

Monthly MCO Compliance Report

Medallion 4.0 June 2019 Deliverables



Health Care Services Division

August 16, 2019

Monthly MCO Compliance Report

Medallion 4.0 June 2019 Deliverables

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Compliance Points Overview

MCO	Prior Month Point Balance	Point(s) Incurred for Current Month*	Point(s) Expiring from May 2018	Final Point Balance*	Area of Violation: Finding or Concern
<u>Aetna</u>	4.0	0.0	0.0	4.0	CONCERNS EI Claim Timeliness
<u>Anthem</u>	0.0	1.0	0.0	1.0	FINDINGS Data Error
<u>Magellan</u>	2.0	1.0	0.0	3.0	FINDINGS Data Error CONCERNS Late Submission Data Errors
<u>Optima Health</u>	11.0	2.0	0.0	13.0	FINDINGS Late Submissions CONCERNS EI Claim Timeliness
<u>United</u>	4.0	0.0	0.0	4.0	N/A
<u>VA Premier</u>	6.0	0.0	0.0	6.0	CONCERNS EI Claim Timeliness

**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 2018 (Issue date: 7/15/18) are expired as of 7/15/19 and are subtracted from the final point balance.

Summary

The **Compliance Review Committee (CRC)** met on July 30, 2019 to review deliverables measuring performance for June 2019 as well as other reported program issues. The CRC consists of five managers and supervisors from the Health Care Services division who vote on what, if any, compliance enforcement actions to take in response to identified issues of potential non-compliance.

The CRC voted to issue compliance points to managed care organizations (MCOs) for late submissions of reporting deliverables and submissions containing data errors. In addition, three of the MCOs had issues with the timely payment of early intervention (EI) claims.

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 issued to the MCOs on August 6, 2019.

Aetna Better Health of Virginia

Findings:

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

Concerns:

- **Untimely Payment of EI Claims:** The Department timely received the June 2019 Early Intervention Services Report deliverable from Aetna. Upon review, the Compliance Unit discovered that the report indicated that Aetna failed to adjudicate 2 clean claims for EI services within 14 days of their receipt in June 2019.

Section 5.5 of the Medallion 4.0 contract requires the MCOs to adjudicate all clean claims for EI services within 14 days of their receipt. Thus, Aetna violated the terms of the Medallion 4.0 contract in failing to adjudicate clean claims for EI services within 14 days of their receipt. The Compliance Unit raised the issue with the Maternal and Child Health Unit Manager, and the manager indicated that as of the due date for deliverables measuring performance for August 2019, the MCOs will be subject to compliance points and/or financial sanctions for failing to timely pay EI providers.

Taking the Maternal and Child Health Unit Manager's comments under advisement, the Compliance Team recommended that in response to the issues identified above, Aetna 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 **NONC without associated compliance points or financial sanctions** in response to this issue. **(CES # 2203)**

MIP/CAP Update:

- No updates

Appeal Decision:

- No appeals

Expiring Points:

- No expiring points

Financial Sanctions Update:

- No outstanding sanctions at this time

Summary:

- For deliverables measuring performance in June 2019, Aetna showed a very high level of compliance. Aetna timely submitted all 22 required monthly reporting deliverables, and those deliverables did not expose any programmatic issues. Aetna's member and provider call centers complied with abandonment ratio requirements, and outside of an issue listed above (in **CES # 2203**), Aetna complied with all applicable provider payment timeliness requirements. In summation, Aetna complied with almost every regulatory and contractual requirement.

Anthem Healthkeepers Plus

Findings:

- **Data Submission Error:** The Department timely received the June 2019 Community Mental Health Rehabilitation Services (CMHRS) Service Authorization and Registrations Report deliverable from Anthem. Upon review, it was determined that the deliverable contained data errors. Specifically, the report contained incorrectly entered Medicaid ID numbers in every entry. The Medicaid ID numbers were missing the leading zeroes required by Section 1.8.55 of the Medallion 4.0 Deliverables Technical Manual.

Section 10.1.E.d.b 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, Anthem violated the terms of the Medallion 4.0 contract in the deliverable submission addressed above.

According to Section 10.1.E.a of the Medallion 4.0 contract, failures to comply with the contract that "[i]mpair[] the Department's ability to properly oversee and/or analyze Contractor performance, including but not limited to reporting errors" should receive 1 point. As a result, the CRC voted to assess Anthem a **one (1) point violation** due to a reporting errors in its CMHRS Service Authorization and Registrations Report deliverable.

Anthem has accumulated 1.0 point, placing it in Level 1 on the Compliance Deficiency Identification System. As described in 10.1.D of the Medallion 4.0 contract, an MCO in Level 1 of the Compliance Deficiency Identification System is not subject to financial sanctions. As a result, Anthem will not be issued financial sanctions for this issue. The CRC voted not to require Anthem to submit a CAP. **(CES # 2202)**

Concerns:

- No concerns

MIP/CAP Update:

- No updates

Appeal Decision:

- No appeals

Expiring Points:

- No expiring points

Financial Sanctions Update:

- No outstanding sanctions at this time

Summary:

- For deliverables measuring performance for June 2019, Anthem showed a generally high level of compliance. Anthem timely submitted all 22 required monthly reporting deliverables, and those deliverables did not expose any programmatic issues. One deliverable contained reporting errors (addressed above in **CES # 2202**). Anthem's member and provider call centers complied with abandonment ratio requirements, and Anthem complied with all applicable provider payment timeliness requirements. In summation, Anthem complied with almost every regulatory and contractual requirement.

Magellan Complete Care

Findings:

- **Data Submission Error:** The Department timely received the June 2019 MCO Claims Report deliverable from Magellan. Upon review, it was determined that the deliverable contained data errors. Specifically, the sum of the “claims paid” entry in the report and the “claims denied” entry were not equal to the value in the “claims processed (paid or denied)” entry. Section 1.5.14 of the Medallion 4.0 Deliverables Technical Manual requires the sum of the “claims paid” and “claims denied” fields to be equal to the value in the “claims processed (paid or denied)” field.

Section 10.1.E.d.b 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, Magellan violated the terms of the Medallion 4.0 contract in the deliverable submission addressed above.

According to Section 10.1.E.a of the Medallion 4.0 contract, failures to comply with the contract that “[i]mpair[] the Department’s ability to properly oversee and/or analyze Contractor performance, including but not limited to reporting errors” should receive 1 point. As a result, the CRC voted to assess Magellan a **one (1) point violation** due to reporting errors in its June 2019 MCO Claims Report deliverable.

Magellan has accumulated 3.0 points, placing it in Level 1 on the Compliance Deficiency Identification System. As described in 10.1.D of the Medallion 4.0 contract, an MCO in Level 1 of the Compliance Deficiency Identification System is not subject to financial sanctions. As a result, Magellan will not be issued financial sanctions for this issue. The CRC voted not to require Magellan to submit a CAP. **(CES # 2208)**

Concerns:

- **Untimely Deliverable Submission:** Magellan failed to timely submit the June 2019 monthly Foster Care Transition Planning Report deliverable as required by Section 1.2.10 of the Medallion 4.0 Deliverables Technical Manual. The report was due July 15, 2019, but was not submitted until July 23, 2019 after prompting from the Compliance Team.

Section 10.1.E.d.b 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, Magellan violated the terms of the Medallion 4.0 contract in the deliverable submission addressed above.

According to Section 10.1.E.a of the Medallion 4.0 contract, failures to comply with the contract that "[i]mpair[] the Department's ability to properly oversee and/or analyze Contractor performance, including but not limited to reporting errors" should receive 1 point. However, Magellan presented mitigating evidence with regards to this contract deliverable. Specifically, Magellan pointed out that the Foster Care Transition Planning Report was a new deliverable that was first detailed in version 2.5 of the Medallion 4.0 Deliverables Technical Manual, which was released on May 15, 2019.

