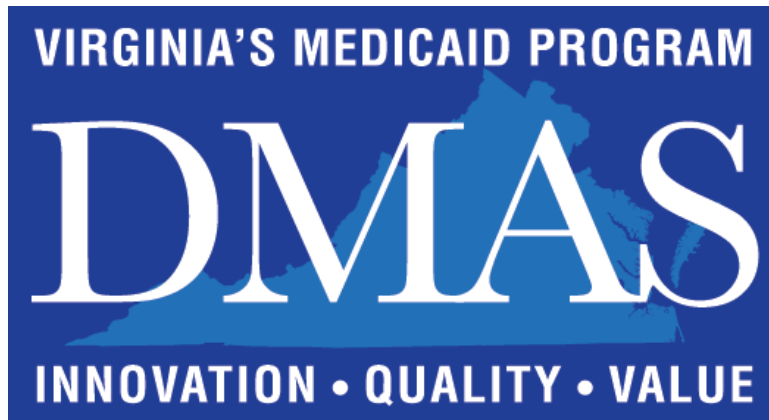


Monthly MCO Compliance Report

Medallion 4.0 April 2022 Deliverables



Health Care Services Division

June 8, 2022

Monthly MCO Compliance Report

Medallion 4.0 April 2022 Deliverables

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Compliance Points Overview

MCO	Prior Month Point Balance	Point(s) Incurred for Current Month*	Point(s) Expiring from April 2021	Final Point Balance*	Area of Violation: Finding or Concern
<u>Aetna</u>	6	1	0	7	FINDINGS APPEALS & GRIEVANCES CONCERNS NONE
<u>Anthem</u>	10	1	1	10	FINDINGS APPEALS & GRIEVANCES CONCERNS CMHRS SA MEMBER COMMUNICATION
<u>Molina</u>	17	1	0	18	FINDINGS DATA SUBMISSION ERROR CONCERNS CMHRS SA
<u>Optima</u>	5	0	2	3	FINDINGS NONE CONCERNS NONE
<u>United</u>	7	1	1	7	FINDINGS APPEALS & GRIEVANCES CONCERNS EI CLAIMS CMHRS SA LATE/MISSING DATA SUBMISSION
<u>VA Premier</u>	17	1	6	12	FINDINGS PROVIDER CALL STATS CONCERNS NONE

**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 April 2021 (Issue date: 5/15/2021) expire on 5/15/2022 and are subtracted from the final point balance.

Summary

The **Compliance Review Committee (CRC)** met on June 1, 2022 to review deliverables measuring performance for April 2022 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 should be taken in response to identified compliance issues.

The CRC voted to issue five Warning Letters with associated compliance points and financial penalties, as well as Notices of Non-Compliance and a request for an MCO Improvement Plan, to Managed Care Organizations (MCOs) for failure to meet contractual requirements or thresholds.

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 April's compliance issues in letters and emails issued to the MCOs on June 3, 2022.

Aetna Better Health of Virginia

Findings:

- **Contract Adherence:** Aetna Better Health failed to resolve four (4) internal member appeals within 30 days. Aetna processed these appeals in 43, 49, 57, and 58 days.

Section 12.3 of the Medallion 4.0 contract, states the Contractor shall process, resolve, and provide notice to each appeal as expeditiously as the Member's health condition requires and shall not exceed 30 calendar days from the initial date of receipt of the appeal.

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 (1) point penalty.

The Compliance Team recommended that in response to the issue identified above, Aetna be issued a **Warning Letter and one (1) compliance point** with no financial penalty, MIP, or CAP. The CRC agreed with the Compliance Team's recommendation, and voted to issue a **Warning Letter and one (1) compliance point** in response to this issue. (CES # 4994)

Concerns:

- No concerns

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 April 2022, Aetna showed a high level of compliance. Aetna timely submitted all 23 required monthly reporting deliverables. One contract deliverable failed to meet contract adherence requirements for the timely processing of internal member appeals (as addressed above in **CES # 4994**). In summation, Aetna complied with nearly all applicable regulatory and contractual requirements.

Anthem HealthKeepers Plus

Findings:

- **Contract Adherence:** Anthem HealthKeepers Plus failed to resolve nine (9) internal member appeals within 30 days. Anthem processed these appeals between 31 and 620 days.

Section 12.3 of the Medallion 4.0 contract, states the Contractor shall process, resolve, and provide notice to each appeal as expeditiously as the Member's health condition requires and shall not exceed 30 calendar days from the initial date of receipt of the appeal.

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 (1) point penalty.

