

# Monthly MCO Compliance Report

## Cardinal Care May 2024 Deliverables



**Health Care Services Division**

July 18, 2024

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# Compliance Points Overview

MCO	Prior Month Point Balance	Point(s) Incurred for Current Month/s*	Point(s) Expiring or Rescinded	Final Point Balance*	Area of Violation: Finding or Concern
<u>Aetna</u>	12	0	0	12	<b>FINDINGS</b> NONE <b>CONCERNS</b> NONE
<u>Anthem</u>	5	0	0	5	<b>FINDINGS</b> NONE <b>CONCERNS</b> MHS SA MLTSS
<u>Molina</u>	13	0	0	13	<b>FINDINGS</b> NONE <b>CONCERNS</b> MHS SA EI CLAIMS
<u>Sentara</u>	12	2	0	14	<b>FINDINGS</b> MLTSS MLTSS <b>CONCERNS</b> MHS SA
<u>United</u>	14	0	0	14	<b>FINDINGS</b> NONE <b>CONCERNS</b> MHS SA MLTSS

*\*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 joint **Compliance Review Committee (CRC)** on July 10, 2024. The Committee reviewed compliance referrals and deliverables measuring performance for May 2024. The meeting's agenda covered all identified and referred issues of non-compliance, including failures to meet contract thresholds and requirements related to deliverables, early intervention claims, and mental health 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 five (5) Notices of Non-Compliance (NONC) related to HCS compliance issues. No points or sanctions were recommended this month as all five MCOs are currently under MCO Improvement Plans (MIPs) for the identified issues. The CRC also voted to issue four (4) Notices of Non-Compliance (NONC) related to IC compliance issues.

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 May's compliance issues in letters and emails issued to the MCOs on July 12, 2024.

# 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:

- Aetna Better Health's MIP related to the MHS SA was received on June 24, 2024 (CES # 6019) and approved by the Department on July 12, 2024.

## Request for Reconsideration:

- No requests for reconsideration

## Expiring Points:

- No points

## Financial Sanctions Update:

- No outstanding sanctions

## Summary:

- For deliverables measuring performance for May 2024, Aetna Better Health showed a **very high** level of compliance. Aetna Better Health submitted all 16 required monthly reporting deliverables accurately and on time. Aetna Better Health also complied with all regulatory and contractual requirements this month.

# Anthem HealthKeepers Plus

## Findings:

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

## Concerns:

- **Contract Adherence:** Anthem HealthKeepers Plus failed to process all Mental Health Services (MHS) Service Authorizations within the required timeframe. Per the May 2024 data, there were five (5) standard service authorization requests that were not processed within 14 days, and one (1) expedited service authorization request that was not processed within required 72 hours. No supplemental information was requested for any of the service authorizations. Anthem's overall timeliness for processing MHS Service Authorization requests for the month of May was 99.43%.

The HCS Compliance Team recommended that in response to the issue identified above, Anthem be issued a **Notice of Non-Compliance (NONC)** with no financial penalty. The Department also recommended that Anthem follow the interventions listed in the MCO Improvement Plan (MIP) approved by the Department.

The CRC agreed with the team's recommendation and voted to issue a **Notice of Non-Compliance (NONC)** in response to this issue. **(CES # 6037)**

- **Contract Adherence:** Anthem HealthKeepers Plus entered a waiver begin date prior to a LTSS screening being approved. The IC Compliance Team recommended Anthem be issued a **Notice of Non-Compliance (NONC)** with **\$25,000 in Liquidated Damages** per Section 17.1.3 of the Cardinal Care contract.

The CRC agreed with the team's recommendation and voted to issue a **Notice of Non-Compliance (NONC)** with **\$25,000 in Liquidated Damages**. **(CES # 6058)**

## MIP/CAP Update:

- Anthem HealthKeepers Plus' MIP related to the MHS SA was received on June 20, 2024 **(CES # 6020)** and approved by the Department on July 12, 2024.

