

**ATTACHMENT A
Corrective Action Plan Response Form**

Plan Name: L.A. Care Health Plan

Review/Audit Type: Medical Audit

Review Period: April 1, 2013 through March 31, 2014

MCPs are required to provide a CAP and respond to all documented deficiencies within 30 calendar days, unless an alternative timeframe is indicated in the letter. 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
Category 1 - Utilization Management				
1.2.1 MCP did not meet contractual requirements for timely adjudication of routine medical and pharmacy prior authorization requests.	L.A. Care will review and revise existing policies related to timely adjudication of prior authorization request by: <ul style="list-style-type: none"> • Review and revision to of existing desk top procedures focused on monitoring that routine pre-authorization decisions are issued in a timely manner. • Re-trained staff to ensure that pre-authorization decisions and 	Desk Top Procedure-Pre Service Nurse Specialist 1-16-15 TAT <i>(Attached)</i> Additional Trainings and Desktop Procedures <i>(Attached)</i> Pre service MOU Training 10-14	1/16/2015	MCP acknowledged timeliness issues with its prior authorization process. However, P&P UM-112 appears to hold the MCP to a stricter standard than contractual requirements. Note: Boilerplate contract language indicates that for routine medical requests, MCPs have five working days from the receipt of information reasonably necessary to render a decision, not five working days from the receipt of the request. A&I determined 13 routine medical authorizations were late. DHCS requests MCP to provide evidence of contractual compliance with prior

Deficiency Number and Finding	Action Taken	Implementation Documentation	Completion/ Expected Completion Date	DHCS Comments
	<p>provider communications are issued in a timely manner.</p> <ul style="list-style-type: none"> Ensuring workflow established to document relevant staff are trained and completed the sign-in sheet; processes will also ensuring training of new staff. <p>Training conducted and desktop procedures developed align to P&P UM-112 to the existing contractual timeframes. Desktop procedures and trainings will be updated to reflect updates to P&P UM-112, as appropriate.</p>	<p><i>(Attached)</i></p> <p>Pre-Service Nurse Denial Letter Training 11-14 <i>(Attached)</i></p> <p>Auth Tech Training 2014 with sign-in and testing <i>(Attached)</i></p> <p>UM-112 Published 09.23.14 <i>(Attached)</i></p> <p>UM -112 Attachment A Timeliness Standards 2014-01-16 <i>(Attached)</i></p>		<p>authorizations reviewed by A&I.</p> <p>5/4/15; UM Timeliness Standards – Attachment A still appears to require a UM decision within five days of receipt of request as supposed to five working days from the receipt of information reasonably necessary to render a decision.</p> <p>MCQMD still cannot determine if MCP was late based upon contractual requirements or the MCP's own stricter standard. Per A&I, 13 routine prior authorization decisions were late – made after five working days of receipt of request. MCP still needs to provide evidence of contractual compliance and recommend revising policy to reflect contractual requirement of timeliness standards.</p> <p>6/24/15; Reviewed second submission from MCP. Still shows that routine prior authorization decisions are to be made within 5 days of receipt of request. Sent email to MCP requesting clarification on their timeliness standards.</p> <p>8/21/15; Received submission from MCP revising Policy UM – 112 Timeliness Standards. The timeframe for making a decision now reflects five days of receipt of reasonably necessary information to make a decision, but not to exceed 14 calendar days. This change reflects the contractual requirement.</p> <p>This deficiency is now provisionally closed. Timeliness standards for non-urgent decision making have been changed to reflect contractual requirements. However, verification is still</p>

Deficiency Number and Finding	Action Taken	Implementation Documentation	Completion/ Expected Completion Date	DHCS Comments
				<p>needed to determine if MCP's decision making is in compliance with contractual requirements as opposed to their previous stricter policy of UM decisions being made within five days of receipt of UM requests.</p> <p>1/25/16- LA Care has submitted evidence 1.2.1 DHCS 1.2.1 & 1.2.2 L.A. Care Policy MMUM-012 Timeliness Standards For UM Decision Making and Notification. Therefore this finding is closed.</p>
<p>1.2.2 MCP failed to meet timeliness standards for informing the member or requesting provider of decisions within 24 hours</p>	<p>L.A. Care will review and revise existing policies related to informing member or providers of decision within the regulatory required timeframes by:</p> <ul style="list-style-type: none"> Reviewed and revised desktop procedures to ensure that a medical necessity decision is communicated to the provider within 24 hours of the decision Re-trained staff to ensure that pre-authorization decisions and provider communications are issued in a timely manner. Develop process to document that all relevant staff have been trained and completed the sign-in sheet. 	<p>Desk Top Procedure-Pre Service Nurse Specialist 1-16-15 TAT <i>(Attached)</i></p> <p>Example of Daily Denial Report <i>(Attached)</i></p> <p>Monitoring Evidence examples <i>(Attached)</i></p> <p>Monitoring Workflow 9-28-14 <i>(Attached)</i></p> <p>Pre-service Nurse Dialing Letter Training 11-14 <i>(Attached)</i></p> <p>UM-112 Published</p>	<p>1/19/2015</p>	<p>A&I determined 5 routine medical authorizations were late; notifications to requesting providers were made more than 24 hours after the decision was made.</p> <p>5/4/15; Updated UM-112 Attachment A Timeliness Standards has been revised to reflect 24-hour notification requirement. Notification may be oral and/or electronic.</p> <p>Staff training has been completed.</p> <p>7/7/15; MCP has revised its policy, its desktop procedures and conducted training to ensure authorization decisions are communicated to the requesting provider in a timely manner. This deficiency is provisionally closed. Follow up will be conducted in order to verify revisions have been actively implemented.</p> <p>1/25/16- LA Care has submitted evidence 1.2.1 DHCS 1.2.1 & 1.2.2 L.A. Care Policy MMUM-</p>

Deficiency Number and Finding	Action Taken	Implementation Documentation	Completion/ Expected Completion Date	DHCS Comments
	<ul style="list-style-type: none"> Training conducted and desktop procedures developed align to P&P UM-112, which reflect the contractual requirement. Desktop procedures and trainings will be updated to reflect updates to P&P UM-112, as appropriate. 	09.23.14 (<i>Attached</i>) UM-112 Attachment A UM Timeliness Standards 2014-01-16 (<i>Attached</i>)		012 Timeliness Standards For UM Decision Making and Notification. Therefore this finding is closed.
<p>1.2.3 MCP failed to submit written notification to the member and provider when a decision to delay a routine medical decision is made on routine medical prior authorization requests.</p> <p>The MCP may extend the timeframe to make a decision an additional 14 days if they don't have sufficient information to render a decision. MCP must notify the member and provider of the extension.</p>	<p>L.A. Care will review and revise existing policies related to developing clear and concise language in Notice of Action letters to members. L.A. Care has:</p> <ul style="list-style-type: none"> Developed job aid to assist in utilizing standard denial reasons for a sub-set of denials and training on developing clear and concise determination reasons Trained staff to ensure clear and concise language is in the Action of Notice letters to members. 	<p>DME Coordinator Training (combined documents) (<i>Attached</i>)</p> <p>UM-112 Published 09.23.14 with delay highlighting (<i>Attached</i>)</p>	11/7/2014	<p>Note: This deficiency involves one file. The MCP is encouraged to take the necessary steps to ensure written notification to the member and provider when a decision to delay a medical decision is made on routine prior authorization requests.</p> <p>7/7/15; Per MCP's own policy, a formal delay letter should be prepared and sent to the member and requesting provider when a decision to delay a routine authorization is made. This deficiency involved one file during the review, so this doesn't appear to be a systematic issue. This deficiency is closed.</p>
<p>1.2.4 MCP routine medical prior authorization cases lacked clear and concise language in Notice of Action letters to members.</p>	<p>L.A. Care will review and revise existing policies related to developing clear and concise language in Notice of Action letters to members. L.A. Care has:</p>	<p>Plain Language Medical Management Slides (<i>Attached</i>)</p> <p>Pre-Service Nurse</p>	8/29/2014	<p>Note: This deficiency involves three cases. Recommend the MCP add a quality control step to ensure consistent use of clear and concise language in Notice of Action letters.</p> <p>5/4/15; MCP conducted two training sessions –</p>

Deficiency Number and Finding	Action Taken	Implementation Documentation	Completion/ Expected Completion Date	DHCS Comments
	<ul style="list-style-type: none"> Developed job aid to assist in utilizing standard denial reasons for a sub-set of denials and training on developing clear and concise determination reasons Trained staff to ensure clear and concise language is in the Action of Notice letters to members. 	Denial Letter Training 11-14 <i>(Attached)</i>		<p>Readability for Medical Management and Denial Letter Training. Training involves plain language, member understanding, etc.</p> <p>7/7/15; MCP has conducted Readability for Medical Management and Denial Letter training which involves use of plain language, member understanding, etc. in an effort to provide clear and concise language in notice of action letters. This deficiency involved three files during the review, so it doesn't appear to be a systematic issue. This deficiency is closed.</p>
1.3.1 The MCP does not have a system in place to track specialist referrals to completion.	<p>L.A. Care has:</p> <ul style="list-style-type: none"> Developed a more robust monitoring and oversight program responsible for monitoring case management and care coordination activities targeted at identifying members for case management and care coordination with linked and carved out services/agencies L.A. Care conducts file review audits on delegate files using the 8/30 methodology at least annually for compliance with Specialty Referral Tracking requirements. See <i>attached Specialty Referral Tracking Audit Tool</i>. Delegates are issued 	<p>LA Care Clinical Assurance Program Description <i>(Attached)</i></p> <p>2014 LA Care UM Specialty Referral Tracking File Review Tool 2013-03-25 <i>(Attached)</i></p>	<p>1/1/2015</p> <p>4/1/2015</p>	<p>Contract requires the MCP to establish a specialty referral system to track and monitor referrals requiring prior authorization. The MCP does delegate the responsibility of referral tracking to the PCPs.</p> <p>5/4/15; Referral tracking is delegated to the PCPs. Annual audits will be conducted for compliance. The MCP has developed a Specialty Referral Tracking Audit Tool and delegates will be issued corrective action plans for areas of deficiency. CAPs will be monitored and potential mid-year and/or focused audits for compliance may be required.</p> <p>6/23/15; MCP is planning annual audits to ensure delegated entities track and monitor referrals requiring prior authorization. Delegates found not in compliance will be monitored and potential midyear audits may be required.</p>

Deficiency Number and Finding	Action Taken	Implementation Documentation	Completion/ Expected Completion Date	DHCS Comments
	<p>corrective actions for identified areas of deficiency. Established approved CAPs are monitored to ensure interventions resolve the identified deficiencies. After further review, L.A. Care determined, while CAPs are monitored, ongoing monitoring including may be needed to ensure ongoing adherence to the CAP.</p> <ul style="list-style-type: none"> For evidence of specialty referral tracking, delegates on CAPs for this element will be required to evidence ongoing compliance, which includes evidence referrals are followed to completion. Delegate CAPs will be more detailed to also include the requirement for follow up on any non-compliant files found on file review. Delegates that do not show improvement through file review audits will be placed on performance monitoring with follow-up file review audits to be conducted mid-year as well as annually &/or focused audits. 			<p>This deficiency is provisionally closed. Additional follow up will be conducted to ensure MCP has implemented effective action to bring this deficiency into compliance.</p> <p>1/25/16- In addition to the revised audit tool for specialty referral tracking and required CAPs required for non-compliance, L.A. Care has also developed and implemented effective 3rd Quarter 2015:</p> <p>DHCS 1.3.1 Attachment A – L.A. Care Clinical Assurance Delegation Oversight PPG Audit Score Tracking 3Q & 4Q 2015 (See Section 2.1 for PPG Scores for Specialty Referral Tracking) And DHCS 1.3.1 Attachment B –an example of L.A. Care’s Performance Monitoring Referral Form for use when delegate audit scores meet perimeters for referral to performance monitoring. See Section</p> <p>Therefore this finding is closed.</p>

