ATTACHMENT A
CAP Response Form

Plan Name: Anthem Blue Cross of California

Review/Audit Type: A&I Medical Audit **Review Period: 9/1/2012 – 8/31/13**

MCPs are required to provide a CAP and respond to all documented deficiencies within 30 calendar days of receiving a medical audit, survey, or any other special reviews requiring a CAP. MCPs are required to submit the CAP via email in word format which will reduce turnaround time for DHCS to complete its review.

The CAP submission must include a written statement identifying the deficiency and describing the plan of action taken to correct the deficiency, and the operational results of that action. For deficiencies that require long term corrective action or a period of time longer than 30 days to remedy or operationalize, the MCP must demonstrate it has taken remedial action and is making progress toward achieving an acceptable level of compliance. The MCP will be required to include the date when full compliance is expected to be achieved.

DHCS will maintain close communication with the MCP throughout the CAP process and provide technical assistance to ensure the MCP provides sufficient documentation to correct deficiencies. Depending on the volume and complexity of deficiencies identified, DHCS may require the MCP to provide weekly updates, as applicable.

CORRECTIVE ACTION PLAN FORMAT

Deficiency Number and Finding	Action Taken	Implementation Documentation	Completion/ Expected Completion Date	DHCS Comments
1. Utilization Management				
1.1 Based on the review of the 2012 Assessment of Potential under- and over-utilization report, the report highlights a greater emphasis on over-utilization. Under-	The 2014 and 2015 UM Program Descriptions will be revised to include proposed measures of analysis for under-utilization trends and assessment of intervention effectiveness. Revisions and findings will be reported to the Physician Quality Improvement Committee for approval and to assess	Rev-2014 CA UM Program Descri...	12/31/2014	10/16/14 – To close this item the MCP must submit the revised 2014 and 2015 UM Program description and evidence that the revisions and findings will be reported to the Physician Quality Improvement Committee, Utilization Management Committee and Quality Oversight Committee. **This item remains open.**

Deficiency Number and Finding	Action Taken	Implementation Documentation	Completion/ Expected Completion Date	DHCS Comments
utilization is noted with ER visits, hospital discharges, and back surgeries, however, there is no analysis for the under-utilization or interventions implemented to remedy the under- utilization or re-measurements planned to follow the intervention. (Contract Reference: Exhibit A, Attachment 5.4)	results for potential future interventions. Findings will also be reviewed at the Utilization Management Committee and Quality Oversight Committee. **Action Plan Update 12/16/14** The UM Committee meets on December 18, 2014 and will vote on the UM Program description. After approval Anthem will submit for DHCS review. **Action Plan Update 1/23/15** See attached UM Program description, completed on 12/24/14-revisions presented to UM Committee and approved.			**Update 1/7/15 -** To close this item the MCP must submit the revised 2014 and 2015 UM Program description and evidence that the revisions and findings will be reported to the Physician Quality Improvement Committee, Utilization Management Committee and Quality Oversight Committee. **This item remains open.** **Update 1/27/15** The MCP submitted a copy of the approved 2014/15 UM Program Description which contains a description of the Plan's process to detect and address over- and under-utilization. The submission satisfies this finding. **This item is closed.**
2. Case Management and Coordination of Care				
2.2 Although the Plan has written policies for identifying and referring children with California Children's Services (CCS) eligible conditions to the local CCS program, there was no evidence of monitoring and tracking Members for coordination of care between Primary Care Providers (PCPs) and specialty providers.	Anthem will add an article to our Provider Newsletter to remind providers of CCS requirements. Anthem will audit a sample of CCS eligible members for coordination of care between PCP and CCS specialty providers. Audits will begin before the end of 2014 and occur at least quarterly. Results of audits will be reported to the appropriate Quality Committee. **Action Plan Update 12/16/14** See attached documentation; provider	CCS & HEDIS Provider Letter_final.	~~12/31/14~~ ~~3/31/15~~ 6/30/15	10/16/14 – To close this item the MCP must submit the results of the audit that will be reported to the appropriate Quality Committee in regards to the CCS eligible members for coordination of care between PCP and CCS specialty providers. This item is remains open. **Update 1/7/15 -** To close this item the MCP must provide the results of the audit that will be reported to the appropriate Quality Committee in regards to the CCS eligible members for coordination of care between PCP