## Request for Reconsideration:

- No requests for reconsideration

### Expiring Points:

- No points

### Financial Sanctions Update:

- No outstanding sanctions

### Summary:

- For deliverables measuring performance for May 2024, Anthem HealthKeepers showed a **high** level of compliance. Anthem submitted all 16 required monthly reporting deliverables accurately and on time. However, Anthem failed to meet contractual requirements related to the timely processing of MHS service authorization requests (as addressed above in **CES # 6037**) and received a Notice of Non-Compliance. Despite these issues, Anthem complied with most applicable regulatory and contractual requirements.

# Molina Healthcare

## Findings:

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

## Concerns:

- **Contract Adherence:** Molina Healthcare failed to process thirty-six (36) EI clean claims within the required 30 calendar days per the May 2024 Early Intervention Services report. Molina's overall timeliness for processing EI clean claims within 30 days for the month of May was 97.91%.

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.

The HCS Compliance Team recommended that in response to the issue identified above, Molina be issued a **Notice of Non-Compliance (NONC)** with no financial penalty. The Department also recommended that Molina Healthcare follow interventions listed in the MCO Improvement Plan (MIP) submitted to the Department.

The CRC agreed with the team's recommendation and voted to issue a **Notice of Non-Compliance (NONC)** in response to this issue. **(CES # 6036)**

- **Contract Adherence:** Molina Healthcare failed to process all Mental Health Services (MHS) Service Authorizations within the required timeframe. Per the May 2024 data, there were four (4) standard service authorization request that were not processed within 14 days. No supplemental information was requested for any of the service authorizations. Molina's overall timeliness for processing MHS Service Authorization requests for the month of May was 99.52%.

The HCS Compliance Team recommended that in response to the issue identified above, Molina be issued a **Notice of Non-Compliance (NONC)** with no financial penalty. The Department also recommended that Molina Healthcare follow interventions listed in the MCO Improvement Plan (MIP) submitted to the Department.

The CRC agreed with the team's recommendation and voted to issue a **Notice of Non-Compliance (NONC)** in response to this issue. **(CES # 6038)**

## MIP/CAP Update:

- Molina Healthcare's MIP related to the MHS SA was received on June 17, 2024 **(CES # 6021)** and approved by the Department on July 12, 2024.



- Molina Healthcare's MIP related to the contractual thresholds for Early Intervention claims adjudication was received on June 18, 2024 (**CES # 6022**) and approved by the Department on July 12, 2024.

### **Request for Reconsideration:**

- No requests for reconsideration.

### **Expiring Points:**

- No points

### **Financial Sanctions Update:**

**The following financial sanctions have been sent to DMAS' Fiscal Division for enforcement:**

- April 2024 MHS SA Issue - \$15,000 (**CES# 6018**)
- April 2024 Early Intervention Claims Issue - \$15,000 (**CES# 6022**)

### **Summary:**

- For deliverables measuring performance for May 2024, Molina Healthcare 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 Early Intervention claims (as addressed above in **CES # 6036**) and received a Notice of Non-Compliance. Additionally, Molina failed to meet contractual requirements related to the timely processing of MHS service authorization requests (as addressed above in **CES # 6038**) 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 comply with numerous requests for data from DMAS. The IC Compliance Team recommended Sentara be issued a **Notice of Non-Compliance (NONC)** with **one (1) compliance point**, a financial penalty of \$15,000, and a **Corrective Action Plan (CAP)**.

The CRC agreed with the team's recommendation and voted to issue a **Notice of Non-Compliance (NONC)** with **one (1) compliance point**, a financial penalty of \$15,000, and a **Corrective Action Plan (CAP)**. (CES # 6033)

- **Contract Adherence:** Sentara Community Plan was late providing testing data and caused over six months of backlogged encounter data for transportation services for ModivCare. The IC Compliance Team recommended Sentara be issued a **Notice of Non-Compliance (NONC)** with **one (1) compliance point**, a financial penalty of \$15,000, and a **Corrective Action Plan (CAP)**.