Deficiency Number and Finding	Action Taken	Implementation Documentation	Completion/ Expected Completion Date	DHCS Comments
<p>1.3.2 The MCP did not ensure PCPs consistently received feedback from specialists.</p>	<p>L.A. Care has:</p> <ul style="list-style-type: none"> • Revised the specialty referral audit tool to add a new audit criterion #4 has been added to the specialty referral file review tool as follows: <ul style="list-style-type: none"> • Criterion: 4. There is evidence that follow-up with the specialist if then is no documentation of oral or written feedback from the specialist to the PCP <p>Specialty Referral Tracking File Review audit CAPs will be more detailed to include the requirement for follow up on any non-compliant file and delegates that do not show improvement through file review audits will be placed on performance monitoring with follow-up file review audits to be conducted midyear as well as annually.</p>	<p>UM Specialty Referral Tracking File Review Tool 2013-03-25 (2 <i>Attached</i>)</p> <p>2015 LA Care Clinical Assurance Program Description_TOC_0 2152015_Bookmark ed (<i>Attached</i>)</p>	<p>4/1/2015</p>	<p>The MCP delegates' referral tracking to PCPs – initiating PCP must ensure member was seen by the specialist and the outcome is documented in the medical record.</p> <p>5/4/15; An initiating PCP must ensure members are seen by specialists and outcomes are documented in the medical records. The MCP has revised their specialty referral file review tool to include evidence of follow up with specialist if there is not oral or written feedback from the specialist to the PCP. A CAP will be required to non-compliance.</p> <p>7/7/15; This deficiency is provisionally closed. Follow up will be conducted in order to verify compliance.</p> <p>1/25/16- In addition to the revised audit tool for specialty referral tracking and required CAPs required for non-compliance, L.A. Care has also developed and implemented effective 3rd Quarter 2015:</p> <p>DHCS 1.3.2 Attachment A – L.A. Care Clinical Assurance Delegation Oversight PPG Audit Score Tracking 3Q & 4Q 2015 (See Section 2.1 for PPG Scores for Specialty Referral Tracking) And DHCS 1.3.2 Attachment B –an example of L.A. Care's Performance Monitoring Referral Form for use when delegate audit scores meet perimeters for referral to performance monitoring.</p>

Deficiency Number and Finding	Action Taken	Implementation Documentation	Completion/ Expected Completion Date	DHCS Comments
				<p>Additionally Specialty Referral Tracking Compliance is audited at the PCP level though facility site review and the facility site medical record review. PPG sites must have a process in place for referral and track and also document their outreach in the patient's medical records. Compliance is also tracked quarterly in L.A. Care's FSR Task Force meetings with Plan Partners.</p>
<p>1.3.3 The MCP failed to track open or unused referrals.</p>	<p>L.A. Care acknowledges identified issues related to compliance with DHCS contract 04-36069 A08 Exhibit A. 5.1.F which calls for the tracking system to include authorized, denied, deferred, or modified referrals and timeliness of referrals. L.A Care reviewed UM Policy to ensure compliance with the noted requirements. L.A. Care also reviewed the DHCS contract language to identify the regulatory requirement for the management of tracking open or unused referrals for the purpose of ensuring care coordination for specialty services. While there is no identified citation or contractual requirement to support this specific activity, L.A. Care will:</p> <ol style="list-style-type: none"> 1) Take this recommendation as a "best practice" to share with delegates in the training materials. 	<p>Provider Manual revision (<i>In process</i>)</p>	<p>6/1/2015</p>	<p>The contract calls for the tracking system to include authorized, denied, deferred, or modified referrals and timeliness of referrals. Should also include non-contracting providers. The concern here is from a clinical standpoint – if a beneficiary requires a specialty service and has not been seen, what is the reasoning?</p> <p>Updated 7/7/15;</p> <p>MCQMD acknowledges that the contract does not directly reference the tracking of open and unused referrals. The Specialty Referral Tracking Tool should assist in tracking open and unused (authorized) referrals by ensuring appropriate oversight of specialty referrals to completion. Non-compliant files will require corrective action and delegates not showing improvement will be placed on performance monitoring requiring quarterly, mid-year and annual auditing. This deficiency is provisionally closed. Follow up will be conducted to ensure compliance.</p> <p>1/25/16- In addition to the revised audit tool for</p>

Deficiency Number and Finding	Action Taken	Implementation Documentation	Completion/ Expected Completion Date	DHCS Comments
	<p>In addition:</p> <ol style="list-style-type: none"> 2) Reviewed the delegate audit tools; Specialty Referral Tracking Audit Tool complies with the requirement to ensure appropriate oversight of specialty referral tracking. Audits are conducted under this compliance regulation. 3) Delegate training and Provider Manual will be reviewed and revised to reflect the best practice recommendation contract language. 4) Specialty Referral Tracking File Review audit CAPs will be more detailed to include the requirement for follow up on any non-compliant file and delegates that do not show improvement through file review audits will be placed on performance monitoring with follow-up file review audits to be conducted quarterly, midyear as well as annually. 			<p>specialty referral tracking and required CAPs required for non-compliance, L.A. Care has also developed and implemented effective 3rd Quarter 2015::</p> <p>DHCS 1.3.3 Attachment A – L.A. Care Clinical Assurance Delegation Oversight PPG Audit Score Tracking 3Q & 4Q 2015 (See Section 2.1 for PPG Scores for Specialty Referral Tracking)</p> <p>And</p> <p>DHCS 1.3.3 Attachment B –an example of L.A. Care’s Performance Monitoring Referral Form for use when delegate audit scores meet perimeters for referral to performance monitoring.</p> <p>Therefore this finding is closed.</p>

Deficiency Number and Finding	Action Taken	Implementation Documentation	Completion/ Expected Completion Date	DHCS Comments
<p>1.3.4 The MCP failed to define timeframes for audits and referral logs.</p>	<p>L.A. Care has:</p> <ul style="list-style-type: none"> Developed a more robust monitoring and oversight program responsible for monitoring case management and care coordination activities targeted at identifying members for case management and care coordination with linked and carved out services/agencies Specialty referral tracking audits are performed at the time of the delegate's annual audits as documented on the attached UM Delegation Oversight Programs by Product lines. Depending upon the level of non-compliance, audits may be performed on an "ad hoc" basis. This is also documented in the UM delegation oversight program. <p>L.A. Care's Clinical Assurance and Regulatory Affairs and Compliance Departments are collaborating to design a standardized audit process with associated timeframes</p>	<p>2015 LA Care Clinical Assurance Program Description_TOC_0 2152015_Bookmark ed <i>(Attached)</i></p> <p>2013 UM Delegation Oversight Program bookmarked <i>(Attached)</i></p> <p>Policy RAC 409 Auditing and Monitoring in revision <i>(Attached)</i></p>	<p>1/1/2015</p> <p>Existing</p> <p>6/30/2015</p>	<p>Plan personnel stated referral tracking logs were reviewed through random audits, but couldn't say how often the logs were audited or how often unused referrals were tracked.</p> <p>5/6/15; Specialty referral tracking audits are to be performed during the delegate's annual audit.</p> <p>MCP is currently developing a standardized audit process with associated timeframes. MCP to submit evidence of standardized audit process and associated timeframes upon completion.</p> <p>7/7/15; MCP has a policy requiring specialty referral tracking audits. Audit schedules are semi-annual and annual. Depending upon level of non-compliance, audits may be performed on an ad hoc basis.</p> <p>This deficiency is closed.</p>

Deficiency Number and Finding	Action Taken	Implementation Documentation	Completion/ Expected Completion Date	DHCS Comments
<p>1.4.1 The MCP failed to address a high rate of overturned appeals due to insufficient information in the original prior authorization which resulted in unnecessary delays to members receiving medically necessary services.</p>	<p>L.A. Care will implement a process to address high rate of overturned appeals due to lack of sufficient information in the original prior authorization. This will include:</p> <p>Developing a Monthly report for tracking and trending of all appeals and grievances received in G&A regarding denial due to lack of supporting medical records</p> <p>Providing Monthly feedback to delegates and internal departments</p> <p>Develop and distribute a Key Performance Indicator (KPI) report for senior management and UM Committee for monitoring G&A Activities</p> <p>Establishing a track and trend capability to systems to determine if any of the overturns have been made due to additional information received during the review process</p>	<p>Monthly Reports (<i>In process</i>)</p> <p>1-b. Trend report on PPGs Plan Partners QI - A&G Monthly Report on denials based on lack of supplemental medical records (<i>In process</i>)</p> <p>Monthly Reports to PNO & CA for review (<i>In process</i>)</p> <p>3. KPI Report (<i>In process</i>)</p> <p>G&A Track & Trend Report, including trending of overturns with reasons, i.e. for</p>	<p>5/30/2015</p> <p>5/30/2015</p> <p>6/1/2015</p> <p>6/1/2015</p> <p>6/1/2015</p>	<p>A&I recommends MCP implement a process to address high rate of overturned appeals due to lack of sufficient information in original prior authorization. Requesting provider needs to provide the required information necessary to render a timely decision.</p> <p>5/6/15; MCP is developing a monthly report for tracking and trending all appeals and grievances relating to denials based upon lack of supporting documentation. Reports will trend overturns with reasons.</p> <p>Development of report is in process. Expected completion date 6/1/15. MCP to submit copy of proposed report for review.</p> <p>7/7/15; MCP to track and trend appeals received due to a lack of supporting medical records in the original prior authorization request. Monthly feedback to be provided to internal staff and delegates.</p> <p>This deficiency is provisionally closed. Follow up and verification will be conducted to ensure implementation of process to address the high rate of overturned appeals.</p> <p>1/25/16- The outlined actions were implemented as of July 2015 to track and trend appeals received due to a lack of supporting medical records in the original request and reported internally. The following implementation documents are submitted as evidence of:</p>

Deficiency Number and Finding	Action Taken	Implementation Documentation	Completion/ Expected Completion Date	DHCS Comments
		additional information received from Denial (<i>In process</i>)		<ul style="list-style-type: none"> • DHCS 1.4.1 Attachment A--A&G Issue Codes Mapping • DHCS 1.4.1 Attachment B-- Appeals - KPI Report • DHCS 1.4.1 Attachment C-- Q3 – 2015 A&G Trend Report by LOB • DHCS 1.4.1 Attachment D- Response To Service Request for System Enhancement • DHCS 1.4.1 Attachment E--Track & Trend Overturns In System -Status Update • DHCS 1.4.1 Attachment F –KPI A&G Dashboard Reports <ul style="list-style-type: none"> ○ ---KPI Screenshot – Starting Inventory Jan 2016 ○ --KPI Screenshot – Receipts Jan 2016 ○ --KPI Screenshot – Closure Jan 2016 ○ --KPI Screenshot – Ending Inventory Jan 2016 <p>Therefore this finding is closed.</p>
<p>1.4.2 MCP must amend Policy #AG-007 Appeals Process for Members to ensure individual reviewing an appeal is not involved in any prior decision related to the appeal.</p> <p>Note: Using a physician who participated in previous decisions related</p>	<p>To ensure the physician reviewing the appeal is not involved in any prior decisions related to the Appeal, L.A Care will review and amend L.A. Health Care Plan Policy and Procedure Number AG-007: Appeal Process for Members. In addition, L.A. Care will:</p> <p>Conduct a physician training WebEx</p>	<p>Amended P&P AG-007 (<i>Attached</i>)</p> <p>Education to Medical Directors on</p>	<p>11/19/2014</p> <p>5/31/2015</p>	<p>Exhibit A, Attachment 14.G – person making final decision hasn't participated in any prior decisions related to a grievance. By most standards an appeal is treated just like a grievance.</p> <p>5/6/15; MCP submitted a revised Policy #AG-007 that outlines the requirement of reviewers not being involved in any prior decisions relating to the appeal.</p> <p>Web-based education and training materials are being developed. Expected completion date is</p>

Deficiency Number and Finding	Action Taken	Implementation Documentation	Completion/ Expected Completion Date	DHCS Comments
to the appeal process does not comply with contractual requirements.	Set-up meeting with all medical directors to review	<p>appeals and grievances process WebEx recording (<i>In process</i>)</p> <p>Training materials (i.e. handouts, PowerPoints, etc.) (<i>In process</i>)</p> <p>Signed attestations from participating Physicians (<i>In process</i>)</p>	<p>5/31/2015</p> <p>5/31/2015</p>	<p>5/31/15.</p> <p>This deficiency involved one file. This does not appear to be a systematic issue. MCQMD reserves the right to follow up with the MCP on current status of proposed training and provide technical assistance as warranted.</p> <p>This deficiency is closed.</p>
Category 2 – Case Management and Coordination of Care				
2.1.1 The MCP lacked proper oversight of delegated activities relating to Comprehensive Medical Case Management Services.	<p>L.A. Care has:</p> <ul style="list-style-type: none"> Developed a more robust monitoring and oversight program responsible for monitoring case management and care coordination activities targeted at identifying members for case management and care coordination with linked and carved out services/agencies Revised the existing policy and procedures to include enhance oversight of delegate's activities for linked 	<p>Clinical Assurance Program Description bookmarked (<i>Attached</i>)</p> <p>UM 15 UM Delegation Oversight Revised bookmarked (<i>Attached</i>)</p>	<p>1/1/2015</p> <p>4/23/2015</p>	<p>A&I recommends the MPC improve oversight of delegated case management services to ensure contract requirements are met.</p> <p>5/21/15; Could not locate Clinical Assurance Program Description in submission. Please resubmit for review.</p> <p>MCP submitted revised Policy #UM-156 UM Delegation and Oversight to include enhanced oversight of delegate activities for linked and carve out services/agencies.</p> <p>MCP submitted revised Delegation Oversight Audit Tool for linked and carve out services.</p> <p>Additional documents – policies and procedures</p>

