

Monthly MCO Compliance Report

Medallion 4.0 January 2021 Deliverables



Health Care Services Division

March 12, 2021

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Compliance Points Overview

MCO	Prior Month Point Balance	Point(s) Incurred for Current Month*	Point(s) Expiring from January 2020	Final Point Balance*	Area of Violation: Finding or Concern
<u>Aetna</u>	2.0	0.0	0	2.0	FINDINGS NONE CONCERNS NONE
<u>Anthem</u>	10.0	1.0	0	11.0	FINDINGS Untimely Internal Appeals CONCERNS Pharmacy PA Report Newborn ID requirements Data Submission Error
<u>Magellan</u>	0.0	0.0	0	0.0	FINDINGS NONE CONCERNS NONE
<u>Optima Health</u>	14.0	1.0	0	15.0	FINDINGS EI Claims Issue CONCERNS Provider Call Center Data Submission Error Pharmacy PA Report
<u>United</u>	2.0	0.0	0	2.0	FINDINGS NONE CONCERNS Data Submission Error
<u>VA Premier</u>	15	7.0	2.0	20.0	FINDINGS Untimely Internal Appeals EI Claims Issue MCO Claims Issue CONCERNS Pharmacy PA Report Data Submission Error Newborn ID requirements

**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 January 2020 (Issue date: 2/15/2020) expire on 2/15/2021 and are subtracted from the final point balance.

Summary

The **Compliance Review Committee (CRC)** met on March 5, 2021 to review deliverables measuring performance for January 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 compliance enforcement actions necessary in response to identified issues of potential non-compliance.

Due to the current emergency crisis during COVID-19, Health Care Services (HCS) Compliance Unit will exercise its enforcement discretion on the issuance of points and/or financial penalties on identified issues of non-compliance during this period, unless the identified areas of non-compliance are egregious violations. HCS Compliance Unit will continue to monitor and document areas of noncompliance. The Department will expect health plans to come into compliance with all aspects of the Medallion 4.0 contract prior to the end of the emergency period.

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 data reporting errors.

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 January's compliance issues in letters and emails issued to the MCOs on March 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:

- 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 January 2021, Aetna showed an outstanding level of compliance. Aetna timely submitted all 23 required monthly reporting deliverables, and those deliverables did not expose any programmatic issues, and Aetna complied with all applicable provider payment timeliness requirements. In summation, Aetna was an outstanding performer in January 2021, and complied with every regulatory and contractual requirements.

Anthem HealthKeepers Plus

Findings:

- **Appeals and Grievances Report:** The Department timely received the January 2021 Appeals and Grievances Report deliverable from Anthem. Upon review, a DMAS subject matter expert discovered that the report indicated that Anthem failed to adjudicate a total of one (1) appeal within 14 days of their filing as required by the New 1135 Waiver and Administrative Provider Flexibilities Related to COVID-19 Medicaid Memo, dated May 26, 2020.

Per the New 1135 Waiver and Administrative Provider Flexibilities Related to COVID-19 Medicaid Memo, dated May 26, 2020, the federal government has authorized DMAS to exercise its right to change the timeframe in which a MCO issues an internal member appeal decision from 30 days to 14 calendar days. Therefore, "Medicaid members who are enrolled in a Managed Care Organization ('MCO') must continue to exhaust the MCO's internal appeal process before appealing to DMAS." Further, DMAS requires the MCO "to issue an internal appeal decision within 14 calendar days of receipt of the appeal request. If the MCO's decision is not issued within the 14-day period, the appeal is deemed exhausted and the enrollee can appeal to DMAS."

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 Anthem **one (1) point violation** due to its failure to process one (1) member appeal within 14 days without a request for an extension.

Anthem has accumulated 11.0 points, placing it in Level 2 on the Compliance Deficiency Identification System. Thus, a financial sanction of **\$5,000.00** will be issued in response to this issue. The CRC voted not to require Anthem to submit a corrective action plan (CAP). **(CES # 3733)**

Concerns:

- **Contract Adherence:** Anthem failed to report 100% of the Newborn Medicaid or FAMIS IDs within 60 days of birth. Anthem reported 165 out of 177 (93%).

