CALIFORNIA DEPARTMENT OF HEALTH CARE SERVICES
Michelle Baass | Director

August 3, 2026

Teresa Cortez, Compliance Manager *Via E-mail*
Anthem Blue Cross Partnership Plan, Inc.
21215 Burbank Blvd
Woodland Hills, CA 91367

RE: Department of Health Care Services Focused Medical Audit

Dear Ms. Cortez:

The Department of Health Care Services (DHCS), Audits and Investigations Division conducted a Focused Audit of Anthem Blue Cross Partnership Plan, Inc., a Managed Care Plan (MCP), from November 27, 2023 through December 8, 2023. The focused audit covered the period from October 1, 2022, through October 31, 2023.

DHCS is closing this Corrective Action Plan (CAP) based on the corrective actions submitted and accepted. As standard practice, DHCS will reassess these areas during subsequent audit cycles to ensure sustained compliance and evaluate implementation over time. DHCS acknowledges the Plan's continued efforts to implement the corrective actions from identified non-compliance in the audit. As DHCS issues updated policy guidance, the Plan must ensure all activities remain aligned with current requirements, including forthcoming updates to Transportation policy and the Behavioral Health Data Exchange expectations outlined in APL 26-004. The enclosed documents will serve as DHCS' final response to the MCP's CAP. Closure of this CAP does not halt any other processes in place between DHCS and the MCP regarding the deficiencies in the audit report or elsewhere, nor does it preclude the DHCS from taking additional actions it deems necessary regarding these deficiencies.

Please be advised that in accordance with Health & Safety Code Section 1380(h) and the Public Records Act, the final audit report and final CAP remediation document (final Attachment A) will be made available on the DHCS website and to the public upon request.

If you have any questions, please reach out to CAP Compliance personnel.

Sincerely,

[Signature on file]
Dennis Hsieh, Chief

DHCS - Managed Care Quality and Monitoring Division (MCQMD)

Enclosures: Attachment A (CAP Response Form)

cc: Kelli Mendenhall, Branch Chief *Via E-mail*
Managed Care Monitoring Branch
DHCS - Managed Care Quality and Monitoring Division (MCQMD)

Grace McGeough, Section Chief *Via E-mail*
Process Compliance Section
Managed Care Monitoring Branch
DHCS - Managed Care Quality and Monitoring Division (MCQMD)

Lyubov Poonka, Unit Chief *Via E-mail*
Audit Monitoring Unit
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DHCS - Managed Care Quality and Monitoring Division (MCQMD)

Anthony Martinez, Lead Analyst *Via E-mail*
Audit Monitoring Unit
Process Compliance Section
DHCS - Managed Care Quality and Monitoring Division (MCQMD)

Nicole Cortez, Unit Chief *Via E-mail*
Managed Care Contract Oversight Branch
DHCS – Managed Care Operations Division (MCOD)

Emmy Louie, Contract Manager *Via E-mail*
Managed Care Contract Oversight Branch
DHCS – Managed Care Operations Division (MCOD)

ATTACHMENT A

Corrective Action Plan Response Form

Plan: Anthem Blue Cross Partnership Plan

Review Period: 10/01/2022 – 10/31/2023

Audit: Focused Audit of Behavioral Health and Transportation Services

On-site Review: 11/27/2023 – 12/08/2023

MCPs are required to provide a Corrective Action Plan (CAP) and respond to all documented deficiencies included in the focused audit report within 30 calendar days unless an alternative timeframe is indicated in the CAP Request letter. MCPs are required to submit the CAP in Word format, which will reduce the turnaround time for DHCS to complete its review. According to ADA requirements, the document should be at least 12 pt.

