



# COMMONWEALTH of VIRGINIA

## *Department of Medical Assistance Services*

KAREN KIMSEY  
DIRECTOR

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

May 14, 2021

Randy Ricker  
Optima Health  
4417 Corporation Lane  
Virginia Beach, VA 23462

Re: Commonwealth Coordinated Care Plus (CCC Plus) – Corrective Action Plan (CAP) –  
Inappropriate Waiver Enrollment – Case ID # 19687

Dear Mr. Ricker,

DMAS makes assurances to The Centers for Medicare & Medicaid Services (CMS) that all members enrolled in the CCC Plus Waiver meet screening criteria. DMAS continually monitors the CCC Plus contractual compliance to ensure the plan's accurate and appropriate entry of CCC Plus Waiver enrollments. The CCC Plus Contract Section 4.7.1 states, "In accordance with the §32.1-330 of the Code of Virginia, all individuals requesting community based waiver or nursing facility LTSS must receive a screening to determine if they meet the level of care needed for NF services. The LTSS Screening must successfully process and indicate Medicaid LTSS authorization in order for LTSS to begin. Individuals should not be approved to receive Medicaid funded LTSS without having a screening on file that confirms the individual meets NF level of care. Section 4.7.9.1 states," The Contractor shall not enter LOC benefit information until the applicable services (NF, CCC Plus Waiver, Hospice) have started. Section 4.7.9.4 states, "The Contractor shall not enter CCC Plus discharges into the Virginia Medicaid Web Portal (LTC tab)."

██████████ Optima entered Member: ██████████ into the DMAS Web Portal for Waiver Services with a start of services date of ██████████. The screening date was ██████████ and authorized no services. DMAS staff identified this irregularity and requested the required waiver enrollment forms from Optima on March 21, 2021. Optima responded stating that ██████████ was inappropriately entered in the portal, that there were no waiver documents and Optima rectified the error. Follow-up review by DMAS staff showed that Optima had attempted to close/void the waiver admission.

Case ID # 19687

The chain of events initiated by Optima is particularly concerning because the actions exhibited continued noncompliance by Optima staff, even once the initial waiver enrollment error was identified. DMAS is requesting Optima provide information addressing efforts to reinforce to staff the appropriate steps and procedures to ensure accurate enrollment and portal entry. Optima shall submit a Corrective Action Plan (CAP) to DMAS for approval no later than 30 calendar days from the date of this letter. Optima 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. A biweekly 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.

Optima will be issued 10 points pursuant to Section 18.0 of the CCC Plus Contract. Assessment of these points are pending. If you have additional information and/or documentation that will affect this determination, please provide this information to Jason A. Rachel, Ph.D., Division Director, within 15 calendar days from the date of this letter ("Comment Period"). Point violations will be finalized upon the expiration of the Comment Period. After this time, no additional communication will be provided by DMAS regarding the point issuance.

If you have any questions regarding these concerns, contract standards or CAP requirements, please contact [ccpluscompliance@dmass.virginia.gov](mailto:ccpluscompliance@dmass.virginia.gov). Please sign, date and return acknowledging receipt to [ccpluscompliance@dmass.virginia.gov](mailto:ccpluscompliance@dmass.virginia.gov).

Sincerely,



Tammy Whitlock, MSHA  
Deputy of Complex Care and Services

cc: Elizabeth Smith, RN  
cc: Jason Rachel, PhD

**Exhibit 1 – Optima– 2021 Point Schedule**

<b><u>MCO</u></b>	<b><u>Area(s) of Violation</u></b>	<b><u>Previous Balance</u></b>	<b><u>Point(s) Expired</u></b>	<b><u>Point(s) Incurred</u></b>	<b><u>Current Balance</u></b>	<b><u>Sanctions pursuant to 18.2.2</u></b>
Optima	4.7.1	0	0	10	10	\$1,000

***18.2.3.3 Ten (10) Point Violations***

The Department may, at its discretion, assess ten (10) points per incident of noncompliance when the Contractor fails to meet an administrative and/or procedural program requirement, and the Contractor’s failure, as determined by the Department, has one of the following impacts: (1) affects the ability of the Contractor to deliver, or a Member to access, covered services; (2) places a Member at risk for a negative health outcome; or, (3) jeopardizes the safety and welfare of a Member.

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Acknowledge agreement via signature below to address the Re: Commonwealth Coordinated Care Plus (CCC Plus) – (CAP)-Inappropriate Waiver Enrollment.

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Randy Ricker / Date