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 # 3754)**

- **Contract Adherence:** Anthem failed to timely process Pharmacy Prior Authorization requests. Per January data, there were three (3) 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, 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 **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 # 3702)**

- **Data Submission Error:** The Department timely received the Providers Failing Accreditation/Credentialing & Terminations Quarterly Report deliverable from Anthem. Upon review, a DMAS subject matter expert discovered that Anthem failed to include two (2) providers on the Q4 (October – December 2020 data) Providers Failing Accreditation/Credentialing & Terminations report.

As described in Section 10.1.E.d.b of the Medallion 4.0 Contract, the MCOs are required to submit all reporting deliverables in the format and with the contents specified in the Medallion 4.0 Contract and the Medallion 4.0 Deliverables Technical Manual.

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 # 3703)**

MIP/CAP Update:

- No updates

Appeal Decision:

- No appeals

Expiring Points:

- No expiring points

Financial Sanctions Update:

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

- January 2021 Appeals Process Issue - \$5,000 (CES # 3733)

Summary:

- For deliverables measuring performance for January 2021, Anthem showed a moderate level of compliance. Anthem timely submitted 23 required monthly reporting deliverables and those deliverables did not expose any programmatic issues. One contract requirement was not met requiring the MCO to report the Newborn Medicaid or FAMIS IDs for all Newborns within 60 days of birth (as addressed above in **CES # 3754**). Two monthly deliverables failed to meet contract adherence requirements to timely adjudicate internal member appeals and to timely process Pharmacy Prior Authorization requests (addressed above in **CES # 3733 and # 3702**). One quarterly deliverable failed to include two (2) providers on the Q4 Providers Failing Accreditation/Credentialing & Terminations report (as addressed above in **CES # 3703**). In summation, Anthem complied with most applicable regulatory and contractual requirements.

Magellan Complete Care

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:

- No appeals

Expiring Points:

- No expiring points

Financial Sanctions Update:

- No outstanding sanctions at this time

Summary:

- For deliverables measuring performance for January 2021, Magellan showed an outstanding level of compliance. Magellan timely submitted all 23 required monthly reporting deliverables, and those deliverables did not expose any programmatic issues, and Magellan complied with all applicable provider payment timeliness requirements. In summation, Magellan was a top performer in January 2021, and complied with every regulatory and contractual requirements.

Optima Family Care

Findings:

- **Untimely Payment of EI Claims:** DMAS timely received the January 2021 Early Intervention Services Report deliverable from Optima Family Care. Upon review, the Compliance Unit discovered that the report indicated that Optima failed to adjudicate one (1) clean claim for EI services within 14 days of its receipt in January 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, Optima 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 Optima a **one (1) point violation** due to its failure to adjudicate a clean claim within 14 days of its receipt.

Optima has accumulated 15.0 points, placing it in Level 2 on the Compliance Deficiency Identification System. Thus, a financial sanction of **\$5,000.00** will be issued in response to this issue. The CRC voted not to require Optima to submit a corrective action plan (CAP). **(CES # 3698)**

Concerns:

- **Call Center Statistics:** DMAS timely received the January 2021 MCO Provider Call Center Statistics report from Optima Family Care. Upon review, the Compliance Unit discovered that the report indicated that Optima did not meet the required contract thresholds for call center statistics (did not answer 95% of incoming provider calls). Optima answered 78.7% of incoming provider calls in the month of January 2021.

Section 5.9 of the Medallion 4.0 contract requires that the MCOs Provider call abandonment rates shall average less than five percent (5%) each month. Optima Family Care failed to answer at least 95% of the incoming provider calls to be in compliance with the Medallion 4.0 contract.

Since Optima is currently under their **MCO Improvement Plan (MIP)** from November 2020 call center data, 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.

However, the Department may proceed with issuance of points or financial sanctions for failing to meet call center reporting requirements in the future.

As a result, 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 # 3700)**.

- **Contract Adherence:** Optima failed to timely process Pharmacy Prior Authorization requests. Per January 2021 data, there were 47 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 **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 # 3701)**

- **Data Submission Error:** The Department timely received the Providers Failing Accreditation/Credentialing & Terminations Quarterly Report deliverable from Optima. Upon review, a DMAS subject matter expert discovered that Optima failed to include four (4) providers on the Q4 (October – December 2020 data) Providers Failing Accreditation/Credentialing & Terminations report.

As described in Section 10.1.E.d.b of the Medallion 4.0 Contract, the MCOs are required to submit all reporting deliverables in the format and with the contents specified in the Medallion 4.0 Contract and the Medallion 4.0 Deliverables Technical Manual.