The CAP submission must include a written statement identifying the deficiency and describing the plan of action taken to correct the deficiency, as well as the operational results of that action. The MCP shall directly address each deficiency component by completing the following columns provided for MCP response: 1. Finding Number and Summary, 2. Action Taken, 3. Supporting Documentation, and 4. Completion/Expected Completion Date. The MCP must include a project timeline with milestones in a separate document for each finding. Supporting documentation should accompany each Action Taken. If supporting documentation is missing, the MCP submission will not be accepted. For policies and other documentation that have been revised, please highlight the new relevant text and include additional details, such as the title of the document, page number, revision date, etc., in the column "Supporting Documentation" to assist DHCS in identifying any updates that were made by the plan. Implementing deficiencies requiring short-term corrective action should be completed within 30 calendar days. For deficiencies that may be reasonably determined to require long-term corrective action for a period longer than 30 days to remedy or operationalize completely, the MCP is to indicate that it has initiated remedial action and is on the way toward achieving an acceptable level of compliance. In those instances, the MCP must include the date when full compliance will be completed in addition to the above steps. Policies and procedures submitted during the CAP process must still be sent to the MCP's Contract Manager for review and approval, as applicable, according to existing requirements.

Please note that DHCS expects the plan to take swift action to implement improvement interventions as proposed in the CAP; therefore, DHCS encourages all remediation efforts to be in place no later than month 6 of the CAP unless DHCS grants prior approval for an extended implementation effort.

DHCS will communicate closely with the MCP throughout the CAP process and provide technical assistance to confirm that the MCP offers sufficient documentation to correct deficiencies. Depending on the number and complexity of deficiencies identified, DHCS may require the MCP to provide weekly updates.

2. Case Management and Coordination of Care

Finding Number and Summary	Action Taken	Supporting Documentation	Implementation Date * (*Short-Term, Long-Term)	DHCS Comments
2.1 Case Management and Care Coordination The Plan did not ensure the provision of care coordination to deliver mental health care services to members.	Anthem would like to ensure alignment with respect to the Plan's obligations related to Specialty Mental Heath Services and Non-Specialty Mental Health Services. Anthem believes we have completely fulfilled the expected care coordination as designed by DHCS. Every member that needs transition across the behavioral health continuum is fully supported. Anthem's approved policy and procedure accurately reflects our expectations and our actions. Additionally, Anthem is obligated to abide by HIPAA guidelines. The audit expectation that Anthem's case files would contain protected health information (PHI) for services provided outside of the	2.1_2.2_2.3_Anthem TOC Transition of Care Job Aid.pdf.2.1_2.2_2.3_2.4_BH_CM_PIE_Scoring_Tool_Template.pdf	11/15/24	The following documentation supports the MCP's efforts to correct this finding: **POLICIES AND PROCEDURES** » Updated P&P, "Coordination of Care Between Behavioral Health and Medical Management" (05/25/2023) which states that Medicaid plans coordinate care across the benefit ensuring linkage to the county mental health agencies for members in need of Specialty Mental Health Services, actively supporting members during this transition and ongoing in the cases where the member also receives Medicaid services concurrently. (Coordination of Care P&P Redlined, Page 5). » Updated Job Aid, "BH CA Medicaid Transition of Care (TOC)" (November 2024) to demonstrate that the MCP has a process in a place that would ensure all cases that are forwarded to the county are tracked in real time. When cases are sent from the MCP to the county, the MCP continues to keep their cases open until there is confirmation from the County Behavioral Health Team that the county has received the members referral, and the county is supporting the member. Once the member is connected to the appropriate BH/SUD providers through the County Mental Health Behavioral Health Team, the MCP's Case Manager can close the case, and document the member coordination. (Anthem TOC Transition of Care Job Aid, Section: Coordination/Closing the Loop, Documentation of Case Closure/Closing the Loop, Page 2).

