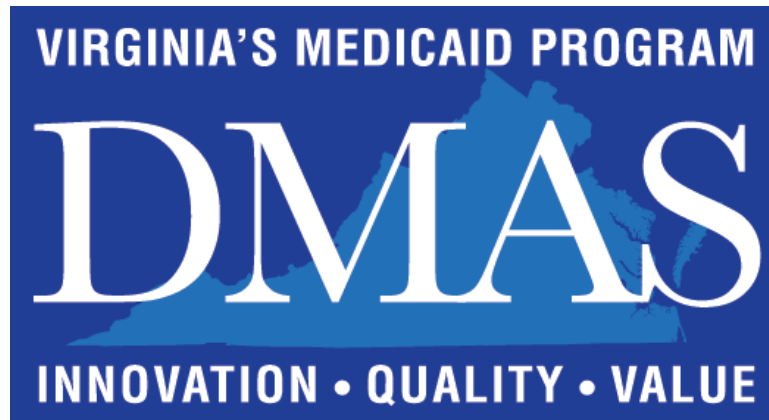


Monthly MCO Compliance Report

Medallion 4.0 May 2021 Deliverables



Health Care Services Division

July 26, 2021

Monthly MCO Compliance Report

Medallion 4.0 May 2021 Deliverables

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Compliance Points Overview

MCO	Prior Month Point Balance	Point(s) Incurred for Current Month*	Point(s) Expiring from May 2020	Final Point Balance*	Area of Violation: Finding or Concern
<u>Aetna</u>	2.0	0	0	2.0	FINDINGS NONE CONCERNS CMHRS SERVICE AUTHORIZATIONS Data Submission Error Newborn IDs
<u>Anthem</u>	19.0	1	0	20.0	FINDINGS Pharmacy PA Report CONCERNS CMHRS SERVICE AUTHORIZATIONS NETWORK ADEQUACY Data Submission Error Newborn IDs
<u>Molina</u>	1.0	0	0	1.0	FINDINGS NONE CONCERNS CMHRS Service Authorizations NETWORK ADEQUACY
<u>Optima Health</u>	18.0	1	0	19.0	FINDINGS Pharmacy PA Report CONCERNS CMHRS Service Authorizations NETWORK ADEQUACY
<u>United</u>	4.0	0	0	4.0	FINDINGS NONE CONCERNS Network Adequacy CMHRS Service Authorizations
<u>VA Premier</u>	28	2	0	30	FINDINGS EI claims Pharmacy PA Report CONCERNS NETWORK ADEQUACY CMHRS Service Authorizations Newborn IDs

**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 May 2020 (Issue date: 6/15/2020) expire on 6/15/2021 and are subtracted from the final point balance.

Summary

Earlier this year Magellan Complete Care was acquired by Molina Healthcare, Inc. (Molina), a company that also has Medicaid and Medicare health plans and programs. Moving forward, the new name will be Molina Complete Care (MCC).

The **Compliance Review Committee (CRC)** met on July 8, 2021 to review deliverables measuring performance for May 2021 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 Warning Letters with associated compliance points and Notices of Non-Compliance to managed care organizations (MCOs) for failure to meet contractual requirements/thresholds and late data submissions.

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 May's compliance issues in letters and emails issued to the MCOs on July 9, 2021.

Aetna Better Health of Virginia

Findings:

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

Concerns:

- **Data Submission Error:** Aetna timely submitted the May Comprehensive Health Coverage Report (COMP_CVG.csv). However, the report contained invalid Medicaid IDs.

The 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 Compliance Team's recommendation, and voted to issue a **Notice of Non-Compliance (NONC)** without any associated compliance points, financial sanctions, or corrective actions. **(CES # 4196)**

- **Data Submission Error:** Aetna timely submitted the May Other Coverage Report (OTH_CVG.csv). However, the report contained invalid Medicaid IDs.

The 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 Compliance Team's recommendation, and voted to issue a **Notice of Non-Compliance (NONC)** without any associated compliance points, financial sanctions, or corrective actions. **(CES # 4197)**

- **Contract Adherence:** Aetna failed to report 100% of the Newborn Medicaid or FAMIS IDs within 60 days of birth. Aetna reported 153 out of 155 (98.7%). Section 6.4.A of the Medallion 4.0 contract requires the Contractor must ensure that the newborn has a Medicaid or FAMIS ID number before sixty (60) days. Thus, Aetna violated the terms of the Medallion 4.0 contract in the area addressed above.

