Sanctions for MCOs and PCCMs

(a) The State will monitor for violations that involve the actions and failure to act specified in 42 CFR Part 438 Subpart I and to implement the provisions in 42 CFR 438 Subpart I, in manner specified below:

The State will monitor for violations based on findings from on-site surveys, enrollee or other complaints, financial status or any other source including failure to comply with local, state and federal regulations and provider agreements obligations.

Sanctions include suspension of new enrollments; possible retention of a portion of capitation payments, nonrenewal of the contract or termination of the MCO contract.

(b) The State uses the definition below of the threshold that would be met before an MCO is considered to have repeatedly committed violations of section 1903(m) and thus subject to imposition of temporary management:

The definition of threshold the State applies to an MCO for repeated violations, subject to temporary management, is when the MCO has repeatedly failed to meet the substantive requirements of Sections 1903(m) or 1932 of the Social Security Act and continued operation of the MCO would be hazardous to the enrollees.

If the State imposes the additional sanction of temporary management as set forth in 42 CFR 438.706(b), the Commissioner of the Department of Insurance shall be responsible for the imposition of such a sanction as set forth in Section 33-25A-19 of the West Virginia HMO Act of 1977.

The State’s contracts with MCOs provide that payments provided for under the contract will be denied for new enrollees when, and for so long as, payment for those enrollees is denied by CMS under 42 CFR 438.730(e).

Not applicable; the State does not contract with MCOs, or the State does not choose to impose intermediate sanctions on PCCMs