Magellan provided evidence that it had informed DMAS of its inability to access the Sharepoint site housing the Medallion 4.0 Deliverables Technical Manual. It requested a pdf copy or renewed access to the site, and while access to the Sharepoint site was restored, it was restored several weeks after the initial outage. Magellan pointed to Medallion 4.0 contract language that provides the MCOs with 60 days to submit any newly-detailed reporting deliverables.

The Compliance Unit evaluated Magellan's mitigating evidence and found it to be credible. The Compliance Unit found that it mitigated some, but not all, of the responsibility for Magellan's untimely submission of the June 2019 Foster Care Transition Planning Report deliverable. The Compliance Unit found that DMAS did not respond to Magellan's initial request for access to the Medallion 4.0 Deliverables Technical Manual in an expedient enough manner. However, the Compliance Unit also found that Magellan had been granted access to the Technical Manual approximately 45 days before the Foster Care Transition Planning Report's initial due date. The Compliance Unit found that Magellan's failure to ask for an extension ahead of the due date meant that Magellan was still somewhat culpable for its late submission of the June 2019 Foster Care Transition Planning Report deliverable.

The Compliance Team recommended that in response to the issue identified above, Magellan be issued a **Notice of Non-Compliance (NONC)** without any associated compliance points, financial sanctions, or corrective actions, because Magellan was somewhat, but not fully, responsible for the late submission. The CRC agreed with the Compliance Team's recommendation, and voted to issue a **NONC without associated compliance points or financial sanctions** in response to this issue. **(CES # 2181)**

- **Data Submission Errors:** The Department timely received the June 2019 Live Births Report and CYSHCN Assessments Report monthly deliverables from Magellan. Upon review, it was determined that the deliverables contained data errors. Specifically, the Live Births Report contained incorrect Medicaid

ID numbers in 88.69% of entries, and the CYSHCN Assessments Report contained incorrect assessment codes in all 22 entries.

Section 10.1.E.d.b 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, Magellan violated the terms of the Medallion 4.0 contract in the deliverable submissions addressed above.

DMAS' subject matter experts provided mitigating evidence in regards to the data errors in Magellan's June 2019 Live Births Report and CYSHCN Assessments Report deliverables. They indicated that neither error led to any additional work for the subject matter experts, or any additional review time. The Compliance Unit found that while Magellan was still culpable for its reporting errors in the June 2019 Live Births Report and CYSHCN Assessments Report deliverables, the scope of the errors was minor.

The Compliance Team recommended that in response to the issues identified above, Magellan be issued **Notices of Non-Compliance (NONC)** without any associated compliance points, financial sanctions, or corrective actions, due to the minor scope of the errors. The CRC agreed with the Compliance Team's recommendation, and voted to issue **NONCs without associated compliance points or financial sanctions** in response to these issues. **(CES # 2206 & 2207)**

MIP/CAP Update:

- No updates

Appeal Decision:

- No appeals

Expiring Points:

- No expiring points

Financial Sanctions Update:

- No outstanding sanctions at this time

Summary:

- For deliverables measuring performance in May 2019, Magellan showed a generally high level of compliance. Magellan timely submitted 21 of 22 required monthly reporting deliverables, and those deliverables did not expose any programmatic issues. Magellan's single late submission is addressed above (in **CES # 2181**). Magellan also submitted three deliverables with reporting errors (addressed above in **CES # 2206, 2207, & 2208**). Magellan's member and provider call centers complied with abandonment

ratio requirements, and Magellan complied with all applicable provider payment timeliness requirements. In summation, Magellan complied with almost every regulatory and contractual requirement.

Optima Health

Findings:

- **Untimely Deliverable Submissions:** Optima failed to timely submit the monthly Call Center Statistics and ARTS Patient Utilization Management and Safety Program (PUMS) Members Report deliverables as required by Section 1.5.23 of the Medallion 4.0 Deliverables Technical Manual and Section 1.2.1 of the ARTS Technical Manual. The reports were both due July 15, 2019. The Call Center Statistics deliverable was not submitted until July 16, 2019, and the ARTS PUMS Members Report was not submitted until July 25, 2019, after prompting from the Compliance Unit.

Section 10.1.E.d.b 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 violated the terms of the Medallion 4.0 contract in the deliverable submissions addressed above.

According to Section 10.1.E.a of the Medallion 4.0 contract, failures to comply with the contract that "[i]mpair[] the Department's ability to properly oversee and/or analyze Contractor performance, including but not limited to reporting errors" should receive 1 point. As a result, the CRC voted to assess Optima a **one (1) point violation** for its untimely submission of the monthly Call Center Statistics deliverable, and another **one (1) point violation** for its untimely submission of the monthly ARTS PUMS Members Report deliverable.

Optima has accumulated 13.0 points, placing it in Level 2 on the Compliance Deficiency Identification System. As described in 10.1.D of the Medallion 4.0 contract, the Compliance Deficiency Identification System requires a plan in Level 2 to be issued a financial sanction in the amount of \$5,000 for each compliance enforcement action taken. As a result, Optima will be assessed a **\$5,000 financial sanction** for the untimely submission of the monthly Call Center Statistics deliverable, and another **\$5,000 financial sanction** for the untimely submission of the monthly ARTS PUMS Members Report deliverable. The CRC voted not to require Optima to submit a CAP. **(CES # 2201 & 2221)**

Concerns:

- **Untimely Payment of EI Claims:** The Department timely received the June 2019 Early Intervention Services Report deliverable from Optima. Upon review, the Compliance Unit discovered that the report indicated that Optima failed to adjudicate 6 clean claims for EI services within 14 days of their receipt in June 2019.

Section 5.5 of the Medallion 4.0 contract requires the MCOs to adjudicate all clean claims for EI services within 14 days of their receipt. Thus, Optima violated the terms of the Medallion 4.0 contract in failing to adjudicate clean claims for EI services within 14 days of their receipt. The Compliance Unit raised the issue with the Maternal and Child Health Unit Manager, and the manager indicated that as of the due date for deliverables measuring performance for August 2019, the MCOs will be subject to compliance points and/or financial sanctions for failing to timely pay EI providers.

Taking the Maternal and Child Health Unit Manager's comments under advisement, the Compliance Team recommended that in response to the issues 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 **NONC without associated compliance points or financial sanctions** in response to this issue. **(CES # 2204)**

MIP/CAP Update:

- No updates

Appeal Decision:

- **CES # 2167:** The Department received the following message from Optima in regards to **CES # 2167**, a case in which Optima was issued a one (1) point violation for inaccurately reporting that Optima had paid one (1) clean claim more than 365 days after its receipt:

"Optima Health is in receipt of the letter dated June 28, 2019, Case ID 2167: MCO Claims Report. Thank you for the opportunity to respond on this Warning Letter.

As previously stated in our e-mail to Erica Cage, DMAS Managed Care Compliance on June 21, 2019; Optima conducted a thorough investigation of the MCO Claims Report in question. Following our investigation, it was determined that a manual keying error was made by the claims processor. The claim in question was actually processed in three (3) days. The date of service on the claim is 11/01/2018, but Optima did not receive the claim until 05/02/2019. It was denied on 05/05/2019 as Member Not Eligible on Date of Service.

When the MCO Report is generated, Optima calculates payment timeliness based on the received date. If claims are received electronically, claim numbers are auto assigned using a Julian date format that represent the year received, day of the year received, and the claim number on the invoice. This was a paper claim that needed to be entered into our system manually. A

keying error was made, and our system saw this claim as being received in 2011 instead of 2019.