Deficiency Number and Finding	Action Taken	Implementation Documentation	Completion/ Expected Completion Date	DHCS Comments
	letter requesting information for auditing purposes. The letter has been submitted and is pending approval in the plans internal review process. Expected approval will be completed by early January and audits will begin. Anthem's previous response targeted 12/31/2014 for completion of the audit reports, this has been revised to 03/31/2015. **Action Plan Update 1/23/15** It has been determined 2,238 members have CCS eligible conditions. A random sample has been defined with 330 names of members where a request of medical records will be sent to their PCP. **Action Plan Update 04.10.15** Anthem encountered system delays in sending out requests to PCPs whose members were on the CCS sample list - requests will be mailed out by April 31, 2015, records are projected to be returned and audited by May 30, 2015, and findings reported to the Quality Committee at the June 3, 2015 meeting. Extension requested in order to compile documentation of results for submission by June 30, 2015.			and CCS specialty providers. **This item is remains open.** **Update 7/1/15 –** This deficiency is **provisionally closed**. DHCS is requesting the MCP to provide the results of the audit that will be reported to the appropriate Quality Committee in regards to the CCS eligible members for coordination of care between PCP.
2.3 In a verification study, a total of twenty (20) medical records with EI/DD-eligible conditions were reviewed. Seven of	Anthem Care Management and Health Risk Assessment staff will be trained by a Regional Center. Training will include eligibility criteria for Regional Center and Early Start Programs and the	Stats on the pilot for the Regional Center.(	~~12/31/14~~ 3/31/15	10/16/14 – To close this item the MCP must submit: 1. Submit evidence that staff was be trained on eligibility criteria for Regional Center and Early Start programs and the

Deficiency Number and Finding	Action Taken	Implementation Documentation	Completion/ Expected Completion Date	DHCS Comments
20 medical records lacked documentation of coordination of care with local programs to provide continuity of the medically necessary covered diagnostic, preventive and treatment services for its Members. Also lacking in these seven records is documentation of the Members EI/DD medical condition or assessments to identify EI/DD conditions. (Contract Reference: Exhibit A, Attachment 11.11)	coordination process with providers. Anthem will add survey questions to the SPD Health Risk Assessment to capture potential new member referrals for Regional Center or Early Intervention programs. This update is being finalized internally and will be submitted to the State for approval soon. Anthem began telephonically contacting Regional Center and Early Start members listed in a DHCS monthly report to assess for care management and provider coordination needs. Each members provider will be sent a letter identifying their responsibilities and encourage coordination with the Regional Center, Health Plan, and other providers. Anthem will audit a sample these providers for chart documentation. Monitoring will begin before the end of 2014 and occur monthly. Anthem will conduct quality audits of Care Management cases on a monthly basis to verify EI/DD referrals and coordination between Regional Centers, Providers, and the Health Plan are documented in our systems. **Action Plan Update 12/16/14** 1) See attached documentation on Regional Center training attendees.	Anthem Presentation.ppt Regional Center Inservice Attendees : ACA-MEM-0210-14 Health Risk Assessme TEMPLATE-_NOTIFIC ATION_OF_REGIONA		coordination process with providers. 2. Submit update of added survey questions to the SPD Health Risk Assessment to capture potential new member referrals for Regional Center or Early Intervention programs. 3. Submit the letter that each member's provider will receive that will identify their responsibilities and encourage coordination with the Regional Center, Health Plan and other providers. 4. Submit evidence that Providers are being monitored on member chart documentation. 5. Submit the results of the quality audits of Care Management cases to verify EI/DD referrals and coordination between Regional Centers, Providers and the Health Plan that are documented in MCP' system. This item remains open. **Update 1/7/15 -** The MCP must provide supporting documentation of progress made in the correction of this finding as detailed above. **This item remains open.**