Deficiency Number and Finding	Action Taken	Implementation Documentation	Completion/ Expected Completion Date	DHCS Comments
	<p>and carve out services/agencies.</p> <ul style="list-style-type: none"> Review and revise existing audit tool and file reviews for linked and carve out services are being revised to ensure comprehensive case management and care coordination are assessed. Develop a policy for ongoing monitoring of delegate's provision of comprehensive case management and care coordination services as well as oversight of the data exchange program with state of identified members in need of care coordination with various linked and carve out programs. 	<p>2.1.1. 2015 Delegation Oversight Audit Tool bookmarked <i>(Attached)</i></p> <p>P&P Documents for Monitoring Delegated Activities for Linked and Carve Out Services <i>(In process)</i></p> <p>Desk Top Procedures on Monitoring of State Data Exchanges for DDS to delegates <i>(In process)</i></p>	<p>5/30/2015</p> <p>4/23/2015</p> <p>5/30/2015</p>	<p>and desk top procedures on monitoring are targeted to be completed by 5/30/15. MCP to submit for review.</p> <p>6/23/15; Received and reviewed Clinical Assurance Program and Work Plan.</p> <p>MCP submitted Policy #MM-CM-001; including Desk Top procedures for monitoring delegated activities for linked and carve out services and for monitoring of State Data Exchanges.</p> <p>This deficiency is provisionally closed. Additional follow up will be conducted to ensure MCP has implemented effective action to bring this deficiency into compliance.</p> <p>1/25/16- In addition to the revised audit tool for comprehensive medical case management and required CAPs required for non-compliance, L.A. Care has also developed and implemented effective 3rd Quarter 2015:</p> <p>DHCS 2.1.1 Attachment A – L.A. Care Clinical Assurance Delegation Oversight PPG Audit Score Tracking 3Q & 4Q 2015 (See Sections 3.2, 3.3 & 3.4 for Case Management Delegation Oversight) And DHCS 2.1.1 Attachment B –an example of L.A. Care's Performance Monitoring Referral Form for use when delegate audit scores meet perimeters for referral to performance monitoring.</p> <p>Therefore this finding is closed.</p>

Deficiency Number and Finding	Action Taken	Implementation Documentation	Completion/ Expected Completion Date	DHCS Comments
<p>2.1.2 The MCP's case management notes lacked documentation of coordination of care and case management among PCPs, specialists, and Regional Centers.</p>	<p>To ensure L.A. Care's monitoring of the coordination of care and care management between PCPs, specialist and Regional Centers, L.A. Care will:</p> <ul style="list-style-type: none"> Review and revise, as needed, the Case Management P&P to address deficiency in addressing the Case Managers, delegated entities and Regional Center Liaison's role to demonstrate coordination of care and case management among PCPs, specialists and Regional Centers. The Care Management department management will train the internal staff on the P&P. The Clinical Assurance department will include the P&P training for the external staff (delegated entities). The Care Management dept. management will work with the IT department to design a mechanism to evidence RC Liaison's documentation of care coordination activities. Developed a more robust monitoring and oversight program responsible for monitoring case management 	<p>UM 148 P&P Basic Case Management Services (<i>Attached</i>)</p> <p>Training evidence and materials (<i>In process</i>)</p> <p>Report example (<i>in process</i>)</p> <p>Clinical Assurance Program Description bookmarked (<i>Attached</i>)</p>	<p>4/30/2015</p> <p>5/1/2015</p> <p>6/1/2015</p> <p>1/1/2015</p> <p>6/1/2015</p>	<p>5/21/15; MCP submitted a revised Policy #UM - 148 Case Management.</p> <p>Internal staff to be trained on case management, as well as, external staff (delegated entities).</p> <p>Care Management Department working with the IT Department to design a mechanism to evidence regional center liaison's documentation of care coordination. The MCP to submit evidence of design and/or implementation.</p> <p>Could not located submission – Clinical Assurance Program Description. MCP to resubmit for review.</p> <p>MCP developing an internal monitoring plan for assessing documentation of coordination of care and case management. MCP to submit for review.</p> <p>6/23/15; Received and reviewed Clinical Assurance Program and Work Plan.</p> <p>Staff training documented, including P&P training.</p> <p>This deficiency is provisionally closed. Additional follow up will be conducted to ensure MCP has implemented effective action to bring this deficiency into compliance.</p> <p>1/25/16- In addition to the revised audit tool for</p>

Deficiency Number and Finding	Action Taken	Implementation Documentation	Completion/ Expected Completion Date	DHCS Comments
	<p>and care coordination activities targeted at identifying members for case management and care coordination with linked and carved out services/agencies</p> <ul style="list-style-type: none"> Develop internal monitoring plan for assessing the documentation of coordination of care and case management among PCPs, specialists and Regional Centers. 	<p>Monitoring plan document/auditing tool <i>(In process)</i></p>		<p>care coordination and required CAPs required for non-compliance, L.A. Care has also developed and implemented effective 3rd Quarter 2015::</p> <p>DHCS 2.1.2 Attachment A – L.A. Care Clinical Assurance Delegation Oversight PPG Audit Score Tracking 3Q & 4Q 2015 (See Sections 3.2, 3.3 & 3.4 for Case Management Delegation Oversight)</p> <p>And</p> <p>DHCS 2.1.2 Attachment B –an example of L.A. Care’s Performance Monitoring Referral Form for use when delegate audit scores meet perimeters for referral to performance monitoring.</p> <p>Therefore this finding is closed.</p>
<p>2.1.3 The MCP lacked procedures for identifying members who may need or who receive services from out of plan providers or programs to ensure joint case management of services.</p>	<p>While L.A. Care has a process for assess existing encounter data to identify members who may be in need of services, there is no policy specific to the activity. L.A. Care will:</p> <ul style="list-style-type: none"> Developed a more robust monitoring and oversight program responsible for monitoring case management 	<p>Clinical Assurance Program Description bookmarked <i>(Attached)</i></p>	<p>1/1/2015</p>	<p>5/27/15; MCP currently is developing a policy and procedure to identify members who need services from out of network providers or programs to ensure joint case management. MCP target date: 4/30/15. MCP to submit proposed P&P for review.</p> <p>MCP to develop desk top procedures for monitoring State Data Exchanges that will assist</p>

Deficiency Number and Finding	Action Taken	Implementation Documentation	Completion/ Expected Completion Date	DHCS Comments
	<p>and care coordination activities targeted at identifying members for case management and care coordination with linked and carved out services/agencies</p> <ul style="list-style-type: none"> • Develop a policy to document process for utilizing existing and available data to identify members who need services. Data mining will be a collaborative activity with Care Management and Health Outcomes and Analysis to identify specific elements and data sets specific to members with special health care needs who are eligible for joint case management services. • Develop desk top procedures extracting data on a monthly basis, assessing for eligibility and accuracy of data as well as a distribution process to share with delegates. Ensure the inclusion of DDS reports as source and review to identify data to be used to achieve action required • Develop and implement a training program for internal and external staff on the 	<p>P&P Identification of members for Linked and Carve Out Services/Care Coordination (<i>In process</i>)</p> <p>Desk Top Procedures on Monitoring of State Data Exchanges for DDS to delegates (<i>In process</i>)</p> <p>Training Evidence: Attendance Records & Materials (<i>In process</i>)</p>	<p>4/30/2015</p> <p>4/30/2015</p> <p>5/15/2015</p> <p>10/30/2015</p>	<p>in assessing eligibility and accuracy of data. MCP target date: 4/30/15. MCP to submit proposed desk top procedures for review.</p> <p>MCP developing and implementing a training program for internal and external staff on the identification, referral and joint case management of members. MCP to submit evidence of training and attendance records for review.</p> <p>6/23/15; MCP submitted revised P&P, Desktop Procedures and evidence of training participation.</p> <p>This deficiency is provisionally closed. Additional follow up will be conducted to ensure MCP has implemented effective action to bring this deficiency into compliance.</p> <p>1/25/16- In addition to the revised audit tool for case coordination and required CAPs required for non-compliance, L.A. Care has also developed and implemented effective 3rd Quarter 2015:</p> <p>DHCS 2.1.3 Attachment A – L.A. Care Clinical Assurance Delegation Oversight PPG Audit Score Tracking 3Q & 4Q 2015 (See Sections 3.2, 3.3 & 3.4 for Case Management Delegation Oversight)</p> <p>And</p> <p>DHCS 2.1.3 Attachment B –an example of L.A. Care’s Performance Monitoring Referral Form</p>

Deficiency Number and Finding	Action Taken	Implementation Documentation	Completion/ Expected Completion Date	DHCS Comments
				<p>management between the PCPs and other local agencies/programs.</p> <p>1/25/16- In addition to the revised audit tool for joint case management and required CAPs required for non-compliance, L.A. Care has also developed and implemented effective 3rd Quarter 2015::</p> <p>DHCS 2.2.1 Attachment A – L.A. Care Clinical Assurance Delegation Oversight PPG Audit Score Tracking 3Q & 4Q 2015 (See Sections 3.2, 3.3 & 3.4 for Case Management Delegation Oversight)</p> <p>And DHCS 2.2.1 Attachment B –an example of L.A. Care’s Performance Monitoring Referral Form for use when delegate audit scores meet perimeters for referral to performance monitoring.</p> <p>Therefore this finding is closed.</p>
<p>2.2.2 The MCP did not properly identify members needing referrals to other agencies or programs.</p>	<p>While L.A. Care has existing policies and provider training manuals addressing the identification and referral to California Children’s Services, the Clinical Assurance and Case Management departments will review and revise exiting documents to detail ways to properly identify members needing referrals to other agencies or programs (i.e. Regional Center or CCS). In addition, L.A. Care maintains direct liaisons to coordinate internal and external trainings as well</p>			<p>5/27/15; MCP submitted a revised Policy #UM-144 that includes procedures for identifying and referring children with CCS-Eligible Conditions to the local program, including baseline assessments, diagnostic evaluations, distributing lists of members to their delegated entities who are eligible or authorized to receive services, etc.</p> <p>MCP submitted their provider manual that outlines review procedures for external staff to follow in order to identify members needing referrals to other agencies/programs.</p>

Deficiency Number and Finding	Action Taken	Implementation Documentation	Completion/ Expected Completion Date	DHCS Comments
	<p>as coordinate information exchange between CCS, L.A. Care and its delegates. Delegates also have direct access to CCS information system to refer and verify the status of referrals for the purpose of care coordination.</p> <p>L.A. Care will:</p> <ul style="list-style-type: none"> • Developed a more robust monitoring and oversight program responsible for monitoring case management and care coordination activities targeted at identifying members for case management and care coordination with linked and carved out services/agencies • Review procedure for designated internal CM staff to follow to identify properly identify members needing referrals to other agencies or programs • Review procedure for external staff (delegated entities) to follow to identify properly identify members needing referrals to other agencies or programs • Train internal CM and delegate staff on P&P and ways to identify members needing referrals to other agencies or programs 	<p>Clinical Assurance Program Description bookmarked <i>(Attached)</i></p> <p>UM 144 California Children's Services <i>(Attached)</i></p> <p>L.A. Care Provider Manual California Children's Services <i>(Attached)</i></p> <p>Procedure/Desk Top Tool for internal CM staff <i>(In Process)</i></p>	<p>1/1/2015</p> <p>4/30/2015</p> <p>4/30/2015</p> <p>5/15/2015</p>	<p>MCP training internal CM and delegate staff on ways to identify members needing referrals to other agencies/programs. MCP to submit training materials and attendance records for review.</p> <p>6/23/15; MCP submitted copies of training material and signed employee attendance sheets.</p> <p>This deficiency is closed.</p>