Action Plan

1. Our Medicaid Claims Manager has been notified and staff will be reminded of the importance of accuracy during manual claim processes and educated on the consequences of these errors.
2. Optima's Reporting Specialist (who submits our reporting deliverables) has been educated that any payment timeliness issues should be researched to ensure report accuracy prior to submission.

While Optima strives to ensure report accuracy, we respectfully request that no compliance points be issued for this error as the claim was not paid over 365 days, but was processed and paid in three (3) days."

Upon reviewing Optima's statement, the CRC voted to uphold the actions taken in conjunction with **CES # 2167**. The CRC indicated that it found Optima's assertion that it had not, in fact, failed to pay a clean claim within 365 days to be credible. However, the CRC found that while Optima had not failed to pay the claim within 365 days, it had *reported* doing so. Per Section 10.1.E.a of the Medallion 4.0 contract, reporting errors are subject to one point compliance penalties. The CRC noted that when an MCO reports paying a clean claim outside of the 365 day window, it triggers a serious DMAS investigation. For those reasons, the CRC voted to uphold its original actions in this case.

Expiring Points:

- No expiring points

Financial Sanctions Update:

The following financial sanctions will be sent to Fiscal:

- May 2019 Data Submission Error - \$5,000 (**CES # 2167**)

Summary:

- For deliverables measuring performance in June 2019, Optima showed a generally high level of compliance. Optima timely submitted 20 of 22 required monthly reporting deliverables, and those deliverables did not expose any programmatic issues. Optima's late submissions are addressed above (in **CES # 2201 & 2221**). Optima's member and provider call centers complied with abandonment ratio requirements, and outside of an issue listed above (in **CES # 2204**), Optima complied with all applicable provider payment timeliness requirements. In summation, Optima complied with almost every regulatory and contractual requirement.

UnitedHealthcare

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

Appeal Decision:

- **CES # 2082 & 2166:** The Department received the following message from United in regards to **CES # 2082 & 2166**, cases in which United was issued one (1) point violations in each instance for reporting in consecutive months that it had paid more than 1% of claims in over 90 days in violation of Section 5.5 of the Medallion 4.0 contract and 42 C.F.R. § 447.45:

“Thank you for the opportunity to present additional information in response to the Warning Letter dated June 28, Case ID 2166.

UnitedHealthcare Community Plan of Virginia (UHC) incorrectly included adjustments in the claims payment statistics reported in the MCO Claims Report. When the claims payment timeliness is calculated using only clean claims, UHC exceeded the 99% claims payment threshold within 90 days of receipt.

While the process used to pull information for the MCO Claims Report has been updated to include only clean claims, that update was made after submission of the report at issue in this case. This report will be corrected and resubmitted as part of the remediation detailed in our June 27 response to Case 2082. We expect to submit the updated reports by July 15, 2019.

Unclean claims are identified in our system after receipt, when the claim is adjudicated. Due to this timing, an unclean claim may appear in an MCO Claims Report if the claim is received but not yet adjudicated during the reporting period. To align with the DMAS reporting requirements, those unclean claims will be removed from future report submissions once they are identified as unclean. As a result of that removal, the total number of claims on hand at the start of the month may not align to the previously reported number of claims

on hand. Please let us know if we may provide additional information about the reporting process.”

Upon reviewing United’s statement, the CRC voted to uphold the actions taken in conjunction with **CES # 2082 & 2166**. The CRC indicated that it found United’s assertion that it had not, in fact, failed to meet the threshold for clean claims adjudicated within 90 days to be credible. However, the CRC found that while United had not failed to adjudicate at least 99% of clean claims within 90 days of their receipt, it had *reported* doing so. Per Section 10.1.E.a of the Medallion 4.0 contract, reporting errors are subject to one point compliance penalties. The CRC noted that the MCO Claims Report is not new, and has existed in its current format for years. For those reasons, the CRC voted to uphold its original actions in these cases.

Expiring Points:

- No expiring points

Financial Sanctions Update:

- No outstanding sanctions at this time

Summary:

- For deliverables measuring performance for June 2019, United showed an extremely high level of compliance. United timely submitted all 22 required monthly reporting deliverables, and those deliverables did not expose any programmatic issues. United’s member and provider call centers complied with abandonment ratio requirements, and United complied with all applicable provider payment timeliness requirements. In summation, United was a top performer in June 2019, and complied with every regulatory and contractual requirement.

Virginia Premier

Findings:

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

Concerns:

- **Untimely Payment of EI Claims:** The Department timely received the June 2019 Early Intervention Services Report deliverable from Virginia Premier. Upon review, the Compliance Unit discovered that the report indicated that Virginia Premier failed to adjudicate 287 clean claims for EI services within 14 days of their receipt in June 2019.

Section 5.5 of the Medallion 4.0 contract requires the MCOs to adjudicate all clean claims for EI services within 14 days of their receipt. Thus, Virginia Premier violated the terms of the Medallion 4.0 contract in failing to adjudicate clean claims for EI services within 14 days of their receipt. The Compliance Unit raised the issue with the Maternal and Child Health Unit Manager, and the manager indicated that as of the due date for deliverables measuring performance for August 2019, the MCOs will be subject to compliance points and/or financial sanctions for failing to timely pay EI providers.

Taking the Maternal and Child Health Unit Manager's comments under advisement, the Compliance Team recommended that in response to the issues identified above, Virginia Premier 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 **NONC without associated compliance points or financial sanctions** in response to this issue. **(CES # 2205)**

MIP/CAP Update:

- No updates

Appeal Decision:

- No appeals

Expiring Points:

- No expiring points

Financial Sanctions Update:

- No outstanding sanctions at this time

Summary:

- For deliverables measuring performance in June 2019, Virginia Premier showed a very high level of compliance. Virginia Premier timely submitted all 22 required monthly reporting deliverables, and those deliverables did not expose any programmatic issues. Virginia Premier's member and provider call centers complied with abandonment ratio requirements, and outside of an issue listed above (in **CES # 2205**), Virginia Premier complied with all applicable provider payment timeliness requirements. In summation, Virginia Premier complied with almost every regulatory and contractual requirement.

