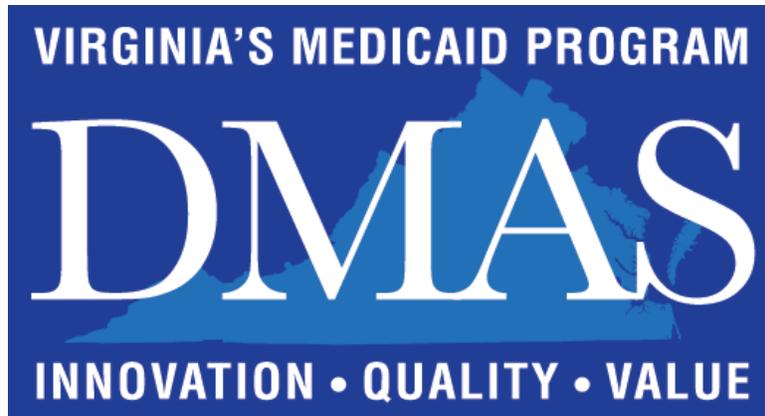


Monthly MCO Compliance Report

Medallion 4.0 August 2020 Deliverables



Health Care Services Division

November 16, 2020

Monthly MCO Compliance Report

Medallion 4.0 August 2020 Deliverables

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Compliance Points Overview

MCO	Prior Month Point Balance	Point(s) Incurred for Current Month*	Point(s) Expiring from August 2020	Final Point Balance*	Area of Violation: Finding or Concern
<u>Aetna</u>	4.0	0	2.0	2.0	CONCERNS EI Claims Issue
<u>Anthem</u>	5.0	0	1.0	5.0	CONCERNS Data Submission Errors EI Claims Issue
<u>Magellan</u>	5.0	0	1.0	4.0	CONCERNS Late Data Submissions EI Claims Issue Data Submission Error
<u>Optima Health</u>	6.0	0	0	6.0	CONCERNS CAHPS Survey Call Center Statistics
<u>United</u>	1.0	0	0	1.0	CONCERNS Late Data Submission
<u>VA Premier</u>	17.0	0	2.0	15.0	CONCERNS EI Claims Issue Data Submission Errors Late/Missing Submission Untimely Internal Appeals Call Center Statistics

**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 August 2019 (Issue date: 9/15/2019) expire on 9/15/2020 and are subtracted from the final point balance.

Summary

The **Compliance Review Committee (CRC)** met on October 2, 2020 to review deliverables measuring performance for August 2020 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.

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 August's compliance issues in letters and emails issued to the MCOs on October 5, 2020.

Aetna Better Health of Virginia

Findings:

- No findings

Concerns:

- **Appeals and Grievances' Report:** The Department timely received the August 2020 Appeals and Grievances' Report deliverable from Aetna. Upon review, a DMAS subject matter expert discovered that the report indicated that Aetna failed to adjudicate a total of nine (9) 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."

The Compliance Team recommended that in response to the issue identified above, Aetna Better Health 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 # 3215**)

- **Data Submission Error:** Aetna timely submitted the August 2020 Maternal Care Monthly Report. However per August data, there were 700 members omitted from the report based on August 834 EOM file. Aetna reported 1,977 maternal members when the August 834 EOM file indicated 2,677 maternal members

Section 2.2.C of the Medallion 4.0 contract states "The Contractor shall update its maternal care systems to identify and track members enrolled in an expansion aid category who become pregnant. This data will be included in existing maternal care reporting submitted to the Department on a monthly

basis as specified in the MCTM.” Thus, Aetna 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, Aetna be issued a **Notice of Deficiency (NOD)** without any associated compliance points, financial sanctions, or corrective actions. The CRC agreed with the Compliance Team’s recommendation, and voted to issue a **NOD without associated compliance points or financial sanctions** in response to this issue. **(CES # 3235)**

The HCS Compliance Unit reached out to the MCOs to remind the plans of the contractual requirements for the Maternal Care Monthly Report.

The following communication was sent via email to Aetna on October 5.

Aetna reported 1,977 maternal members, when August EOM 834 data indicated 2,677 maternal members enrolled. Difference of 700 members.

“Medallion 4.0 contract section 2.2.C states "The Contractor shall update its maternal care systems to identify and track members enrolled in an expansion aid category who become pregnant. This data will be included in existing maternal care reporting submitted to the Department on a monthly basis as specified in the MCTM.”

“The Department is requesting that each MCO adheres to the reporting requirements associated with the deliverables listed above. At this point, no compliance points or financial sanctions will be issued in response to the above listed areas of concern. However, the Department may proceed with issuance of points or financial sanctions for failing to meet contractual requirements not met, effective on deliverables due by October 15, 2020.”

