



MONTHLY COMPLIANCE REPORT

JUNE 2025 · CARDINAL CONTRACT

Office of Compliance

June 12, 2025

MONTHLY COMPLIANCE REPORT

INCLUDING MAY 2025 DELIVERABLES + REFERRALS

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COMPLIANCE POINTS OVERVIEW

MCO	Prior Month Point Balance	Point(s) Incurred for Current Months*	Point(s) Expiring or Rescinded	Final Point Balance*	Area of Violation: Finding or Concern
<u>Aetna</u>	4	0	0	4	<u>FINDINGS</u> NONE <u>CONCERNS</u> NONE
<u>Anthem</u>	12	1	0	13	<u>FINDINGS</u> MHSA <u>CONCERNS</u> NONE
<u>Molina</u>	9	0	2	7	<u>FINDINGS</u> NONE <u>CONCERNS</u> NONE
<u>Sentara</u>	10	0	0	10	<u>FINDINGS</u> NONE <u>CONCERNS</u> NONE
<u>United</u>	6	1	0	7	<u>FINDINGS</u> MLTSS <u>CONCERNS</u> NONE

**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.

SUMMARY

The Office of Compliance held their **Compliance Review Committee (CRC)** on June 4, 2025. The Committee reviewed compliance referrals and deliverables received in May 2025. The meeting's agenda covered all identified and referred issues of non-compliance, including failures to meet contract thresholds and requirements related to Mental Health Services (MHS) Service Authorizations & Registrations, as well as MLTSS issues.

The CRC voted to issue two (2) Notices of Non-Compliance (NONC) related to managed care compliance issues. These NONCs included two (2) compliance points, one (1) financial sanction, as well as a request for an MCO Improvement Plan (MIP).

Each MCO's compliance findings and concerns are detailed below. The Department communicated the CRC's findings in letters and emails issued to the MCOs on June 6, 2025.

AETNA BETTER HEALTH OF VIRGINIA

Findings:

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

Concerns:

- No concerns

MIP/CAP Update:

- No MIP/CAP

Request for Reconsideration:

- No requests for reconsideration

Expiring Points:

- No points

Summary:

- For deliverables measuring performance for April 2025, Aetna Better Health showed a **very high** level of compliance. Aetna Better Health submitted all 16 required monthly reporting deliverables accurately and on time. Aetna Better Health complied with all applicable regulatory and contractual requirements this month.

ANTHEM HEALTHKEEPERS PLUS

Findings:

- **Contract Adherence:** Anthem HealthKeepers Plus failed to process all Mental Health Services (MHS) Service Authorization Requests timely. Per April 2025 data, Anthem failed to process seven (7) standard service authorization requests within required 14 days, and thirty-two (32) expedited service authorizations within required 72 hours. No supplemental information requested. Anthem's overall timeliness for processing MHS Service Authorization requests for the month of April was 97.56%.

Section 6.1 of the Cardinal Care contract states for standard authorization decisions, the Contractor shall provide the decision notice as expeditiously as the member's health condition requires, not to exceed fourteen (14) calendar days following receipt of the request for service, with a possible extension of up to fourteen (14) additional calendar days if (1) the member or the provider requests extension or (2) the Contractor justifies to the Department upon request that the need for additional information per 42 CFR §438.210(d)(1)(ii) is in the member's interest. For cases in which a provider indicates, or the Contractor determines, that following the standard timeframe could seriously jeopardize the member's life, physical or mental health, or ability to attain, maintain, or regain maximum function, the Contractor must make an expedited authorization decision and provide notice as expeditiously as the member's health condition requires and no later than seventy-two (72) hours after receipt of the request for service. The Contractor may extend the seventy-two (72) hour time period by up to fourteen (14) calendar days if the member requests an extension or the Contractor justifies to the Department a need for additional information and how the extension is in the member's interest.

The Compliance Team recommended that in response to the issue identified above, Anthem be issued a **Notice of Non-Compliance (NONC)** with **one compliance point** and a **\$15,000 financial penalty**. No MIP or CAP will be required at this time.

