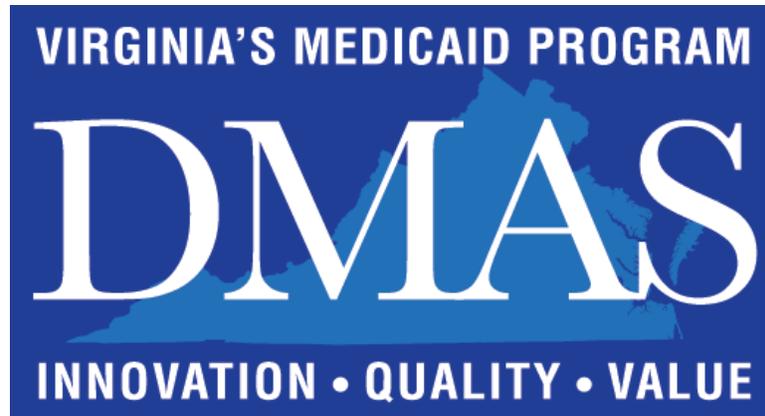


Monthly MCO Compliance Report

Medallion 4.0 February 2019 Deliverables



Health Care Services Division

May 29, 2019

Monthly MCO Compliance Report

Medallion 4.0 February 2019 Deliverables

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Compliance Points Overview

MCO	Prior Month Point Balance	Point(s) Incurred for Current Month*	Point(s) Expiring from February 2018	Final Point Balance	Area of Violation: Finding or Concern
<u>Aetna</u>	0.0	1.0	0.0	1.0	FINDINGS Late Submission CONCERNS Data Error EI Claim Timeliness Provider File
<u>Anthem</u>	0.0	0.0	0.0	0.0	CONCERNS Data Error
<u>Magellan</u>	0.0	0.0	0.0	0.0	CONCERNS Data Error EI Claim Timeliness
<u>Optima Health</u>	5.0	0.0	0.0	5.0	CONCERNS EI Claim Timeliness Provider File
<u>United</u>	0.0	1.0	0.0	1.0	FINDINGS Late Submission CONCERNS EI Claim Timeliness Provider File
<u>VA Premier</u>	5.0	0.0	0.0	5.0	CONCERNS EI Claim Timeliness Provider File

**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 February 2018 (Issue date: 3/15/18) are expired as of 3/15/19 and are subtracted from the Final Point Balance.

Summary

The **Compliance Review Committee (CRC)** met on April 10, 2019 to review deliverables received in February 2019 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.

Because relatively few compliance actions had been taken in the Medallion 4.0 program prior to the April 10 meeting, the CRC elected to issue notices of non-compliance (NONCs) without associated compliance points or sanctions in several cases. Most of the health plans had some issues with the timely payment of early intervention (EI) claims and the timely removal of suspended providers from their weekly provider files. Two plans had more serious compliance issues involving the untimely submission of deliverables that necessitated the issuance of compliance points.

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 February's compliance issues in letters issued to the MCOs on April 26, 2019.

Aetna Better Health of Virginia

Findings:

- **Untimely Deliverable Submission:** Aetna failed to timely submit the annual Expansion Enhanced Fraud Prevention Policies and Procedures deliverable as required by Section 1.8.34 of the Medallion 4.0 Deliverables Technical Manual. The report was due April 1, 2019, but was not submitted until April 2, 2019 after prompting from the Compliance Team.

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, Aetna violated the terms of the Medallion 4.0 contract in the deliverable submission addressed above.

According to Section 10.1.E.a of the Medallion 4.0 contract, failures to comply with the contract that "[i]mpair[] the Department's ability to properly oversee and/or analyze Contractor performance, including but not limited to reporting errors" should receive 1 point. As a result, the CRC voted to assess Aetna a **one (1) point violation** for its untimely submission of the annual Expansion Enhanced Fraud Prevention Policies and Procedures deliverable.

Aetna has accumulated 1.0 points, placing it in Level 1 on the Compliance Deficiency Identification System. As described in 10.1.D of the Medallion 4.0 contract, an MCO in Level 1 of the Compliance Deficiency Identification System is not subject to financial sanctions. As a result, Aetna will not be issued a financial sanction for this issue. The CRC voted not to require Aetna to submit a Corrective Action Plan. **(CES # 1961)**

Concerns:

- **Data Submission Error:** The Department timely received the following deliverables from Aetna:
 - November 2018 MCO Call Center Statistics
 - December 2018 MCO Call Center Statistics
 - January 2019 MCO Call Center Statistics
 - February 2019 MCO Call Center Statistics

Upon review, it was determined that each of the deliverables listed above contained data errors. Specifically, the Compliance Team found that the listed deliverables contained inaccurate values pertaining to the volume of calls in Aetna's provider call center. Upon being contacted, Aetna personnel confirmed that Aetna had submitted incorrect provider call center data in each

of the deliverables listed above. Aetna subsequently provided DMAS with corrected data which showed that Aetna's provider call center complied with the requirements present in Section 5.4.A of the Medallion 4.0 contract.

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, Aetna violated the terms of the Medallion 4.0 contract in the deliverable submissions listed 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, because Aetna had not been previously warned or penalized for any similar issues. 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 # 1981)**

- **Untimely Payment of EI Claims:** The Department timely received the February 2019 Early Intervention Services Report deliverable from Aetna. Upon review, the Compliance Unit discovered that the report indicated that Aetna failed to pay 7 clean claims for EI services within 14 days of their receipt.

Section 5.5 of the Medallion 4.0 contract requires the MCOs to pay all clean claims for EI services within 14 days of their receipt. Thus, Aetna violated the terms of the Medallion 4.0 contract in failing to pay 7 clean claims for EI services within 14 days of their receipt. The Compliance Unit raised the issue with the Maternal and Child Health Unit Manager, and the manager indicated that the MCOs had previously been made aware of the issue and that the plans were informed that they had until July 2019 to fix the problem at which point they would potentially be subject to compliance points and financial sanctions.

Taking the Maternal and Child Health Unit Manager's comments under advisement, 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 # 1881)**

- **Untimely Removal of Provider from Weekly Provider Report:** On December 21, 2018, the Health Care Services Contracts and Administrative Services Unit instructed Aetna to remove the following provider from its provider file:
 - [REDACTED]

That provider was present on Aetna's March 18, 2019 provider file. Likewise, on March 20, 2019, the Health Care Services Contracts and Administrative Services Unit instructed Aetna to remove the following providers from its provider file as of the March 25, 2019 submission of the file:

- [REDACTED]
- [REDACTED]

Those providers were present on Aetna's March 25, 2019 provider file. They were also still present on Aetna's April 1, 2019 provider file.

According to Section 4.5.F of the Medallion 4.0 Contract, MCOs are required to "terminate a network provider immediately upon notification from the State that the network provider cannot be enrolled." Aetna failed to immediately remove the providers listed above from its provider file, and thus violated the terms of the Medallion 4.0 Contract.