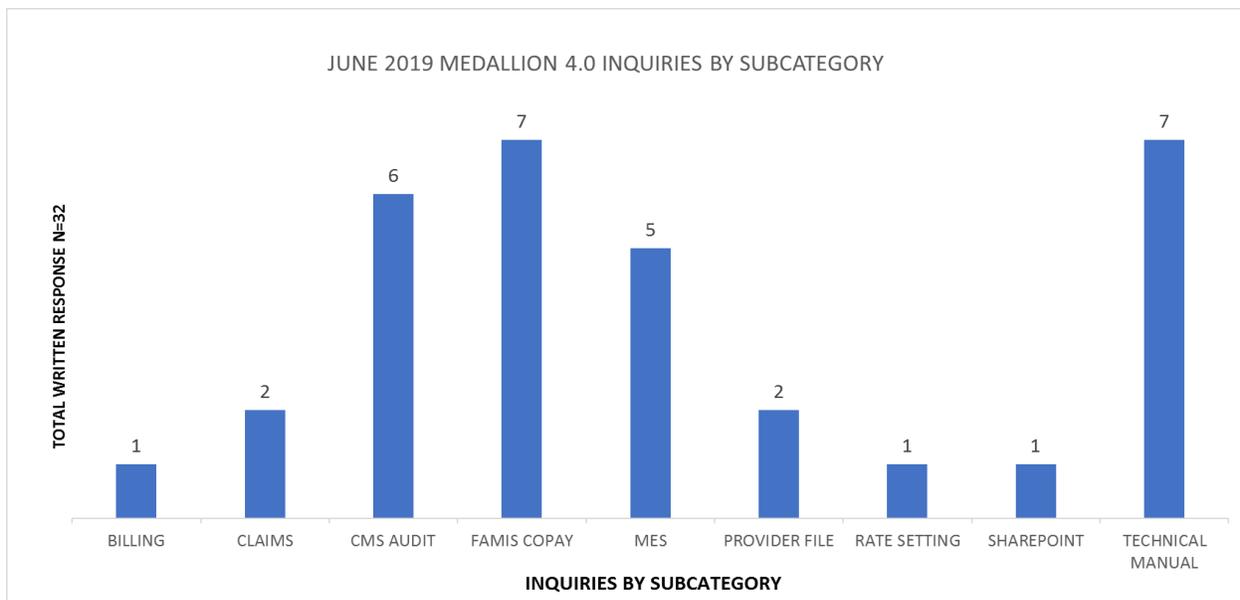
Compliance Activity Data

Provider and Member Inquiries

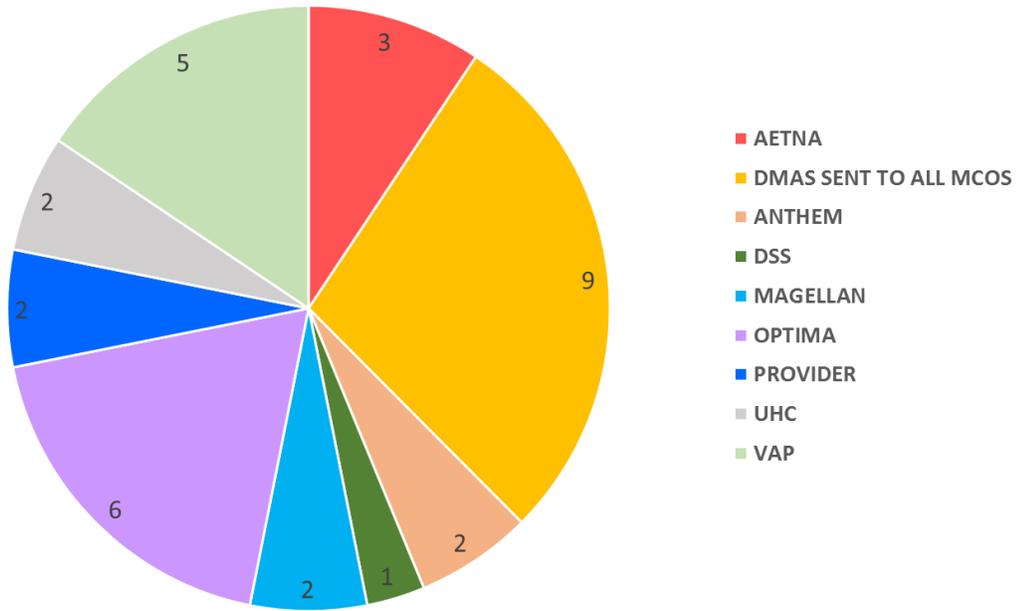
May 2019 – Member and Provider Solutions Unit

Member Inquiries <i>Received</i>	10
Provider Inquiries <i>Received</i>	26
MCO Inquiries <i>Received</i>	5
CMHRS Inquiries <i>Received</i>	12
Constituent Concerns ("Pinks") <i>Received</i>	14
Other Inquiries <i>Received</i>	69

MEDALLION 4.0 MAILBOX MONITORING

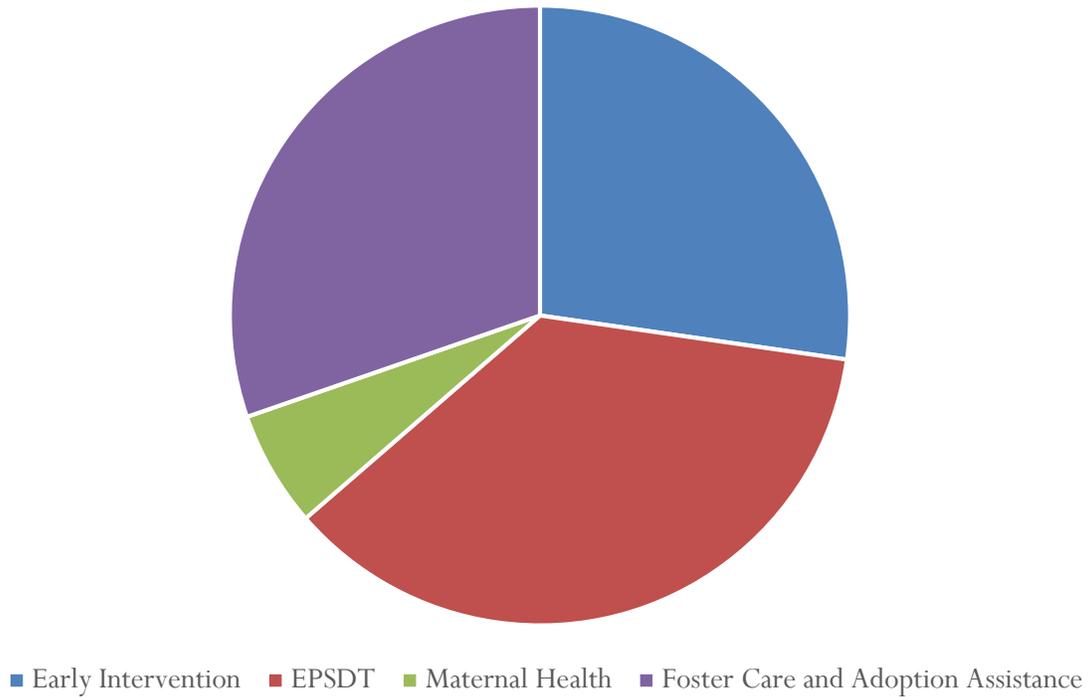


JUNE 2019 MEDALLION 4.0 INQUIRIES BY PROVIDER, STAKEHOLDER & MCO



*All received were responded to n=32

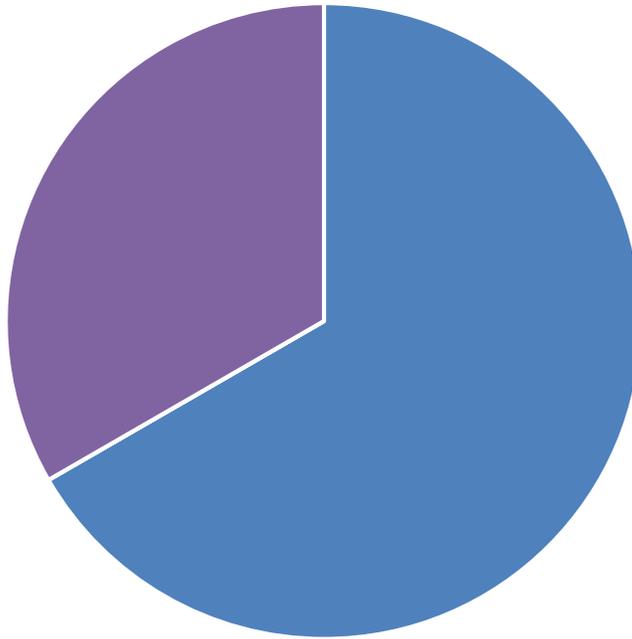
Maternal and Child Health (MCH) Unit Total Inquiries Addressed: 31



Inquiries Addressed through EPSDT Mailbox and Phone Line: 12

Member

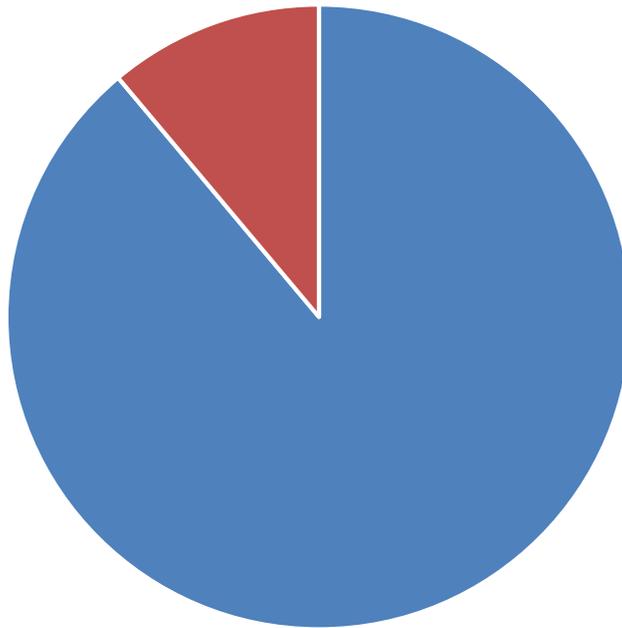
Inquires are generally related to treatment services rendered to CCC Plus or FFS members.