The Compliance Team recommended that in response to the issue identified above, Anthem be issued a **Warning Letter and one (1) compliance point** with no financial penalty, MIP, or CAP. The CRC agreed with the Compliance Team's recommendation, and voted to issue a **Warning Letter and one (1) compliance point** in response to this issue. **(CES # 4995)**

Concerns:

- **Contract Adherence:** Anthem timely provided the Community Mental Health Rehabilitation Services (CMHRS) Service Authorizations. Per the April 2022 data, there was one (1) CMHRS standard service authorization request that did not require supplemental information and was not processed within 14 days. This request was processed in 58 days. Anthem's overall timeliness for processing CMHRS Service Authorization requests for the month of April was 99.85%.

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 **Notice of Non-Compliance (NONC)** in response to this issue. **(CES #4973)**

- **Contract Adherence:** On May 4, 2022, DMAS learned that Anthem HealthKeepers Plus released an email communication to members with the subject line 'Medicaid enrollment processes start soon,' dated April 26, 2022. The email communication included unapproved language encouraging Medicaid members to switch to Anthem. Anthem did not obtain DMAS

approval and utilized outdated template language in Member communication materials.

Section 7.7 of the Medallion 4.0 Contract states for all enrollment, disenrollment, and educational documents and materials made available to members by the Contractor must be submitted to the Department for its review at start-up, upon revision, and upon request unless specified elsewhere in the contract. Further, the Contractor must submit its Member materials to the Department for review and approval thirty (30) days prior to initial posting and thirty (30) days prior to any substantive changes being made.

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 **Notice of Non-Compliance (NONC)** in response to this issue. **(CES # 4957)**

MIP/CAP Update:

- Regarding case # 4913, Anthem's MIP response stated all requests for interpreter services, including face-to-face, telehealth, and over-the-phone requests will be forwarded to Anthem for the arrangement of interpreter services. Anthem will maintain a log of requests for all interpreter services and coordinate them with the vendor CulturalLink to obtain those services. Anthem will be publishing an article in the provider newsletter reminding providers to schedule interpreter services five (5) business days in advance of the appointment and asking providers to reach out to the health plan with any concerns so they can be addressed in real time. The target for this newsletter article is the July 2022 newsletter. Anthem will survey 100% of providers requesting face-to-face interpretation for the next 30 days. For days 60-90, the Virginia Medicaid health plan will survey 50% of the requests for these face-to-face interpreter services. Thereafter, Anthem will survey 25% of face-to-face requests each month. The survey will consist of the Virginia Medicaid health plan calling the provider's office to ask if the interpreter arrived on time and if the provider was satisfied with the services. Re-education is being done with CulturalLink to make sure they outreach to Anthem as soon as they know that a face-to-face interpreter cannot attend a scheduled appointment so that telehealth interpreter services can be arranged. This MIP was approved on June 2, 2022.

Appeal Decision:

- No appeals

Expiring Points:

- **Case # 4033:** April 2021 – Pharmacy Prior Authorization Issue. 1 point was removed from Anthem's total by closing **CES # 4033**.

Financial Sanctions Update:

- No outstanding sanctions at this time.

Summary:

- For deliverables measuring performance for April 2022, Anthem showed a moderate level of compliance. Anthem timely submitted all 23 required monthly reporting deliverables. Two contract deliverables failed to meet contract adherence requirements for timely processing of internal member appeals, and CMHRS service authorizations (as addressed above in **CES # 4995 & 4973**). Anthem also failed to meet contract adherence requirements for member communication (as addressed above in **CES # 4957**). In summation, Anthem complied with most applicable regulatory and contractual requirements.

Molina Complete Care

Findings:

- **Data Submission Error:** Molina Complete Care timely submitted the monthly Appeals and Grievances Summary Report. However, this report did not include data on two of the three tabs. On May 23, 2022, DMAS requested this report to be corrected and resubmitted by May 24, 2022. On May 25, 2022 Molina requested additional time to complete the request and an extension until May 31, 2022 was granted. Molina failed to resubmit the Appeals and Grievances Summary report with complete data by May 31, 2022.

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.

Molina is placed in Level 2 on the Compliance Deficiency Identification System. As described in 10.1.D of the Medallion 4.0 contract, an MCO in Level 2 of the Compliance Deficiency Identification System is subject to a \$5,000 financial sanction.

The Compliance Team recommended that in response to the issue identified above, Molina be issued a **Warning Letter, one (1) compliance point, and a \$5,000 financial penalty**, with no MIP or CAP required. The CRC agreed with the Compliance Team's recommendation, and voted to issue a **Warning Letter, one (1) compliance point, and a \$5,000 financial penalty** in response to this issue. (CES # 4996)

Concerns:

- **Contract Adherence:** Molina timely provided the Community Mental Health Rehabilitation Services (CMHRS) Service Authorizations. Per the April 2022 data, there was one (1) CMHRS standard service authorization request that did not require supplemental information and was not processed within 14 days. This request was processed in 18 days. Additionally, there was one (1) expedited service authorization request that did not require supplemental information and was not processed within 72 hours. This request was processed in 97 hours. Molina's overall timeliness for processing CMHRS Service Authorization requests for the month of April was 99.92%.