The Compliance Team recommended that in response to the issue 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 # 4234)**

- **Contract Adherence:** Aetna failed to timely process Community Mental Health Rehabilitation Services (CMHRS) Service Authorizations. Per May 2021 data, there were 15 expedited CMHRS request exceeding 72 hours without requiring supplemental information, and one standard request exceeding 336 hours without requiring supplemental information.

The Compliance Team recommended that in response to the issue 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 #4153)**

MIP/CAP Update:

- No updates

Appeal Decision:

- No appeals

Expiring Points:

- No points

Financial Sanctions Update:

- No outstanding sanctions at this time

Summary:

- For deliverables measuring performance for May 2021, Aetna showed a moderate level of compliance. Aetna timely submitted all 24 required monthly reporting deliverables. Aetna had one area of concern, CMHRS Service Authorizations, and the plan was notified with a Notice of Non-Compliance (NONC) with **CES # 4153**. One deliverable failed to meet contractual requirements for Newborn IDs (as addressed above in **CES # 4234**). Two monthly deliverables contained data submission errors (as addressed above in **CES # 4196 & 4197**). In summation, Aetna complied with most applicable regulatory and contractual requirements.

Anthem HealthKeepers Plus

Findings:

- **Contract Adherence:** Anthem failed to timely process Pharmacy Prior Authorization requests. Per May 2021 data, there were two (2) Pharmacy Prior Authorization Request processed past 24 hours, and original submission included April data instead of May.

Section 8.7.N of the Medallion 4.0 contract requires the MCOs to provide a response by telephone or other telecommunication within 24 hours of a service authorization request. If the Contractor denies a request for service authorization, the Contractor must issue a Notice of Action within twenty-four (24) hours of the denial to the prescriber and the member. Thus, Anthem 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, Anthem be issued a **Warning Letter, 1 compliance point, a \$5,000 penalty (Level 2) and no MIP/CAP**. The CRC agreed with the Compliance Team's recommendation, and voted to issue a **Warning Letter, 1 compliance point, a \$5,000 penalty (Level 2) and no MIP/CAP** in response to this issue. (CES # 4216)

Concerns:

- **Contract Adherence:** Anthem failed to timely process Community Mental Health Rehabilitation Services (CMHRS) Service Authorizations. Per May 2021 data, there were eight (8) standard requests exceeding 336 hours without requiring supplemental information.

The Compliance Team recommended that in response to the issue identified above, Anthem 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 #4214)

- **Contract Adherence:** Anthem failed to report 100% of the Newborn Medicaid or FAMIS IDs within 60 days of birth. Anthem reported 267 out of 269 (99.3%).

Section 6.4.A of the Medallion 4.0 contract requires the Contractor must ensure that the newborn has a Medicaid or FAMIS ID number before sixty (60)

days. Thus, Anthem violated the terms of the Medallion 4.0 contract in the area addressed above.

The Compliance Team recommended that in response to the issue identified above, Anthem 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 # 4233)**

- **Data Submission Error:** Anthem timely submitted the May MCO Claims Report (MCO_RPT.csv). However, claims received did not equal claims processed – paid or denied.

The 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 Compliance Team's recommendation, and voted to issue a **Notice of Non-Compliance (NONC)** without any associated compliance points, financial sanctions, or corrective actions. **(CES # 4219)**

- **Contract Adherence:** Anthem timely provided DMAS with the contractually Q1/2021 submission of the Provider Network file. However, Anthem HealthKeepers Plus did not meet the required contract thresholds for Network Adequacy. The pediatrics requirement is 75%. Alleghany County received a score of 25%. Additionally, the submitted Medallion Network Exemption Request Form did not provide a rationale for approval.

Section 4.1 of the Medallion 4.0 Contract states the Contractor's network shall meet or exceed Federal standards in 42 CFR §438.68 and 42 CFR §438.206, as well as the full scope of access standards described in Section 4.6, Access to Care Standards. The Contractor shall regularly assess and certify through submission of quarterly reports to the Department the adequacy of its provider network and notify the Department of any major initiatives or changes to program design (e.g., expanded benefits).