Provider

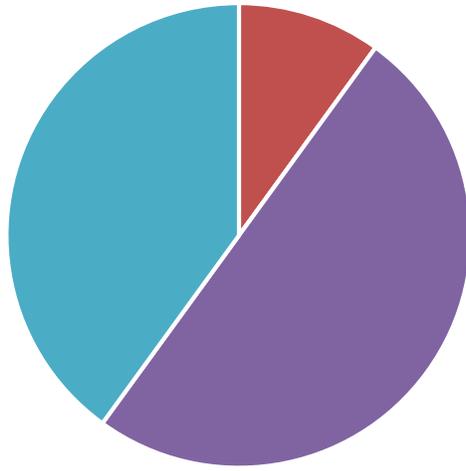
Inquires are generally related to treatment services and are addressed

Total Early Intervention Inquiries: 9



■ Provider ■ MCO ■ Member

Total Foster Care and Adoption Assistance Inquiries:
10



■ Provider ■ MCO ■ Member ■ LDSS ■ Internal DMAS Request*

Reporting Deliverable Reviews

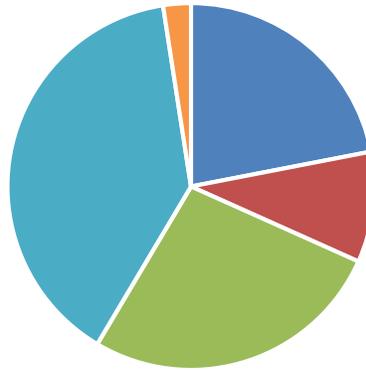
Marketing Materials <i>Reviewed</i>	44
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Total MCH Compliance Reports Reviewed: 54



■ Early Intervention ■ EPSDT
 ■ Maternal Health ■ CYSHCN Assessments
 ■ Foster Care and Adoption Assistance ■ Family Planning

Total Issues Identified in MCH Compliance Reports:
41

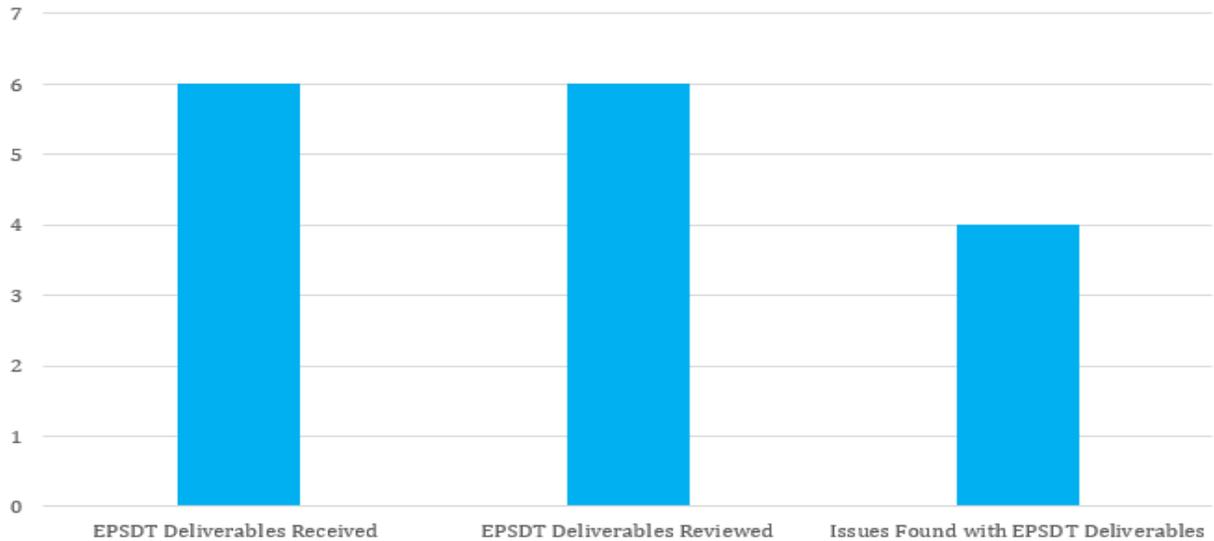


- Early Intervention
- EPSDT
- Maternal Health
- CYSHCN Assessments
- Foster Care and Adoption Assistance
- Family Planning

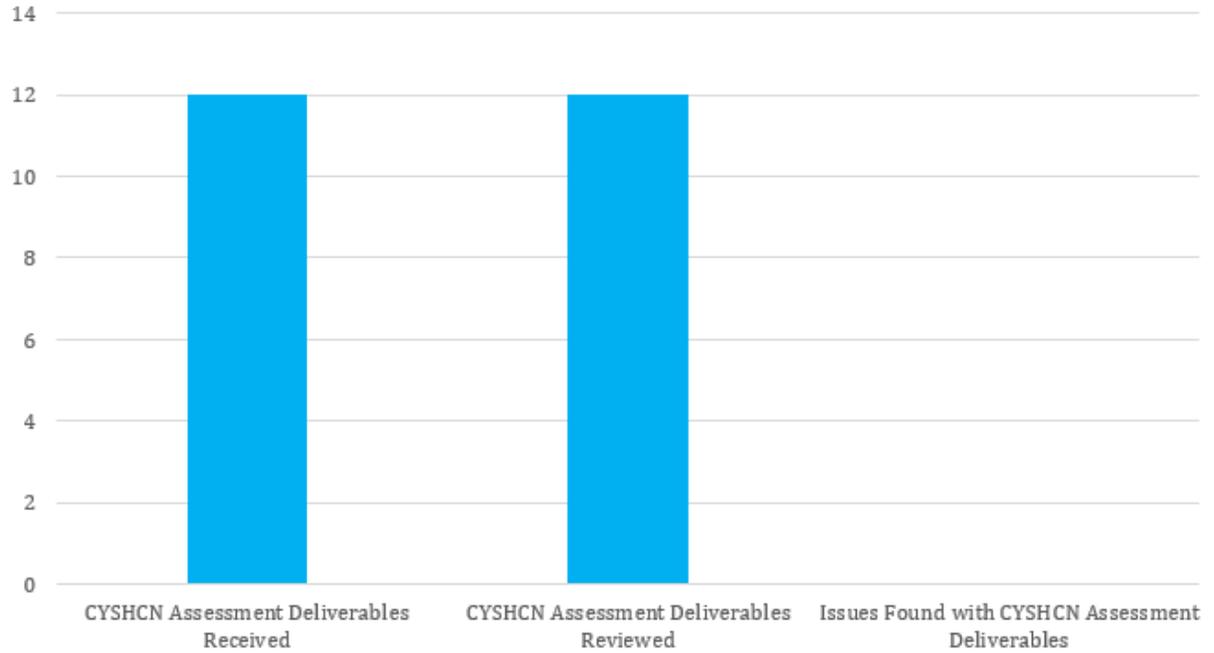
MEDALLION 4.0 MCO PROVIDER CONTRACT REVIEWS JUNE

Sub Dt	MCO Name	Submission of	DMAS Comp Days	DMAS Decision	MCO Edits Due	MCO Comp Days	DMAS Ap Dt	Final Status
6/27/2019	United	Accountable Care Organization (ACO) Agreement	29	Resubmission	9/24/2019	Pending MCO		
6/27/2019	Aetna	NPO Medicaid Administrators, LLC Agreement	29	Resubmission	9/24/2019	3	7/29/2019	Approved

