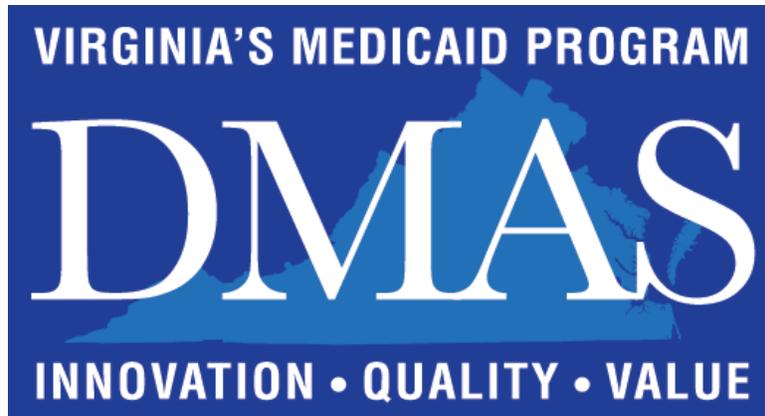


Monthly MCO Compliance Report

Medallion 4.0 December 2021 Deliverables



Health Care Services Division

February 15, 2022

Monthly MCO Compliance Report

Medallion 4.0 December 2021 Deliverables

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Compliance Points Overview

MCO	Prior Month Point Balance	Point(s) Incurred for Current Month*	Point(s) Expiring from December 2020	Final Point Balance*	Area of Violation: Finding or Concern
<u>Aetna</u>	2.0	0	1	1.0	FINDINGS NONE CONCERNS CMHRS SA
<u>Anthem</u>	15.0	0	1	14.0	FINDINGS NONE CONCERNS EI CLAIMS CMHRS SA PHARMACY PA
<u>Molina</u>	10.0	0	0	10.0	FINDINGS NONE CONCERNS CMHRS SA
<u>Optima Health</u>	7.0	0	0	7.0	FINDINGS NONE CONCERNS NONE
<u>United</u>	8.0	0	1	7.0	FINDINGS NONE CONCERNS CMHRS SA
<u>VA Premier</u>	26	1.0	6	21	FINDINGS PROVIDER CALL CENTER STATS CONCERNS PHARMACY PA EI CLAIMS

**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 2020 (Issue date: 1/15/2021) expire on 1/15/2022 and are subtracted from the final point balance.)

Summary

The **Compliance Review Committee (CRC)** met on February 2, 2022 to review deliverables measuring performance for December 2021 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.

The CRC voted to issue a Warning Letter with an associated compliance point and Notices of Non-Compliance to managed care organizations (MCOs) for failure to meet contractual requirements or thresholds.

Each MCO's compliance findings and concerns are further detailed below. Data related to the Health Care Services Division's compliance activities are also included. The Department communicated the findings of its review of December's compliance issues in letters and emails issued to the MCOs on February 4, 2022.

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 timely provided the Community Mental Health Rehabilitation Services (CMHRS) Service Authorizations. Per the December 2021 data, there were four (4) CMHRS service authorization requests that were not processed timely. Two were standard service authorizations that did not require supplemental information processed past 14 days. The processing time for these requests were 26 and 41 days. Two were expedited service authorizations that did not require supplemental information processed past 72 hours. The processing time for these requests were 90 and 284 hours. Aetna's overall timeliness for processing CMHRS Service Authorization requests for the month of December was 99.43%.

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 #4618)

MIP/CAP Update:

- No updates

Appeal Decision:

- No appeals

Expiring Points:

- **Case # 3653:** December 2020 – EI Claims payment. 1 point was removed from Aetna Better Health's total by closing **CES # 3653**.

Financial Sanctions Update:

- No outstanding sanctions at this time

Summary:

- For deliverables measuring performance for December 2021, Aetna showed a high level of compliance. Aetna timely submitted all 24 required monthly

reporting deliverables. One contract deliverable failed to meet contract adherence requirements for timely processing of CMHRS Service Authorization (as addressed above in **CES # 4618**). 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 failed to timely process Pharmacy Prior Authorization requests. Per December 2021 data, there were three (3) Pharmacy Prior Authorization Requests processed past 24 hours. The average processing time of the three requests were 26 hours with the maximum processing time reported as 28 hours. The overall timeliness of Pharmacy Prior Authorizations processing was 99.96%.