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 # 3704)**

MIP/CAP Update:

- No updates

Appeal Decision:

- No appeals

Expiring Points:

- No expiring points

Financial Sanctions Update:

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

- January 2021 EI Claims Payment Issue - \$5,000 (CES # 3698)

Summary:

- For deliverables measuring performance for January 2021, Optima showed a moderate level of compliance. Optima timely submitted all 23 required monthly reporting deliverables, and those deliverables did not expose any programmatic issues. Two monthly deliverables failed to meet contract adherence requirements for the EI claims adjudication within 14 days, and the timely processing of Pharmacy Prior Authorization requests within 24 hours (as addressed above in **CES # 3698, & 3701**). One monthly deliverable failed to meet contract adherence requirements for answering incoming provider calls (as addressed above in **CES # 3700**). One quarterly deliverable failed to include four (4) providers on the Q4 Providers Failing Accreditation/Credentialing & Terminations report (as addressed above in **CES # 3704**). 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:

- **Data Submission Error:** The Department timely received the Providers Failing Accreditation/Credentialing & Terminations Quarterly Report deliverable from UnitedHealthcare. Upon review, a DMAS subject matter expert discovered that United failed to include four (4) providers on the Q4 Providers Failing Accreditation/Credentialing & Terminations (October – December 2020 data).

As described in Section 10.1.E.d.b of the Medallion 4.0 Contract, the MCOs are required to submit all reporting deliverables in the format and with the contents specified in the Medallion 4.0 Contract and the Medallion 4.0 Deliverables Technical Manual.

The Compliance Team recommended that in response to the issue identified above, United 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 # 3696)

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 January 2021, United showed a very high level of compliance. United timely submitted all 23 required monthly reporting deliverables, and those deliverables did not expose any programmatic issues. United failed to include four (4) providers on the Q4 Providers Failing Accreditation/Credentialing & Terminations report (as addressed above in **CES # 3696**). In summation, United complied with nearly all applicable regulatory and contractual requirements.

Virginia Premier

Findings:

- **Appeals and Grievances Report:** The Department timely received the January 2021 Appeals and Grievances Report deliverable from Virginia Premier. Upon review, a DMAS subject matter expert discovered that the report indicated that Virginia Premier failed to adjudicate a total of two (2) appeals within 14 days of their filing as required by the New 1135 Waiver and Administrative Provider Flexibilities Related to COVID-19 Medicaid Memo, dated May 26, 2020.

Per the New 1135 Waiver and Administrative Provider Flexibilities Related to COVID-19 Medicaid Memo, dated May 26, 2020, the federal government has authorized DMAS to exercise its right to change the timeframe in which a MCO issues an internal member appeal decision from 30 days to 14 calendar days. Therefore, "Medicaid members who are enrolled in a Managed Care Organization ('MCO') must continue to exhaust the MCO's internal appeal process before appealing to DMAS." Further, DMAS requires the MCO "to issue an internal appeal decision within 14 calendar days of receipt of the appeal request. If the MCO's decision is not issued within the 14-day period, the appeal is deemed exhausted and the enrollee can appeal to DMAS."

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 **one (1) point violation** due to its failure to process two (2) member appeals within 14 days without a request for an extension.

Virginia Premier has accumulated 20.0 points, placing it in Level 2 on the Compliance Deficiency Identification System. Thus, a financial sanction of **\$5,000.00** will be issued in response to this issue. The CRC voted not to require Virginia Premier to submit a corrective action plan (CAP). **(CES # 3713)**

- **MCO Claims Report:** The Department timely received the December 2020 and January 2021 MCO Claims Report deliverable from Virginia Premier. Upon review, a DMAS subject matter expert discovered that the reports indicated that Virginia Premier failed to process 189 clean claims within 365 days in December 2020 and 26 clean claims with 365 days in January 2021.

On January 22, 2021, the Department requested additional documentation relating to Virginia Premier's MCO Claims Report submission for December 2020. In its December 2020 MCO Claims Report submission, Virginia Premier

reported that **189 claims** were not processed within 365 days of receipt as required by 42 C.F.R. §447.45. Virginia Premier responded by reporting a system issue related to benefit configuration and manual processing of pended claims that resulted in the claims exceeding 365 days. Virginia Premier offered to submit their remediation plan in lieu of claims details. The Compliance Team reviewed Virginia Premier's remediation plan submitted to the Department on February 5, 2021 relating to the claims exceeding 365 days and written descriptions of the root causes of the issues.