The Compliance Team recommended that in response to the issues identified above, Aetna be issued a **Notice of Non-Compliance (NONC)** without any associated compliance points, financial sanctions, or corrective actions, because Aetna had not been previously warned or penalized for any similar issues. The CRC voted to issue Aetna a **one (1) point violation** in response to this issue. However, the Health Care Services Division Director chose to override the CRC's vote and opted to issue a **NONC without associated compliance points or financial sanctions** in response to this issue. **(CES # 1941)**

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 in February 2019, Aetna showed a generally high level of compliance. Aetna timely submitted all 21 required monthly reporting deliverables, and those deliverables did not expose any programmatic issues. Aetna

also timely submitted 4 of 5 annual deliverables due in the period from March 1, 2019 through April 1, 2019, with the only issue addressed above (in **CES # 1961**). Aetna's member and provider call centers complied with abandonment ratio requirements, and outside of an issue listed above (in **CES # 1881**), Aetna complied with all applicable provider payment timeliness requirements. In summation, Aetna complied with almost every regulatory and contractual requirement.

Anthem Healthkeepers Plus

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 February 2019 Community Mental Health Rehabilitation Services (CMHRS) Service Authorizations and Registrations deliverable from Anthem. Upon review, it was determined that the deliverable contained data errors. Specifically, the Compliance Unit found that the deliverable contained incorrect Medicaid identification numbers in 73.69% of all rows, in violation of the requirements of Section 1.8.55 of the Medallion 4.0 Deliverables Technical Manual.

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, 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 issues identified above, Anthem be issued a **Notice of Non-Compliance (NONC)** without any associated compliance points, financial sanctions, or corrective actions, because Anthem had not been previously warned or penalized for any similar issues. 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 # 1901)

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 in February 2019, Anthem showed an extremely high level of compliance. Anthem timely submitted all 21 required monthly reporting deliverables, and those deliverables did not expose any programmatic issues. Anthem also timely submitted all 5 annual deliverables due in the period from March 1, 2019 through April 1, 2019. Anthem's member and provider call centers complied with abandonment ratio requirements, and Anthem complied with all applicable provider payment timeliness requirements. In summation, Anthem was a top performer, and complied with almost every regulatory and contractual requirement.

Magellan Complete Care

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 February 2019 MCO Call Center Statistics deliverable from Magellan. Upon review, it was determined that the deliverable contained data errors. Specifically, the Compliance Team found that the “Total Calls Received” volume reported for both the member and provider call centers did not equal the sum of the reported “Total Calls Answered” and “Total Calls Abandoned” as required by Section 1.5.23.2 of the Medallion 4.0 Deliverables Technical Manual.

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, Magellan violated the terms of the Medallion 4.0 contract in the deliverable submission listed above.

The Compliance Team recommended that in response to the issue identified above, Magellan be issued a **Notice of Non-Compliance (NONC)** without any associated compliance points, financial sanctions, or corrective actions, because Magellan had not been previously warned or penalized for any similar issues. 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 # 1921)**

- **Untimely Payment of EI Claims:** The Department timely received the February 2019 Early Intervention Services Report deliverable from Magellan. Upon review, the Compliance Unit discovered that the report indicated that Magellan failed to pay 7 clean claims for EI services within 14 days of their receipt.

Section 5.5 of the Medallion 4.0 contract requires the MCOs to pay all clean claims for EI services within 14 days of their receipt. Thus, Magellan violated the terms of the Medallion 4.0 contract in failing to pay 7 clean claims for EI services within 14 days of their receipt. The Compliance Unit raised the issue with the Maternal and Child Health Unit Manager, and the manager indicated that the MCOs had previously been made aware of the issue and that the plans

were informed that they had until July 2019 to fix the problem at which point they would potentially be subject to compliance points and financial sanctions.

Taking the Maternal and Child Health Unit Manager's comments under advisement, the Compliance Team recommended that in response to the issue identified above, Magellan 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 # 1882)

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 in February 2019, Magellan showed a generally very high level of compliance. Magellan timely submitted all 21 required monthly reporting deliverables, and those deliverables did not expose any programmatic issues. Magellan also timely submitted all 5 annual deliverables due in the period from March 1, 2019 through April 1, 2019. Magellan's member and provider call centers complied with abandonment ratio requirements, although Magellan had some minor issues in the reporting of its call center statistics, addressed above (in CES # 1921). Outside of an issue listed above (in CES # 1882), Magellan complied with all applicable provider payment timeliness requirements. In summation, Magellan complied with almost every regulatory and contractual requirement.

Optima Health

Findings:

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

Concerns:

- **Untimely Payment of EI Claims:** The Department timely received the February 2019 Early Intervention Services Report deliverable from Optima. Upon review, the Compliance Unit discovered that the report indicated that Optima failed to pay 135 clean claims for EI services within 14 days of their receipt.

Section 5.5 of the Medallion 4.0 contract requires the MCOs to pay 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 pay 135 clean claims for EI services within 14 days of their receipt. The Compliance Unit raised the issue with the Maternal and Child Health Unit Manager, and the manager indicated that the MCOs had previously been made aware of the issue and that the plans were informed that they had until July 2019 to fix the problem at which point they would potentially be subject to compliance points and financial sanctions.

Taking the Maternal and Child Health Unit Manager's comments under advisement, 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 # 1883)**

- **Untimely Removal of Provider from Weekly Provider Report:** On March 20, 2019, the Health Care Services Contracts and Administrative Services Unit instructed Optima to remove the following provider from its provider file as of the March 25, 2019 submission of the file:
 - [REDACTED]

This provider was present on Optima's March 25, 2019 provider file.

According to Section 4.5.F of the Medallion 4.0 Contract, MCOs are required to "terminate a network provider immediately upon notification from the State

that the network provider cannot be enrolled." Optima failed to immediately remove the provider listed above from its provider file, and thus violated the terms of the Medallion 4.0 Contract.

The Compliance Team recommended that in response to the issues identified above, Optima be issued a **Notice of Non-Compliance (NONC)** without any associated compliance points, financial sanctions, or corrective actions, because Optima had not been previously warned or penalized for any similar issues. The CRC voted to issue Optima a **one (1) point violation** in response to this issue. However, the Health Care Services Division Director chose to override the CRC's vote and opted to issue a **NONC without associated compliance points or financial sanctions** in response to this issue. (CES # 1942)

MIP/CAP Update:

- No updates

Appeal Decision:

- **CES # 1783:** The Department received the following message from Optima in regards to **CES # 1783**, a case in which Optima was issued a five (5) point violation for issuing a Medicaid-related press release without prior approval: "Optima Health is in receipt of the letter dated March 14, 2019, regarding Case ID 1783 - Unauthorized Press Release. Thank you for the opportunity to comment on this violation. Optima Health acknowledges the violation and has re-educated our internal and corporate Marketing and Communications staff. The contract requirement for DMAS approval of all new and/or revised marketing and information materials as well as the publication of works associated with the MCO's administration of the Medicaid contract or any Virginia Medicaid data have been reviewed and discussed. Ramification of the failure to meet DMAS contact requirements have been explained and are understood. The press release has since been reviewed and approved with the DMAS requested changes."

Upon reviewing Optima's statement, the CRC voted to uphold the actions taken in conjunction with **CES # 1783**.