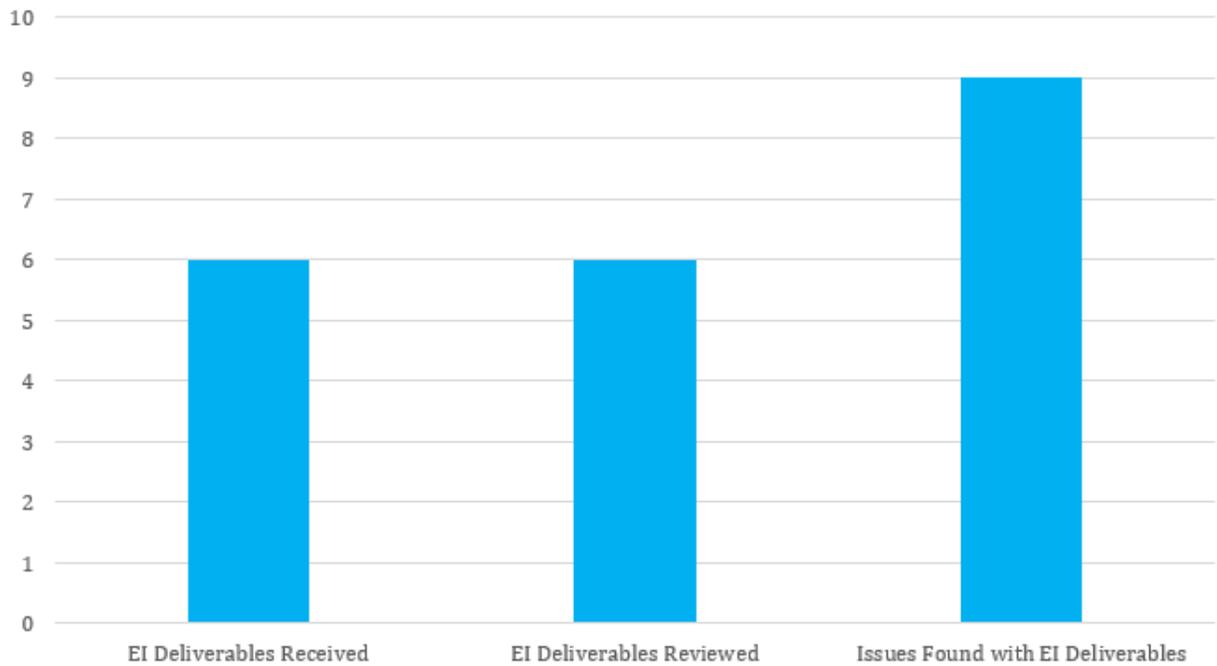
EPSDT Compliance Reporting



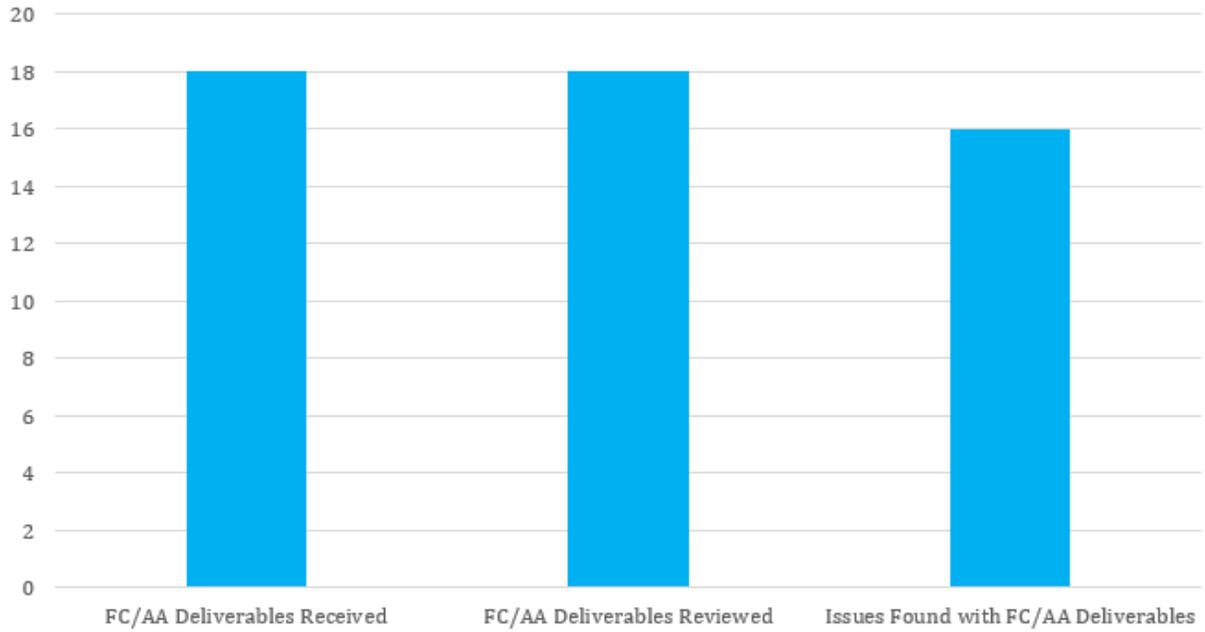
CYSHCN Assessment Compliance Reporting



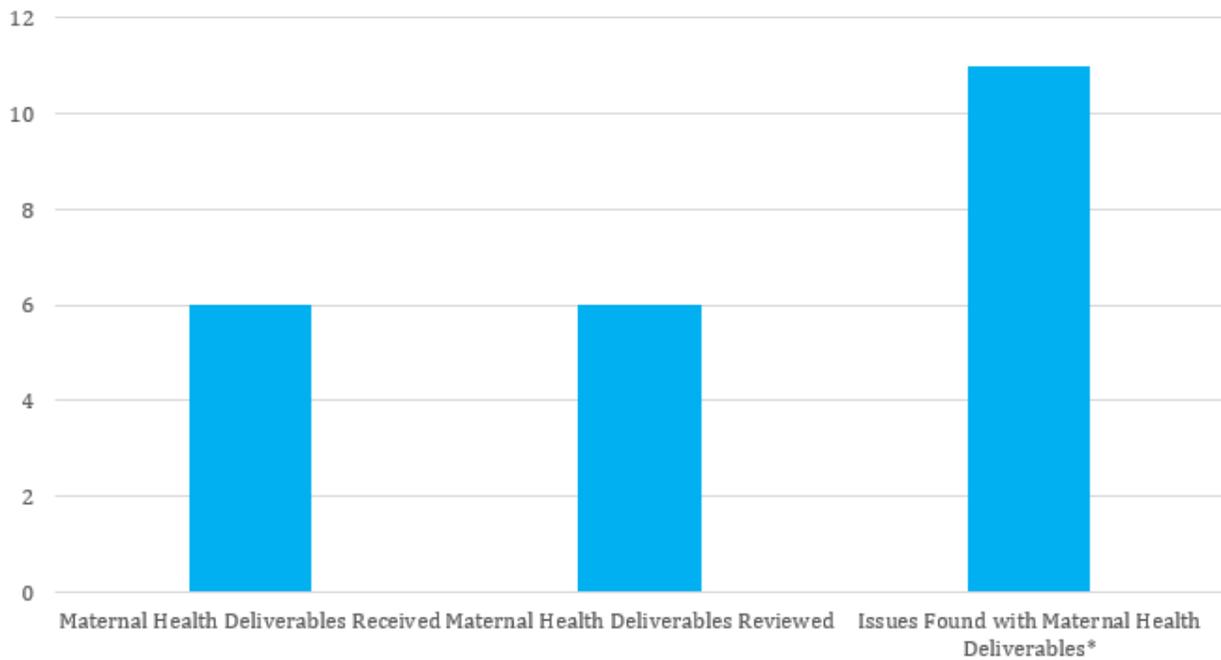
Early Intervention Compliance Reporting



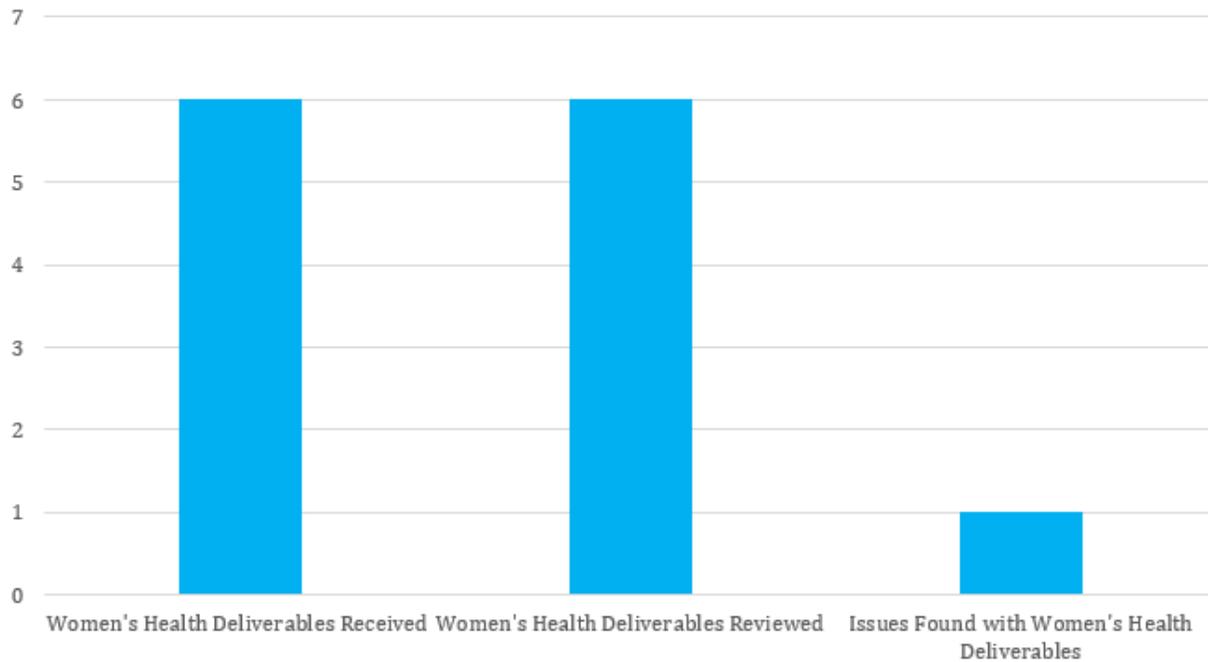
Foster Care and Adoption Assistance Compliance Reporting



Maternal Health Compliance Reporting



Women's Health Compliance Reporting



Programmatic Monitoring

PROVIDER FRAUD ACTIVITY THROUGH JUNE

PROVIDER FRAUD ACTIVITY REFERRED TO MCOS		
DESCRIPTION	OPEN CASES	CLOSED CASES
GOOD CAUSE REFFERALS	0	12
PAYMENT SUSPENSIONS	0	9
INFORMATION REFEERAL TO MCO	0	7
ENDING PAYMENT SUSPENSIONS	0	8
MFCU INVESTIGATIONS	1	22
PROVIDER TERMINATIONS	0	27
PROVIDER TERMINATIONS (OTHER)	1	5