In its written descriptions of the claims at issue, Virginia Premier indicated that each of the claims had not been adjudicated in under 365 days. Virginia Premier indicated the Contract Configuration team has a daily pend review meeting to address any system or contract configuration related edit. Additionally, Virginia Premier will ensure updates are made to the benefit edits to deny claims where it is appropriate.

Upon reviewing Virginia Premier's remediation plan, the Department found that **189 claims** in December 2020 and **26 claims** in January 2021 were adjudicated untimely and out of compliance with 42 C.F.R. §447.45.

According to Section 10.1.E.b of the Medallion 4 Contract, failures to comply with the Contract that represent "a threat to the integrity of the program" or that "infringe on the rights of a member or potential enrollee" should receive 5 points. As a result of the issue identified above, Virginia Premier will be issued a **five (5) point violation**.

Virginia Premier is currently placed in in Level 2 on the Compliance Deficiency Identification System. Thus, a financial sanction of **\$5,000.00** will be issued in response to this issue. The CRC voted not to require Virginia Premier to submit a corrective action plan (CAP). **(CES # 3615 & 3694)**

- **Untimely Payment of EI Claims:** DMAS timely received the January 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 21 clean claims for EI services within 14 days of its receipt in January 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 21 clean claims 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 21 clean claims within 14 days of its receipt.

Virginia Premier has accumulated 20.0 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, Virginia Premier will be assessed a **\$5,000 financial sanction** for its failure to adjudicate EI clean claims within 14 days of their receipt. The CRC voted not to require Virginia Premier to submit a corrective action plan (CAP). **(CES # 3693)**

Concerns:

- **Contract Adherence:** Virginia Premier failed to timely process Pharmacy Prior Authorization requests. Per January data, there were 13 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, 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 **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 # 3695)**

- **Data Submission Error:** The Department timely received the Providers Failing Accreditation/Credentialing & Terminations Quarterly Report deliverable from Virginia Premier. Upon review, a DMAS subject matter expert discovered that Virginia Premier failed to include four (4) providers on the Q4 Providers Failing Accreditation/Credentialing & Terminations (October – December 2020 data).

As described in Section 10.1.E.d.b of the Medallion 4.0 Contract, the MCOs are required to submit all reporting deliverables in the format and with the contents specified in the Medallion 4.0 Contract and the Medallion 4.0 Deliverables Technical Manual.

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 # 3697)**

- **Contract Adherence:** Virginia Premier failed to report 100% of the Newborn Medicaid or FAMIS IDs within 60 days of birth. Virginia Premier reported 178 out of 179 (99%).

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 as 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 # 3753)**

MIP/CAP Update:

- No updates

Appeal Decision:

- No Appeals

Expiring Points:

- **Case # 2650:** January 2020 - Late/Missing Data Submission - MCO Improvement Plan (MIP). 1 point was removed from Virginia Premier's total by closing **CES # 2650**.
- **Case # 2677:** January 2020 - Appeals & Grievances Summary - 1 point was removed from Virginia Premier's total by closing **CES # 2677**.

Financial Sanctions Update:

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

- January 2021 EI Claims Payment Issue - \$5,000 **(CES # 3693)**
- December 2020 - January 2021 MCO Claims Payment Issue - \$5,000 **(CES # 3615 & 3694)**
- January 2021 Appeals Process Issue - \$5,000 **(CES # 3713)**

Summary:

- For deliverables measuring performance for January 2021, Virginia Premier showed a moderate level of compliance. Virginia Premier timely submitted 23 required monthly reporting deliverables. Four monthly deliverables failed to meet contract adherence requirements for the EI claims adjudication within 14 days, MCO claims adjudication within 365 days, to adjudicate internal member appeals within 14 days requirements, and the timely processing of Pharmacy Prior Authorization requests within 24 hours (as addressed above in **CES # 3693, 3615 & 3701, 3695, 3713**). One contract requirement was not met requiring the MCO to report the Newborn Medicaid or FAMIS IDs for all Newborns within 60 days of birth (as addressed above in **CES # 3753**). One quarterly deliverable failed to include four (4) providers on the Q4 Providers Failing Accreditation/Credentialing & Terminations report (as addressed above in **CES # 3697**). 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 of Appeals & Grievances, Early Intervention Claims, MCO Claims 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 of 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.