Deficiency Number and Finding	Action Taken	Implementation Documentation	Completion/ Expected Completion Date	DHCS Comments
		Training Materials & Attendance Record <i>(In Process)</i>	5/15/2015	
2.2.3 MCP must implement procedures to improve referral system to other agencies for members requiring referrals	<p>L.A. Care maintains relationships with various state, county and community based programs to assist members assess services to address medical and social needs. L.A. Care is in dialogue with CCS to design a program specifically addressing children aging out of CCS services but remain in need for care coordination services.</p> <p>L.A Care will:</p> <ul style="list-style-type: none"> Review and revise existing care management policies and provider manuals to identify additional programs for which members may qualify. The policy will detail ways to clearly describe steps that internal staff (L.A. Care) must take to refer members to other agencies. Develop policy for transition for member's aging out of various linked and carve out programs or who are no longer eligible for the program but remain in the health plan. Design tool and monitoring 	<p>UM-146 CCS bookmarked <i>(Attached)</i></p> <p>P&P for Care Coordination for Children Aging Out of CCS <i>(In Process)</i></p> <p>Monitoring</p>	<p>4/30/2015</p> <p>6/15/2015</p> <p>6/15/2015</p>	<p>Per A&I 9 members were over the age of 21 and no longer eligible for CCS. Medical records for these members lacked documentation of any referral and follow up to other program they may qualify for.</p> <p>5/27/15; MCP submitted a revised Policy #UM-146 that identifies additional programs for which members may qualify and the steps staff must take to refer members to other agencies/programs.</p> <p>MCP is currently developing a policy and procedure for transition of members aging out of various linked and carved out services because they are no longer eligible. MCP to submit P&P for review.</p> <p>MCP is currently designing a tool and monitoring process for delegated entities staff to clearly describe the requirements for referring members to other agencies/programs. MCP to submit proposed monitoring tool for review.</p> <p>Internal and external training to be conducted on steps to refer members to other agencies/programs. MCP to submit copies of training materials and attendance records for review.</p>

Deficiency Number and Finding	Action Taken	Implementation Documentation	Completion/ Expected Completion Date	DHCS Comments
	<p>process for external staff (delegated entities) to follow to clearly describe the requirement of referring members to other agencies or programs per the requirement</p> <ul style="list-style-type: none"> The Care Management department management will train internal CM staff on updated P&P and steps to refer members needing referrals to other agencies or programs, including documentation of action in the CM system. Train external CM staff on requirement and of referring members needing referrals to other agencies or programs 	<p>Tool/Procedure (delegated entities) <i>(In Process)</i></p> <p>Training Materials & Attendance Records_Internal Staff <i>(In Process)</i></p> <p>Training Materials & Attendance Records_Delegates <i>(In Process)</i></p>	<p>6/30/2015</p> <p>6/30/2015</p>	<p>6/23/15; MCP submitted Policy #UM-144 addressing the transition of members aging out of carved out services because they are no longer eligible. The MCP submitted a monitoring process for delegated entities describing the requirements for referring members to other agencies. Lastly, the MCP provided training materials and attendance records.</p> <p>This deficiency is provisionally closed. Additional follow up will be conducted to ensure MCP has implemented effective action to bring this deficiency into compliance.</p> <p>1/25/16- In addition to the revised audit tool for referrals to linked programs and required CAPs required for non-compliance, L.A. Care has also developed and implemented effective 3rd Quarter 2015:</p> <p>DHCS 2.2.3 Attachment A – L.A. Care Clinical Assurance Delegation Oversight PPG Audit Score Tracking 3Q & 4Q 2015 (See Sections 3.5 for CCS audit scores)</p> <p>And DHCS 2.2.3 Attachment B –an example of L.A. Care’s Performance Monitoring Referral Form for use when delegate audit scores meet perimeters for referral to performance monitoring. Additionally, L.A. Care CM working with CCS to develop and implement a CCS aging out Program</p> <p>Therefore this finding is closed.</p>

Deficiency Number and Finding	Action Taken	Implementation Documentation	Completion/ Expected Completion Date	DHCS Comments
<p>2.3.1 Medical records did not show coordination of services between the PCP and the local programs (Regional Center or Early Start Program).</p>	<p>L.A. Care has existing policy and procedures to include oversight of delegate's activities. L.A. Care's existing audit tool and file reviews have been reviewed to ensure oversight of delegated activities related to care coordination with Regional Centers and Early Start Programs</p> <p>L.A. Care will:</p> <ul style="list-style-type: none"> • Developed a more robust monitoring and oversight program responsible for monitoring case management and care coordination activities targeted at identifying members for case management and care coordination with linked and carved out services/agencies • Review and revise existing policies, provider training and audit tools to ensure medical records reflect documentation of care between the PCP, and local programs. • Review and revise policy for ongoing monitoring via file review of the presence of documentation of care coordination services 	<p>Clinical Assurance Program Description bookmarked (<i>Attached</i>)</p> <p>UM 156 UM Delegation Oversight Revised (<i>Attached</i>)</p> <p>Provider Manual DDS, EI/ES (<i>Attached</i>)</p> <p>P&P Documents for Monitoring Delegated Activities for Linked and Carve Out Services</p>	<p>1/1/2015</p> <p>4/1/2015</p> <p>5/30/2015</p>	<p>The MCP and its health partners have a MOU with the local regional centers for coordination of care for services for members with developmental disabilities.</p> <p>5/27/15; MCP is in the process of developing/revising policy and procedures for ongoing monitoring via file review of the presence of documentation of care coordination between the PCP and local programs. MCP to submit for review.</p> <p>6/23/15; MCP submitted revised Desk Top Procedure companion to Policy #UM-156 relating to file reviews verifying medical record documentation of care coordination.</p> <p>This deficiency is provisionally closed. Additional follow up will be conducted to ensure MCP has implemented effective action to bring this deficiency into compliance.</p> <p>1/25/16- In addition to the revised audit tool for medical records and required CAPs required for non-compliance, L.A. Care has also developed and implemented effective 3rd Quarter 2015:</p> <p>DHCS 2.3.1 Attachment A – L.A. Care Clinical Assurance Delegation Oversight PPG Audit Score Tracking 3Q & 4Q 2015 (See Sections 6.4 for EI/ES/DDS audit scores)</p> <p>And</p> <p>DHCS 2.3.1 Attachment B –an example of L.A.</p>

Deficiency Number and Finding	Action Taken	Implementation Documentation	Completion/ Expected Completion Date	DHCS Comments
	<p>between the PCP and local programs.</p> <ul style="list-style-type: none"> Review and revise existing audit tools to ensure medical records reflect documentation of care between the PCP, and local programs 	<p><i>(In process)</i></p> <p>2015 Delegation Oversight Audit Tool bookmarked <i>(Attached)</i></p>	<p>4/1/2015</p>	<p>Care's Performance Monitoring Referral Form for use when delegate audit scores meet perimeters for referral to performance monitoring.</p> <p>Therefore this finding is closed.</p>
<p>2.3.2 Medical records lacked documentation demonstrating coordination of care between the MCP and other agencies.</p>	<p>L.A. Care has existing policy and procedures in place identifying a dedicated care coordinator to assist in care coordination between L.A. Care and other agencies. L.A. Care will:</p> <ul style="list-style-type: none"> Developed a more robust monitoring and oversight program responsible for monitoring case management and care coordination activities targeted at identifying members for case management and care coordination with linked and carved out services/agencies Review existing P&Ps addressing Regional Center Liaison's role in Care Coordination and documentation The Care Management (CM) department management will 	<p>Clinical Assurance Program Description bookmarked <i>(Attached)</i></p> <p>2014 Provider Manual DDS <i>(Attached)</i></p> <p>UM-146 DDS bookmarked <i>(Attached)</i></p> <p>Training Materials & Evidence of Training</p>	<p>4/30/2015</p> <p>5/15/2015</p> <p>6/30/2015</p>	<p>5/27/15; MCP submitted revised Policy #UM-146 addressing the regional center liaison role in care coordination and documentation.</p> <p>MCP to train regional center liaison on updated policy and procedure requirements. MCP to submit training materials and evidence of training.</p> <p>MCP currently designing a mechanism to capture regional center liaison documentation and design a report to capture case documentation. Additionally, an internal monitoring plan is being developed for the regional center liaison that will be completed on a monthly basis.</p> <p>6/23/15; This deficiency is provisionally closed. Additional follow up will be conducted to ensure MCP has implemented effective action to bring this deficiency into compliance.</p> <p>1/25/16- Projected completion date 5/30/16</p>

Deficiency Number and Finding	Action Taken	Implementation Documentation	Completion/ Expected Completion Date	DHCS Comments
	<p>train RC Liaison on updated P&P</p> <ul style="list-style-type: none"> The CM department management will work with the IT department to design a mechanism to capture RC Liaison's documentation efforts. The CM department management will work with the IT department to design a report to capture RC Liaison's case documentation. The Care Management (CM) department management will develop internal monitoring plan for RC Liaison documentation review to be completed on a monthly basis. 	<p><i>(In Process):</i></p> <p>Service Request number & Business Requirement Document <i>(In Process)</i></p> <p>Service Request number & Business Requirement Document & Report Sample when complete <i>(In Process)</i></p> <p>Monitoring Plan <i>(In Process)</i></p>	<p>6/30/2015</p> <p>6/30/2015</p>	
<p>2.4.1 The MCP did not ensure IHAs were provided to all newly enrolled members within the required timeframes.</p>	<p>L.A. Care has:</p> <p>Updated Policy #UM-135 IHA was updated to reflect the contractual change to 120 days for completion of an IHA for all members</p> <p>L.A. Care conducts file review audits at least annually for compliance with IHA requirements on delegate files</p>	<p>2.4.1. Policy #UM-135 Initial Health Risk Assessment <i>(Attached)</i></p> <p>2.4.1 UM Delegation Oversight Programs by Product Lines</p>	<p>4/1/2015</p> <p>4/1/2015</p>	<p>P&P UM-135 indicates new members receive an IHA within 120 or 60 calendar days of enrollment depending on the member's age.</p> <p>There was an amendment dated 1/1/14 changing the timeframe to 120 for all. 60 days is no longer a requirement for members under 18 months of age. This language was in effect for approximately 8 months of the review period. Moving forward, the time frame is 120 days.</p>

Deficiency Number and Finding	Action Taken	Implementation Documentation	Completion/ Expected Completion Date	DHCS Comments
	<p>using the 8/30 methodology. CAPs have been given for non-compliance but to date these CAPs have not been successful in improving compliance. As a result, L.A. Care re-assessed the internal infrastructure for delegation oversight & created a new Department, Clinical Assurance specifically for Health Services Departments to include performance monitoring in addition to delegation oversight to improve compliance. Going forward, CAPs will be more detailed to include the requirement for follow up on any non-compliant file and delegates that do not show improvement through file review audits will be placed on performance monitoring with follow-up file review audits to be conducted midyear as well as annually.</p>	<p>bookmarked (Attached)</p>		<p>The MCP should update its Policy #UM-135 to reflect this contractual change.</p> <p>A&I recommends MCP develop a system to improve oversight of PPG's compliance with IHA requirements.</p> <p>5/27/15; MCP submitted revised Policy #UM-135 reflecting the contractual change relating to IHA completion time frames.</p> <p>MCP created a new department (Clinical Assurance) to include performance monitoring in addition to delegation oversight to improve compliance. Internal corrective action will be more detailed and include follow up on any non-compliant file.</p> <p>6/23/15; MCP has put systems in place to include performance monitoring an delegation oversight which include CAP follow up to be conducted midyear as well as annually.</p> <p>This deficiency is provisionally closed. Additional follow up will be conducted to ensure MCP has implemented effective action to bring this deficiency into compliance.</p> <p>1/25/16- In addition to the revised audit tool for IHA and required CAPs required for non-compliance, L.A. Care has also developed and implemented effective 3rd Quarter 2015:</p> <p>DHCS 2.4.1 Attachment A – L.A. Care Clinical Assurance Delegation Oversight PPG Audit</p>