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 **Notice of Non-Compliance (NONC)** in response to this issue. (CES #4974)

MIP/CAP Update:

- Regarding CES cases 4673 and 4674, Molina submitted weekly call center statistics for review by the Department as part of the approved Corrective Action Plan (CAP). Molina's weekly call center statistics have been in compliance with the Medallion 4.0 contract. Molina's CAP was resolved on June 3, 2022.
- Regarding CES case 4913, Molina's MIP response stated their interpreter servicing company, GLOBO was unsuccessful at securing an on-site interpreter for the same member on 3 different occasions. To prevent this issue from recurring, GLOBO has a 30-day goal to add 5 or more available Spanish interpreters for onsite assistance in Virginia. Also, the GLOBO leadership team will be conducting an Awareness campaign for all areas within Molina that use GLOBO Services on how to request an on-site service, what to do if one is not available, and who is made aware of any changes or cancellations in a request. Molina will complete training with contact center staff to ensure requests are correctly entered into the GLOBO HQ system, to select interpreter services based on the caller needs along with the availability of GLOBO services, to follow-up timely with the provider and member when rescheduling GLOBO interpreter services and share the GLOBO awareness campaign materials. This MIP was approved on June 2, 2022.

Appeal Decision:

- No appeals

Expiring Points:

- No points

Financial Sanctions Update:

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

- April 2022 Data Submission Error Issue - \$5,000 (CES# 4996)

Summary:

- For deliverables measuring performance for April 2022, Molina showed a moderate level of compliance. Molina timely submitted all 23 required monthly reporting deliverables. One deliverable failed to include required data and one deliverable failed to meet contract adherence requirements for the timely processing of CMHRS Service Authorizations (as addressed above in CES # 4996 & 4974). In summation, Molina complied with most regulatory and contractual requirements.

Optima Family 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:

- **Case # 4053:** April 2021 – EI Claims Issue. 1 point was removed from Optima’s total by closing **CES # 4053**.
- **Case # 4117:** April 2021 – Appeals & Grievances Issue. 1 point was removed from Optima’s total by closing **CES # 4117**.

Financial Sanctions Update:

- No outstanding sanctions at this time.

Summary:

- For deliverables measuring performance for April 2022, Optima showed a very high level of compliance. Optima timely submitted all 23 required monthly reporting deliverables. In summation, Optima complied with all applicable regulatory and contractual requirements.

UnitedHealthcare

Findings:

- **Contract Adherence:** UnitedHealthcare failed to resolve two (2) internal member appeals within 30 days. UnitedHealthcare processed these appeals on day 33 and 47.

Section 12.3 of the Medallion 4.0 contract, states the Contractor shall process, resolve, and provide notice to each appeal as expeditiously as the Member's health condition requires and shall not exceed 30 calendar days from the initial date of receipt of the appeal.

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 (1) point penalty.

The Compliance Team recommended that in response to the issue identified above, UnitedHealthcare be issued a **Warning Letter and one (1) compliance point** with no financial penalty, MIP, or CAP. The CRC agreed with the Compliance Team's recommendation, and voted to issue a **Warning Letter and one (1) compliance point** in response to this issue. **(CES # 4993)**

Concerns:

- **Contract Adherence:** The Department timely received the April 2022 Early Intervention Services Report from UnitedHealthcare. Upon review, a DMAS subject matter expert discovered the report indicated UnitedHealthcare failed to process two (2) clean claims within 14 calendar days.

On May 19, 2022, the Compliance Unit requested detailed claim information relating to the two (2) clean claims not paid within 14 days. UnitedHealthcare reported paying these claims on day 21 and 22.

The overall timeliness of adjudicated clean claims was 99.68% for the month of April 2022.

UnitedHealthcare has failed to meet the required contract thresholds for Early Intervention claims adjudication in January 2022, February 2022, and March 2022.

Section 10.1.F.d of the Medallion 4.0 contract states that the Department may, at its discretion, require an MCO to submit an MCO Improvement Plan to address minor compliance violations, failures, and deficiencies.