Expiring Points:

- No expiring points

Financial Sanctions Update:

- No outstanding sanctions at this time

Summary:

- For deliverables measuring performance in February 2019, Optima showed a generally very high level of compliance. Optima timely submitted all 21 required monthly reporting deliverables, and those deliverables did not expose any programmatic issues. Optima also timely submitted all 5 annual deliverables due in the period from March 1, 2019 through April 1, 2019. Optima's member and provider call centers complied with abandonment ratio requirements, and outside of an issue listed above (in **CES # 1883**), Optima complied with all applicable provider payment timeliness requirements. In summation, Optima complied with almost every regulatory and contractual requirement.

UnitedHealthcare

Findings:

- **Untimely Deliverable Submission:** United failed to timely submit the annual BOI Filing deliverable as required by Section 1.15.2 of the Medallion 4.0 Deliverables Technical Manual. The report was due March 1, 2019, but was not submitted until April 5, 2019 after prompting from the Compliance Team.

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, United violated the terms of the Medallion 4.0 contract in the deliverable submission addressed above.

According to Section 10.1.E.a of the Medallion 4.0 contract, failures to comply with the contract that "[i]mpair[] the Department's ability to properly oversee and/or analyze Contractor performance, including but not limited to reporting errors" should receive 1 point. As a result, the CRC voted to assess United a **one (1) point violation** for its untimely submission of the annual Expansion Enhanced Fraud Prevention Policies and Procedures deliverable.

United has accumulated 1.0 points, placing it in Level 1 on the Compliance Deficiency Identification System. As described in 10.1.D of the Medallion 4.0 contract, an MCO in Level 1 of the Compliance Deficiency Identification System is not subject to financial sanctions. As a result, United will not be issued a financial sanction for this issue. The CRC voted not to require United to submit a Corrective Action Plan. **(CES # 2001)**

Concerns:

- **Untimely Payment of EI Claims:** The Department timely received the February 2019 Early Intervention Services Report deliverable from United. Upon review, the Compliance Unit discovered that the report indicated that United failed to pay 4 clean claims for EI services within 14 days of their receipt.

Section 5.5 of the Medallion 4.0 contract requires the MCOs to pay all clean claims for EI services within 14 days of their receipt. Thus, United violated the terms of the Medallion 4.0 contract in failing to pay 4 clean claims for EI services within 14 days of their receipt. The Compliance Unit raised the issue with the Maternal and Child Health Unit Manager, and the manager indicated that the MCOs had previously been made aware of the issue and that the plans

were informed that they had until July 2019 to fix the problem at which point they would potentially be subject to compliance points and financial sanctions.

Taking the Maternal and Child Health Unit Manager's comments under advisement, 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 # 1884)**

- **Untimely Removal of Provider from Weekly Provider Report:** On March 20, 2019, the Health Care Services Contracts and Administrative Services Unit instructed United to remove the following providers from its provider file as of the March 25, 2019 submission of the file:
 - [REDACTED]
 - [REDACTED]

Those providers were present on United's March 25, 2019 provider file. They were also still present on United's April 1, 2019 provider file.

According to Section 4.5.F of the Medallion 4.0 Contract, MCOs are required to "terminate a network provider immediately upon notification from the State that the network provider cannot be enrolled." United failed to immediately remove the providers listed above from its provider file, and thus violated the terms of the Medallion 4.0 Contract.

The Compliance Team recommended that in response to the issues identified above, United be issued a **Notice of Non-Compliance (NONC)** without any associated compliance points, financial sanctions, or corrective actions, because United had not been previously warned or penalized for any similar issues. The CRC voted to issue United a **one (1) point violation** in response to this issue. However, the Health Care Services Division Director chose to override the CRC's vote and opted to issue a **NONC without associated compliance points or financial sanctions** in response to this issue. **(CES # 1943)**

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 in February 2019, United showed a generally high level of compliance. United timely submitted all 21 required monthly reporting deliverables, and those deliverables did not expose any programmatic issues. United also timely submitted 4 of 5 annual deliverables due in the period from March 1, 2019 through April 1, 2019, with the only issue addressed above (in **CES # 2001**). United's member and provider call centers complied with abandonment ratio requirements, and outside of an issue listed above (in **CES # 1884**), United complied with all applicable provider payment timeliness requirements. In summation, United complied with almost every regulatory and contractual requirement.

Virginia Premier

Findings:

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

Concerns:

- **Untimely Payment of EI Claims:** The Department timely received the February 2019 Early Intervention Services Report deliverable from Virginia Premier. Upon review, the Compliance Unit discovered that the report indicated that Virginia Premier failed to pay 11 clean claims for EI services within 14 days of their receipt.

Section 5.5 of the Medallion 4.0 contract requires the MCOs to pay 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 pay 11 clean claims for EI services within 14 days of their receipt. The Compliance Unit raised the issue with the Maternal and Child Health Unit Manager, and the manager indicated that the MCOs had previously been made aware of the issue and that the plans were informed that they had until July 2019 to fix the problem at which point they would potentially be subject to compliance points and financial sanctions.

Taking the Maternal and Child Health Unit Manager's comments under advisement, 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 # 1885)

- **Untimely Removal of Provider from Weekly Provider Report:** On December 7, 2018, the Health Care Services Contracts and Administrative Services Unit instructed Virginia Premier to remove the following provider from its provider file:
 - [REDACTED]

That provider was present on Virginia Premier's March 18, 2019 provider file.

According to Section 4.5.F of the Medallion 4.0 Contract, MCOs are required to "terminate a network provider immediately upon notification from the State that the network provider cannot be enrolled." Virginia Premier failed to immediately remove the provider listed above from its provider file, and thus violated the terms of the Medallion 4.0 Contract.

The Compliance Team recommended that in response to the issues identified above, Virginia Premier be issued a **Notice of Non-Compliance (NONC)** without any associated compliance points, financial sanctions, or corrective actions, because Virginia Premier had not been previously warned or penalized for any similar issues. The CRC voted to issue Virginia Premier a **one (1) point violation** in response to this issue. However, the Health Care Services Division Director chose to override the CRC's vote and opted to issue a **NONC without associated compliance points or financial sanctions** in response to this issue. **(CES # 1944)**

MIP/CAP Update:

- No updates

Appeal Decision:

- **CES # 1781:** The Department received the following message from Virginia Premier in regards to **CES # 1781**, a case in which Virginia Premier was issued a five (5) point violation for failure to timely process a number of service authorization requests: "Virginia Premier would like to provide some additional information related to the BH and ARTS authorization backlog issue for your consideration. We absolutely agree that our turnaround times for the BH and ARTS authorizations were not compliant with contractual requirements and expectations. The team has added staffing and increased oversight to ensure this situation doesn't happen again.

As part of the mitigation plan we implemented, Virginia Premier's primary goal was to ensure that the delay in authorizations did not have any impact on our member's access to care. After the BH and ARTS authorization volume issue was identified, the Virginia Premier team conducting outreach to the provider community to inform them of this backlog. As part of that communication, we asked that all providers continue to provide care for our members if their authorization had been submitted but not processed due to the backlog. With collaboration between our BH and Provider Services team, we communicated this good faith effort in an attempt to mitigate member impact.