The Compliance Team recommended that in response to the issue identified above, Anthem 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 # 4176)**

MIP/CAP Update:

- No updates

Appeal Decision:

- No appeals

Expiring Points:

- No points

Financial Sanctions Update:

The following financial sanctions will be sent to DMAS' Fiscal Division for enforcement:

- May 2021 Pharmacy Prior Authorizations Request Issue - \$5,000 (CES # 4216)

Summary:

- For deliverables measuring performance for May 2021, Anthem showed a moderate level of compliance. Anthem timely submitted all 24 required monthly reporting deliverables and those deliverables did not expose any programmatic issues. Four contract deliverables failed to meet contract adherence requirements to timely process Pharmacy Prior Authorization requests, to report 100% of Newborn IDs, to timely process CMHRS Service Authorizations, and to meet the required contract thresholds for Network Adequacy (as addressed above in CES # 4216, 4234, 4214 & 4176). One monthly deliverables contained data submission error (as addressed above in CES # 4219). In summation, 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:

- **Contract Adherence:** Molina failed to timely process Community Mental Health Rehabilitation Services (CMHRS) Service Authorizations. Per May 2021 data, there were 18 standard CMHRS requests exceeding 336 hours without requiring supplemental information.

The 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 Compliance Team's recommendation, and voted to issue a **Notice of Non-Compliance (NONC)** without any associated compliance points, financial sanctions, or corrective actions. **(CES # 4154)**

- **Contract Adherence:** Molina timely provided DMAS with the contractually Q1/2021 submission of the Provider Network file. However, Molina did not meet the required contract thresholds for Network Adequacy. The pediatrics requirement is 75%. Alleghany County received a score of 25%, Craig County received a score of 50%, and Dickenson County received a score of 13%. Additionally, the Pharmacy requirement is 80%. Roanoke County received a score of 60%, Roanoke City received a score of 11%, and Covington received a score of 0%.

Section 4.1 of the Medallion 4.0 Contract states the Contractor's network shall meet or exceed Federal standards in 42 CFR §438.68 and 42 CFR §438.206, as well as the full scope of access standards described in Section 4.6, Access to Care Standards. The Contractor shall regularly assess and certify through submission of quarterly reports to the Department the adequacy of its provider network and notify the Department of any major initiatives or changes to program design (e.g., expanded benefits).

The Compliance Team recommended that in response to the issue identified above, Molina 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 # 4193)**

MIP/CAP Update:

- No updates

Appeal Decision:

- No appeals

Expiring Points:

- No points

Financial Sanctions Update:

- No outstanding sanctions at this time

Summary:

- For deliverables measuring performance for May 2021, Molina showed an outstanding level of compliance. Molina timely submitted all 24 required monthly reporting deliverables, and those deliverables did not expose any programmatic issues. Molina had two areas of concern, CMHRS Service Authorizations, and the Network Adequacy (addressed above in **CES # 4154 and 4193**). In summation, Molina complied with almost regulatory and contractual requirements.

Optima Family Care

Findings:

- **Contract Adherence:** Optima failed to timely process Pharmacy Prior Authorization requests. Per May 2021 data, there were twenty one Pharmacy Prior Authorization Requests processed past 24 hours.

Section 8.7.N of the Medallion 4.0 contract requires the MCOs to provide a response by telephone or other telecommunication within 24 hours of a service authorization request. If the Contractor denies a request for service authorization, the Contractor must issue a Notice of Action within twenty-four (24) hours of the denial to the prescriber and the member. Thus, Optima 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 **Warning Letter, 1 compliance point, a \$5,000 penalty (Level 2) and no MIP/CAP**. The CRC agreed with the Compliance Team's recommendation, and voted to issue a **Warning Letter, 1 compliance point, a \$5,000 penalty (Level 2) and no MIP/CAP** in response to this issue. (CES # 4215)

Concerns:

- **Contract Adherence:** Optima failed to timely process Community Mental Health Rehabilitation Services (CMHRS) Service Authorizations. Per May 2021 data, there was one standard CMHRS request exceeding 336 hours without requiring supplemental information.

The Compliance Team recommended that in response to the issue identified above, Optima be issued a **Notice of Non-Compliance (NONC)**. The CRC agreed with the Compliance Team's recommendation, and voted to issue a **Notice of Non-Compliance (NONC)** without any associated compliance points, financial sanctions, or corrective actions. (CES # 4213)

- **Contract Adherence:** Optima timely provided DMAS with the contractually Q1/2021 submission of the Provider Network file. However, Optima did not meet the required contract thresholds for Network Adequacy. The pediatrics requirement is 75%. Dickenson County received a score of 13%, Alleghany County received a score of 25%, Montgomery County received a score of 67%, Patrick County received a score of 25%.