MIP/CAP Update:

- No updates

Appeal Decision:

- No appeals

Expiring Points:

- **Case # 2313:** August 2019 – Claims Payment –Early Intervention Services Report. 1 point was removed from Aetna’s total by closing **CES # 2313.**
- **Case # 2353:** August 2019 – Late / Missing Data Submission – Provider File – Enrollment Broker – Weekly Report. 1 point was removed from Aetna’s total by closing **CES # 2353.**

Financial Sanctions Update:

- No outstanding sanctions at this time

Summary:

- For deliverables measuring performance for August 2020, Aetna showed a high level of compliance. Aetna timely submitted 23 required monthly reporting deliverables and those deliverables did not expose any programmatic issues. Aetna failed to adjudicate internal member appeals within 14 days as required by the New 1135 Waiver and Administrative Provider Flexibilities Related to COVID-19 Medicaid Memo, dated May 26, 2020 (as addressed above in **CES # 3215**). One monthly deliverable contained data submission errors (as addressed above in **CES # 3235**). In summation, Aetna complied with nearly all applicable regulatory and contractual requirements.

Anthem HealthKeepers Plus

Findings:

- No findings

Concerns:

- **Appeals and Grievances' Report:** The Department timely received the August 2020 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 four (4) 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."

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 # 3197**)

- **Contract Adherence:** Anthem failed to timely process Pharmacy Prior Authorization requests. Per August data, there were three (3) Pharmacy Prior Authorization Requests processed past 24 hours (out of 6,661).

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 Deficiency (NOD)** without any associated compliance points, financial sanctions, or corrective actions. The CRC agreed with the Compliance Team's recommendation, and voted to issue a **NOD without associated compliance points or financial sanctions** in response to this issue. **(CES # 3199)**

The HCS Compliance Unit is reached out to the MCOs to remind the plans of the response time requirements for Pharmacy service authorizations.

The following communication was sent via email to Anthem on October 5, 2020

"The HCS Compliance Unit is reaching out to remind the plans of the response time requirements for Pharmacy service authorizations.

The Medallion 4.0 contract section 8.7.N states "The Contractor must provide a response by telephone or other telecommunication within 24 hours of a service authorization."

Anthem reported a total of 6,661 Service Authorizations for the month of August 2020. A total of three (3) Service Authorization requests exceeded the required response time of less than 24 hours.

The Department is requesting that each MCO adheres to the Pharmacy service authorization requirements. At this point, no compliance points or financial sanctions will be issued in response to identified non-compliance with the MCO response time on the Pharmacy Prior Authorization Report. However, the Department may proceed with issuance of points or financial sanctions for failing to meet Pharmacy service authorizations not processed within twenty-four (24) hours, effective on deliverables due by October 15, 2020".

- **Data Submission Error:** Anthem timely submitted the August 2020 Maternal Care Monthly Report. However per August data, there were 300 members omitted from the report based on August 834 EOM file. Anthem reported 5,993 maternal members when the August 834 EOM file indicated 6,293 maternal members

Section 2.2.C of the Medallion 4.0 contract states "The Contractor shall update its maternal care systems to identify and track members enrolled in an expansion aid category who become pregnant. This data will be included in existing maternal care reporting submitted to the Department on a monthly basis as specified in the MCTM." 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 Deficiency (NOD)** without any associated compliance points, financial sanctions, or corrective actions. The CRC agreed with the Compliance Team's recommendation, and voted to issue a **NOD without associated compliance points or financial sanctions** in response to this issue. **(CES # 3236)**

The HCS Compliance Unit reached out to the MCOs to remind the plans of the contractual requirements for the Maternal Care Monthly Report.

The following communication was sent via email to Anthem on October 5.

Anthem reported 5,993 maternal members, when August EOM 834 data indicated 6,293 maternal members enrolled. Difference of 300 members.

"Medallion 4.0 contract section 2.2.C states "The Contractor shall update its maternal care systems to identify and track members enrolled in an expansion aid category who become pregnant. This data will be included in existing maternal care reporting submitted to the Department on a monthly basis as specified in the MCTM."

"The Department is requesting that each MCO adheres to the reporting requirements associated with the deliverables listed above. At this point, no compliance points or financial sanctions will be issued in response to the above listed areas of concern. However, the Department may proceed with issuance of points or financial sanctions for failing to meet contractual requirements not met, effective on deliverables due by October 15, 2020."