Deficiency Number and Finding	Action Taken	Implementation Documentation	Completion/ Expected Completion Date	DHCS Comments
	2) This is in progress, submitted and awaiting state approval; see attached redlined version questions 16 and 17 for edits. 3) See attached documentation; a template of provider communication regarding coordination with regional centers. 4) This is currently in progress with the Quality Team. Anthem's previous response targeted 12/31/2014 for completion, this has been revised to 3/31/2015. 5) This is currently in progress with the Quality Team. Anthem's previous response targeted 12/31/2014 for completion, this has been revised to 3/31/2015. **Action Plan Update 1/23/15** It has been determined that 364 members are under the age of 3 years old (EI) utilizing Regional Center services for the Anthem Blue Cross Counties. A random sample has been defined with 188 names of members and a request of medical records is being sent to their PCP. The list from DHCS does not identify the PCP assigned to the member; therefore, Anthem will need to research each member to identify the PCP and location of the PCP. It has been determined that 7,731 members are over the age of 3 years old **(DD)** utilizing Regional Center services for the Anthem Blue Cross Counties. A random			**Update 7/1/15 –** After further review, this deficiency is **provisionally closed.** DHCS requests the MCP submit the audit for Q2 on the Stats on the pilot for the Regional Center-Central Region.

Deficiency Number and Finding	Action Taken	Implementation Documentation	Completion/ Expected Completion Date	DHCS Comments
	sample has been defined to be 367 names of members and a request of medical records is being sent to their PCP. The list from DHCS does not identify the PCP assigned to the member; therefore, Anthem will need to research each member to identify the PCP and location of the PCP. **Action Plan Update 04.10.15** Attached are the results from the initial audit for Q1. Anthem believes the participation is low due to the demand on providers for the HEDIS record collection season. Anthem will continue to audit quarterly.			
2.4 The sampled Member's medical records reviewed had insufficient documentation to record unsuccessful attempts and exceeded the required time frame for completion of an IHA.	Anthem will add an article on our Provider Newsletter to remind providers about the IHA process. Anthem's policy will be revised to reflect a new quarterly audit of providers' compliance with IHA requirements. Medical records will be requested for a random sample of providers and reviewed and corrective action taken when appropriate. Audit results will be reported to the appropriate quality committee. **Action Plan Update 12/16/14** 1) See attached documentation, the provider notice has been approved and will be mailed out. 2) This is currently in progress with	CA_PCXX_003.doc IHA & HEDIS Provider Letter_final.	~~12/31/14~~ 3/31/15	10/16/14 – To close this item the MCP must submit: 1) Submit a copy of the Provider Newsletter that reminds providers about the IHA process. 2) Submit the revised Policy reflecting a new quarterly audit of provider's compliance with IHA requirements. This item remains open. **Update 1/7/15-** The MCP must provide supporting documentation of progress made in the correction of this finding as detailed above including the revision of its policy to address this issue. **This item remains open.**