Section 4.1 of the Medallion 4.0 Contract states the Contractor's network shall meet or exceed Federal standards in 42 CFR §438.68 and 42 CFR §438.206, as well as the full scope of access standards described in Section 4.6, Access to

Care Standards. The Contractor shall regularly assess and certify through submission of quarterly reports to the Department the adequacy of its provider network and notify the Department of any major initiatives or changes to program design (e.g., expanded benefits).

The Compliance Team recommended that in response to the issue 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 # 4175)**

MIP/CAP Update:

- No updates

Appeal Decision:

- No appeals

Expiring Points:

- No points

Financial Sanctions Update:

The following financial sanctions will be sent to DMAS' Fiscal Division for enforcement:

- May 2021 Pharmacy Prior Authorizations Request Issue - \$5,000 **(CES # 4215)**

Summary:

- For deliverables measuring performance for May 2021, Optima showed a moderate level of compliance. Optima timely submitted all 24 required monthly reporting deliverables, and those deliverables did not expose any programmatic issues. Three contract deliverables failed to meet contract adherence requirements to timely process Pharmacy Prior Authorization requests, CMHRS Service Authorizations, and to meet the required contract thresholds for Network Adequacy (as addressed above in **CES # 4215, 4213 & 4175**). In summation, Optima complied with most applicable 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 timely process Community Mental Health Rehabilitation Services (CMHRS) Service Authorizations. Per May 2021 data, there were four (4) standard CMHRS requests exceeding 336 hours without requiring supplemental information.

The 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 Compliance Team's recommendation, and voted to issue a **Notice of Non-Compliance (NONC)** without any associated compliance points, financial sanctions, or corrective actions. **(CES # 4134)**

- **Contract Adherence:** UnitedHealthcare timely provided DMAS with the contractually Q1/2021 submission of the Provider Network file. However, UnitedHealthcare did not meet the required contract thresholds for Network Adequacy. The pediatrics requirement is 75%. Craig County received a score of 50% and Patrick County received a score of 25%.

Section 4.1 of the Medallion 4.0 Contract states the Contractor's network shall meet or exceed Federal standards in 42 CFR §438.68 and 42 CFR §438.206, as well as the full scope of access standards described in Section 4.6, Access to Care Standards. The Contractor shall regularly assess and certify through submission of quarterly reports to the Department the adequacy of its provider network and notify the Department of any major initiatives or changes to program design (e.g., expanded benefits).

The Compliance Team recommended that in response to the issue identified above, UnitedHealthcare 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 # 4173)**

MIP/CAP Update:

- No updates

Appeal Decision:

- No appeals

Expiring Points:

- No points

Financial Sanctions Update:

- No outstanding sanctions at this time

Summary:

- For deliverables measuring performance for May 2021, United showed a moderate level of compliance. United timely submitted all 24 required monthly reporting deliverables, and those deliverables did not expose any programmatic issues. United had two areas of concern, CMHRS Service Authorizations, and the Network Adequacy (as addressed above in **CES # 4134 and 4173**). In summation, United complied with almost all regulatory and contractual requirements.

Virginia Premier

Findings:

- **Contract Adherence:** Virginia Premier failed to timely process Pharmacy Prior Authorization requests. Per May 2021 data, there were four (4) Pharmacy Prior Authorization Requests processed past 24 hours. Additionally, data submission errors were found in the submission to include inaccurate entry of MCO response time for those prior authorization requests that exceeded 24 hours and a prior authorization request with a response date prior to the entered receipt date of the request.

Section 8.7.N of the Medallion 4.0 contract requires the MCOs to provide a response by telephone or other telecommunication within 24 hours of a service authorization request. If the Contractor denies a request for service authorization, the Contractor must issue a Notice of Action within twenty-four (24) hours of the denial to the prescriber and the member. Thus, Virginia Premier 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, Virginia Premier be issued a **Warning Letter, 1 compliance point, a \$10,000 penalty (Level 3) and no MIP/CAP**. The CRC agreed with the Compliance Team's recommendation, and voted to issue a **Warning Letter, 1 compliance point, a \$10,000 penalty (Level 3) and no MIP/CAP** in response to this issue. (CES # 4220)

- **Contract Adherence:** DMAS timely received the May 2021 Early Intervention Services Report deliverable from Virginia Premier. Upon review, the Compliance Unit discovered that the report indicated that Virginia Premier failed to adjudicate one (1) clean claim for EI services within 14 days of its receipt in May 2021.

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 one clean claim for EI services within 14 days of its receipt.