The CRC agreed with the team's recommendation and voted to issue a **Notice of Non-Compliance (NONC)** with **one (1) compliance point**, and a **\$15,000 financial penalty** in response to this issue. (CES # 6626)

Concerns:

- No concerns

MIP/CAP Update:

- No MIP/CAP

Request for Reconsideration:

- No requests for reconsideration

Expiring Points:

- No points

Summary:

- For deliverables measuring performance for April 2025, Anthem HealthKeepers Plus showed a **moderate** level of compliance. Anthem HealthKeepers Plus submitted all 16 required monthly reporting deliverables accurately and on time. However, Anthem HealthKeepers Plus failed to meet contractual requirements related to the timely processing of MHS service authorization requests (as addressed above in **CES # 6626**) received a Notice of Non-Compliance with a compliance point and financial penalty. Despite these issues, Anthem HealthKeepers Plus complied with most applicable regulatory and contractual requirements.

MOLINA HEALTHCARE

Findings:

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

Concerns:

- No concerns

MIP/CAP Update:

- MIP for CES # 6509 was received and currently under review

Request for Reconsideration:

- No requests for reconsideration

Expiring Points:

- **CES # 6018:** June 2024 – Untimely Data Submission issue. 1 point was removed from Molina's total by closing case
- **CES # 6022:** June 2024 – EI claims issue. 1 point was removed from Molina's total by closing case

Summary:

- For deliverables measuring performance for April 2025, Molina Healthcare showed a **very high** level of compliance. Molina Healthcare submitted all 16 required monthly reporting deliverables accurately and on time. Molina Healthcare complied with all applicable regulatory and contractual requirements this month.

SENTARA COMMUNITY PLAN

Findings:

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

Concerns:

- No concerns

MIP/CAP Update:

- CAP for CES # 6281 was reviewed and approved
- CAP for CES # 6282 was received and currently under review
- CAP for CES # 6179 was received and currently under review
- MIP for CES # 6517 was received and currently under review

Request for Reconsideration:

- No requests for reconsideration

Expiring Points:

- No points

Summary:

- For deliverables measuring performance for April 2025, Sentara Community Plan showed a **very high** level of compliance. Sentara submitted all 16 required monthly reporting deliverables accurately and on time. Sentara complied with all applicable regulatory and contractual requirements this month.

UNITEDHEALTHCARE

Findings:

- **Contract Adherence:** The Department of Medical Assistance Services (DMAS) has determined that United Healthcare experienced a significant increase in delinquent Level of Care (LOC) reviews from December 2024 to April 2025. Based on the data provided, United Healthcare has experienced a 172% increase in delinquent LOC reviews during this time period.

Section 5.12.2.2 of the Cardinal Care Managed Care (CCMC) contract states that “in accordance with 42 CFR §441.302(c)(2), LOC reviews must be completed at least annually. The annual LOC review may be completed up to sixty (60) calendar days prior to the annual due date for the Member. These LOC reviews are required to ensure that Members enrolled in the CCC Plus Waiver continue to meet the functional and medical criteria for continued enrollment in the waiver.”

The Compliance Team recommended that in response to the issue identified above, United Healthcare be issued a **Notice of Non-Compliance (NONC)** with **one (1) compliance point** and a request for an **MCO Improvement Plan (MIP)**.

The CRC agreed with the team’s recommendation and voted to issue a **Notice of Non-Compliance (NONC)** with **one (1) compliance point** and a **MIP** in response to this issue. (CES # 6588)

Concerns:

- No concerns

MIP/CAP Update:

- No MIP/CAP

Request for Reconsideration:

- No requests for reconsideration

Expiring Points:

- No points

Summary:

- For deliverables measuring performance for April 2025, UnitedHealthcare showed a **moderate** level of compliance. UnitedHealthcare submitted all 16

required monthly reporting deliverables accurately. However, UnitedHealthcare failed to meet the contractual requirements regarding the Level of Care (LOC) reviews (as addressed above in CES #**6588**) and received a Notice of Non-Compliance with a compliance point and a request for a MIP. Despite these issues, UnitedHealthcare complied with most regulatory and contractual requirements.

NEXT STEPS

The Office of Compliance will continue to host Compliance Review Committee meetings each month. The Compliance Team will track, monitor, and communicate with the MCOs regarding identified compliance issues. The team will also continue to work with other DMAS units and divisions to investigate and address potential compliance issues.

The Office of Compliance remains focused on the MCOs' overall compliance with the Cardinal Care contract - especially those requirements with a direct impact on members and providers.