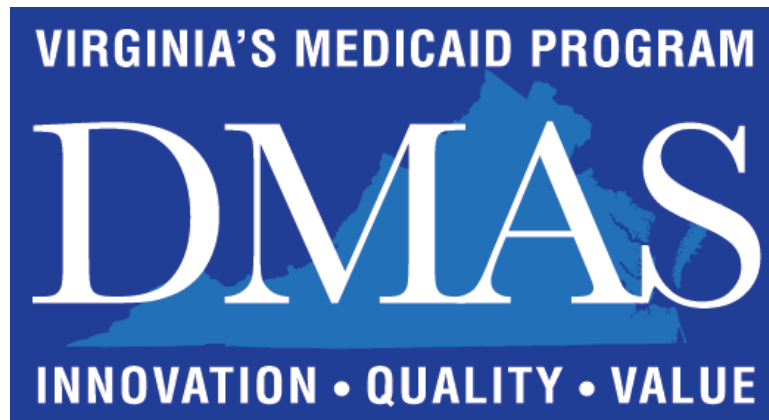


Monthly MCO Compliance Report

Cardinal Care July 2024 Deliverables



Health Care Services Division

August 21, 2024

Monthly MCO Compliance Report

Cardinal Care July 2024 Deliverables

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Compliance Points Overview

MCO	Prior Month Point Balance	Point(s) Incurred for Current Month/s*	Point(s) Expiring or Rescinded	Final Point Balance*	Area of Violation: Finding or Concern
<u>Aetna</u>	12	1	0	13	FINDINGS MEMBER COMMUNICATIONS CONCERNS NONE
<u>Anthem</u>	5	1	0	6	FINDINGS MLTSS CONCERNS MHS SA PHARMACY PA
<u>Molina</u>	13	0	0	13	FINDINGS NONE CONCERNS REPORTING ERROR MHS SA EI CLAIMS MLTSS
<u>Sentara</u>	14	2	0	16	FINDINGS APPEALS MLTSS CONCERNS REPORTING ERROR MHS SA
<u>United</u>	14	1	0	15	FINDINGS MLTSS CONCERNS MHS SA REPORTING ERROR MLTSS

**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 Health Care Services (HCS) and Integrated Care (IC) Divisions held their joint **Compliance Review Committee (CRC)** on August 8, 2024. The Committee reviewed compliance referrals and deliverables measuring performance for June 2024. The meeting's agenda covered all identified and referred issues of non-compliance, including: accuracy of deliverables; untimely processing of internal member appeals; failures to meet contract thresholds and requirements related to early intervention claims, pharmacy prior authorizations, and mental health service authorizations; and failure to adhere to member communication requirements

The joint CRC consists of five representatives from the Health Care Services Division and five representatives from the Integrated Care Division. These committee members vote on what, if any, compliance enforcement actions should be issued in response to identified compliance issues.

The CRC voted to issue eleven (11) Notices of Non-Compliance (NONC) related to HCS compliance issues. These NONCs included two (2) compliance points with two (2) financial sanctions. The CRC also voted to issue five (5) Notices of Non-Compliance (NONC) related to IC compliance issues.

Each MCO's compliance findings and concerns are detailed below. The Department communicated the findings of its review of June's compliance issues in letters and emails issued to the MCOs on August 12, 2024.

Aetna Better Health of Virginia

Findings:

- **Contract Adherence:** On April 1, 2024, Aetna Better Health sent a denial letter to the parents of a Virginia Medicaid member that contained inaccurate information regarding the appeals process. The "Fast (Expedited) Appeals" section of the letter stated that members could call the provided phone number and extension for assistance in filing an expedited appeal. The provided phone number did not directly connect callers to an appeals line or to member services agents who can assist with appeals. As a result, Virginia Medicaid members would not be able to submit an expedited appeal by following the instructions provided in the letter.

Section 6.1.3 of the Cardinal Care contract states: Contractor must ensure that Members and providers are sent written notice of any adverse benefit determination or adverse action that informs Members and providers of their rights to appeal through the Contractor as well as their rights to access the Department's State Fair Hearing and provider appeal systems, in accordance with 42 CFR §438.408, after they have exhausted their appeals with the Contractor. This process must ensure that appropriate decisions are made as promptly as possible. The Member internal appeals process must include provisions for expedited appeals for Members within seventy-two (72) hours from receipt of the appeal request.