TOTAL	2	90

MEDALLION NEWBORN RECONCILIATION OVERSIGHT

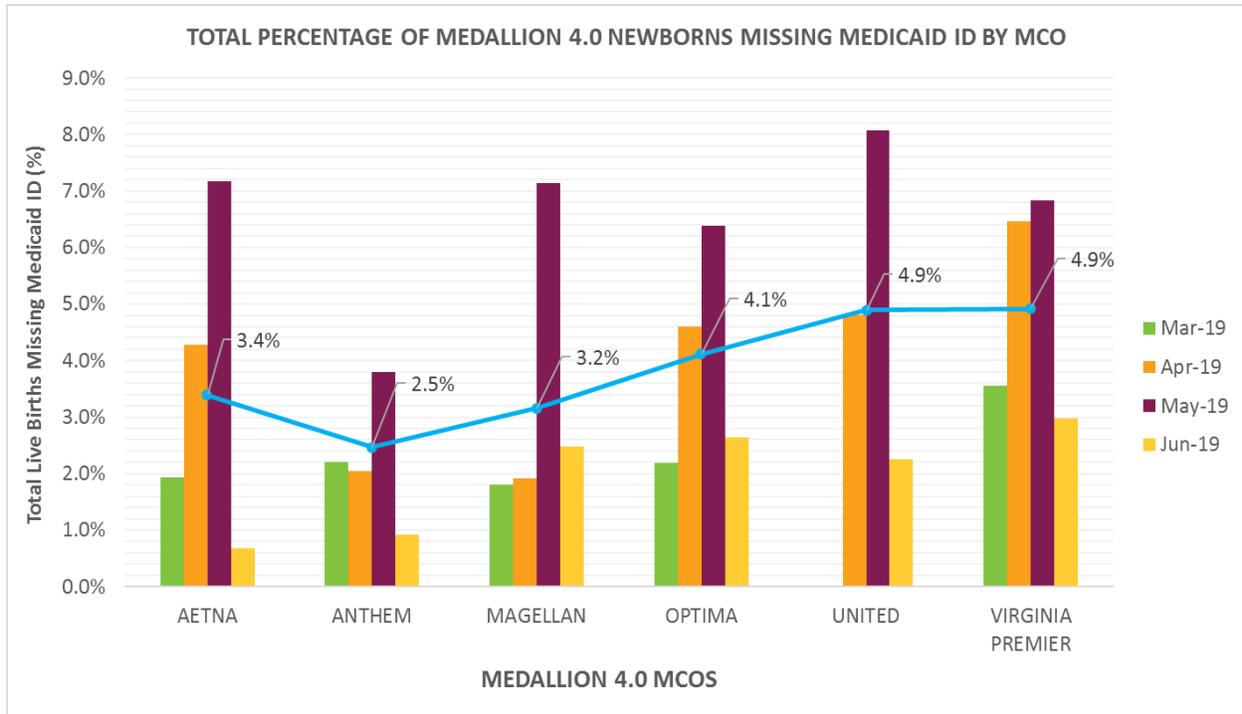
MCO	2017_05	2017_06	2017_07	2017_08	2017_09	2017_10	2017_11	2017_12	2018_01	2018_02	2018_03	2018_04	2018_05	2018_06
Anthem	F	F	F	F	F	C	F	F	F	S	S	S	S	S
Aetna	F	F	F	F	F	F	F	F	F	C	C	C	C	S
INTotal	F	F	C	F	F	F	F	F	F	F	F	C	S	S
Kaiser	F	F	F	F	F	C	F	C	C	F	C	C	S	S
Optima	F	F	F	F	F	F	F	F	F	C	F	S	S	S
VA Premier	F	C	C	F	F	F	C	F	C	C	C	S	S	S

F = Closed. All newborn processing is complete for the MCO for the period and payment has been issued.
 S = Recon request file has been submitted to DMAS and is being processed for reconciliation payment.
 C = Waiting for MCO to approve Provider Payment Agreement in order to make final reconciliation payment.

