMAS units and divisions to investigate and address potential compliance issues.

The HCS Compliance Unit will continue its enforcement efforts to ensure the timely processing of all claims and service authorizations. The HCS Compliance Unit will also remain focused on the MCOs' overall compliance with the Cardinal Care contract - especially those requirements with a direct impact on members and providers.