According to Section 10.1.E.a of the Medallion 4.0 contract, a failure to comply with the contract that "represents a threat to [the] smooth and efficient operation" of the Medallion 4.0 program is subject to a one point penalty. As a result, the CRC voted to assess Virginia Premier a **one (1) point violation** due to its failure to adjudicate a clean claim within 14 days of its receipt.

The Compliance Team recommended that in response to the issue identified above, Virginia Premier be issued a **Warning Letter, 1 compliance point, a \$10,000 penalty (Level 3) and no MIP/CAP**. The CRC agreed with the Compliance Team's recommendation, and voted to issue a **Warning Letter, 1 compliance point, a \$10,000 penalty (Level 3) and no MIP/CAP** in response to this issue. **(CES # 4133)**

Concerns:

- **Contract Adherence:** Virginia Premier failed to timely process Community Mental Health Rehabilitation Services (CMHRS) Service Authorizations. Per May 2021 data, there was one (1) standard CMHRS request exceeding 336 hours without requiring supplemental information.

The Compliance Team recommended that in response to the issue identified above, Virginia Premier be issued a **Notice of Non-Compliance (NONC)**. The CRC agreed with the Compliance Team's recommendation, and voted to issue a **Notice of Non-Compliance (NONC)** without any associated compliance points, financial sanctions, or corrective actions. **(CES # 4135)**

- **Contract Adherence:** Virginia Premier timely provided DMAS with the contractually Q1/2021 submission of the Provider Network file. However, Virginia Premier did not meet the required contract thresholds for Network Adequacy. The pediatrics requirement is 75%. Dickenson County received a score of 63%.

Section 4.1 of the Medallion 4.0 Contract states the Contractor's network shall meet or exceed Federal standards in 42 CFR §438.68 and 42 CFR §438.206, as well as the full scope of access standards described in Section 4.6, Access to Care Standards. The Contractor shall regularly assess and certify through submission of quarterly reports to the Department the adequacy of its provider network and notify the Department of any major initiatives or changes to program design (e.g., expanded benefits).

The Compliance Team recommended that in response to the issue 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 # 4174)**

- **Contract Adherence:** Virginia Premier failed to report 100% of the Newborn Medicaid or FAMIS IDs within 60 days of birth. Virginia Premier reported 274 out of 279 (98.2%).

Section 6.4.A of the Medallion 4.0 contract requires the Contractor must ensure that the newborn has a Medicaid or FAMIS ID number before sixty (60) days. Thus, Virginia Premier violated the terms of the Medallion 4.0 contract in the area addressed above.

The Compliance Team recommended that in response to the issue 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 # 4235)**

MIP/CAP Update:

- No updates.

Appeal Decision:

- Virginia Premier requested reconsideration of Warning Letter, 1 point and \$10,000 financial penalty (Level 3) following five (5) PA requests exceeding 24 hours **(CES # 4037)**. The five (5) PA requests ranged from 36 to 70 hours to process. SMEs and Management decided to uphold this enforcement.

Expiring Points:

- No Points

Financial Sanctions Update:

The following financial sanctions will be sent to DMAS' Fiscal Division for enforcement:

- May 2021 Pharmacy Prior Authorizations Request Issue - \$10,000 **(CES# 4220)**
- May 2021 EI Claims Payment Issue - \$10,000 **(CES # 4133)**

Summary:

- For deliverables measuring performance for May 2021, Virginia Premier showed a satisfactory level of compliance. Virginia Premier timely submitted all 24 required monthly reporting deliverables. Two monthly deliverables failed to meet contract adherence requirements for Pharmacy Prior Authorization requests and timely payment of EI claims (as addressed above in **CES # 4220 & 4133**). Three contract deliverables failed to meet contract adherence requirements to report 100% of Newborn IDs, to timely process CMHRS Service Authorizations, and to meet the required contract thresholds for Network Adequacy (as addressed above in **CES # 4235, 4135 & 4174**). In summation, Virginia Premier complied with most applicable regulatory and contractual requirements.

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 continued its enforcement efforts in the area of the timely processing Early Intervention Claims, CMHRS Requests, and Pharmacy Prior Authorization turnaround times. The MCOs were notified of their non-compliance with these issues. The Compliance Unit requested adherence to the Medallion 4.0 contract and issued points as well as financial sanctions as appropriate.

The HCS Compliance Unit is also coordinating with the IC Compliance Unit to align enforcement actions as applicable between the two contracts.