



COMMONWEALTH of VIRGINIA
Department of Medical Assistance Services

SUITE 1300
600 EAST BROAD STREET
RICHMOND, VA 23219
804/786-7933
800/343-0634 (TDD)
www.dmas.virginia.gov

January 6, 2020

Linda Hines, CEO
Virginia Premier Health Plan
600 E. Broad Street, 4th Floor
Richmond, VA 23219

Re: Commonwealth Coordinated Care Plus (CCC Plus) Program –Corrective Action Plan (CAP) Inappropriate claim denials for hospice room and board.

Dear Ms. Hines,

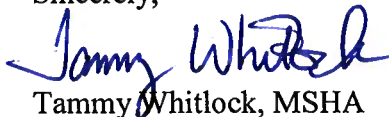
The Department of Medical Assistance Services (DMAS) monitors the timeliness and accuracy of claims processing to determine compliance with contractual standards. The CCC Plus contract section 12.4.1 addresses *General Processing and Payment Rules* and the Exceptional Processing and Payment Rules for Nursing Facilities. Beginning April 2019, DMAS provided information and education regarding the upcoming changes to Hospice Room and Board claims processing effective July 1, 2019. Virginia Premier regularly reported the ability to reimburse Nursing facilities directly for hospice-related NF services. Updates were included on Virginia Premier's Issues Log (item #181) and discussed on bi-weekly contract monitoring calls. Despite these communications, Virginia Premier reported that Ninety-Four (94) Nursing Facility providers had approximately 1.5 million dollars in claims denied inappropriately because of hospice edits.

Virginia Premier will be issued a point violation pursuant to Section 18.0 of the CCC Plus Contract. Assessment of these points are stated in Exhibit 1 below. Virginia Premier shall submit a Corrective Action Plan (CAP) to DMAS for approval no later than 30 calendar days from receipt of this letter that ensures accurate hospice room and board claims adjudication and payment. Virginia Premier will need to identify the root cause(s) for the lack of compliance and develop a practicable project plan to ensure contractual compliance is maintained. Please ensure that the CAP includes a project plan or list of deliverables, milestones, due dates, and percentage complete that address the root cause(s) for the lack of compliance as well as the schedule for reprocessing inappropriately denied or retracted claims. A weekly update to this project plan to DMAS will be required for monitoring progress. Failure to comply with the approved CAP will result in additional sanctions.

Virginia Premier Health Plan

If you have any questions regarding these concerns, contract standards or CAP requirements, please contact Joshua Walker at 804-418-4464. Please sign, date and return acknowledging receipt to ccpluscompliance@dmas.virginia.gov.

Sincerely,

A handwritten signature in blue ink that reads "Tammy Whitlock". The signature is written in a cursive style with a large initial "T".

Tammy Whitlock, MSHA
Deputy Director of Complex Care and Services

Exhibit 1 – Premier – 2020 Point Schedule

<u>MCO</u>	<u>Area(s) of Violation</u>	<u>Previous Balance</u>	<u>Point(s) Expired</u>	<u>Point(s) Incurred</u>	<u>Current Balance</u>	<u>Sanctions pursuant to 18.2.2</u>
Virginia Premier Health Plan	12.4.1	10	5	5	15	\$1,000

18.2.3.2 Five (5) Point Violations

Noncompliance with Claims Adjudication Requirements - Examples include, but are not limited to, the Contractor failing to: (1) electronically accept and adjudicate claims to final status; (2) notify providers of the status of their submitted claims; (3) notify non-contracting providers of procedures for claims submissions when requested; or (4) notify contracting and non-contracting providers of the status of their submitted claims.

Virginia Premier Health Plan

Acknowledge agreement via signature below to address the Corrective Action Plan (CAP) for inappropriate claim denials for hospice room and board.

Linda Hines (Signature & Date)