Deficiency Number and Finding	Action Taken	Implementation Documentation	Completion/ Expected Completion Date	DHCS Comments
	the Quality Team. Anthem's previous response targeted 12/31/2014 for completion, this has been revised to 3/31/2015. **Action Plan Update 1/23/15** Attached is the P&P for IHA which includes a description of the changed policy. A new System Request (SCCR) has been submitted and the IHA list will be created for all counties on a quarterly basis going forward. The status of the report request was provided during the bi-weekly tracking meeting on 1/22/15 and is progressing through development process in order to generate a list of members requiring an IHA on a quarterly basis in the future.			**Update 1/27/15** The MCP submitted a copy of an approved P&P which contains information about the quarterly audit process for IHA completions. The MCP also provided a description of the ongoing and planned actions to implement the quarterly audit. **Update 7/1/15 -** After further review, this deficiency is **provisionally closed.** In an effort to verify implementation, DHCS requests the MCP to verify operationalization of the quarterly audit process and provider notification of IHA deficiencies.
3. Access and Availability of Care				
3.7 Although the Plan has developed the Policies to monitor compliance with emergency drug dispensing requirement, the Plan does not have specific monitoring procedures in place to ensure the provision of drugs prescribed in emergency circumstances	Anthem's policy will be revised to reflect: I) Hospitals will receive a medical records request for member survey responses indicating insufficient medications were received. Records will be reviewed and corrective action plans requested for any confirmed contractual violations. II) Updated committees and responsible departments	CA GAMC 308 Oversight of Ho... CA_GAMC_308 with signature.doc	12/31/2014	10/16/14 – To close this item the MCP must submit the revised Policy regarding Hospitals that will receive a medical request for member survey responses indicating insufficient medication were received. **This item remains open.** **Update 1/7/15 –** To close item, the MCP must provide supporting documentation as outlined in prior

Deficiency Number and Finding	Action Taken	Implementation Documentation	Completion/ Expected Completion Date	DHCS Comments
are required by the contract. (Contract Reference: Exhibit A, Attachment 10.8.G.1)	**Action Plan Update 12/16/14** See attached documentation, Draft of CA GAMC 308 policy regarding Oversight of Hospital Emergency Room Emergency Drug Furnishing Requirements. It is in policy review and is expected to be completed before 12/31/14. **Action Plan Update 1/23/15** See attached documentation -- P&P CA GAMC 308 final version.			response. **This item remains open.** **Update 1/27/15** The MCP submitted aa approved final version of P&P CA GAMC 308 which describes the processes, including G&A review and member telephone survey actions, to identify and follow-up on ER medication provision. **Update 7/1/15** – After further review, this deficiency is **provisionally closed.** In an effort to verify implementation, DHCS requests the MCP to verify the operationalization of the P&P.
4. Members' Rights				
4.1 a) The lack of a Medical Director review of all quality of care case contributed to a substantial number of deficiencies. b) Incomplete collection of medical records contributed to incomplete evaluation of the cases.	a) Employees are being re-trained to ensure quality of care cases are sent to a Medical Director, even when a nurse makes a preliminarily determination there is no substantiated quality of care issue identified based on the provider's response and medical record review to the member's allegations. The adherence to this will be monitored through internal audits. b) Anthem has reminded its associates and Medical Directors of the importance of obtaining all required information to completely evaluate cases.	Quality of Care Cases Reviewed by M Email notification to team.docx AIM HF MRMIP Main Medi-Cal Translation I Chinese and Spanish Translation Process fo	a) 12/31/2014 b) 12/31/2014	10/16/14 – In order to close these items MCP must submit: 1) Submit evidence that staff will be re-trained to ensure quality of care cases are sent to a Medical Director, even when a nurse makes a preliminarily determination when there is no substantiated quality of care issue identified based on the provider's response and medical record review to the member's allegations. 2) Submit documentation on how associates and Medical Directors have been reminded on the importance of

