

Monthly MCO Compliance Report

Medallion 4.0 January 2023 Deliverables



Health Care Services Division

February 7, 2023

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Compliance Points Overview

MCO	Prior Month Point Balance	Point(s) Incurred for Current Month*	Point(s) Expiring from December 2021	Final Point Balance*	Area of Violation: Finding or Concern
<u>Aetna</u>	9	0	5	4	FINDINGS NONE CONCERNS CMHRS SA
<u>Anthem</u>	9	0	0	9	FINDINGS NONE CONCERNS APPEALS & GRIEVANCES PHARMACY PA
<u>Molina</u>	12	0	0	12	FINDINGS NONE CONCERNS CMHRS SA DATA SUBMISSION ERROR
<u>Optima</u>	2	0	0	2	FINDINGS NONE CONCERNS NONE
<u>United</u>	4	0	0	4	FINDINGS NONE CONCERNS NONE
<u>VA Premier</u>	4	0	1	3	FINDINGS NONE 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 December 2021 (Issue date: 1/15/2022) expire on 1/15/2023 and are subtracted from the final point balance.

Summary

The **Compliance Review Committee (CRC)** met on February 1, 2023, to review deliverables measuring performance for December 2022. The meeting's agenda covered all identified and referred issues of non-compliance, including a data submission error and failure to meet contract thresholds related to service authorizations and member appeals.

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 enforcement letters to the impacted Managed Care Organizations (MCOs), all of which were Notices of Non-Compliance (NONC).

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 December's compliance issues in letters and emails issued to the MCOs on February 3, 2023.

Aetna Better Health of Virginia

Findings:

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

Concerns:

- **Contract Adherence:** Aetna Better Health failed to process all Community Mental Health Rehabilitation Services (CMHRS) Service Authorizations within the required timeframe. Per the December 2022 data, there was one (1) CMHRS expedited service authorization request that did not require supplemental information and was not processed within 72 hours. Aetna's overall timeliness for processing CMHRS Service Authorization requests for the month of December was 99.89%. Aetna Better Health also failed to meet the required contract thresholds for the timely processing of all CMHRS Service Authorizations in August, September, and November 2022.

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)**. (CES # 5295)

MIP/CAP Update:

- No updates

Appeal Decision:

- No appeals

Expiring Points:

- **Case #4623:** December 2021 – MCO Claims Issue. 5 points were removed from Aetna Better Health's total by closing **CES # 4623**.

Financial Sanctions Update:

- No outstanding sanctions at this time.

Summary:

- For deliverables measuring performance for December 2022, Aetna showed a moderate level of compliance. Aetna timely submitted all 18 required monthly reporting deliverables. One contract deliverable failed to meet contract adherence requirements for the timely processing of CMHRS service

authorizations (as addressed above in **CES # 5295**). In summation, Aetna complied with most applicable regulatory and contractual requirements.

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 resolve six (6) internal member appeals within 30 days. Anthem processed these appeals on day 31.

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.

Since Anthem is currently under an MCO Improvement Plan, no compliance points or financial sanctions will be issued in response to the issue.

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)**. (CES # 5314)

- **Contract Adherence:** Anthem failed to timely process all Pharmacy Prior Authorization requests within the required timeframe. Per the December 2022 data, there was one (1) Pharmacy Prior Authorization request processed past 24 hours. This request was processed in 123 hours. The overall timeliness of Pharmacy Prior Authorizations processing was 99.99%. Anthem also failed to meet the required contract thresholds for the timely processing of all Pharmacy Prior Authorizations in November 2022.

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)**. The CRC

agreed with the Compliance Team's recommendation and voted to issue a **Notice of Non-Compliance (NONC). (CES # 5294)**

MIP/CAP Update:

- Anthem HealthKeepers Plus submitted the MCO Improvement Plan in response to **CES # 5233** regarding the MCO Member Appeals Resolution issue. The MIP addressed the root cause analysis of identified issues, offers remediation efforts, and was approved on 1/10/2023.