Throughout the process of resolving the authorization backlog, we continued to prioritize expedited cases and reviews through direct provider contact. Virginia Premier was also able to resolve the backlog sooner than previous expected – completed on February 1st – through effective communication

with providers and a high volume of duplicate requests. Many providers resubmitted their authorizations when they didn't receive a response within a few days, since that was our previous turnaround time. As we finished the backlog, there were a large amount of duplicates processed.

Virginia Premier appreciates the support and guidance DMAS provided during this time. DMAS worked with Virginia Premier by forwarding cases for review and suggesting that the team prioritize CSBs reviews. Virginia Premier completed each request within the same day of these requests from DMAS.

Thank you for the continued partnership and we hope that we were able to show that resolving this issue was a top priority for us and we were able to reduce much of the member impact.”

Upon reviewing Virginia Premier's statement, the CRC voted to uphold the actions taken in conjunction with **CES # 1781**.

Expiring Points:

- No expiring points

Financial Sanctions Update:

- No outstanding sanctions at this time

Summary:

- For deliverables measuring performance in February 2019, Virginia Premier showed a generally very high level of compliance. Virginia Premier timely submitted all 21 required monthly reporting deliverables, and those deliverables did not expose any programmatic issues. Virginia Premier also timely submitted all 5 annual deliverables due in the period from March 1, 2019 through April 1, 2019. Virginia Premier's member and provider call centers complied with abandonment ratio requirements, and outside of an issue listed above (in **CES # 1885**), Virginia Premier complied with all applicable provider payment timeliness requirements. In summation, Virginia Premier complied with almost every regulatory and contractual requirement.

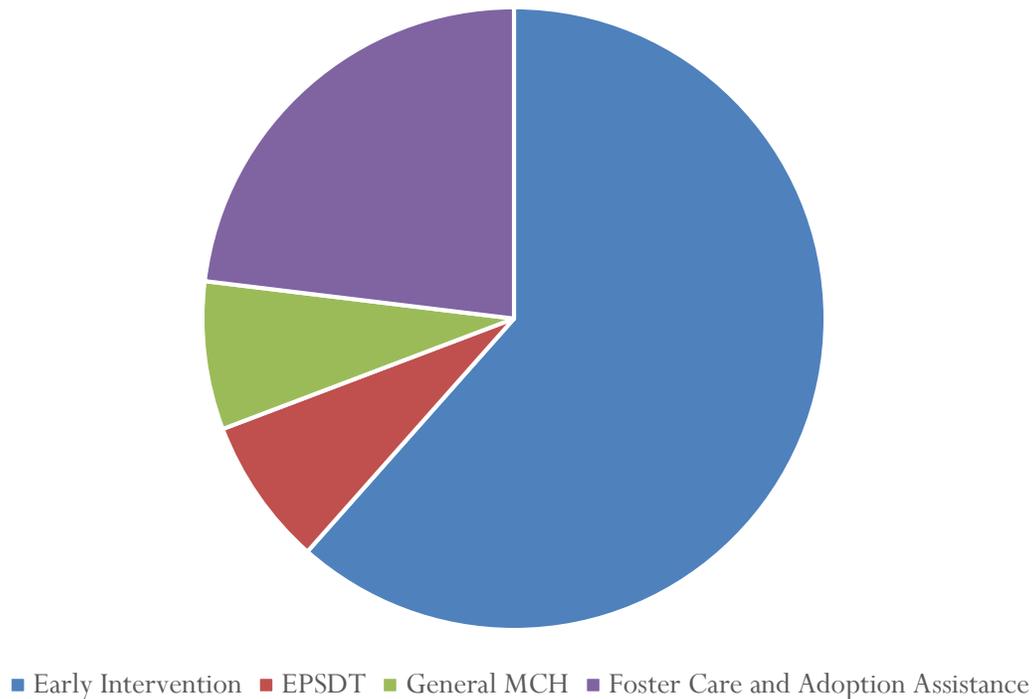
Compliance Activity Data

Provider and Member Inquiries

March 2019 – Member and Provider Solutions Unit

Member Inquiries <i>Received</i>	27
Provider Inquiries <i>Received</i>	18
MCO Inquiries <i>Received</i>	12
CMHRS Inquiries <i>Received</i>	8
Constituent Concerns ("Pinks") <i>Received</i>	8
Other Inquiries <i>Received</i>	38

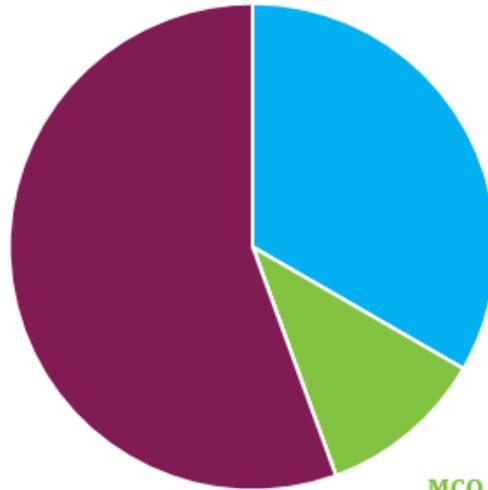
Maternal and Child Health Inquiries Addressed: 26



Inquiries Addressed through EPSDT Mailbox: 9

Member

Inquires are generally related to treatment services rendered to CCC Plus or FFS members.



Provider

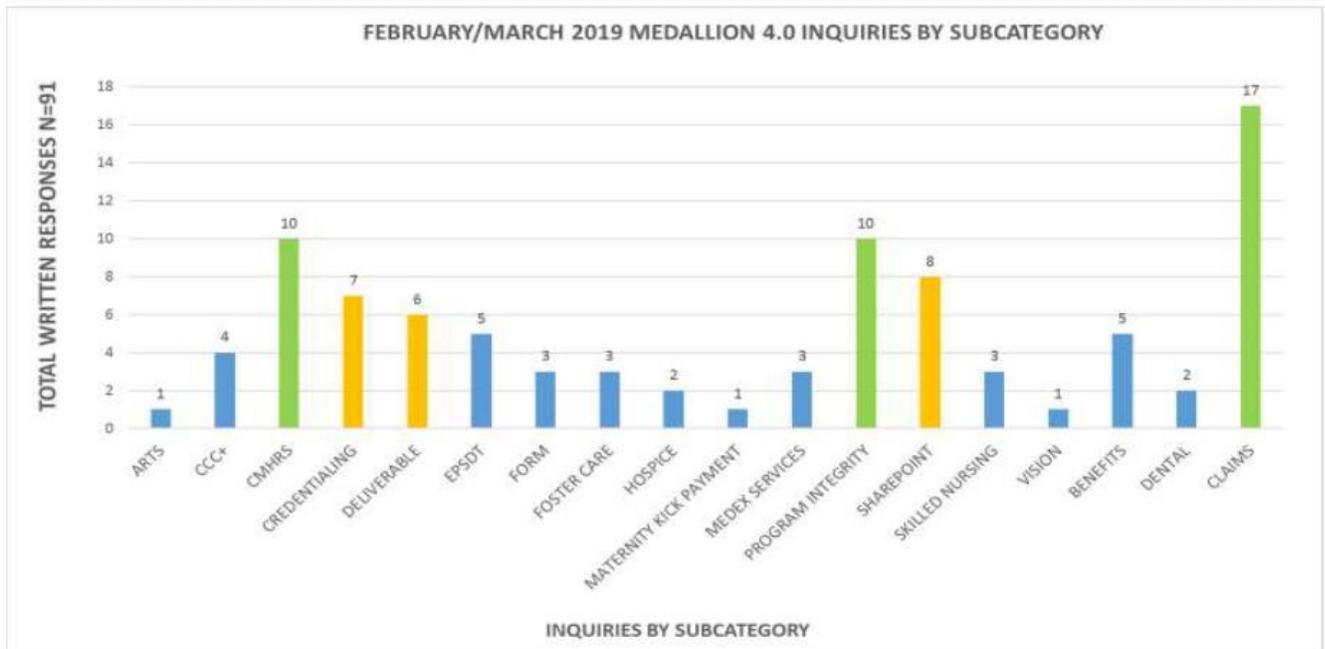
Inquires are generally related to treatment services and are addressed