The Compliance Team recommended that in response to the issue identified above, Aetna Better Health be issued a **Notice of Non-Compliance (NONC)** with **one (1) compliance point** and a financial penalty of **\$15,000**. No MIP or CAP will be required at this time. The CRC agreed with the Compliance Team's recommendation and voted to issue a **Notice of Non-Compliance (NONC)** with **one (1) compliance point** and a financial penalty of **\$15,000** in response to this issue. **(CES # 6087)**

Concerns:

- No concerns

MIP/CAP Update:

- No MIP/CAP

Request for Reconsideration:

- No requests for reconsideration

Expiring Points:

- No points

Financial Sanctions Update:

- No outstanding sanctions

Summary:

- For deliverables measuring performance for June 2024, Aetna Better Health showed a moderate level of compliance. Aetna Better Health submitted all 16 required monthly reporting deliverables accurately and on time. However, Aetna Better Health failed to provide accurate member communication regarding the appeal process (as addressed above in **CES # 6087**) and received a Notice of Non-Compliance with one (1) compliance point and a financial penalty. Despite this issue, Aetna Better Health complied with most applicable regulatory and contractual requirements.

Anthem HealthKeepers Plus

Findings:

- **Contract Adherence:** Anthem has not met the CCMC requirements for contact attempts to reach CCCP Waiver members for HRA completion for the past two (2) quarters.

The IC Compliance Team recommended Anthem be issued a **Notice of Non-Compliance** with **one (1) compliance point** and no financial penalty. The CRC agreed with the team's recommendation and voted to issue a **Notice of Non-Compliance** with **one (1) compliance point**. (CES # 6075)

Concerns:

- **Contract Adherence:** Anthem HealthKeepers Plus failed to process all Pharmacy Prior Authorizations within the required timeframe. Per the June 2024 data, Anthem failed to process three (3) prior authorization requests within the required 24 hours. The maximum processing time was 556 hours. Anthem's overall timeliness for processing Pharmacy Prior Authorization requests for the month of June was 99.98%.

The HCS Compliance Team recommended that in response to the issue identified above, Anthem be issued a **Notice of Non-Compliance (NONC)**. The CRC agreed with the team's recommendation and voted to issue a **Notice of Non-Compliance (NONC)** in response to this issue. (CES # 6081)

- **Contract Adherence:** Anthem HealthKeepers Plus failed to process all Mental Health Services (MHS) Service Authorizations within the required timeframe. Per the June 2024 data, Anthem failed to process one (1) expedited service authorization request that did not require supplemental information and was not processed within 72 hours. Anthem's overall timeliness for processing MHS Service Authorization requests for the month of June was 99.87%.

The HCS Compliance Team recommended that in response to the issue identified above, Anthem be issued a **Notice of Non-Compliance (NONC)**. The Department also recommended that Anthem follow the interventions identified in the MCO Improvement Plan (MIP) approved by the Department.

The CRC agreed with the team's recommendation and voted to issue a **Notice of Non-Compliance (NONC)** in response to this issue. (CES # 6082)

MIP/CAP Update:

- No MIP/CAP

Request for Reconsideration:

- No requests for reconsideration

Expiring Points:

- No points

Financial Sanctions Update:

- No outstanding sanctions

Summary:

For deliverables measuring performance for June 2024, Anthem HealthKeepers showed a moderate level of compliance. Anthem submitted all 16 required monthly reporting deliverables accurately and on time. However, Anthem failed to meet contractual requirements related to the timely processing of Pharmacy Prior Authorization (as addressed above in **CES # 6081**) and MHS service authorization requests (as addressed above in **CES # 6082**) and received two (2) Notices of Non-Compliance. Anthem also failed to meet the CCMC requirements for contact attempts to reach CCCP Waiver members for HRA completion for the past two (2) quarters, resulting in the issuance of a Notice of Non-Compliance with one (1) compliance point (CES # 6075). Despite these issues, Anthem 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:

- **Data Submission Error:** DMAS timely received the June 2024 Early Intervention Claims report from Molina Healthcare. Review of Molina's submission revealed a formatting error where a note was incorrectly added across multiple cells. The corrected report was received on July 16, 2024.