Deficiency Number and Finding	Action Taken	Implementation Documentation	Completion/ Expected Completion Date	DHCS Comments
				<p>Score Tracking 3Q & 4Q 2015 (See Section 3.6 for IHA audit scores)</p> <p>And</p> <p>DHCS 2.4.1 Attachment B –an example of L.A. Care’s Performance Monitoring Referral Form for use when delegate audit scores meet perimeters for referral to performance monitoring.</p> <p>Therefore this finding is closed.</p>
<p>2.4.2 The MCP did not ensure that members received comprehensive age-appropriate assessments on a periodic basis.</p> <p>IHEBA – Individual Health Education Behavioral Assessment</p>	<p>L.A. Care has:</p> <ol style="list-style-type: none"> 1) Revised the IHA section of the Care Coordination audit tool to measure members receiving comprehensive age-appropriate assessments on a periodic basis 2) Revised criterion #6 in the IHA file review tool to measure members receiving comprehensive age-appropriate assessments on a periodic basis 	<ol style="list-style-type: none"> 1) 2.4.2 Revised Care Coordination Audit Tool_IHA. <i>(Attached)</i> 2) 2.4.2 IHA File Review tool_ Revised <i>(Attached)</i> 	<p>4/1/2015</p> <p>4/1/2015</p>	<p>Note: Per A&I, medical records lacked documentation to support a comprehensive assessment making the office visit ineligible to qualify as an IHA. Records also lacked documentation supporting comprehensive age appropriate assessments or screenings.</p> <p>5/27/15; MCP submitted revised IHA section of the Care Coordination Audit tool and IHA file review tool pertaining to age appropriate assessments on a periodic basis.</p> <p>This deficiency is provisionally closed. Additional follow up will be conducted to ensure MCP has implemented effective action to bring this deficiency into compliance.</p> <p><u>1/25/16</u>- In addition to the revised audit tool for IHA and required CAPs required for non-compliance, L.A. Care has also developed and implemented effective 3rd Quarter 2015:</p> <p>DHCS 2.4.2 Attachment A – L.A. Care Clinical Assurance Delegation Oversight PPG Audit</p>

Deficiency Number and Finding	Action Taken	Implementation Documentation	Completion/ Expected Completion Date	DHCS Comments
				<p>Score Tracking 3Q & 4Q 2015 (See Sections 3.6 for IHA audit scores)</p> <p>And</p> <p>DHCS 2.4.2 Attachment B –an example of L.A. Care’s Performance Monitoring Referral Form for use when delegate audit scores meet perimeters for referral to performance monitoring.</p> <p>Therefore this finding is closed.</p>
<p>2.4.3 The MCP failed to document the required two attempts to contact a member who missed their scheduled IHA.</p>	<p>L.A. Care has revised criterion #5 in the IHA section of the Care Coordination audit tool to measure the number of follow-up attempts in the medical record as follows</p> <ul style="list-style-type: none"> • If the IHA has not been completed due to Missed appointments, the medical record reflects documented missed appointments and at least two (2) attempts for follow-up, as appropriate. • Going forward CAPs will be more detailed to include the requirement for follow up on any non-compliant file and delegates that do not show improvement through file review audits will be placed on performance monitoring with follow-up IHA file review audits to be conducted 	<p>1) 2.4.3 Care Coordination Audit Too_Revised (Attached)</p> <p>2) 2.4.3 Revised IHA File review tool</p>	<p>4/1/2015</p> <p>4/1/2015</p>	<p>Note: This deficiency involves 10 medical records. Recommend the MCP add a quality control step to ensure follow up attempts are documented in the medical record.</p> <p>5/27/15; MCP submitted revised care coordination audit tool to reflect documented missed appointments and at least two attempts for follow up. Per MCP, internal corrective action will be more detailed to include follow up on any non-compliant file and delegates will be placed on performance monitoring.</p> <p>This deficiency is provisionally closed. Follow up will occur to ensure processes implemented have been effective in bringing this deficiency into compliance.</p> <p>1/25/16- In addition to the revised audit tool for comprehensive medical case management and required CAPs required for non-compliance, L.A. Care has also developed and implemented effective 3rd Quarter 2015:</p>

Deficiency Number and Finding	Action Taken	Implementation Documentation	Completion/ Expected Completion Date	DHCS Comments
	midyear as well as annually.			<p>DHCS 2.4.3 Attachment A – L.A. Care Clinical Assurance Delegation Oversight PPG Audit Score Tracking 3Q & 4Q 2015 (See Sections 3.6 for IHA audit scores)</p> <p>And</p> <p>DHCS 2.4.3 Attachment B –an example of L.A. Care’s Performance Monitoring Referral Form for use when delegate audit scores meet perimeters for referral to performance monitoring.</p> <p>Therefore this finding is closed.</p>
Category 3 – Access and Availability of Care				
3.1.1 The MCP failed to comply with the required timeframe for members to receive appointments for routine care, specialty care referrals, and urgent care.	The 2013 Appointment Access Survey results, in the form of a report card, were distributed in 2014 to Participating Provider Groups (PPGs), along with results at the provider level. In 2015, this will occur once again. Where necessary, L.A. Care may impose corrective actions necessary to bring the provider groups into compliance. Where patterns of non-compliance exist, L.A. Care will meet with delegates and provider groups to review and analyze performance at the provider/practitioner level to identify root causes and to discuss opportunities and interventions for improvement. Additional evaluations may be conducted to further assess	QI-030 Provider Assessment of Appropriate Appt Access redline <i>(Attached)</i>	No later than 12/31/2015	<p>The A&I report indicates that the MCP fell short of the compliance goal. A&I recommendation – implement actions and processes to meet appointment timeframe requirements.</p> <p>Non-urgent primary care – within 10 days of request. 87%/95% goal. Urgent care – no prior auth. – within 48 hours. 93%/98 goal. Urgent care – prior auth. – within 96 hours. Apt with specialist – within 15 days. 92%/95% goal.</p> <p>5/27/15; MCP developing methodologies to improve access to care standards (appointment time frames). Notification to delegates regarding results of 2014 Appointment Access report.</p> <p>MCP to develop and process to monitor activities</p>

Deficiency Number and Finding	Action Taken	Implementation Documentation	Completion/ Expected Completion Date	DHCS Comments
	<p>and identify barriers to compliance.</p> <p>Actions taken In 2015 to improve compliance with Access to Care standards by:</p> <ul style="list-style-type: none"> • Issuing formal notification of Non-Compliance with detailed 2014 reports to the delegates. • Developing process to monitor activities of delegates to ensure sub-delegates are compliant with standards. • Meeting with selected delegates to develop strategies to increase Provider/practitioner compliance with Access to Care standards. • Developing reporting standard (monthly/quarterly/semi-annually) for delegates required to submit monthly and quarterly reports of oversight of sub-delegate activities • Developing Performance Monitoring Measures for frequency of reporting, i.e. monthly/quarterly/semi-annual based on achieving performance measure 			<p>of delegates. MCP to meet with selected delegates to develop strategies to increase provider compliance with the access to care standards. MCP also developing performance measures to monitor compliance. Implementation not expected to be complete until end of the year (long term corrective action).</p> <p>This deficiency is closed. MCQMD reserves the right to follow up and provide technical assistance as warranted.</p>

Deficiency Number and Finding	Action Taken	Implementation Documentation	Completion/ Expected Completion Date	DHCS Comments
<p>3.2.1 The MCP did not meet the performance goals for urgent care appointments and wait times.</p>	<p>The 2013 Appointment Access (AA) Survey results, in the form of a report card, were distributed to Participating Provider Groups, along with results at the provider level. L.A. Care's will implement the following process to improve monitoring of the effectiveness of action taken to meet the timeframe requirements.</p> <p>In 2014, L.A. Care did not impose any corrective action upon L.A. Care's contracted Participating Provider Groups. Therefore, there are no operational results to be evaluated.</p> <p>In 2015, L.A. Care will modify its AA report cards to include the 2014 results, as well as the 2013 results, for ease in monitoring timeframe requirements for individual Participating Provider Groups.</p> <p>The results will be distributed, so Participating Provider Groups can review/compare their year over year results. Where patterns of non-compliance exist, L.A. Care will meet with delegates and provider groups to review and analyze performance at the provider/practitioner level to identify root causes and to discuss opportunities and interventions for improvement. Additional evaluations may be conducted to further assess</p>	<p>Sample Provider Group Report Card <i>(Attached)</i></p>	<p>No later than 12/31/2015</p>	<p>Urgent care appointment compliance rate was 93% against a work plan performance goal of 98%.</p> <p>Specialty urgent care appointments with no authorization had a compliance rate of 63%, while urgent care appointments with a prior authorization had a compliance rate of 73%. Both measures had work plan performance goals of 100%.</p> <p>The average waiting day for specialty care appointments were 12.8 days for adults and 7.4 days for children, which did not meet the established standards of up to 48 hours with no authorization and 96 hours if authorization is needed.</p> <p>A&I recommended Implement processes and improve monitoring of the effectiveness of processes taken to meet the time frame requirements.</p> <p>5/27/15; MCP is modifying their Appointment Access Report Card to include 2013 and 2014 results. PPGs will be able to review and compare year to year results. MCP will meet with selected PPGs that indicate patterns of non-compliance in order to identify potential root causes of non-compliance.</p> <p>7/7/15; This deficiency is provisionally closed. Follow up will be conducted in order to verify MCP is moving forward with identifying root causes for non-compliance, as well as,</p>

Deficiency Number and Finding	Action Taken	Implementation Documentation	Completion/ Expected Completion Date	DHCS Comments
<p> </p> <p> </p>	<p>and identify barriers to compliance.</p>			<p>identifying potential barriers to timely access.</p> <p><u>1/25/16</u>- L.A. Care updated the PPG Appointment Availability Report Card to include MY 2013 and 2014 compliance rates. These were distributed to PPGs May 2015 (see attachment # 1 AA Report Card).</p> <p>L.A. Care has met with the PPG on several occasions. L.A. Care’s Chief Medical Officer (Dr. Carter) had several calls with the PPGs to convey the urgency for bringing network providers into compliance with the appointment availability standards. For MY 2014, PPGs were issued corrective action plans (CAP) for noncompliance with appointment availability standards. (see attachment #2 CAP Ltr & #3 CAP Template)</p> <p>L.A. Care reviewed all CAPs and developed a “PPG Appointment Availability CAP Summary” (attachment # 4 AA CAP Summary) which includes a compilation of all PPG reported Root Cause/Barrier Analysis and Action Plans separated out by: PPG, Provider, Physician, Member, and Miscellaneous Additionally, Dr. Carter’s suggestions were included.</p> <p>On November 23, 2015 L.A. Care sent all PPGs a list of suggested interventions (see attachment # 5 Suggested Interventions) to mitigate the identified root cause/barriers, which are separated out by PPG, Physician, Provider Office, and Dr. Carter’s suggestions as</p>

Deficiency Number and Finding	Action Taken	Implementation Documentation	Completion/ Expected Completion Date	DHCS Comments
				discussed during the calls. Therefore this finding is closed.
3.3.1 The MCP did not consistently answer member calls within the required timeframe.	<p>Call Center – As of April 2014, we have had 5 new hire training classes to increase staff to support the growth of Medi-Cal membership; from March 2014 to March 2015 Medi-cal membership grew by 277,936. We continue to closely monitor monthly call stats to help identify staffing needs, and plan to continue to increase staff. We recently had the CISCO telephone/ACD system upgraded, and will be implementing Work Force Management this year, which will provide enhancements and tools that will provide more details in identifying call stats, peak times, scheduling, and staffing needs to help us meet and achieve performance goals.</p> <p>Quality Improvement – L.A. Care investigated the results of the NAL (McKesson - L.A. Care's NAL vendor) phone metric and found that the results that were presented for the audit were for McKesson's entire book of business. As a result, L.A. Care requested that</p>	<p>McKesson April 2014 report <i>(Attached)</i></p> <p>QI-030 Provider Assessment of Appropriate Appt Access redline <i>(Attached)</i></p>	No later than 12/31/2015,	<p>The telephone answering performance goal is 85%. Phone calls were answered within 30 seconds 67% of the time. The average speed to answer calls was greater than 30 seconds for four months of the review period.</p> <p>A&I recommends MCP take action to improve answering calls within 30 seconds for member services and nurse advice line.</p> <p>5/27/15; MCP is hiring additional staff to support growth of membership. Phone systems have been upgraded and Work Force Management is being implemented to provide tools for identifying call stats, peak times, staffing needs, etc.</p> <p>Vendor phone metrics have been updated to reflect only the MCP's specific call metrics.</p> <p>This deficiency is closed.</p>