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)** without any associated compliance points, financial sanctions, or corrective actions. The CRC agreed with the Compliance Team's recommendation, and voted to issue a **Notice of Non-Compliance (NONC)** without any associated compliance points, financial sanctions, or corrective actions. **(CES # 4619)**

- **Contract Adherence:** Anthem Healthkeepers timely provided the Community Mental Health Rehabilitation Services (CMHRS) Service Authorizations. Per the December 2021 data, there were six (6) CMHRS standard service authorization requests that did not require supplemental information and were not processed within 14 days. The max processing time for these requests untimely requests was 42 days. Anthem's overall timeliness for processing CMHRS Service Authorization requests for the month of December was 99.13%.

The Compliance Team recommended that in response to the issue identified above, Anthem be issued a **Notice of Non-Compliance (NONC)** without any associated compliance points, financial sanctions, or corrective actions. The CRC agreed with the Compliance Team's recommendation, and voted to issue

a **Notice of Non-Compliance (NONC)** without associated compliance points or financial sanctions in response to this issue. **(CES #4620)**

- **Contract Adherence:** The Department timely received the December 2021 Early Intervention Services Report from Anthem. Upon review, a DMAS subject matter expert discovered that Anthem failed to process 40 clean claims within 14 calendar days.

On January 19, 2022, the Compliance Unit requested detailed claim information relating to the 40 clean claims not paid within 14 days. Anthem provided the detailed claim information and provided the following justification for these claims:

For 23 of the listed claims, “Claim production was delayed due to a system issue that has since been resolved and to an increase in unplanned absences due to illness”. For the remaining 17 claims, there was a “Delay in EFT payments due to the Christmas holiday”.

After reviewing the detailed claim information, only 17 claims exceeded 14 days to adjudicate the clean claims. The other 23 claims were paid on day 14. These 17 claims were paid on day 15-17. The overall timeliness of adjudicated clean claims was 99.4% for the month of December 2021.

The Compliance Team recommended that in response to the issue identified above, Anthem be issued a **Notice of Non-Compliance (NONC)** without any associated compliance points, financial sanctions, or corrective actions. The CRC agreed with the Compliance Team’s recommendation, and voted to issue a **Notice of Non-Compliance (NONC)** without any associated compliance points, financial sanctions, or corrective actions. **(CES # 4621)**

MIP/CAP Update:

- No updates

Appeal Decision:

- No appeals

Expiring Points:

- **Case # 3556:** December 2020 – Appeals & Grievances Issue. 1 point was removed from Anthem’s total by closing **CES # 3556**.

Financial Sanctions Update:

- No outstanding sanctions at this time

Summary:

- For deliverables measuring performance for December 2021, Anthem showed a moderate level of compliance. Anthem timely submitted all 24 required monthly reporting deliverables. Those deliverables did not expose any programmatic issues. Three contract deliverables failed to meet contract adherence requirements for timely processing of Pharmacy Prior Authorizations, CMHRS Service Authorizations and Early Intervention claim adjudication (as addressed above in **CES # 4619, 4620, & 4621**) 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 timely process Community Mental Health Rehabilitation Services (CMHRS) Service Authorizations. Per the December 2021 data, there was one (1) expedited CMHRS request that did not require supplemental information processed past 72 hours which exceeds the contract requirement. This expedited request was processed in 90 hours and the overall timeliness of processing CMHRS SA requests was 99.57%.

The Compliance Team recommended that in response to the issue identified above, Molina be issued a **Notice of Non-Compliance (NONC)** without any associated compliance points, financial sanctions, or corrective actions. The CRC agreed with the Compliance Team's recommendation, and voted to issue a **Notice of Non-Compliance (NONC)** without any associated compliance points, financial sanctions, or corrective actions. **(CES # 4622)**

MIP/CAP Update:

- Molina's initial submission of their MCO Improvement Plan related to the MCO Call Center Stats associated with CTS # 4474 on November 29, 2021 did not include sufficiently detailed information regarding the actions taken to address the identified issue as well as those measures put into place to prevent a reoccurrence. The MCO identified the cause of the issue as mistakenly including in their final call stats calculation a sub queue that should not have been included. The erroneous sub queue, SharedHealth_Virginia_M4_UM_VQ, which is assigned to the Utilization Management team, was removed and the remaining call center statistics were within the standards of the Medallion 4.0 contract with a call abandonment rate of 1.52%. The following measurements were put in place by the MCO to ensure the Call Center Stats will be submitted accurately and reported in timely.
 1. Work Force Management team, which is the Call Center unit that provides data/scheduling/reporting, to supply the final MTD report regarding the various queues Molina supports SH_VA_M4_Member, SharedHealth_Virginia_M4_Provider_Cust_Serv_VQ, and SH_VA_MCC_Call_Center
 2. Once this report is sent to the Contact Center Point of Contact (POC), it will be vetted out by manually pulling the data in our reporting system to confirm accuracy.