MCO

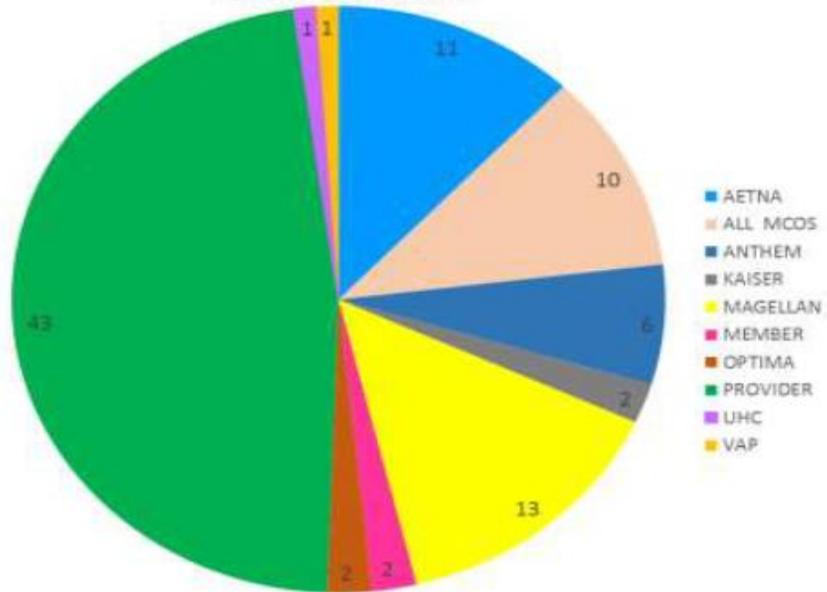
Inquires are generally related to treatment services rendered to CCC Plus or FFS members.