MIP/CAP Update:

- No updates

Appeal Decision:

- No appeals

Expiring Points:

- **Case # 2309:** August 2019 – Late / Missing Data Submission – Foster Care and Adoption Assistance Member Care Coordination Report. 1 point was removed from Anthem's total by closing **CES # 2309**.

Financial Sanctions Update:

- No outstanding sanctions at this time

Summary:

- For deliverables measuring performance for August 2020, Anthem showed a moderate level of compliance. Anthem timely submitted 23 required monthly reporting deliverables and those deliverables did not expose any programmatic issues. Two monthly deliverables failed to meet contract adherence requirements to process Pharmacy Prior Authorization requests within 24 hours, and to adjudicate internal member appeals within 14 days (addressed above in **CES # 3197 & 3199**). One monthly deliverable contained data submission errors (as addressed above in **CES # 3236**). In summation, Anthem complied with most applicable regulatory and contractual requirements

Magellan Complete Care

Findings:

- No findings

Concerns:

- **Appeals and Grievances' Report:** The Department timely received the August 2020 Appeals and Grievances' Report deliverable from Magellan. Upon review, a DMAS subject matter expert discovered that the report indicated that Magellan failed to adjudicate 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."

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 # 3213)**

- **Contract Adherence:** Magellan failed to timely process Pharmacy Prior Authorization requests. Per August data, there were 313 Pharmacy Prior Authorization Requests processed past 24 hours (out of 907).

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, Magellan 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, Magellan be issued a **Notice of Deficiency (NOD)** without any associated compliance points, financial sanctions, or corrective actions. The CRC agreed with the Compliance Team's recommendation, and voted to issue a **NOD without associated compliance points or financial sanctions** in response to this issue. **(CES # 3214)**

The HCS Compliance Unit reached out to the MCOs to remind the plans of the response time requirements for Pharmacy service authorizations.

The following communication was sent via email to Magellan on October 5.

"The HCS Compliance Unit is reaching out to remind the plans of the response time requirements for Pharmacy service authorizations.

The Medallion 4.0 contract section 8.7.N states "The Contractor must provide a response by telephone or other telecommunication within 24 hours of a service authorization."

Magellan reported a total of 907 Service Authorizations for the month of August 2020. A total of 313 Service Authorization requests exceeded the required response time of less than 24 hours.

The Department is requesting that each MCO adheres to the Pharmacy service authorization requirements. At this point, no compliance points or financial sanctions will be issued in response to identified non-compliance with the MCO response time on the Pharmacy Prior Authorization Report. However, the Department may proceed with issuance of points or financial sanctions for failing to meet Pharmacy service authorizations not processed within twenty-four (24) hours, effective on deliverables due by October 15, 2020".

MIP/CAP Update:

- No updates

Appeal Decision:

- No appeals

Expiring Points:

- **Case # 2312:** August 2019 – Claims Payment – Early Intervention Services Report. 1 point was removed from Magellan's total by closing **CES # 2312**.

Financial Sanctions Update:

- No outstanding sanctions at this time

Summary:

- For deliverables measuring performance for August 2020, Magellan showed a high level of compliance. Magellan timely submitted 23 required monthly reporting deliverables and those deliverables did not expose any programmatic issues. Two monthly deliverables failed to meet contract adherence requirements to process Pharmacy Prior Authorization requests within 24 hours and adjudicate internal member appeals within 14 days (as addressed above in **CES # 3213 & 3214**). In summation, Magellan complied with nearly all of the applicable regulatory and contractual requirements.

Optima Health

Findings:

- No findings

Concerns:

- **Untimely Payment of EI Claims:** DMAS timely received the August 2020 Early Intervention Services Report deliverable from Optima. 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 August 2020.

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 (1) clean claim for EI services within 14 days of its receipt.

The Department requests that Optima adheres to the reporting specifications, as outlined in the Medallion 4.0 Deliverables Technical Manual under section 1.2.6. At this point, no compliance points or financial sanctions will be issued in response to this issue. However, future failure to meet claim adjudication requirements may result in contract compliance enforcement actions, including the issuance of compliance points and financial sanctions.

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 # 3193)**

- **Contract Adherence:** Optima failed to timely process Pharmacy Prior Authorization requests. Per August data, there were 106 Pharmacy Prior Authorization Requests processed past 24 hours (out of 3,287).

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 Deficiency (NOD)** without any associated compliance points, financial sanctions, or corrective actions. The CRC agreed with the Compliance Team's recommendation, and voted to issue a **NOD without associated compliance points or financial sanctions** in response to this issue. **(CES # 3200)**

The HCS Compliance Unit reached out to the MCOs to remind the plans of the response time requirements for Pharmacy service authorizations.