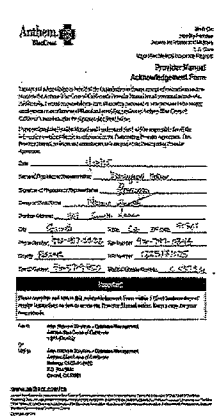
Deficiency Number and Finding	Action Taken	Implementation Documentation	Completion/ Expected Completion Date	DHCS Comments
c) Resolution letters were sent out within the thirty day requirement without a Medical Director review. d) On occasion, resolution letters were sent out with incomplete translation into the identified threshold language. e) Additionally, several grievances had multiple issues and the responses did not address all the issues. f) Several quality of care cases were given severity scores of 0 where delays in care were noted and were not reviewed by a Medical Director.	c) Employees being re-trained to ensure quality of care cases are sent to a Medical Director. d) Anthem implemented a new process where all text on a member acknowledgement and resolution letter is translated into the identified threshold language. Case audits will be conducted to ensure acknowledgement and resolution letters are being fully translated. e1) Anthem is implementing a new Grievance and Appeals system that will allow the Plan to better track and review multiple components of a case. e2) In the interim, new case audits will be conducted to ensure all issues are addressed in the resolution. f) Employees being re-trained to ensure quality of care cases are sent to a Medical Director for severity level determinations. **Action Plan Update 12/16/14**	Translation Process for CA Member Grieva Copy of Revised - Clinical Grievance Auc	c) 12/31/2014 d) 3/1/2014 e1) 12/31/2015 e2) 11/30/2014 f) 12/31/2014	obtaining all required information to completely evaluate cases. 3) Submit evidence of a new process where all text on a member acknowledgement and resolution letter is translated into the identified threshold language. Now since the MCP is stating that their implementation of a new Grievance and Appeal system that will allow the Plan to better track and review multiple components of a case will not be completed until 12/31/2015. In order to close this item please submit supporting documentation that new case audits are being conducted to ensure all issues are addressed in the resolution. See response above in section 1). This item remains open. **Update 1/7/15 –** The MCP submitted Revised Clinical Grievance Audit and other documentation for the implementation of a new G&A system. **This item is closed.** **Request for follow-up of operational evidence:** please provide the results of the resolution letters that were sent out within the thirty day requirement with a

Deficiency Number and Finding	Action Taken	Implementation Documentation	Completion/ Expected Completion Date	DHCS Comments
	See attached documentation; the job aide was developed and will be sent to the Grievance and Appeal clinical team, to provide additional guidance and clarification on how to process quality of care cases. This supports items (a),(b),(c) and (f). Grievance and Appeals notified the team of this new process discussed in item (d) on 1/31/2014 via email. The email is attached. See attached documentation; the audit tool that Grievance and Appeals uses to audit cases. This supports items (e) and (f).			Medical Director review. **Please submit to MCQMD by 08/17/15.** In addition, once the MCP's Grievance and Appeal system is completed in 12/31/2015, please submit evidence of operationalization.
4.3 a) Based on the review of eight cases, the Initial Notification of Breach was only sent to the Department of Health Care Services (DHCS) Privacy Officer and not submitted to the DHCS Medi-Cal Managed Care Division (MMCD) Contract Manager and the DHCS Information Security Officer as required by the contracts. b) In addition, breach	a) The Privacy department has updated its procedures to require notification to the MMCD Contract Manager and DHCS Information Security officer. **Action Plan Update 12/16/14** See attached documentation; Privacy and Security Incident Policy and Procedure. b) The Privacy department has obtained new dedicated resources for the Medicaid line of business to help ensure timely reporting.	Privacy and Security Inciden... Org Chart.pdf	a) 6/18/2014	To close this item the MCP must submit a copy of the updated procedure that requires notification to the MMCD Contract Manager and the DHCS Information Security Officer. This item remains open. To close this item the MCP must submit evidence that the MCP privacy department has obtained new dedicated resources for the Medicaid line of business to help ensure timely reporting. This item remains open. **Update 1/7/15** – The MCP submitted updated Privacy and Security Incident