MEDALLION 4.0 MAILBOX MONITORING

FEBRUARY/MARCH 2019 MEDALLION 4.0 INQUIRIES BY SUBCATEGORY



FEBRUARY/MARCH 2019 MEDALLION 4.0 INQUIRIES BY PROVIDER, STAKEHOLDER & MCO

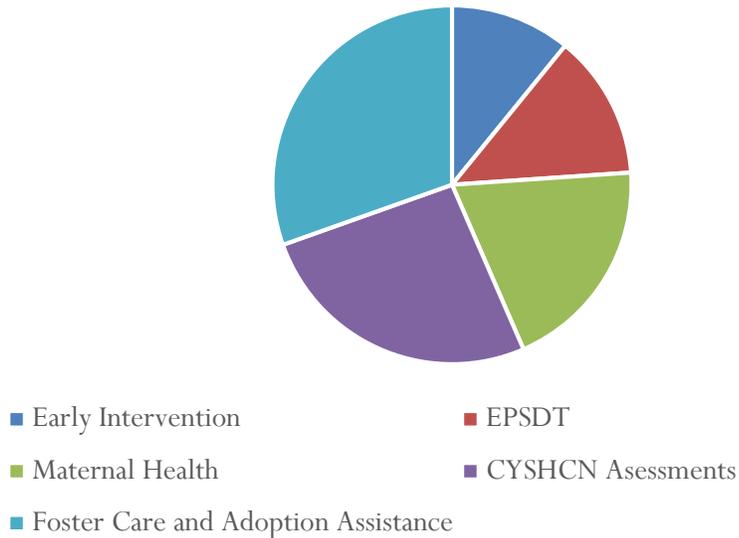


*All received were responded to N=91

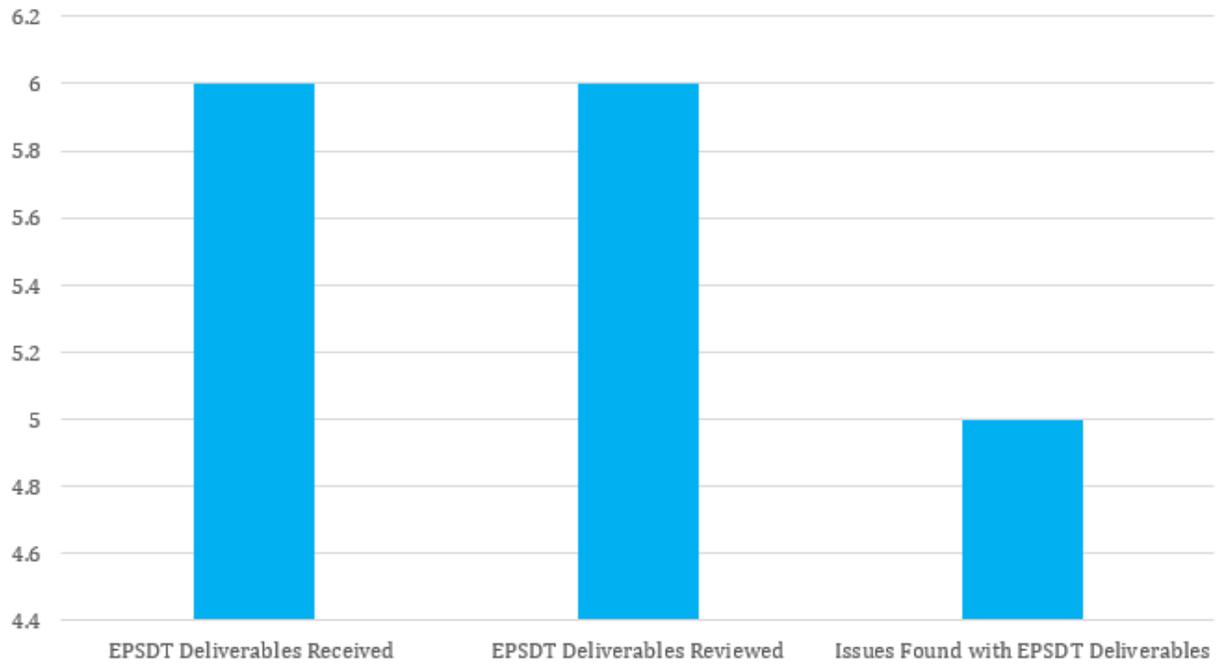
Reporting Deliverable Reviews

Marketing Materials <i>Reviewed</i>	106
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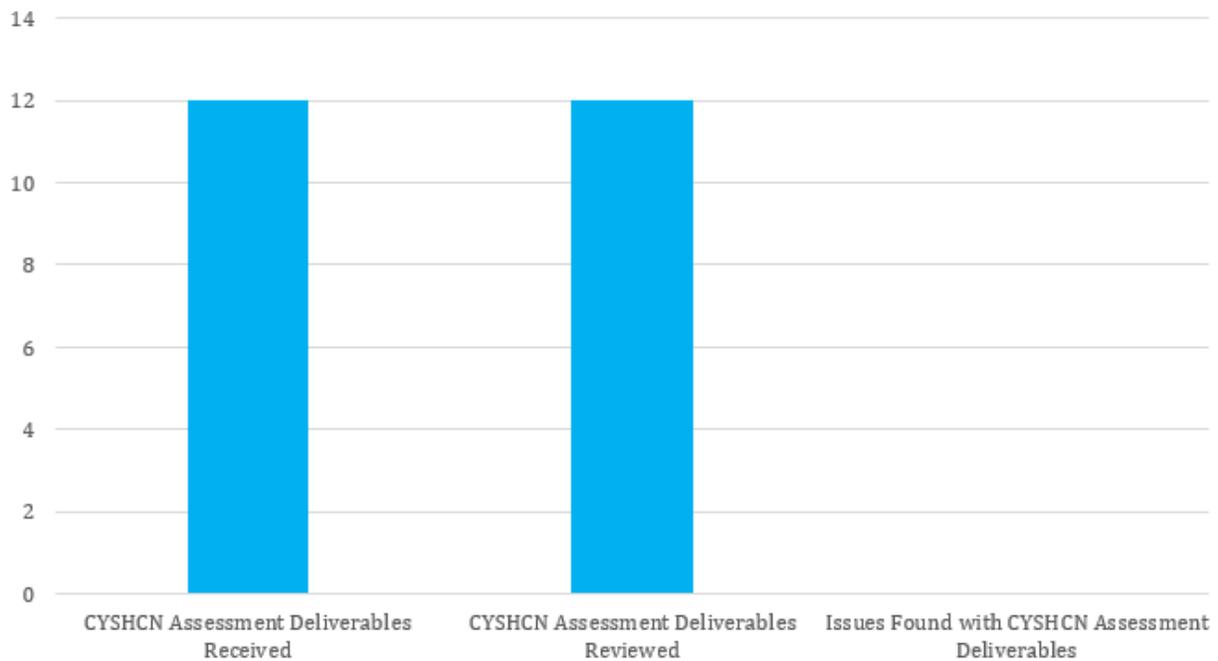
Maternal and Child Health Compliance Reports Reviewed: 46