As described in Section 17.1.2 of the Cardinal Care contract, Molina is required to submit accurate reporting deliverables as specified in the Cardinal Care contract and the Cardinal Managed Care Technical Manual.

The HCS Compliance Team recommended that in response to the issue identified above, Molina be issued a **Notice of Non-Compliance (NONC)**. The CRC agreed with the team's recommendation and voted to issue a **Notice of Non-Compliance (NONC)** in response to this issue. **(CES # 6084)**

- **Contract Adherence:** Molina Healthcare failed to process seventy-seven (77) EI clean claims within 14 days and forty-seven (47) EI clean claims within the required 30 calendar days per the June 2024 Early Intervention Services report. Molina's overall timeliness for processing EI clean claims within 14 days was 95.41%, and within 30 days for the month of June was 97.20%.

Section 12.2.4 of the Cardinal Care contract requires that 100% of the clean claims from community mental health rehabilitation services, ARTS, and early intervention providers shall be processed within thirty (30) calendar days. The Contractor must also ensure ninety-nine percent (99%) of clean claims from these providers are adjudicated within fourteen (14) calendar days.

The HCS Compliance Team recommended that in response to the issue identified above, Molina be issued a **Notice of Non-Compliance (NONC)**. The Department also recommended that Molina Healthcare follow the interventions identified in the MCO Improvement Plan (MIP) approved by the Department. The CRC agreed with the team's recommendation and voted to issue a **Notice of Non-Compliance (NONC)** in response to this issue. **(CES # 6080)**

- **Contract Adherence:** Molina Healthcare failed to process all Mental Health Services (MHS) Service Authorizations within the required timeframe. Per the June 2024 data, Molina failed to process eight (8) standard service authorization requests within 14 days, and two (2) expedited service authorization requests within the required 72 hours. No supplemental information was required.

Molina's overall timeliness for processing MHS Service Authorization requests for the month of June was 98.74%.

The HCS Compliance Team recommended that in response to the issue identified above, Molina be issued a **Notice of Non-Compliance (NONC)**. The Department also recommended that Molina Healthcare follow the interventions identified in the MCO Improvement Plan (MIP) approved by the Department. The CRC agreed with the team's recommendation and voted to issue a **Notice of Non-Compliance (NONC)** in response to this issue. **(CES # 6083)**

- **Contract Adherence:** Molina Healthcare failed to process all Service Authorizations within the required timeframe. The IC Compliance Team recommended these categories be added to **CES # 6083** and the proposed **Notice of Noncompliance (NoNC)** recommended by the HCS Compliance Team.

The CRC agreed with the team's recommendation and voted to add the identified categories to the **Notice of Non-Compliance (NoNC)** under **CES # 6083 (CES # 6074)**.

MIP/CAP Update:

- No MIP/CAP

Request for Reconsideration:

- No requests for reconsideration

Expiring Points:

- No points

Financial Sanctions Update:

- No outstanding sanctions

Summary:

- For deliverables measuring performance for June 2024, Molina Healthcare showed a **moderate** level of compliance. Molina submitted 15 of the 16 required monthly reporting deliverables accurately and on time. However, one of the required monthly reporting deliverables was submitted inaccurately and was resubmitted after the designated due date (as addressed above in **CES # 6084**), for which Molina received a Notice of Non-Compliance. Molina also failed to meet contract requirements for Early Intervention claims processing (as addressed above in **CES # 6080**) and received an additional Notice of Non-Compliance. Additionally, Molina failed to meet contractual requirements related to the timely processing of MHS service authorization requests (as addressed above in **CES # 6083**) and received a third Notice of Non-Compliance. Despite these issues, Molina complied with most applicable regulatory and contractual requirements.

Sentara Community Plan

Findings:

- **Contract Adherence:** Sentara Community Plan failed to timely process one (1) internal appeal within the required timeframe without a request for an extension.