Deficiency Number and Finding	Action Taken	Implementation Documentation	Completion/ Expected Completion Date	DHCS Comments
	<p>the report only include L.A. Care's member calls. This became effective in April 2014; however, McKesson did include results from January 2014 to April 2014 (see table attached). In review of the L.A. Care's specific call Metrics from January 2014 to April 2014. It was found that the service metrics were within the performance goal timeframe. See attached McKesson NAL 2014</p> <p>L.A. Care has revised the monitoring policy to address how vendor's data will review and report the metrics.</p>			
<p>3.3.2 The MCP did not meet its performance goal for after-hours telephone procedures.</p>	<p>On August 8, 2014, L.A. Care requested immediate corrective action plans (CAP) for PCPs from all Participating Provider Groups (PPGs) that were non-compliant with the performance goal. CAPs were due on August 18, 2014. L.A. Care reviewed the PPG's CAPs and found that the CAPs were not aggressive enough to change PCP behavior or outcomes in order to improve after-hours standards.</p> <p>On August 29, 2014, L.A. Care's Chief Medical Officer hosted a call with the PPGs to discuss after-hours compliance, CAP requirements, and</p>	<p>1) QI-030 Provider Assessment of Appropriate Appt Access redline <i>(Attached)</i></p> <p>2) MY 2013 After Hours Survey Results <i>(Attached)</i></p>	<p>4/23/2015</p> <p>4/23/2015</p>	<p>After-hours telephone procedures performance goal – 92%.</p> <p>The MCP scored an overall compliance rate of 70%.</p> <p>The 92% performance goal was not met for the following:</p> <p>Emergency instructions: 82% Ways of reaching a doctor or on call practitioner: 82% Length of time for on call practitioner to call back (1-30 mins): 88% Recorded instructions on how long it will take for on call practitioner to call back (1-30 min): 80%</p> <p>A&I recommends the MCP implement actions to improve after-hours telephone access to</p>

Deficiency Number and Finding	Action Taken	Implementation Documentation	Completion/ Expected Completion Date	DHCS Comments
	<p>recommendations/best practices. L.A. Care requested that the PPGs revise their corrective action plans and resubmit to L.A. Care by September 5, 2014. Revised CAPs were received, reviewed, approved and/or rejected (re-submission).</p> <p>On October 6, 2014, L.A. Care reviewed the CAP follow-up process to validate: 1) outreach; 2) intervention(s); 3) audit/re-audit results. PPGs were required to submit their After-hours supporting document(s) by October 16, 2014. In addition, a "Best Practice" Monitoring Tool was shared with PPGs.</p> <p>October 16, 2014, L.A. Care staff conducted a random After-hours survey (66 PCPs were called after-hours. The results are as follows: 31 PCPs/47% compliant; and 35 PCPs/53% non-compliant. Results were shared with the PPGs as L.A. Care received their after-hour CAP supporting documents.</p>			<p>physicians.</p> <p>5/27/15; MCP has required corrective action from PPGs that were non-compliant with the performance goals. In October 2014, CAPs were reviewed for intervention; audit/re-audit and best practices were shared with the PPGs. A random after-hours survey was conducted and providers were found to be compliant only 47%.</p> <p>MCP must continue to implement corrective action on PPGs that are non-compliant with the performance goals. This deficiency appears to require long-term corrective action. With respect to this audit, this deficiency is provisionally closed. MCQMD will follow up with the MCP on its progress toward meeting the performance goals.</p> <p>1/25/16- In May 2015 L.A. Care imposed an Immediate Corrective Action Required (ICAR) for those providers who remained noncompliant with the after- hours standards (see attachment # 2 ICAR Ltr & # 3 ICAR CAP Template). Additionally, L.A. Care ensured that PPG Leadership was actively taking ownership for noncompliance by requesting Leadership to sign an attestation (see attachment # 6 Attestation)</p> <p>L.A. Care reviewed all ICARs and developed a "PPG After Hours ICAR Summary" (see attachment # 7 ICAR Summary) which includes a compilation of all PPG reported Root Cause/Barrier Analysis and Action Plans separated out by PPG, Answering Service,</p>

Deficiency Number and Finding	Action Taken	Implementation Documentation	Completion/ Expected Completion Date	DHCS Comments
				<p>Provider Office, and Physician.</p> <p>On November 23, 2015 L.A. Care sent PPGs a list of afterhours suggested interventions (see attachment # 5 Suggested Interventions) to mitigate the root cause/barriers. The list was separate out by Physician, Answering Service, and Provider Office.</p> <p>Therefore this finding is closed.</p>
Category 4 – Member’s Rights				
<p>4.1.1. The MCP's track and trend report lacks sufficient details to allow for aggregation and analysis of the grievances to identify the root causes.</p>	<p>To ensure grievance data collected, is complete and contains the appropriate elements for systemic aggregation and analysis of grievance data and use it for Quality Improvement, L.A. Care will:</p> <p>Develop a process to ensure inquiries and complaints resolved within 24 hours are reported in the grievance data</p> <p>Develop and implement a report that includes trending and analysis</p> <p>Review the current grievance coding categories to ensure data integrity</p>	<p>Policy and Procedure for monitoring MS Inquiries/Compliant Logs resolved within 24 hrs and inclusion into A&G data (<i>In process</i>)</p> <p>Draft Tracking and Trending Reports (<i>In process</i>)</p> <p>Matrix of grievance coding categories(<i>In process</i>)</p>	<p>5/1/2015</p> <p>6/1/2015</p> <p>6/1/2015</p>	<p>5/21/15; The MCP is in the process of developing a P&P for monitoring inquires/complaint logs resolved within 24 hours, as well as, tracking and trending reports.</p> <p>The MCP is also developing a reporting calendar to ensure regular reporting to appropriate board committees.</p> <p>MCP to submit P&P and track/trend report for review.</p> <p>7/8/15; The MCP submitted Policy CC17 which establishes technical procedures for handling and documenting member grievances.</p> <p>MCP has indicated that they are in the process of developing a tracking and trending report, a matrix of grievance coding categories to ensure data integrity and allow for aggregation and quality improvement and a standardized reporting calendar that will ensure regular reporting to the appropriate board committees. It</p>

Deficiency Number and Finding	Action Taken	Implementation Documentation	Completion/ Expected Completion Date	DHCS Comments
	<p>and allow for aggregation and analysis for quality improvement</p> <p>Develop a reporting calendar to ensure regular reporting to the appropriate board committees, including UM , Quality Improvement Committee and Compliance & Quality for aggregation and analysis of grievance data and use it for Quality Improvement</p>	<p>Reporting calendar, standardized Agenda topics (<i>In process</i>)</p>	<p>2nd Quarter 2015</p>	<p>is requested that the MCP submit these reports/calendars to verify implementation.</p> <p>8/21/15; MCP submitted coding categories, tracking and trending analysis reports by line of business, desktop procedures by line of business and documentation of several grievance and appeals trainings. MCP to use these updated and/or developed reports to analyze grievances for identification of root causes. This deficiency is provisionally closed. MCQMD and A&I will continue to monitor and follow up on progress being made in order to achieve compliance.</p> <p>1/25/16- Attachment A - New L.A. Care New G&A Policy (DRAFT) - Analysis and Reporting of Complaint Data</p> <p>Projected completion date for the G&A Track and Trend Analysis Report to allow for aggregation and analysis of the grievances to ident the root causes is by April 1, 2016</p>
<p>4.1.2 MCP needs to ensure track and trend data is submitted to the UM Committee, QOC and Board of Governors.</p>	<p>L.A. Care A&G Department will ensure the Governing Body routinely receives written progress reports from the QI Committee describing actions taken, progress in meeting QI System objectives, and accomplishments by:</p> <p>Develop and distribute a A&G and Key Performance Indicator (KPI) report for senior management and UM Committee for monitoring G&A Activities</p>	<p>KPI and A&G Report to the QIO – sample of report (<i>In process</i>)</p>	<p>7/1/2015</p>	<p>Per MCP, no track and trend data was submitted to the various committees for a year due to personnel issues.</p> <p>5/21/15; MCP to develop a Key Performance Indicator report along with an Appeals and Grievance report.</p> <p>QIO Reports and 2KPI Reports are also being developed. MCP to submit samples of reports for review.</p>

Deficiency Number and Finding	Action Taken	Implementation Documentation	Completion/ Expected Completion Date	DHCS Comments
	<p>Develop a reporting calendar to ensure regular reporting to the appropriate board committees, including UM, Quality Improvement Committee and Compliance & Quality, i.e. A&G will report the findings to the QIO committee quarterly. QIO Committee will report to the Board Subcommittee</p>	<p>QIO Report to Board Subcommittee (<i>In process</i>)</p> <p>2KPI Report (<i>In process</i>)</p>	<p>7/1/2015</p>	<p>7/8/15; The MCP submitted copies of Key Performance Indicator report and QIO Report. These reports were developed to distribute to senior management and the UM Committee for grievance and appeals activities.</p> <p>This deficiency is provisionally closed. Follow up will be conducted to verify the governing body routinely receives progress reports describing actions taken, as well as, objectives are being met.</p> <p>1/25/16- The outlined actions were implemented to ensure track and trend data is submitted to the UM Committee, QOC and Board of Governors. The following implementation documents were submitted to the Clinical Assurance Unit on 1.08.2016</p> <ul style="list-style-type: none"> • DHCS 4.1.2 Attachment A - Appeals - KPI Report • DHCS 4.1.2 Attachment B - KPI Dashboard Reports <ul style="list-style-type: none"> • Starting Inventory Jan 2016 • Receipts Jan 2016 • Closure Jan 2016 • Ending Inventory Jan 2016 • DHCS 4.1.2 Attachment C - Email RE KPI Dashboard Go Live • DHCS 4.1.2 Attachment D –Draft MQSC Agenda Minutes 11.2.2015 • DHCS 4.1.2 Attachment E - Report to Governing Board MQSC Agenda Packet 6.9.2015 (DRAFT) • CS 4.1.2 Attachment F - Report to Governing Board MQSC Meeting Materials 3.10.2015

Deficiency Number and Finding	Action Taken	Implementation Documentation	Completion/ Expected Completion Date	DHCS Comments
				Therefore this finding is closed.
4.1.3 Grievance resolution letters must address all issues filed with the grievances.	<p>To ensure all complaints are addressed in the resolution letter, L.A Care will:</p> <p>Implement monthly A&G staff training program on identifying and documenting A&G issues. The training topics will contain a module on identified and documenting each issue in member complaint</p> <p>Review and revise the current internal monitoring program to evaluate and assess all of the issues in a grievance are documented and resolved. The file review will be performed quarterly and including using an 8/30 methodology. The file will also assess the resolution letter to ensure the identified issues are noted in the resolution to the member</p> <p>Fully implement quarterly auditing schedule for A&G staff</p>	<p>Monthly Trainings – MediCal Trainings A&G <i>(Attached)</i></p> <p>MediCal Training <i>(Attached)</i></p> <p>Training Materials – Medi-Cal Resolution Letters A&G <i>(Attached)</i></p> <p>Staff Meeting Minutes A&G 1.29.2014 <i>(Attached)</i></p> <p>Procedure for internal monitoring, including file review process and corrective actions <i>(In process)</i></p> <p>Backup of QA Audit Tool for Cases</p>	<p>5/1/2015</p> <p>5/1/2015</p> <p>5/1/2015</p> <p>5/1/2015</p>	<p>Note: This deficiency involves two cases. Recommend the MCP add a quality control step to ensure all issues raises in grievances are addressed.</p> <p>5/21/15; MCP has implemented monthly A&G staff training on identifying and documenting all A&G issues in member complaints.</p> <p>MCP to implement quarterly auditing for cases and letters to assess whether all identified issues have been addressed with the member.</p> <p>7/8/15; MCP has implemented monthly staff training for identifying and documenting all issues raised in member complaints. MCP to implement quarterly auditing on cases and letters to assess whether all issues raised have been addressed. However, based upon the proposed timeline, don't know if quarterly auditing has occurred yet. This deficiency involves two cases reviewed during the audit. There does not appear to be a systematic issue present. Additional follow up will be conducted.</p> <p>This deficiency is provisionally closed.</p> <p>1/25/16- In July of 2015, A&G implemented an Auditing Program to ensure that to ensure MCP</p>

Deficiency Number and Finding	Action Taken	Implementation Documentation	Completion/ Expected Completion Date	DHCS Comments
		<p><i>(Attached)</i></p> <p>QA Audit Tool for Cases <i>(Attached)</i></p> <p>QA Audit Tool for Letters <i>(Attached)</i></p>		<p>is identifying and documenting and responding to each issue raised in member complaints. The following implementation documents were submitted to the Clinical Assurance Unit on 1.08.2016</p> <ol style="list-style-type: none"> 1. DHCS 4.1.3 Attachment A - A&G Training Calendar 2. DHCS 4.1.3 Attachment B - Monthly Trainings Materials <ul style="list-style-type: none"> • Business Writing & Resolution Letter Training • FWA Training • Staff Attestation to Training • AOR Training & Attestations • LACC & LACCD E&E Training • A&G LMS Trainings • A&G Training 3. DHCS 4.1.3 Attachment C - Audit Program: <ul style="list-style-type: none"> • Procedure for internal monitoring, including file review process and corrective actions <i>(ongoing process)</i> • QA Audit Tool for Cases & Letters • QA Audit Tool for Findings Reports • Findings Reports <ul style="list-style-type: none"> ○ September 2015 Finding Report ○ October 2015 Finding Report ○ November 2015 Finding Report <p>Therefore this finding is closed.</p>