The CRC agreed with the team's recommendation and voted to issue **Notice of Non-Compliance (NONC)** with **one (1) compliance point**, a financial penalty of \$15,000, and a **Corrective Action Plan (CAP)**. (CES # 6062)

## Concerns:

- **Contract Adherence:** Sentara Community Plan failed to process all Mental Health Services (MHS) Service Authorizations within the required timeframe. Per the May 2024 data, there was one (1) standard service authorization request that did not require supplemental information and was not processed within 14 days. Sentara's overall timeliness for processing MHS Service Authorization requests for the month of May was 99.97%.

The HCS Compliance Team recommended that in response to the issue identified above, Sentara Community Plan be issued a **Notice of Non-Compliance (NONC)** with no financial penalty. The Department also recommended that Sentara Community Plan follow interventions listed in the MCO Improvement Plan (MIP) submitted to the Department.

The CRC agreed with the team's recommendation and voted to issue a **Notice of Non-Compliance (NONC)** in response to this issue. (CES # 6034)

## MIP/CAP Update:

- Sentara Community Health's MIP related to the MHS SA was received on June 10, 2024 (CES # 6023) and approved by the Department on July 12, 2024.

### Request for Reconsideration:

- No requests for reconsideration

### Expiring Points:

- No points

### Financial Sanctions Update:

- No outstanding sanctions

### Summary:

- For deliverables measuring performance for May, Sentara Community Plan showed a **low** level of compliance. Sentara submitted all 16 required monthly reporting deliverables accurately and on time. However, Sentara failed to meet contractual requirements related to the timely processing of MHS service authorization requests (as addressed above in **CES # 6034**) and received a Notice of Non-Compliance. As a result, Sentara failed to comply with many regulatory and contractual requirements.

# UnitedHealthcare

## Findings:

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

## Concerns:

- **Contract Adherence:** UnitedHealthcare failed to process all Mental Health Services (MHS) Service Authorizations within the required timeframe. Per the May 2024 data, there were two (2) standard service authorization requests that were not processed within 14 days, and four (4) expedited service authorization requests that were not processed within required 72 hours. No supplemental information was requested for any of the service authorizations. UnitedHealthcare's overall timeliness for processing MHS Service Authorization requests for the month of May was 99.57%.

The HCS Compliance Team recommended that in response to the issue identified above, UnitedHealthcare be issued a **Notice of Non-Compliance (NONC)** with no financial penalty. The Department also recommended that UnitedHealthcare follow interventions listed in the MCO Improvement Plan (MIP) submitted to the Department.

The CRC agreed with the team's recommendation and voted to issue a **Notice of Non-Compliance (NONC)** in response to this issue. **(CES # 6035)**

- **Contract Adherence:** UnitedHealthcare entered a Level 1 NF admission prior to a LTSS screening being approved. The IC Compliance Team recommended UnitedHealthcare be issued a **Notice of Non-Compliance (NONC)** with **\$25,000 in Liquidated Damages** per Section 17.1.3 of the Cardinal Care contract.

The CRC agreed with the team's recommendation and voted to issue a **Notice of Non-Compliance (NONC)** with **\$25,000 in Liquidated Damages**. **(CES # 6057)**

## MIP/CAP Update:

- UnitedHealthcare's MIP related to the MHS SA was received on June 21, 2024 **(CES # 6024)** and approved by the Department on July 12, 2024.

## Request for Reconsideration:

- No requests for reconsideration

## Expiring Points:

- No points

## Financial Sanctions Update:

- No outstanding sanctions

## Summary:

- For deliverables measuring performance for May 2024, UnitedHealthcare showed a **moderate** level of compliance. UnitedHealthcare submitted all 16 of the required monthly reporting deliverables accurately and on time. However, UnitedHealthcare failed to meet contractual requirements related to the timely processing of MHS service authorization requests (as addressed above in **CES # 6035**) and received a Notice of Non-Compliance. Despite these issues, UnitedHealthcare complied with most 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.