According to Section 9.6 of the Cardinal Care contract, the Contractor shall process and must respond in writing to standard internal appeals as expeditiously as the Member's health condition requires and must not exceed thirty (30) calendar days from the initial date of receipt of the internal appeal.

By processing the appeal after 30 days, Sentara failed to timely meet the contract standard.

The HCS Compliance Team recommended that in response to the issue identified above, Sentara be issued a **Notice of Non-Compliance (NONC)** with **one (1) compliance point** and a financial penalty of **\$15,000**. 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 financial penalty of **\$15,000** in response to this issue. **(CES # 6085)**

- **Contract Adherence:** Sentara Community Plan failed to provide timely access to LTSS services. A member's mother reached out to Sentara to re-initiate CCC Plus Waiver services on 5/8/24. Despite multiple follow-up emails from DMAS, no CCC Plus Waiver services were in place until August.

The IC Compliance Team recommended Sentara Community Plan be issued a **Notice of Non-Compliance** with **one (1) compliance point** and a financial penalty of **\$15,000**. The team also recommended Sentara be required to submit a **MCO Improvement Plan (MIP)**. The CRC agreed with the team's recommendation and voted to issue the **Notice of Non-Compliance** with **one (1) compliance point**, a financial penalty of **\$15,000**, and a **MIP**. **(CES # 6093)**

Concerns:

- **Data Submission Error:** DMAS timely received the June 2024 MCO Claims report from Sentara Community Plan. Review of Sentara's submission revealed inaccuracies with the numbers of claims processed. The corrected report was received on July 24, 2024.

As described in Section 17.1.2 of the Cardinal Care contract, Sentara is required to submit accurate reporting deliverables as specified in the Cardinal Care contract and the Cardinal Managed Care Technical Manual.

The HCS Compliance Team recommended that in response to the issue identified above, Sentara be issued a **Notice of Non-Compliance (NONC)**. The CRC agreed with the team's recommendation and voted to issue a **Notice of Non-Compliance (NONC)** in response to this issue. **(CES # 6086)**

- **Contract Adherence:** Sentara Community Plan failed to process all Mental Health Services (MHS) Service Authorizations within the required timeframe. Per the June 2024 data, Sentara failed to process one (1) standard service authorization request that did not require supplemental information and was not processed within 14 days. Sentara's overall timeliness for processing MHS Service Authorization requests for the month of June was 99.97%.

The HCS Compliance Team recommended that in response to the issue identified above, Sentara Community Plan be issued a **Notice of Non-Compliance (NONC)**. The Department also recommended that Sentara Community Plan follow the interventions identified in the MCO Improvement Plan (MIP) approved by the Department.

The CRC agreed with the team's recommendation and voted to issue a **Notice of Non-Compliance (NONC)** in response to this issue. **(CES # 6078)**

MIP/CAP Update:

- No MIP/CAP

Request for Reconsideration:

- No requests for reconsideration

Expiring Points:

- No points

Financial Sanctions Update:

- No outstanding sanctions

Summary:

- For deliverables measuring performance for June 2024, Sentara Community Plan showed a **low** level of compliance. Sentara submitted 15 of the 16 required monthly reporting deliverables accurately and on time. However, one of the required monthly reporting deliverables was submitted inaccurately and had to be resubmitted after the designated due date (as addressed above in **CES # 6086**), for which Sentara received a Notice of Non-Compliance. Sentara also failed to meet contractual requirements related to the timely processing of MHS service authorization requests (as addressed above in **CES # 6078**) and received an additional Notice of Non-Compliance. Additionally, Sentara failed to meet the required contract thresholds for the timely processing of internal member appeal (as addressed above in **CES # 6085**) and received a third Notice of Non-

Compliance with one (1) point and financial penalty. Finally, Sentara failed to provide timely access to LTSS services – resulting in fourth Notice of Non-Compliance with one (1) compliance point and a financial penalty (**CES # 6093**). As a result, Sentara failed to comply with many regulatory and contractual requirements.

UnitedHealthcare

Findings:

Contract Adherence: UnitedHealthcare entered a waiver line with a 7-month gap between the authorization approval and the waiver line.