Deficiency Number and Finding	Action Taken	Implementation Documentation	Completion/ Expected Completion Date	DHCS Comments
<p>4.1.4 Three cases had incomplete evaluations of the grievances due to inadequate request of medical records from the physician's office, ER and hospital records.</p>	<p>To ensure grievances reviewed include a of the pertinent records, including request for physician records, ER or hospital records, L.A Care will:</p> <p>Implement monthly A&G staff training program on identifying and documenting A&G issues. The training topics will contain a module on identified and documenting each issue in member compliant</p> <p>Review and Revise existing policies and procedures to ensure process for evaluating medical records necessary to resolve a grievance, documents to obtain records, communication letters to providers, timelines for obtaining records.</p> <p>Review and revise the current internal monitoring program to evaluate and assess the medical records necessary to resolve a grievance are obtained and documented in the evaluation. The file review will be performed quarterly and including using an 8/30 methodology.</p>	<p>Materials from Monthly Trainings <i>(In process)</i></p> <p>Schedule and agenda topics for Staff meeting <i>(In process)</i></p> <p>Revised P&P for Investigation of Clinical Grievance <i>(In process)</i></p> <p>Procedure for internal monitoring, including file review process and corrective actions <i>(In process)</i></p>	<p>5/1/2015</p> <p>5/1/2015</p> <p>5/1/2015</p> <p>5/1/2015</p> <p>6/1/2015</p>	<p>5/21/15; MCP has implemented a monthly A&G training program for identifying and documenting all A&G issues raised in member complaints.</p> <p>MCP is revising P&P for Investigation of Clinical Grievance. MCP to submit revised P&P for review.</p> <p>7/8/15; MCP has implemented monthly A&G trainings that include identifying and documenting each issue raised in a member complaint.</p> <p>8/24/15; MCP has submitted verification of staff trainings relating to documentation of all issues raised in member compliant(s) as well as, procedures ensuring processes are in place to evaluate all necessary medical records in order to complete evaluation(s).</p> <p>This deficiency is provisionally closed. MCQMD will follow up to ensure MCP is identifying and documenting each issue raised in member complaints.</p> <p>1/25/16- A&G revised the desktop procedures and implemented an Auditing Program to ensure that to ensure the MCP adequately requests medical records from the physician's office; ER and hospital records; identifies; documents and responds to each issue raised in member complaints. The following implementation documents were submitted</p> <p>1. DHCS 4.1.4 Attachment A -A&G 008 Revised P&P for Investigation of Clinical</p>

Deficiency Number and Finding	Action Taken	Implementation Documentation	Completion/ Expected Completion Date	DHCS Comments
	Fully implement quarterly auditing schedule for A&G staff	Audit Tool for Letters <i>(Attached)</i>		<p>Grievance</p> <p>2. DHCS 4.1.4 Attachment B - A&G 008 Revised Desktop Procedure for Investigation of Clinical Grievance</p> <p>3. DHCS 4.1.4 Attachment C -Audit Program:</p> <ul style="list-style-type: none"> • Procedure for internal monitoring, including file review process and corrective actions <i>(ongoing process)</i> • QA Audit Tool for Cases & Letters • QA Audit Tool for Findings • Findings Reports <ul style="list-style-type: none"> ○ September 2015 Finding Report ○ October 2015 Finding Report ○ November 2015 Finding Report <p>Therefore this finding is closed.</p>
4.1.5 MCP must ensure medical reasoning by the Medical Director is well documented.	<p>To ensure medical reasoning by the Medical Director is well documented in the investigation of grievance, L.A. Care will:</p> <p>Implement physician training program on documenting medical review and determinations in A&G issues. The training topics will contain a module on identifying and documenting clinical issues, application and documentation of evidence based criteria, benefits or medical standards of care in the decision making.</p> <p>Review and Revise existing policies and procedures to ensure process for physician documentation standards. Documentation standards should</p>	<p>Materials for quarterly Trainings <i>(In process)</i></p> <p>Schedule and agenda topics for Staff meeting <i>(In process)</i></p> <p>Revised P&P for Investigation of</p>	<p>2nd Quarter 2015</p> <p>5/1/2015</p>	<p>5/21/15; MCP to implement a physician training program on documenting medical reviews and determination on A&G issues; including identifying and documenting clinical issues, application and documentation of evidence based criteria, etc. MCP to submit materials for quarterly training for review.</p> <p>MCP to submit revised P&P for investigation of clinical grievances.</p> <p>7/8/15; MCP submitted physician training materials including training on clear and concise decision making and documentation.</p> <p>Request MCP submit revised policy and procedure for Investigation of Clinical Grievances for review to ensure process for physician</p>

Deficiency Number and Finding	Action Taken	Implementation Documentation	Completion/ Expected Completion Date	DHCS Comments
	<p>include writing a clear and concise determination acceptable to allow nursing staff to develop member communication.</p> <p>Review and revise the current internal monitoring program to include physician documentation contains a clear medical reason in the evaluation. The file review will be performed quarterly and including using an 8/30 methodology.</p> <p>Fully implement quarterly auditing schedule for physician staff</p>	<p>Clinical Grievance <i>(In process)</i></p> <p>Procedure for internal monitoring, including file review process and corrective actions <i>(In process)</i></p> <p>Audit schedule, QA Audit Tool / Reports <i>(In process)</i></p>	<p>5/1/2015</p> <p>5/1/2015</p>	<p>documentation standards, including clear and concise determinations.</p> <p>8/21/15; MCQMD has reviewed both the physician training materials and the desktop procedures for clinical grievances ensuring medical reasoning and rationale is well documented.</p> <p>This deficiency is provisionally closed. MCQMD will follow up regarding implementation of MCP internal quarterly auditing of physician documentation.</p> <p>1/25/16- In July of 2015, A&G implemented an Auditing Program to ensure that to ensure medical reasoning by the Medical Director is well documented. The following implementation documents were submitted</p> <ol style="list-style-type: none"> 1. DHCS 4.1.5 Attachment A -MD IRR Training Presentation on MD Documentation 2. DHCS 4.1.5 Attachment B -A&G 008 Revised P&P for Investigation of Clinical Grievance 3. DHCS 4.1.5 Attachment C -A&G 008 Revised Desktop Procedure for Investigation of Clinical Grievance 4. DHCS 4.1.5 Attachment D Audit Program: <ul style="list-style-type: none"> • Procedure for internal monitoring, including file review process and corrective actions <i>(ongoing process)</i> • QA Audit Tool for Cases & Letters • QA Audit Tool for Findings • Findings Reports <ul style="list-style-type: none"> ○ September 2015 Finding Report ○ October 2015 Finding Report

Deficiency Number and Finding	Action Taken	Implementation Documentation	Completion/ Expected Completion Date	DHCS Comments
	Create tracking and trending code for presence of chronic disease or complex medical situations.	Codes for tracking assessment and referral for chronic and complex medical situations <i>(In Process)</i>		management. MCQMD will follow up to ensure procedures have been implemented accordingly. <i>1/25/16-</i> PQI policy and desktop procedure was updated and approved by L.A. Care Quality Oversight Committee in November 2015. The update included a procedure to refer members with chronic or complex medical conditions to Case Management (page 5) and an action code to track and trend the referral (page 10). The pages are bookmarked accordingly. Therefore this finding is closed.
4.3.1 PHI – MCP must ensure initial notification of PHI breaches are reported within the required 24-hour time frame	L.A. Care created desktop procedures to remind staff about submitting incident reports to the Privacy Team upon discovery. Educational material was created as a reminder to staff. Desktop procedures were also created addressing the Privacy Team’s requirement to report to DHCS within 24 hours of discovery.	Privacy Matters Incident Response <i>(Attached)</i> Privacy Week HIPAA Times Incident Reporting <i>(Attached)</i> RACH DP-009A <i>(Attached)</i> Regulatory Notification Grid <i>(Attached)</i>	1/1/2015	5/21/15; MCP has created desktop procedures to remind staff about submission of PHI breaches to the Privacy Team upon discovery. Training also includes reporting requirement to DHCS within required timeframe. This deficiency is closed.
4.3.2 Initial notification of breaches for all 10 cases was sent to the DHCS	L.A. Care began dual reporting to the DHCS ISO and Privacy Officer shortly after receiving clarification from the	7.29.2014 Email <i>(Attached)</i>	7/1/2014	5/21/15; MCP has already begun reporting to DHCS ISO and Privacy Officer.

Deficiency Number and Finding	Action Taken	Implementation Documentation	Completion/ Expected Completion Date	DHCS Comments
	<p>documentation of formatting criteria.</p> <p>L.A. Care will review and revise the existing Provider Manual to ensure providers receive education on the required medical record documentation.</p>	<p>Medical Record Documentation Standard (<i>In Process</i>)</p> <p>Draft article Provider Newsletter (<i>In process</i>)</p> <p>Draft Provider Manual insert on medical records documentation requirements (<i>In process</i>)</p>	6/30/2015	1/25/16- MRR criteria are DHCS guideline requirements. L.A. Care FSR P&P will be updated by 5/31/16
5.5.2 MCP must ensure medical records meet the criteria for complete medical records for each member.	<p>L.A. Care's FSR department is a member of the California DHCS Site Review Workgroup and L.A. County FSR Collaborative and monitors compliance with the DHCS standards utilizing the DHCS Medical Record Review Survey tool.</p> <p>The FSR Department conducts a medical record review of our primary care physician (PCP) sites that are actively participating in the L.A. Care network a minimum of every three (3) years.</p> <p>L.A. Care is providing a copy of the Medical DHCS Record Review Survey Tool to evidence the review elements mutually agreed upon by the managed care plans and DHCS.</p>	<p>DHCS Medical Record Review Survey tool Section I – Format, for the following criteria and corresponding guidelines: Criteria C – Individual personal biographical information is documented; Criteria D – Emergency “contact” is identified; Criteria G – Member’s assigned primary care physician (PCP) is identified. (<i>Attached</i>)</p>	4/23/2015	<p>18 medical records reviewed did not meet the criteria for a complete medical record. The records lacked the required formatting criteria – personal biographical information, emergency contact, identification of PCP, etc.</p> <p>5/21/15; The MCP is in the process of drafting a FSR Policy on medical record documentation standards. MCP to submit proposed policy for review.</p> <p>7/8/15; MCP submitted revised Policy #FSR-024 Medical Record Standards that includes formatting criteria and requirements for an organized medical record. This deficiency is provisionally closed. Follow up will be conducted in order to verify if medical records now meet the criteria for a complete medical record.</p>

Deficiency Number and Finding	Action Taken	Implementation Documentation	Completion/ Expected Completion Date	DHCS Comments
	<p>While the medical records may have lacked documentation of the required formatting information the tool does provide for the monitoring of said information.</p> <p>L.A. Care will present the medical record findings to the L.A. Care Task Force to ensure there is a network approach to improve compliance with documentation of formatting criteria.</p> <p>L.A. Care review and revise the existing Provider Manual to ensure providers receive education and are informed of the required medical record documentation.</p>	<p>Draft FSR Policy on Medical Record Documentation Standards (<i>In Process</i>)</p> <p>Draft article Provider Newsletter (<i>In Process</i>)</p> <p>Draft Provider Manual insert on medical records documentation requirements (<i>In Process</i>)</p>	<p>4/30/2015</p> <p>6/30/2015</p> <p>6/30/2015</p>	<p>1/25/16- MRR criteria are DHCS guideline requirements. L.A. Care FSR P&P will be updated by 5/31/16</p>
<p>5.6.1 The MCP needs to educate providers and claims department on the proper completion of Form PM 330.</p> <p>1 claim didn't have a PM 330.</p> <p>3 claims did not have signatures of physicians performing the surgery.</p> <p>1 claim had a conflicting date of service.</p> <p>1 claim was performed less than the required 30-day time limit between date of consent and date of procedure.</p>	<p>L.A. Care's Clinical Assurance department has taken measurable steps to revise the informed consent for sterilization P&P and audit tool to align with all of the DHCS requirements for Informed Consent for Sterilization as well training to educate its delegates, Participating Provider Groups (PPG) and Plan Partners (PP).</p> <p>Revised UM P&P 201 Sterilization & Informed Consent (Medi-Cal Only) to provide information to medical groups how to obtain the required informed consent form and DHCS booklet for sterilization our medical groups and doctor offices and require that the</p>	<p>5.6.1 Revised P&P UM P&P 201 Sterilization & Informed Consent (Medi-Cal Only) (<i>Attached</i>)</p>	<p>9/1/2014</p>	<p>5/21/15; MCP submitted revised Policy #UM-201 Sterilization and Informed Consent which includes procedures on how to obtain the required consent form and DHCS booklet. Requires staff to go over the informed consent with the member and provide the member with a copy of booklet.</p> <p>MCP provided training to delegates UM staff , one for direct line PPGs and one for the plan partners which covered revisions to Informed Consent for Sterilization, PM 330 form completion, the provision of the booklet to members prior to signing the consent form.</p> <p>MCP prepared a memo outlining the proper review of the PM 330 form prior to signed consent.</p>