The following communication was sent via email to Optima on October 5.

"The HCS Compliance Unit is reaching out to remind the plans of the response time requirements for Pharmacy service authorizations.

The Medallion 4.0 contract section 8.7.N states "The Contractor must provide a response by telephone or other telecommunication within 24 hours of a service authorization."

Optima reported a total of 3,287 Service Authorizations for the month of August 2020. A total of 106 Service Authorization requests exceeded the required response time of less than 24 hours.

The Department is requesting that each MCO adheres to the Pharmacy service authorization requirements. At this point, no compliance points or financial sanctions will be issued in response to identified non-compliance with the MCO response time on the Pharmacy Prior Authorization Report. However, the Department may proceed with issuance of points or financial sanctions for failing to meet Pharmacy service authorizations not processed within twenty-four (24) hours, effective on deliverables due by October 15, 2020".

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 August 2020, Optima showed a high 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 processing Pharmacy Prior Authorization requests and adjudicating internal member appeals within 14 days (as addressed above in **CES # 3193 & 3200**). In summation, Optima complied with most applicable regulatory and contractual requirement.

UnitedHealthcare

Findings:

- No findings

Concerns:

- **Appeals and Grievances' Report:** The Department timely received the August 2020 Appeals and Grievances' Report deliverable from UnitedHealthcare. Upon review, a DMAS subject matter expert discovered that the report indicated that United failed to adjudicate 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."

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 # 3195**)

- **Contract Adherence:** UnitedHealthcare failed to timely process Pharmacy Prior Authorization requests. Per August data, there were three (3) Pharmacy Prior Authorization Requests processed past 24 hours (out of 1,612).

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, United

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, United be issued a **Notice of Deficiency (NOD)** without any associated compliance points, financial sanctions, or corrective actions. The CRC agreed with the Compliance Team's recommendation, and voted to issue a **NOD without associated compliance points or financial sanctions** in response to this issue. **(CES # 3198)**

The HCS Compliance Unit reached out to the MCOs to remind the plans of the response time requirements for Pharmacy service authorizations.

The following communication was sent via email to United on October 5.

"The HCS Compliance Unit is reaching out to remind the plans of the response time requirements for Pharmacy service authorizations.

The Medallion 4.0 contract section 8.7.N states "The Contractor must provide a response by telephone or other telecommunication within 24 hours of a service authorization."

United reported a total of 1,612 Service Authorizations for the month of August 2020. A total of three (3) Service Authorization requests exceeded the required response time of less than 24 hours.

The Department is requesting that each MCO adheres to the Pharmacy service authorization requirements. At this point, no compliance points or financial sanctions will be issued in response to identified non-compliance with the MCO response time on the Pharmacy Prior Authorization Report. However, the Department may proceed with issuance of points or financial sanctions for failing to meet Pharmacy service authorizations not processed within twenty-four (24) hours, effective on deliverables due by October 15, 2020".

- **Data Submission Error:** UnitedHealthcare timely submitted the August 2020 Maternal Care Monthly Report. However per August data, there were 567 members omitted from the report based on August 834 EOM file. United reported 1,465 maternal members when the August 834 EOM file indicated 2,033 maternal members

Section 2.2.C of the Medallion 4.0 contract states "The Contractor shall update its maternal care systems to identify and track members enrolled in an expansion aid category who become pregnant. This data will be included in existing maternal care reporting submitted to the Department on a monthly

basis as specified in the MCTM.” Thus, United 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, United be issued a **Notice of Deficiency (NOD)** without any associated compliance points, financial sanctions, or corrective actions. The CRC agreed with the Compliance Team’s recommendation, and voted to issue a **NOD without associated compliance points or financial sanctions** in response to this issue. **(CES # 3233)**

The HCS Compliance Unit reached out to the MCOs to remind the plans of the contractual requirements for the Maternal Care Monthly Report.

The following communication was sent via email to United on October 5.

United reported 1,465 maternal members, when August EOM 834 data indicated 2,033 maternal members enrolled. Difference of 567 members.

“Medallion 4.0 contract section 2.2.C states "The Contractor shall update its maternal care systems to identify and track members enrolled in an expansion aid category who become pregnant. This data will be included in existing maternal care reporting submitted to the Department on a monthly basis as specified in the MCTM.”