The IC Compliance Team recommended UnitedHealthcare be issued a **Notice of Non-Compliance** with **one (1) compliance point** and a financial penalty of **\$15,000**. The team also recommended United be required to submit a **MCO Improvement Plan (MIP)**. The CRC agreed with the team's recommendation and voted to issue the **Notice of Non-Compliance** with **one (1) compliance point**, a financial penalty of **\$15,000**, and a **MIP**. (CES # 6076)

Concerns:

- **Data Submission Error:** DMAS timely received the June 2024 MCO Call Center Statistics report from United Healthcare. Review of United's submission revealed a reporting error. The corrected report was received on July 16, 2024.

As described in Section 17.1.2 of the Cardinal Care contract, UnitedHealthcare is required to submit accurate reporting deliverables as specified in the Cardinal Care contract and the Cardinal Managed Care Technical Manual.

The HCS Compliance Team recommended that in response to the issue identified above, UnitedHealthcare be issued a **Notice of Non-Compliance (NONC)**. The CRC agreed with the team's recommendation and voted to issue a **Notice of Non-Compliance (NONC)** in response to this issue. (CES # 6077)

- **Contract Adherence:** UnitedHealthcare failed to process all Mental Health Services (MHS) Service Authorizations within the required timeframe. Per the June 2024 data, UnitedHealthcare failed to process three (3) standard service authorization requests within 14 days, and five (5) expedited service authorization requests within required 72 hours. No supplemental information was required. UnitedHealthcare's overall timeliness for processing MHS Service Authorization requests for the month of June was 99.37%.

The HCS Compliance Team recommended that in response to the issue identified above, UnitedHealthcare be issued a **Notice of Non-Compliance (NONC)**. The Department also recommended that UnitedHealthcare follow the interventions identified in the MCO Improvement Plan (MIP) approved by the Department.

The CRC agreed with the team's recommendation and voted to issue a **Notice of Non-Compliance (NONC)** in response to this issue. (CES # 6079)

- **Contract Adherence:** UnitedHealthcare failed to process all Service Authorizations within the required timeframe. The IC Compliance Team recommended these categories be added to **CES # 6079** and the proposed **Notice of Non-Compliance (NoNC)** recommended by the HCS Compliance Team.

The CRC agreed with the team's recommendation and voted to add the identified categories to the **Notice of Non-Compliance (NoNC)** under **CES # 6079 (CES # 6073)**.

MIP/CAP Update:

- No MIP/CAP

Request for Reconsideration:

- No requests for reconsideration

Expiring Points:

- No points

Financial Sanctions Update:

- No outstanding sanctions

Summary:

For deliverables measuring performance for June 2024, UnitedHealthcare showed a **moderate** level of compliance. UnitedHealthcare submitted 15 of the 16 required monthly reporting deliverables accurately and on time. However, one of the required monthly reporting deliverables was submitted inaccurately and had to be resubmitted after the designated due date (as addressed above in **CES # 6077**), for which UnitedHealthcare received a Notice of Non-Compliance. UnitedHealthcare also failed to meet contractual requirements related to the timely processing of MHS service authorization requests (as addressed above in **CES # 6079**) and received an additional Notice of Non-Compliance. Finally, UnitedHealthcare incorrectly entered a waiver line, resulting in a Notice of Non-Compliance with one (1) compliance point, a financial penalty of \$15,000, and a MIP. (**CES # 6076**) Despite these issues, UnitedHealthcare complied with most applicable regulatory and contractual requirements.

Next Steps

The Health Care Services and Integrated Care Compliance Teams will continue to host joint Compliance Review Committee meetings at regular intervals. The HCS and IC Compliance Teams will collaborate closely to track, monitor, and communicate with the MCOs regarding identified compliance issues. Both Compliance Units will continue to work with other DMAS units and divisions to investigate and address potential compliance issues.

The HCS Compliance Unit will continue its enforcement efforts to ensure the timely processing of all claims and service authorizations. The HCS Compliance Unit will also remain focused on the MCOs' overall compliance with the Cardinal Care contract - especially those requirements with a direct impact on members and providers.