Deficiency Number and Finding	Action Taken	Implementation Documentation	Completion/ Expected Completion Date	DHCS Comments
notification for five (5) of the eight (8) HIPAA cases was not submitted within the required 24-hour time frame.	**Action Plan Update 12/16/14** See attached documentation; MPU Organization Chart.		b) 6/18/2014	Policy and Procedure and its organization chart. **This item is closed.**
5. Quality Management				
5.5 In a verification study, 122 medical records were received according to the Contract requirements, including documentation review of medical services and coordination of care. Eighty of 122 medical records reviewed did not document a complete record of immunizations, health maintenance, or preventive services rendered. (Contract Reference: 2-Plan Exhibit A, Attachment 4.13.D.6/GMC Exhibit A, Attachment 4.13.D.7)	Anthem is conducting additional provider training and education during the course of completing medical record review audits and HEDIS education sessions. Providers are being sent a letter with a list of their members requiring preventative services. The letter will also include information about the most current preventive services. Anthem will collect and review completed medical records from all providers in receipt of this letter to ensure members are receiving care and validate services are performed and documented. Any deficiencies identified will result in a follow- up focused audit to determine if a corrective action is needed **Action Plan Update 12/16/14** See attached documentation; a mock-up of the Gaps-in-Care list given to provider sites to encourage preventive care. See attached documentation; a listing of	August 2014 dummy GRP mock up.pdf Distribution of Central Region GIC b PCP Checklist.docx Distribution of North Region GIC books 20:	11/30/2014 11/30/2014	To close this item the MCP must submit: 1) Submit documentation that can validate that additional provider training and education will be provided regarding the course of completing medical record review audits and HEDIS education sessions. 2) Submit a copy of the letter that is being sent to your Providers with a list of their members requiring preventative services. 3) Submit proof that Anthem will collect and review completed medical records to ensure members are receiving care and validate services are performed and documented. This item remains open. **Update 1/7/15 –** the MCP submitted August 2014 Dummy GRP mock up, Distribution of Central Region, PCP check list,

Deficiency Number and Finding	Action Taken	Implementation Documentation	Completion/ Expected Completion Date	DHCS Comments
	the sites in the Central Region with dates where the lists were distributed. During the distribution, the PCP Checklist was used by Central Region staff to remind them to collect and review completed medical records to ensure members are receiving care and validate services are performed and documented. See attached documentation; a list of the sites in the Northern Regions where the Gaps-in-Care lists were distributed.			and Distribution of North Region. Follow up will be conducted to verify plan action is operationalized. **This item is provisionally closed.**
5.6 For the verification study, twenty-five (25) sterilization claims were reviewed: 23 paid claims and 2 denied claims. Claims were reviewed for compliance with standards. Of the 23 paid claims reviewed, 14 sterilization claims lacked the Informed Consent form PM 330.	In Q1 2013, Anthem's claims system was enhanced to automatically prevent payment for missing Informed Consent forms. A desktop procedure was also created for employees that provide Informed Consent form requirements and details of the system enhancements. **Action Plan Update 12/16/14** Anthem confirmed the system was updated for California in June 2013. This was a company roll out that began in Q1 of 2013. The enhancement was to create an edit that would trigger if the claim was for sterilization and there was no consent form; it would deny and ask for a consent form. If there was a consent form, it would allow the processor to bypass that edit and pay the claim. See attached documentation; a report of	DHCS Sterilization File(2).xlsx Sterilization Info.pdf File Selection - Informed Consent (2)	3/20/2013	In order to close this item MCP must submit evidence that the MCP made enhancements to automatically prevent payment for missing Informed Consent forms and that processes are in place to ensure the required use of informed consent form PM 330. This item remains open. **Update 1/7/15 -** The MCP provided Sterilization file, Sterilization Information, and documentation demonstrating actions to address this deficiency. **This item is closed.**

Deficiency Number and Finding	Action Taken	Implementation Documentation	Completion/ Expected Completion Date	DHCS Comments
	claims pulled from 7/1/13 that show the denial of R19301 which sends out a denial email message requesting the consent form for payment. Column AU is the bypass code used to pay the claim. See attached documentation; a quick reference guide used to provide refreshers to Anthem associates to ensure they follow the need for consent forms.			
6. Administrative and Organizational Capacity				
6.3 The Plan has never had a full-time health educator dedicated to the health education department. There is no staff member that is dedicated to the health and education department on a full- time basis.	A job listing was posted on September 17, 2014 for a full time Manager for Health Education. **Action Plan Update 12/16/14** See attached documentation; a resume of the hired Health Education Manager, a copy of her degree, and Anthem's organizational chart showing the hire of the Health Education Manager.	Truc Tang Resume_Dec2014.pd Truc Tang001.pdf Health Education Org Chart 121214.pdf	12/31/2014	To close this item the MCP must submit a notification that a full-time health educator was hired to the health education department. This item remains open. **Update 1/7/15** – The MCP provided supporting documentation demonstrating a Health Education Manager has been hired on a full time basis. **This item is closed.**
6.4 Review of five (5) new Provider samples were selected for the verification study. Three (3) of the 5 new Providers sampled did not include the Provider Operations Manual	Providers become active after loaded into Anthem's provider system. A daily report will be generated by an enterprise reporting department with new providers loaded and sent to the Regional Health Plans. Using this report, Provider Relations will	Provider training.PDF SCVHS.ATTESTATIO N.LORRAINE.pdf	11/30/14	To close this item the MCP must submit a copy of the daily report that will be generated by an enterprise reporting department with new providers loaded and sent to the Regional Health Plans. Also, please submit documentation that shows provider training was provided within 10