MEDALLION 4.0 MAGELLAN BHSA CMHRS CLAIMS MONITORING

Reporting Month	Amount	Status	Actual Retraction	Date Completed
SEPTEMBER	\$7,303.84	CLOSED	\$7,303.84	10/10/2018
OCTOBER	\$20,020.71	CLOSED	\$20,020.71	1/4/2019
NOVEMBER	\$198,261.12	CLOSED	\$119,047.14	3/29/2019
DECEMBER	\$13,432.02	OPEN		
JANUARY	\$6,396.68	OPEN		
FEBRUARY	\$1,035.73	OPEN		
MARCH	\$3,030.12	OPEN		
APRIL	\$5,329.28	OPEN		
MAY	\$0.00	CLOSED	NA	NA
JUNE	\$291.48	OPEN		
Total Retraction Due				\$108,729.29
Actual Retraction Completed				\$146,371.69

MEDALLION 4.0 LIVE BIRTHS OVERSIGHT

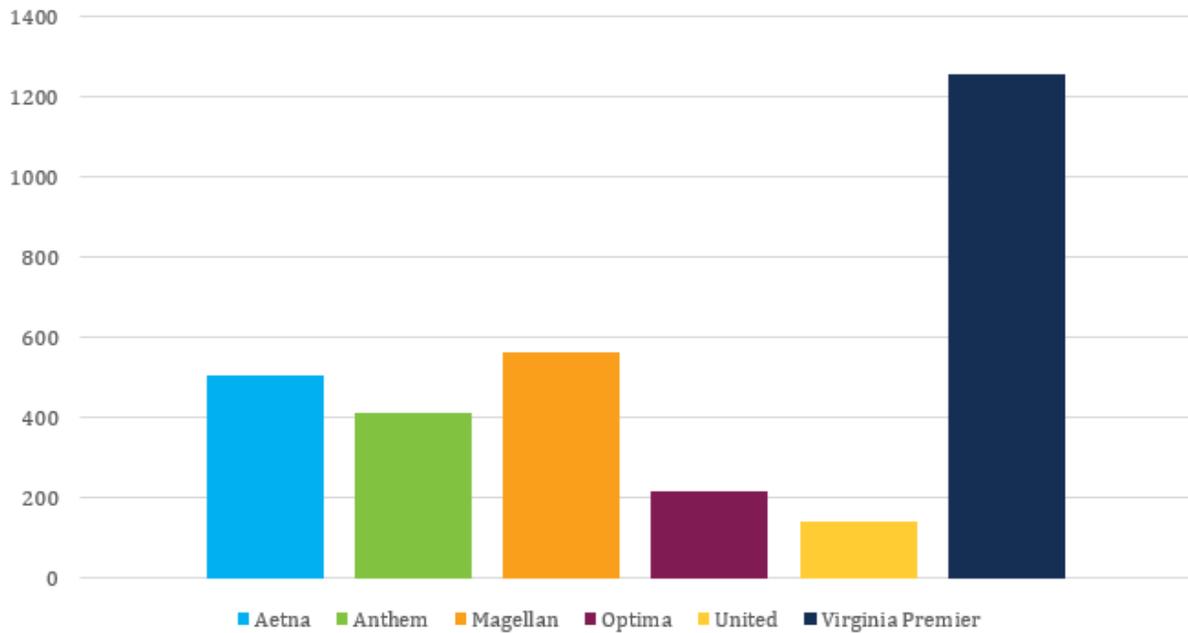


*The data is graphed by Newborn's Date of Birth

MEDALLION 4.0 MEMBER LETTERS DASHBOARD – JUNE

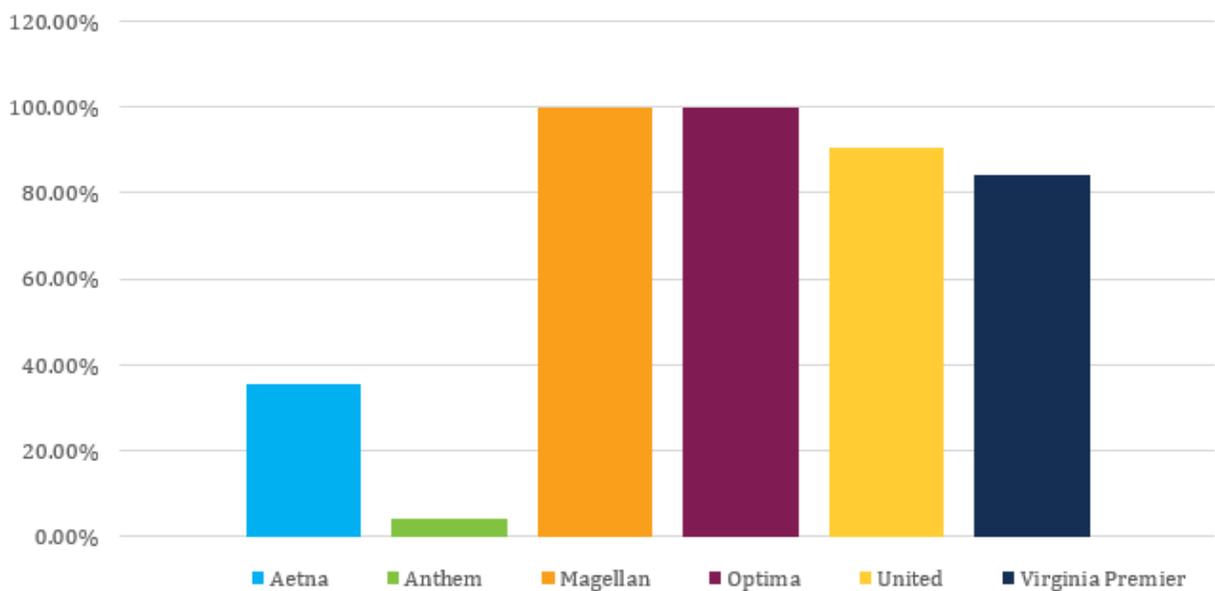
MEDALLION 4.0 LETTERS DASHBOARD - JUNE 2019			
	Date Approved	Date Sent	Total Letters Sent
Medallion 4.0 Assignment	6/20/2019	6/24/2019	6,289
Medallion 4.0 MedEx Assignment	6/20/2019	6/24/2019	11,582
Medallion 4.0 Re-Enrollment	6/20/2019	6/21/2019	1,852
Medallion 4.0 MedEx Re-Enrollment	6/20/2019	6/21/2019	976
Medallion 4.0 Change	NA	NA	0
Medallion 4.0 MedEx Change	NA	NA	0
Medallion 4.0 Maternal Child Health Letters	6/20/2019	6/21/2019	1,372
Total Letters Sent			22,071

Total Pregnant and Postpartum Members Enrolled in MCO High-Risk Maternity Programs



MCO Care Coordination Assignment Rates for MCO High-Risk Maternity Programs

Reported Percentages of HR Care Coordination Assignment



Next Steps

At this time, the Compliance Unit is continuing monthly Compliance Review Committee meetings, following up on reoccurring issues, and communicating with the MCOs regarding identified issues. The Compliance Unit is in the process of expanding the types of compliance issues it investigates, and involving itself with programmatic issues as well as technical deliverable issues.

The Compliance Unit is expanding the amount of face-to-face contact it has with MCO compliance personnel, and is currently creating the framework for monthly MCO compliance calls and biannual compliance collaborative meetings.

The Compliance Unit is also responsible for generating and maintaining policies and procedures for the Health Care Services Division. The Compliance Unit has generated six policy and procedure documents to date, and the long-term project to create policies and procedures is ongoing.