The Compliance Team recommended that in response to the issue identified above, UnitedHealthcare be issued a **Notice of Non-Compliance (NONC)** and be required to prepare and submit an **MCO Improvement Plan (MIP)**. The CRC agreed with the Compliance Team's recommendation, and voted to issue a **Notice of Non-Compliance (NONC)** and require UnitedHealthcare to submit an **MCO Improvement Plan (MIP)**. (CES # 4955)

- **Contract Adherence:** UnitedHealthcare timely provided the Community Mental Health Rehabilitation Services (CMHRS) Service Authorizations. Per the April 2022 data, there were two (2) CMHRS standard service authorization requests that did not require supplemental information and were not processed within 14 days. These requests were processed on day 16 and day 20. UnitedHealthcare's overall timeliness for processing CMHRS Service Authorization requests for the month of April was 99.27%.

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 **Notice of Non-Compliance (NONC)** in response to this issue. (CES #4956)

- **Untimely Deliverable Submission:** UnitedHealthcare failed to timely submit its quarterly Drug Rebate Report. The Compliance Unit alerted UnitedHealthcare of the missing file on May 17, 2022. UnitedHealthcare submitted the missing report to the Department later that day.

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, UnitedHealthcare 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, 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 **Notice of Non-Compliance (NONC)** response to this issue. (CES # 4954)

MIP/CAP Update:

- No updates

Appeal Decision:

- No appeals

Expiring Points:

- **Case # 4034:** April 2021 – EI Claims Issue. 1 point was removed from UnitedHealthcare’s total by closing **CES # 4034**.

Financial Sanctions Update:

- No outstanding sanctions at this time.

Summary:

- For deliverables measuring performance for April 2022, UnitedHealthcare showed a moderate level of compliance. UnitedHealthcare timely submitted all 23 required monthly reporting deliverables, however, one quarterly deliverable was not submitted timely (as addressed above in **CES # 4954**). Three contract deliverables failed to meet contract adherence requirements for timely processing of internal member appeals, EI claims, and CMHRS SA requests (as addressed above in **CES # 4993, 4955, & 4956**). In summation, UnitedHealthcare complied with many regulatory and contractual requirements.

Virginia Premier

Findings:

- **Call Center Statistics:** DMAS timely received the April 2022 MCO Provider Call Center Statistics report from Virginia Premier. Upon review, the Compliance Unit discovered that Virginia Premier did not meet the required contract thresholds for call center statistics (did not answer 95% of incoming provider calls). Virginia Premier answered 93.79% of incoming provider calls in the month of April 2022.

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. Virginia Premier failed to answer at least 95% of the incoming provider calls to be in compliance with the Medallion 4.0 contract.

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.

Virginia Premier is placed in Level 2 on the Compliance Deficiency Identification System. As described in 10.1.D of the Medallion 4.0 contract, an MCO in Level 2 of the Compliance Deficiency Identification System is subject to a \$5,000 financial sanction.

The Compliance Team recommended that in response to the issue identified above, Virginia Premier be issued a **Warning Letter, 1 compliance point, and \$5,000 financial penalty** with no MIP/CAP. The CRC agreed with the Compliance Team's recommendation, and voted to issue a **Warning Letter, 1 compliance point, and \$5,000 financial penalty** in response to this issue. (CES # 4953)

Concerns:

- No concerns

MIP/CAP Update:

- No updates

Appeal Decision:

- No appeals

Expiring Points:

- **Case # 4035:** April 2021 – MCO Claims Issue. 5 points were removed from Virginia Premier's total by closing CES # 4035.

- **Case # 4037:** April 2021 – Pharmacy Prior Authorizations Issue. 1 point was removed from Virginia Premier’s total by closing **CES # 4037**.

Financial Sanctions Update:

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

- April 2022 Provider Call Center Statistics Issue - \$5,000 (**CES# 4953**)

Summary:

- For deliverables measuring performance for April 2022, Virginia Premier showed a high level of compliance. Virginia Premier timely submitted all 23 required monthly reporting deliverables. One contract deliverable failed to meet contract adherence requirements for provider call center statistics (as addressed above in **CES # 4953**). In summation, Virginia Premier complied with most regulatory and contractual requirements.

Next Steps

At this time, the Compliance Unit continues to host monthly Compliance Review Committee meetings, follow up on recurring issues, and communicate with the MCOs regarding identified issues. The Compliance Unit is also 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 to ensure the timely submission of deliverables and timely processing of service authorizations and member appeals. The Compliance Unit also remains focused on overall compliance with contractual requirements – especially those with an impact on members and providers. The MCOs have been notified of their non-compliance in these areas. The Compliance Unit has also requested adherence to the Medallion 4.0 contract and issued points as appropriate.

The HCS Compliance Unit continues to coordinate with the IC Compliance Unit to align enforcement actions as applicable between the two contracts.