“The Department is requesting that each MCO adheres to the reporting requirements associated with the deliverables listed above. At this point, no compliance points or financial sanctions will be issued in response to the above listed areas of concern. However, the Department may proceed with issuance of points or financial sanctions for failing to meet contractual requirements not met, effective on deliverables due by October 15, 2020.”

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 August 2020, United showed a moderate level of compliance. United timely submitted all 23 required monthly reporting deliverables, and those deliverables did not expose any programmatic issues. One reporting deliverable contained data submission errors (as addressed above in **CES # 3233**). Two monthly deliverables failed to meet contract adherence requirements for processing Pharmacy Prior Authorization requests and adjudicating internal member appeals within 14 days as required by the New 1135 Waiver and Administrative Provider Flexibilities Related to COVID-19 Medicaid Memo, dated May 26, 2020 (as addressed above in **CES # 3195 & 3198**). In summation, United complied with most applicable regulatory and contractual requirements.

Virginia Premier

Findings:

- No findings

Concerns:

- **Untimely Payment of EI Claims:** DMAS timely received the August 2020 Early Intervention Services Report deliverable from Virginia Premier. Upon review, the Compliance Unit discovered that the report indicated that Virginia Premier failed to adjudicate 104 clean claims for EI services within 14 days of its receipt in August 2020.

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 104 clean claims for EI services within 14 days of its receipt.

The Department requests that Virginia Premier adheres to the reporting specifications, as outlined in the Medallion 4.0 Deliverables Technical Manual under section 1.2.6. At this point, no compliance points or financial sanctions will be issued in response to this issue. However, future failure to meet claim adjudication requirements may result in contract compliance enforcement actions, including the issuance of compliance points and financial sanctions.

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 # 3194)**

- **Appeals and Grievances' Report:** The Department timely received the August 2020 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 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."

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 # 3196)**

- **Data Submission Error:** Virginia Premier timely submitted the August 2020 Maternal Care Monthly Report. However per August data, there were 530 members omitted from the report based on August 834 EOM file. Virginia Premier reported 3,123 maternal members when the August 834 EOM file indicated 3,653 maternal members

Section 2.2.C of the Medallion 4.0 contract states "The Contractor shall update its maternal care systems to identify and track members enrolled in an expansion aid category who become pregnant. This data will be included in existing maternal care reporting submitted to the Department on a monthly basis as specified in the MCTM." 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 Deficiency (NOD)** without any associated compliance points, financial sanctions, or corrective actions. The CRC agreed with the Compliance Team's recommendation, and voted to issue a **NOD without associated compliance points or financial sanctions** in response to this issue. **(CES # 3234)**

The HCS Compliance Unit is reached out to the MCOs to remind the plans of the contractual requirements for the Maternal Care Monthly Report.

The following communication was sent via email to Virginia Premier on October 5.

Virginia Premier reported 3,123 maternal members, when August EOM 834 data indicated 3,653 maternal members enrolled. Difference of 530 members.

"Medallion 4.0 contract section 2.2.C states "The Contractor shall update its maternal care systems to identify and track members enrolled in an expansion aid category who become pregnant. This data will be included in existing

maternal care reporting submitted to the Department on a monthly basis as specified in the MCTM."

"The Department is requesting that each MCO adheres to the reporting requirements associated with the deliverables listed above. At this point, no compliance points or financial sanctions will be issued in response to the above listed areas of concern. However, the Department may proceed with issuance of points or financial sanctions for failing to meet contractual requirements not met, effective on deliverables due by October 15, 2020."

MIP/CAP Update:

- No updates

Appeal Decision:

- No Appeals

Expiring Points:

- **Case # 2310:** August 2019 – Claims Payment –Early Intervention Services Report. 1 point was removed from Virginia Premier’s total by closing **CES # 2310.**
- **Case # 2314:** August 2019 – Call Center Statistics – MCO Call Center Statistics. 1 point was removed from Virginia Premier’s total by closing **CES # 2314.**

Financial Sanctions Update:

- No outstanding sanctions at this time

Summary:

- For deliverables measuring performance for August 2020, Virginia Premier showed a moderate level of compliance. Virginia Premier timely submitted 23 required monthly reporting deliverables and those deliverables did not expose any programmatic issues. One reporting deliverable contained data submission errors (as addressed above in **CES # 3234**). Two monthly deliverables failed to meet contract adherence requirements for the timely resolution of internal appeals within 14 days and EI claims adjudication within 14 days (as addressed above in **CES # 3194 & 3196**). 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 Maternal and Child Health deliverables, Early Intervention 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 or the Department may proceed with issuance of points or financial sanctions for failing to meet contractual requirements not met, effective on deliverables due by October 15, 2020.

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