3. From that point, the Contact Center POC will then upload the data on the Call Center Stats Template. This template is then sent to the Analyst in which the data will be reviewed and questioned if there are any significant changes from previous months, or the results might be out of compliance.
4. If the results are out of compliance, the POC will supply follow-up response to clarify and discrepancies and if the data proves to be accurate the Analyst will upload the results.

The Department is currently reviewing this MIP response.

Appeal Decision:

- No appeals

Expiring Points:

- No points

Financial Sanctions Update:

- No outstanding sanctions at this time

Summary:

- For deliverables measuring performance for December 2021, Molina showed a high level of compliance. Molina timely submitted all 24 required monthly reporting deliverables. Molina failed to meet contract adherence requirements to timely process CMHRS Service Authorizations (as addressed above in **CES # 4622**). In summation, Molina complied with nearly all 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 2021, Optima showed a very high level of compliance. Optima timely submitted all 24 required monthly reporting deliverables, and those deliverables did not expose any programmatic issues. 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:

- **Contract Adherence:** UnitedHealthcare failed to timely process Community Mental Health Rehabilitation Services (CMHRS) Service Authorizations. Per December 2021 data, there were three (3) standard CMHRS Service Authorization requests exceeding 14 days without requiring supplemental information. UnitedHealthcare provided additional information regarding these three Service Authorization requests in their MIP response. Two of the three requests were actually processed timely however due to administrative errors, the report reflected these requests to be untimely. Additional information was added to one request from May 2021, which resulted in the report reflecting this request as being processed in 196 days. Another request that was originally denied, was subsequently approved for the original date when a new request was submitted with new clinical information to justify the service request. The one request that was actually processed untimely was processed on day 20 and this resulted in the overall timeliness of processing CMHRS SA requests at 99.67%.

The Compliance Team recommended that in response to the issue identified above, UnitedHealthcare be issued a **Notice of Non-Compliance (NONC)** without any associated compliance points, financial sanctions, or corrective actions. The CRC agreed with the Compliance Team's recommendation, and voted to issue a **Notice of Non-Compliance (NONC)** without any associated compliance points, financial sanctions, or corrective actions. **(CES # 4617)**

MIP/CAP Update:

- UnitedHealthcare submitted an MCO Improvement Plan related to their untimely processing of CMHRS SA associated with CTS # 4575 on January 18, 2022. The MIP cited a low staffing ratio during the Thanksgiving Holiday and administrative errors as the causes for the untimely service authorizations. The Department is currently reviewing this MIP response.

Appeal Decision:

- No appeals

Expiring Points:

- **Case # 3613:** December 2020 – EI Claims Payment. 1 point was removed from UnitedHealthcare's total by closing **CES # 3613**.

Financial Sanctions Update:

- No outstanding sanctions at this time

Summary:

- For deliverables measuring performance for December 2021, UnitedHealthcare showed a moderate level of compliance. UnitedHealthcare timely submitted all 24 required monthly reporting deliverables, and those deliverables did not expose any programmatic issues. One contract deliverable failed to meet contract adherence requirements to timely process CMHRS Service Authorizations (as addressed above in **CES # 4617**). In summation, UnitedHealthcare complied with nearly all regulatory and contractual requirements.

Virginia Premier

Findings:

- **Call Center Statistics:** DMAS timely received the December 2021 MCO Provider Call Center Statistics report from Virginia Premier. Upon review, the Compliance Unit discovered that Virginia Premier did not meet the required contract thresholds for call center statistics (did not answer 95% of incoming provider calls). Virginia Premier answered 86.50% of incoming provider calls in the month of December 2021.

Section 5.9 of the Medallion 4.0 contract requires that the MCOs Provider call abandonment rates shall average less than five percent (5%) each month. Virginia Premier failed to answer at least 95% of the incoming provider calls to be in compliance with the Medallion 4.0 contract.