Appeal Decision:

- No appeals

Expiring Points:

- No points

Financial Sanctions Update:

- No outstanding sanctions at this time.

Summary:

- For deliverables measuring performance for December 2022, Anthem showed a moderate level of compliance. Anthem timely submitted all 18 required monthly reporting deliverables. Two contract deliverables failed to meet contract adherence requirements for the timely processing of internal member appeals and Pharmacy Prior Authorizations (as addressed above in **CES # 5314 & 5294**). 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 Complete Care failed to process all Community Mental Health Rehabilitation Services (CMHRS) Service Authorizations within the required timeframe. Per the December 2022 data, there were five (5) standard service authorization requests that did not require supplemental information and were not processed within 14 days. There were four (4) expedited service authorization requests that did not require supplemental information and were not processed within 72 hours. Molina's overall timeliness for processing CMHRS Service Authorization requests for the month of December was 97.12%. Molina Complete Care has failed to meet the required contract thresholds for the timely processing of all CMHRS Service Authorizations each month from January – December 2022.

Since Molina Complete Care is currently under a Corrective Action Plan, no compliance points or financial sanctions will be issued in response to the issue.

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)**. (CES # 5296)

- **Data Submission Error:** DMAS timely received the Community Mental Health Rehabilitation Services (CMHRS) Service Authorizations and Registrations deliverable from Molina Complete Care. Upon review, Molina's submission included a service authorization with a response date and time that preceded the receipt date and time. Molina was notified of this error and resubmitted this deliverable with a corrected response date and time.

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)**. (CES # 5313)

MIP/CAP Update:

- In January 2023, Molina Complete Care began submitting weekly updates and milestones met to ensure a successful implementation of the proposed plan in response to **CES # 5173** Corrective Action Plan regarding the CMHRS Service Authorization issue.

Appeal Decision:

- No appeals

Expiring Points:

- No points

Financial Sanctions Update:

- No outstanding sanctions at this time.

Summary:

- For deliverables measuring performance for December 2022, Molina showed a moderate level of compliance. Molina timely submitted all 18 required monthly reporting deliverables. One contract deliverable failed to meet contract adherence requirements for the timely processing of CMHRS Service Authorizations and included a data submission error (as addressed above in **CES # 5296 & 5313**). 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:

- No points

Financial Sanctions Update:

- No outstanding sanctions at this time.

Summary:

- For deliverables measuring performance for December 2022, Optima showed a high level of compliance. Optima timely submitted all 18 required monthly reporting deliverables. In summation, Optima complied with all applicable regulatory and contractual requirements.

UnitedHealthcare

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 points

Financial Sanctions Update:

- No outstanding sanctions at this time

Summary:

- For deliverables measuring performance for December 2022, UnitedHealthcare showed a high level of compliance. UnitedHealthcare timely submitted all 18 required monthly reporting deliverables. In summation, UnitedHealthcare complied with all regulatory and contractual requirements.

Virginia Premier

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 #4615:** December 2021 – Call Center Statistics Issue. 1 point was removed from Virginia Premier’s total by closing **CES # 4615**.

Financial Sanctions Update:

- No outstanding sanctions at this time.

Summary:

- For deliverables measuring performance for December 2022, Virginia Premier showed a high level of compliance. Virginia Premier timely submitted all 18 required monthly reporting deliverables. In summation, Virginia Premier complied with all applicable regulatory and contractual requirements.

Next Steps

The Health Care Services Compliance Unit will continue to host monthly Compliance Review Committee meetings, track and monitor compliance issues and points, and communicate with the MCOs regarding identified issues. The HCS Compliance Unit will also continue to collaborate with other DMAS units and divisions to investigate and resolve potential compliance issues.

The Compliance Unit will continue its enforcement efforts to ensure the timely processing of internal member appeals, service authorizations and claims. The Compliance Unit will also remain focused on overall compliance with Medallion 4.0 contractual requirements - especially those with an impact on members and providers.

Where appropriate, the HCS Compliance Unit will work closely with the Integrated Care Compliance Unit to align enforcement actions between the two contracts.