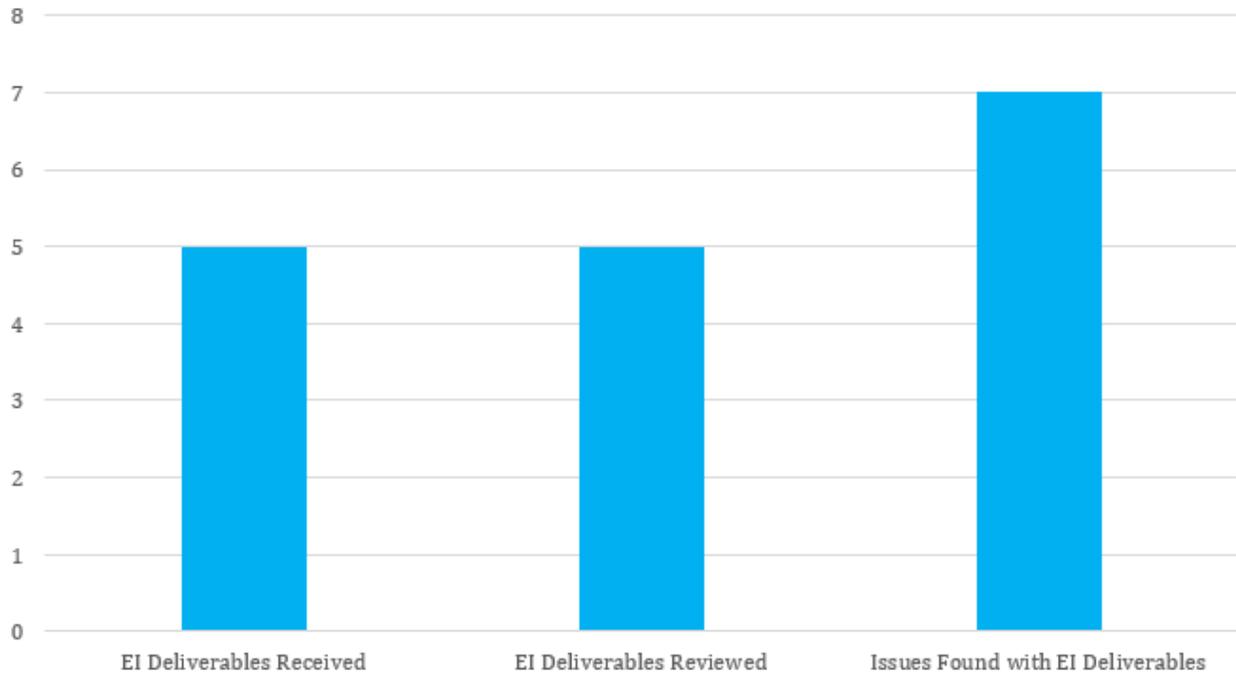
EPSDT Compliance Reporting



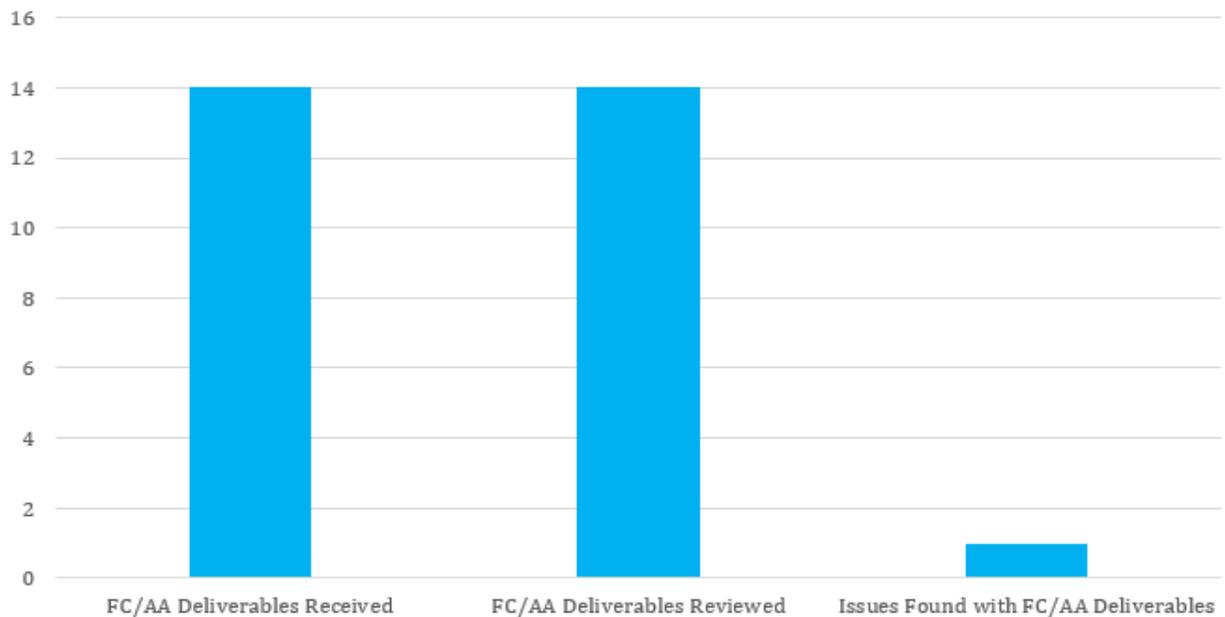
CYSHCN Assessment Compliance Reporting



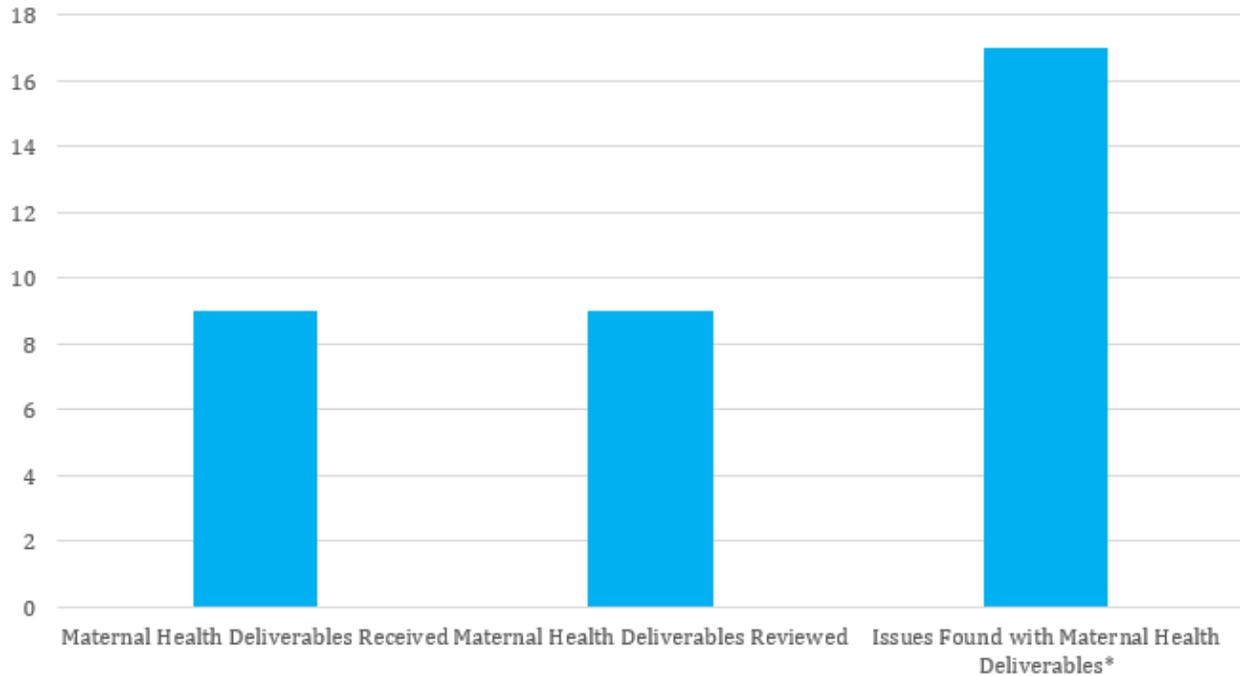
Early Intervention Compliance Reporting



Foster Care and Adoption Assistance Compliance Reporting



Maternal Health Compliance Reporting

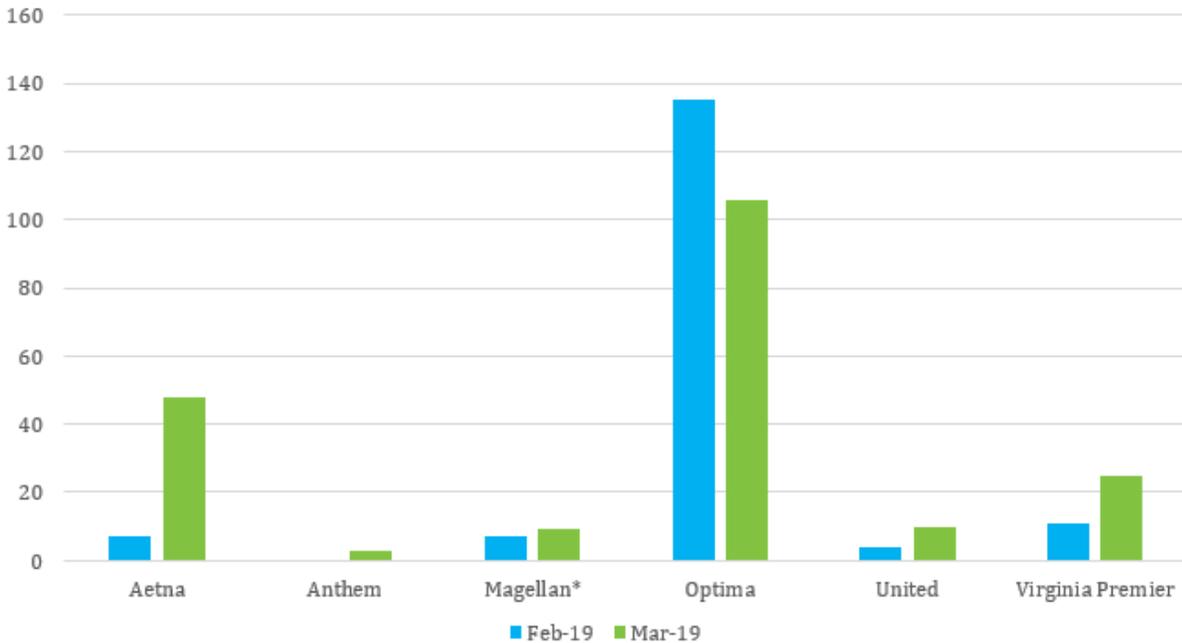


*Please note that three MCOs failed to submit the MedEx Pregnancy Report that was due on 4/1/19. The Compliance Unit is working on addressing this lack of submission with the three MCOs identified by the MCH Unit.