Deficiency Number and Finding	Action Taken	Implementation Documentation	Completion/ Expected Completion Date	DHCS Comments
	<p>doctor or doctor' s office staff member who goes over the informed consent form with the member to provide the member with a copy of the consent form and the booklet on sterilization published by the Department of Health Services prior to the member signing the PM 330 Consent form</p> <p>Retrained delegated network. On 9/16/14 L.A. Care provided two (2) webinar trainings to the delegates UM staff: (one for direct line PPGs and one for the Plan Partners) to cover the revisions to Informed Consent for Sterilization, the requirement to complete the PM 330 form and the requirement for the doctors/doctor's office staff to provide the DHCS required booklet on sterilization as published by the Department of Health Services to the member prior to the member signing the PM 330 Consent form. The requirements for Informed Consent for Sterilization were also covered in the 2015 Audit Tool Webinar Trainings for PPGs on 2/18/15 and Plan Partners on 4/1/15. Sign in sheets attached.</p> <p>L.A. Care's Regulatory Affairs & Compliance, State Programs unit has prepared a memo explaining the proper review of the PM330 form before payment of claims along with additional training materials</p>	<p>DHCS Requirements for Sterilization <i>(Attached)</i></p> <p>5.6.1 Sign in sheets and (2 print screens from the 9/16/14 webinars showing the agenda and material covered) <i>(Attached)</i></p> <p>2015 Audit Tool Webinar Trainings for PPGs on 2/18/15 and Plan Partners on 4/1/15. Sign in sheets <i>(Attached)</i></p>	<p>9/16/2014</p> <p>2/18/2015</p>	<p>MCP is process of developing a Learning Management</p> <p>System online training tool and educational resource. Site visits will be conducted and more one-on-one training will be completed if necessary. Annual audits will review random samples of consent forms. Non-compliance will require corrective action. Process to be implemented by 9/30/15.</p> <p>7/8/15; This deficiency is provisionally closed. Implementation of LMS training and provider relations visits to begin by 9/30/15. MCQMD will follow up to determine if MCP has implemented LMS training and provider visits.</p> <p>1/25/16- The LA Care health plan has submitted evidence regarding the implementation of the LMS training and provider visits. Please see details in Attachment "CAP Response 5 6 and 6 4" Document along with respective attachments. Therefore this finding is closed</p>

Deficiency Number and Finding	Action Taken	Implementation Documentation	Completion/ Expected Completion Date	DHCS Comments
	<p>(attached), which will be distributed to PPG and PP Claims departments no later than 5/1/2015.</p> <p>PNO Provider Relations will provide resources and materials for educational purposes during the PPG on-site visits where they will have a preliminary discussion on the reasoning, completion, and the importance of the form. The intent is for the PPG's to train its provider network on the accuracy of the form and claims processing.</p> <p>During the visit the Provider Relations Account Specialist will announce that the PPG is required to attend the Learning Management System (LMS) training that will include the following information:</p> <ol style="list-style-type: none"> (1) How to educate patients to understand the procedure and the informed consent form prior to signature (2) The proper procedure to complete the form in full. (3) Proper review of the PM330 form before payment of claims. <p>The Provider Relations team will collaborate with the Clinical</p>	<p>Letter for Sterilization Consent Form Claims Training <i>(Attached)</i></p> <p>PM330 example <i>(Attached)</i></p> <p>PM330 Sterilization Tips <i>(Attached)</i></p> <p>Resources and Materials <i>(In process)</i></p>	<p>5/1/2015</p> <p>5/1/2015 – 9/30/2015</p> <p>9/30/2015</p>	

Deficiency Number and Finding	Action Taken	Implementation Documentation	Completion/ Expected Completion Date	DHCS Comments
	<p>Assurance team and Regulatory Affairs & Compliance, State Programs to create a prerecorded LMS (Learning Management System) training module to act as a self-serve tool for all PPGs as an educational resource for the appropriate PPG staff. If PPG's have further questions or need additional information Provider Relations will collaborate with Clinical Assurance/ Regulatory Affairs & Compliance, State Programs to work with the PPG. In addition to the education above, the Provider Relations Account Specialists will involve Clinical Assurance/Regulatory Affairs & Compliance, State Programs on one-on-one training with the PPG's for a more in depth overview, as needed. The Account Specialists will collect a sign-in sheet from the on-site visits to acknowledge materials and resources have been provided and that the PPG acknowledges viewing the LMS training by the end of Quarter 3 2015 (September).</p> <p>As a part of the monitoring and oversight process the Financial Compliance team will be performing an annual claims audit of PPGs. The audit includes pulling a sample of PM330 forms to ensure thorough completeness prior to any payments. If any deficiencies are noted, we will put the PPG on a CAP plan and</p>	<p>LMS module documentation (<i>In process</i>)</p> <p>On Site Sign-in sheet (<i>In process</i>)</p> <p>Audit Tool (<i>In Process</i>)</p>	<p>9/30/2015</p> <p>6/30/2015</p>	

Deficiency Number and Finding	Action Taken	Implementation Documentation	Completion/ Expected Completion Date	DHCS Comments
	follow-up accordingly.			
5.6.2 The MCP did not provide a copy of the booklet on sterilization to members.	L.A. Care has provided trainings and updated the applicable documentation as noted in 5.6.1	<p>Informed Consent for Sterilization Delegate Trainings with Sign In Sheet 2014-09-16_bookmarked (Attached)</p> <p>Booklets (Attached)</p> <ul style="list-style-type: none"> • English Male • English Female • Spanish Male • Spanish Female <p>5.6.2 UM-201-Medi-Cal MCLA ONLY Sterilization Informed Consent 2014-09-18 bookmarked (Attached)</p>	9/16/2014	<p>5/21/15; The MCP has provided training to its delegated entities and included examples of male and female sterilization consent in English and Spanish.</p> <p>This deficiency is closed.</p>
Category 6 – Administrative and Organizational Capacity				

Deficiency Number and Finding	Action Taken	Implementation Documentation	Completion/ Expected Completion Date	DHCS Comments
<p>6.4.1 18 new providers did not receive provider network training within 10 days of being placed on active status. Four new providers receiving training 4-21 days before they were placed on active status.</p>	<p>L.A. Care Provider Relations team has taken measurable steps in defining a 10 day provider training process for our network. We have defined the current state of the training process and began with developing a refined and streamlined approach.</p> <p>The approach includes restructuring our internal processes, from when the contract is received through the provider's active status in L.A Cares provider system followed by oversight and monitoring of the training completion. Within the development of the process we will highlight the training to be completed within 10 business days of provider onboarding as stated in our P&P and Provider Manual (draft attached). The draft P&P and the Provider manual are expected to be finalized some time in quarter three/ September 2015.</p> <p>The proposed oversight and monitoring team will collaborate with the Provider Network Operations team and the PPG to ensure the training will be completed within the required timeframe. The oversight and monitoring team will provide support to the Provider Relations Account Specialists on the field to confirm training has been scheduled</p>	<p>Draft 2015 MediCal PM (Provider Manual) PNO Training Section <i>(Attached)</i></p> <p>Draft PNO-24 Policy 2015 4.17.2015 <i>(Attached)</i></p> <p>Oversight & Monitoring P&P <i>(In process)</i></p> <p>Audit Tool <i>(In process)</i></p> <p>PPG Reports <i>In process)</i></p>	<p>4/23/3015</p> <p>4/17/2015</p> <p>5/30/2015</p> <p>5/30/3015</p> <p>7/1/2015</p>	<p>NOTE: The MCP delegates provider training to its PPGs.</p> <p>MCP must ensure new provider training is completed within 10 days of being placed on active status.</p> <p>5/21/15; MCP submitted a draft Provider Manual highlighting the 10-day training requirement. Provider Manual to be finalized by September 2015.</p> <p>MCP submitted a draft Policy #PNO-24 Provider Network Training that highlights the requirement that initial provider training will be conducted within 10 business days of the provider being placed on active status.</p> <p>MCP to submit Oversight and Monitoring Policy and d Procedure, along with proposed audit tool for review.</p> <p>7/8/15; MCP submitted revised Policy #PNO-024 that is being implemented no later than 8/1/15.</p> <p>This deficiency is provisionally closed. MCQMD to follow up with MCP regarding implementation during last quarter of 2015.</p> <p>1/25/16- The LA Care health plan has submitted evidence regarding the implementation during last quarter of 2015. Please see details in Attachment "CAP Response 5 6 and 6 4" Document along with respective attachments.</p>

Deficiency Number and Finding	Action Taken	Implementation Documentation	Completion/ Expected Completion Date	DHCS Comments
	<p>and completed within 10 business days. We will require (but not limited to) a completed training log, sign-in sheet, and provider evaluation form. This documentation gathered from the PPGs will be housed and archived within the Provider Relations department. The oversight and monitoring team will periodically audit PPGs through sample audits, requested PPG reporting, review of training materials and other miscellaneous items if needed.</p> <p>In addition, L.A. Care's Regulatory Affairs & Compliance Delegation Oversight Unit audits this requirement annually. If a deficiency is identified, a corrective action plan (CAP) is requested. The CAP will be reviewed; and CAP validation will be conducted accordingly.</p> <p>Account Specialist to spend up to 70% of their time in field work conducting comprehensive education and training regarding the L.A. Care's Provide Network operational requirements and processes to ensure adherence to the compliance standards and regulatory requirements. This includes trainings, operational meetings with PPGs and hospitals, and semi-annual joint operations meetings. Training opportunities are identified through</p>	<p>PNO PPG Annual Audit Tool (Attached)</p>	<p>4/23/2015</p>	<p>Therefore this finding is closed</p>

Deficiency Number and Finding	Action Taken	Implementation Documentation	Completion/ Expected Completion Date	DHCS Comments
	(but not limited to) notification to Providers of newly contracted product lines, updates to existing product services, direct network requests from Providers and/or clinics, performance data i.e. Compliant and grievance data, member and provider group satisfaction and accessibility surveys.			
6.5.1 The MCP failed to submit 6 suspected fraud and abuse cases to DHCS within the required timeframe of 10 working days.	To help ensure more timely filings and better tracking of cases, new case management data bases were created and implemented, weekly case reports and reviews were instituted, reporting lines changed and staff was added. Please see 6.5.1 Narrative for a complete listing and full details.	DHCS CAP Narrative (Att A) <i>(Attached)</i> Access DB <i>(Attached)</i> Desktop on Access DB <i>(Attached)</i> FWA Incidents Configuration Worksheet <i>(Attached)</i> C360 MC609 notices <i>(Attached)</i> Weekly Open Case Report <i>(Attached)</i> Weekly Closed Report <i>(Attached)</i> Weekly Case Review <i>(Attached)</i>	All previously identified tasks and actions were completed and fully implemented by the end of December 2014. Most were completed in April 2014. Please see the Narrative 6.5.1 for dates.	MCP created a new database in Access to track turnaround time. Desktop Procedures were developed that outline each field in Access – staff received training on how to complete and update log entries. A new database was developed in September 2014 (C360) for all new FWA cases. All 2014 cases were migrated to the C360 system in December 2014. The C360 system will send reminder emails about when a MC609 is due or past due. This system allows for better tracking and the creation of more meaningful reports. Weekly meetings are held to review all open cases and closed cases that may require follow up. Additional staff devoted to FWA and internal reporting lines should allow the MCP to meet the contractual requirements. This deficiency is closed.

Deficiency Number and Finding	Action Taken	Implementation Documentation	Completion/ Expected Completion Date	DHCS Comments
		Job Description – Project Coordinator Program Integrity <i>(Attached)</i>		

Submitted by:
Title:

Date: