



COMMONWEALTH of VIRGINIA

Department of Medical Assistance Services

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November 17, 2021

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

Re: Commonwealth Coordinated Care Plus (CCC Plus) – Corrective Action Plan (CAP) –
MyAccount Migration – Case ID # 20072

Dear Mr. Ricker,

The Department of Medical Assistance Services (DMAS or Department) continually monitors compliance with the Commonwealth Coordinated Care Plus (CCC Plus) Contract. This includes the implementation of systems that may impact the health, safety and welfare of members. DMAS recently became aware of the system migration from BetterOnline to MyAccount by the Fiscal/Employer Agent (F/EA) contracted with Optima Health. The implementation of a system change of this magnitude has a significant impact on the health and safety of our members, but DMAS was not notified by Optima Health of the event.

Per Section 2.10.1, the Contractor is required to submit notice to the Department for review and approval, no less than thirty (30) days in advance, of any contractor and subcontractor changes related to the delivery of healthcare to Medicaid members. This includes, but is not limited to information management, Third Party Administrator (TPA) arrangements, medical management, utilization management, specialty services, provider contracting services, data management, financial management, provider relations and network management, and member materials.

Planning for the migration of users from BetterOnline to MyAccount began in 2020 and include various go live dates that were not shared with DMAS. In addition, DMAS was not included in any of the initial trainings and did not receive any communication plans or training documents that shared with users. DMAS was only made aware of the migration when users started to experience significant problems with the system. These issues quickly escalated as there were major problems with the system.

Case ID# 20072

There were an abundance of issues that impacted members, service facilitators, employers and attendants. Some of the major issues are listed below:

- **Enrollment Issues** – The system was supposed to transfer any existing data to MyAccount. However, it did not. When these users were unable to view their existing information, the enrollment process was restarted. There were no process in place to prevent this from happening. In addition, when enrollment packets were submitted to the new portal, they were lost and went in a black hole. The fax number that was linked to MyAccount was not working. Users received confirmation that the packets were submitted successfully and had no idea that the paperwork was never received. This left users extremely frustrated because when they call to confirm the paperwork was received, they were told it was never sent even though they had proof that it was. This also caused delays in processing the enrollment packets.
- **Login Issues** – When users went to login to MyAccount, many of them received an error message. The new portal required a person's email address to be their login user name. Some users didn't have an email address on file so the system never transferred any existing data to the new portal. In addition, users were unable to change/update passwords because the temporary passwords were set to expire in 48 hours. However, users weren't made aware that they were assigned temporary passwords so they were unable to utilize it within the 48 hours.
- **Employee Identification Number (EIN) issues** – The system didn't automatically upload EIN information into the new system for existing and new users. This caused the Employer of Record (EOR) to not have an EIN associated to them and prevented attendants from being paid. There were major delays with attendants getting paid which could have caused the member to be left without an attendant since they weren't being paid in a timely manner for services they provided.
- **Customer service** – With all the problems users experienced with the system, there was a significant increase in customer service calls. There were not enough customer service reps to handle the call volume. Users experienced hold wait times for 30 minutes or more. Some users were never able to reach a customer service rep to assist them with their issues.
- **Fiscal Agent Request Form (FARF) Issues** – FARF's were not processed in a timely manner. There were major delays due to the fax number
- **Training** – There was a lack of training provided to users before the implementation of the new web portal. In addition, DMAS was not notified or included in the trainings prior to the launch of this system. It's not clear what trainings were provided to users, prior to the go live date.

As stated in the CCC Plus Contract, Section 4.7.6.1, “the Contractor’s F/EA shall have a secure system, policies, procedures and internal controls for implementation and maintenance of a self-service web portal for Members, their employees, and services facilitators or other designated entities (i.e., Care Coordinators, staff of the F/EA, etc.). The portal shall be integrated with the F/EA’s financial management, enrollment, and electronic visit verification systems.” Based on the issues outlined here, you have failed to be in compliance with this section of the MLTSS contract and sections 4.7.6.3 Member/Employer Enrollment Packet Requirements and section 4.7.6.4 Personal Care Assistant/Employee New Hire Packet.

As a result of the failure to communicate with DMAS, and resulting critical errors during the migration process, Optima Health must document and implement a Corrective Action Plan (CAP). The CAP must address how and when each of the issues identified above will be corrected. Please ensure the CAP includes an in depth analysis of the root cause of the identified issues and a practicable project plan to eliminate these issues or institute proper controls. Please submit this information no later than 30 days from the date of this letter. A weekly update to DMAS will be required for monitoring progress. Failure to comply with the approved CAP will result in additional sanctions.

Optima Health will be issued a 10 point violation pursuant to Section 18.0 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.

If you have any questions regarding these concerns, contract standards or CAP requirements, please contact the CCC Plus Compliance Team at cccpluscompliance@dm.virginia.gov. Please sign, date and return acknowledging receipt to cccpluscompliance@dm.virginia.gov no later than 15 calendar days from the date of this letter.

Sincerely,



Tammy Whitlock, MSHA

Deputy Director of Complex Care and Services

Exhibit 1 – Optima – 2021 Point Schedule

<u>MCO</u>	<u>Area(s) of Violation</u>	<u>Previous Balance</u>	<u>Point(s) Expired</u>	<u>Point(s) Incurred</u>	<u>Current Balance</u>	<u>Sanctions pursuant to 18.2.2</u>
Optima Health	2.10.1 4.7.6.1 4.7.6.3 4.7.6.4	25	0	10	35	\$10,000.00

Acknowledge agreement via signature below to address the MyAccount migration issues addressed in Case ID # 20072.

Randy Ricker / Date