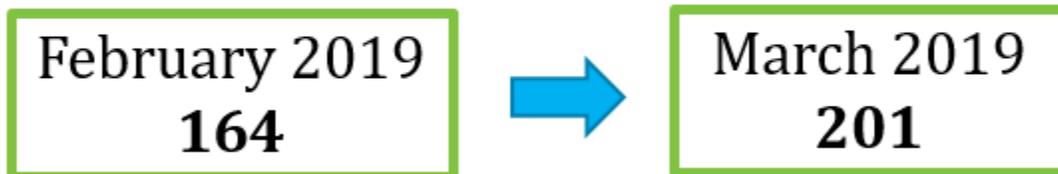
Emerging Issues

PROVIDER FRAUD ACTIVITY REFERRED TO MCOS		
DESCRIPTION	OPEN CASES	CLOSED CASES
GOOD CAUSE REFFERALS		9
INFORMATION REFEERAL TO MCO		4
ENDING PAYMENT SUSPENSIONS		8
MFCU INVESTIGATIONS	1	15
PAYMENT SUSPENSIONS	1	8
PROVIDER TERMINATIONS		21
TOTAL		67

Number of EI Providers Not Paid Within 14 Days of a Clean Claim by MCO



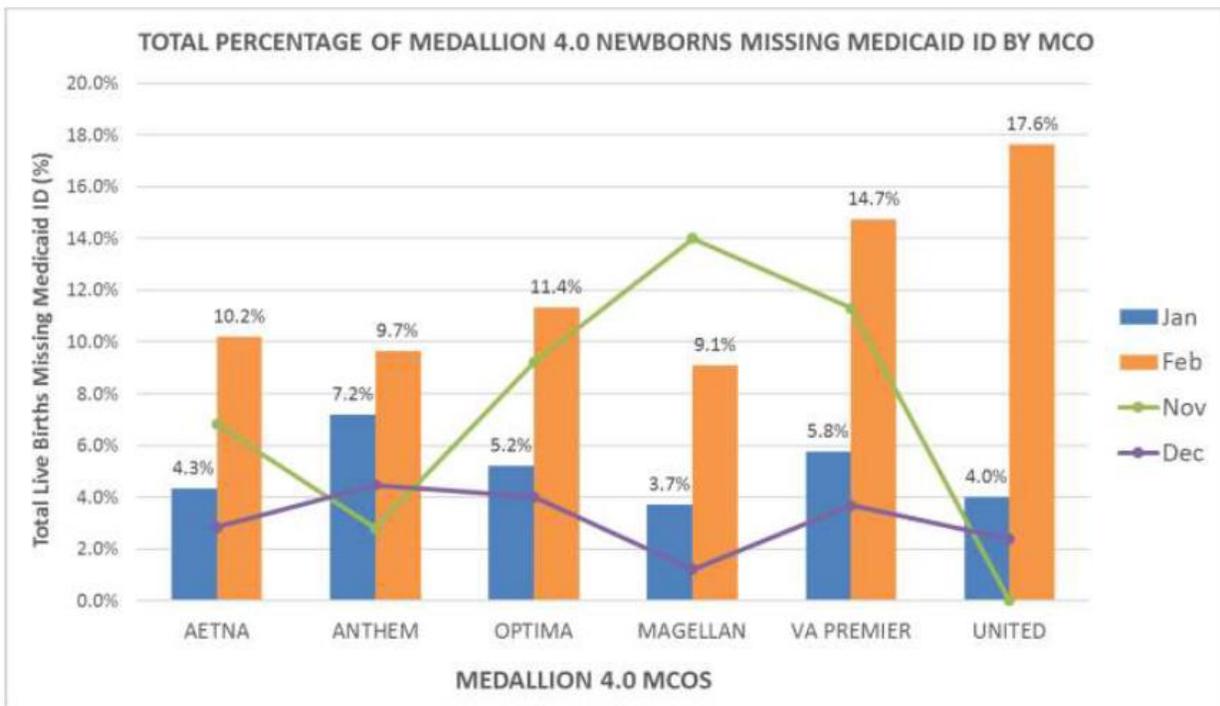
Total Number of EI Providers Not Paid within 14 Days of a Clean Claim



This is about a **22.5%** increase in providers **not** paid within 14 days of a clean claim

MEDALLION 4.0 MAGELLAN BSA CMHS CLAIMS MONITORING

Reporting Month	Amount	Status	Date Completed
SEPTEMBER	\$7,303.84	CLOSED	10/10/2018
OCTOBER	\$20,020.71	CLOSED	1/4/2019
NOVEMBER	\$198,261.12	OPEN	PENDING
DECEMBER	\$13,432.02	OPEN	
JANUARY	\$6,396.68	OPEN	
FEBRUARY	\$1,035.73	OPEN	
MARCH	\$3,030.12	OPEN	
APRIL	\$5,329.28	OPEN	
Total Retraction Due			\$227,484.95



MEDALLION 4.0 MCO PROVIDER CONTRACT REVIEWS

CTS_ID	Name	Submission_of	DMAS_Comp_Days	Status	MCO_Edits_Due_By
20190220-0059	Aetna	Hospital, Provider, Facility Agreement Templates	26	Not Approved	7/16/2019
20190422-0020	Anthem	PCP Provider Agreement	13	Not Approved	7/5/2019
20190315-0003	United	NPO Participation Agreement	20	Not Approved	8/2/2019

5/29/2019

Monthly MCC

Member Letters

MEDALLION 4.0 MEMBER LETTERS DASHBOARD & INVENTORY – MAR.

MEDALLION 4.0 LETTERS DASHBOARD - MAR 2019							
	Comp. Charts Sent	Date Approved	Date Sent	Total Letters Sent			
Medallion 4.0 Assignment	8,280	3/20/2019	3/22/2019	8,280			
Medallion 4.0 MedEx Assignment	16,877	3/20/2019	3/22/2019	16,877			
Medallion 4.0 Re-Enrollment	0	3/20/2019	3/22/2019	2,077			
Medallion 4.0 MedEx Re-Enrollment	0	3/20/2019	3/35/2019	1,032			
Medallion 4.0 Change	0	NA	NA	0			
Medallion 4.0 MedEx Change	0	NA	NA	0			
Medallion 4.0 Open Enrollment - Central	79,647	3/21/2019	3/25/2019	79,647			
Total Letters Sent				107,913			
MEDALLION 4.0 INVENTORY DASHBOARD - MAR 2019							
Stock Item	Count	Status	Delivery Date	Sent (ASSIGN)	Sent (OE)	Total Sent	Remaining
Comparison Charts	171,178	In House	NA	25,157	79,647	104,804	66,374
<i>*Ordered 100,000 additional for MedEx Application backlog prep.</i>							166,374

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 is expanding the amount of face-to-face contact it has with MCO compliance personnel, and members of the Compliance Unit have conducted site visits at Magellan, Virginia Premier, United, Anthem, and Aetna in the months of April and May 2019. Members of the Compliance Unit will conduct a site visit at Optima in the coming weeks.

The Compliance Unit is also responsible for generating and maintaining policies and procedures for the Health Care Services Division. The Compliance Unit has generated six policy and procedure documents to date, and the long-term project to create policies and procedures is ongoing.