Deficiency Number and Finding	Action Taken	Implementation Documentation	Completion/ Expected Completion Date	DHCS Comments
Acknowledgement forms. The Plan failed to submit complete records to document that Provider Training was conducted. The dates could not be confirmed due to lack of documentation. (Contract Reference: Exhibit A, Attachment 7.5)	ensure timely provider training is completed and documented for their region. The Provider Operations Manual Acknowledgement form will be collected no later than 10-days after the provider becomes active. **Action Plan Update 12/16/14** See attached documentation; the developed daily report from enterprise reporting that is being sent to the Regional Health Plan provider relations managers. This report has been active since 11/30/14; Anthem is tracking the progress to ensure implementation of the training to new provider offices reported in the daily report. Anthem will submit documentation of provider trainings once this has occurred. Anthem does not have a specific completion date for the training, as it will depend on when an opportunity becomes available that requires a new provider training, as this is not a daily event. Anthem will continue to monitor with all three regions and will provide documentation that provider training was conducted as soon as it is available. **Action Plan Update 1/23/15** See attached provider training log and POM Acknowledgement forms.	Provider.Orientation. Bindu.Chandran.201 		working days after the plan places a newly contracted provider on active status which includes complete records to document that provider training was conducted. This item remains open. **Update 1/7/15** – The MCP submitted CA New Provider location. In order to close this item, the MCP must submit documentation that shows provider training was provided within 10 working days after the plan places a newly contracted provider on active status which includes complete records to document that provider training was conducted. Follow up will be conducted to ensure plan actions are operationalized. **This item is provisionally closed.** **Update 1/27/15** The MCP submitted samples of a provider training log and training attestations from physicians. **This item is closed.**

Deficiency Number and Finding	Action Taken	Implementation Documentation	Completion/ Expected Completion Date	DHCS Comments
6.5 Eleven Fraud and Abuse cases were selected for review from those submitted by the Plan. Based on the review, the Plan failed to report one (1) suspected fraud and abuse case to DHCS within the timeframe of ten (10) working days to comply with the contractual requirements. (Contract Reference: 2-Plan Exhibit E, Attachment 2.26.B/GMC Exhibit E, Attachment 2.25.B)	On **September 19, 2014** all CA Medicaid investigators attended remedial training on notification requirements for CA. The Special Investigations Unit (SIU) has also been split into three units for Commercial, Medicare, and Medicaid lines of business. This new structure and accompanying resources will help ensure timely reporting. **Action Plan Update 12/16/14** Anthem has a dedicated associate assigned to ensuring reporting to DHCS is within the required 10-day timeframe. Attached is a signed attestation from the associate and the associate's supervisor regarding the provided training.	Training attestation.pdf	9/19/14	To close this item please submit documentation that shows discussion relating to reporting suspected fraud and/or abuse cases to DHCS within the timeframe of 10 days. **This item remains open.** **Update 1/7/15** – The MCP provided supporting documentation of training conducted through the revised system. **This item is closed.**

Submitted by: _____ **Date: 1/23/15**
Title: Stephen L. Melody, President
Blue Cross of California Partnership Plan Inc.