According to Section 10.1.E.a of the Medallion 4.0 contract, a failure to comply with the contract that "represents a threat to [the] smooth and efficient operation" of the Medallion 4.0 program is subject to a one point penalty.

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

The Compliance Team recommended that in response to the issue identified above, Virginia Premier be issued a **Warning Letter, 1 compliance point, a \$5,000 financial penalty and no MIP/CAP**. The CRC agreed with the Compliance Team's recommendation, and voted to issue a **Warning Letter, 1 compliance point, a \$5,000 financial penalty and no MIP/CAP** in response to this issue. (CES # 4615)

Concerns:

- **Contract Adherence:** The Department timely received the December 2021 Early Intervention Services Report from Virginia Premier. Upon review, a DMAS subject matter expert discovered that the report indicated that Virginia Premier failed to process 33 clean claims within 14 calendar days.

On January 14, 2022, Virginia Premier notified DMAS of the untimely processing of these Early Intervention claims. In the month of December, Virginia Premier did not receive 3 files from their clearinghouse. This issue was identified on December 9, 2021 when an inquiry was received regarding a response for those files. Virginia Premier was unable to locate those files

through an extensive research with their FTP team or confirmation from the clearinghouse that those files were sent to Virginia Premier.

On January 20, 2022, the Compliance Unit requested detailed claim information relating to the 33 clean claims not paid within 14 days. Virginia Premier provided the detailed claim information and provided the following justification these claims:

For 10 of the listed claims, Virginia Premier reported a lag from the mailroom and the remaining 23 claims were due to a delay in receipt from the clearinghouse.

After reviewing the detailed claim information the Compliance Unit determined, 10 claims were paid on day 15 and 23 claims were paid on day 28. For the 23 claims delayed due to the clearinghouse, Virginia Premier was able to prioritize and pay these claims within 5 days of receipt from the clearinghouse. The overall timeliness of adjudicated clean claims was 99.6% for the month of December 2021 when the 23 delayed claims were subtracted from the total of untimely claims.

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 **Notice of Non-Compliance (NONC)** without any associated compliance points, financial sanctions, or corrective actions. **(CES # 4614)**

- **Contract Adherence:** Virginia Premier failed to timely process Pharmacy Prior Authorization requests. Per December 2021 data, there were two (2) Pharmacy Prior Authorization Requests processed past 24 hours. These requests were processed in an average of 47 hours with the maximum processing time reported as 66 hours to provide a response. The overall timeliness of Pharmacy Prior Authorizations processing was 99.91%.

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, 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 Non-Compliance (NONC)** without any associated compliance points, financial sanctions, or corrective

actions. The CRC agreed with the Compliance Team's recommendation, and voted to issue a **Notice of Non-Compliance (NONC)** without any associated compliance points, financial sanctions, or corrective actions. **(CES # 4616)**

MIP/CAP Update:

- No updates

Appeal Decision:

- No appeals

Expiring Points:

- **Case # 3614:** December 2020 – EI Claims Payment. 1 point was removed from Virginia Premier's total by closing **CES # 3614**.
- **Case # 3615:** December 2020 – MCO Claims Issue. 5 points were removed from Virginia Premier's total by closing **CES # 3615**.

Financial Sanctions Update:

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

- December 2021 Call Center Stats Issue - \$5,000 **(CES# 4615)**

Summary:

- For deliverables measuring performance for December 2021, Virginia Premier showed a moderate level of compliance. Virginia Premier timely submitted all 24 required monthly reporting deliverables and those deliverables did not expose programmatic issues. One contract deliverable failed to meet contract requirements for provider call center statistics (as addressed above in **CES # 4615**). Two contract deliverables failed to meet contract adherence requirements to timely process Early Intervention Claims and Pharmacy Prior Authorization requests (as addressed above in **CES # 4614 & 4616**). In summation, Virginia Premier complied with most applicable regulatory and contractual requirements.

Next Steps

At this time, the Compliance Unit is continuing to hold monthly Compliance Review Committee meetings, following up on recurring 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 ensuring the timely processing of Pharmacy Prior Authorization and CMHRS Service Authorization Requests, as well as compliance with contract requirements for call center abandonment rates for provider helplines, and Early Intervention claims adjudication. The MCOs were notified of their non-compliance with these issues. The Compliance Unit requested adherence to the Medallion 4.0 contract and issued points as well as financial sanctions as appropriate.

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