Finding Number and Summary	Action Taken	Supporting Documentation	Implementation Date * (*Short-Term, Long-Term)	DHCS Comments
	non-specialty mental health service benefit continuum would be a violation of the minimum necessary expectations set forth by the Health Information Portability and Accountability Act (HIPAA). Therefore, Anthem should not have an ongoing role with members who have successfully transitioned to the county partner, nor should Anthem have such roles as updating treatment plans on behalf of the county benefit provider, as was suggested by the auditors. While Anthem asserts no P&P updates are necessary, Anthem will ensure proper documentation of the coordination that does occur before and during a member transitioning to the Specialty Mental Health Service County BH team as indicated in cell G3.			**TRAINING** » Updated Job Aid, "BH CA Medicaid Transition of Care (TOC)" (November 2024) to demonstrate that the MCP provided guidance to MCP staff on how to coordinate care from the MCP's Managed Care Behavioral Health Case Management to Departments of County Mental Health Services for members in need of Specialty Mental health Services. The Job Aid includes steps for outgoing TOCs being sent by the MCP's BH CM to Department of County Mental Health Services, and steps for incoming TOCs to the MCP's BH CM Team from the Department of County Mental Health Services. (Anthem TOC Transition of Care Job Aid). » Meeting Minutes, "CA BH CM Medicaid Team Meeting – Training on Transition of Care and Closing the Loop with the Counties" (11/08/24) in which the MCP conducted training to staff in regards to the referral process for sending the Transition of Care Tool for Medi-Cal Mental Health Services (TOCs) to the MCP's County Department of Mental Health Partners and for receiving incoming TOC's to the MCP's CA BH team from the County Mental Health Partners. The training reviewed in detail each step of the procedure document to demonstrate refresher of end-to-end processes as well as clarity on necessary documentation to capture all activities. (CA BH CM Team Meeting Minutes 11-8-2024). **MONITORING AND OVERSIGHT** » "PIE Audit Scoring Tool Template" to demonstrate that the MCP has implemented a monthly monitoring process to track that all applicable

Finding Number and Summary	Action Taken	Supporting Documentation	Implementation Date * (*Short-Term, Long-Term)	DHCS Comments
	Anthem understands that this is a complex benefit structure, and the gap is due to the misalignment and the understanding of the benefit and roles of the MHP and the MCP. Anthem engaged the auditor to help ensure clarity of the benefit structure before, during, and after the audit. Anthem does believe that it will be helpful to reinforce the importance of more thorough documentation to capture the coordination and linkage to the county partners for Specialty Mental Health Services. Staff will receive a refresher training to ensure thorough documentation in case files. Updated job aids can be provided to further exemplify the importance of capturing the referrals to the county partners			referrals and connections to providers and other resources are provided to the member. This includes care coordination to the SMHS provided by the MCP's county partners when applicable. (BH CM PIE Scoring Tool Template). » "PIE Audit Scores Anthem BH Case Management" (11/15/24) to demonstrate that the MCP has completed audit results from the PIE Audit Scoring Tool Template. (PIE Audit Scores Anthem BH Case Management). » "Care Coordination Medical Record Example" to demonstrate the MCP's care coordination and linkage to the county providing SMHS. The care coordination case file includes documentation to the county provider of SMHS. (Chart Example of Coordination Documentation Redacted). » The Plan demonstrated good faith efforts to remediate the finding through the corrective actions mentioned to ensure the provision of care coordination and deliver mental health care services to all members. Additional efforts will require further coordination with county MHPs under DHCS' data sharing policy. DHCS expects full compliance from the Plan by October 31, 2026, after the release of DHCS data sharing policy in third quarter of 2026. Future audits will reassess the implementation and effectiveness of the corrective actions taken. **The corrective action plan for finding 2.1 is accepted.**

Finding Number and Summary	Action Taken	Supporting Documentation	Implementation Date * (*Short-Term, Long-Term)	DHCS Comments
	more in depth. Due date 11/15/2024 for job aid update. Anthem Case Management files are audited monthly through PIE audits and consistently score high, usually 100%. The PIE audits capture when there are transitions to the county partners. As explained to the auditors, Not all members who work with Anthem require Specialty Mental Health Service referrals to the county.			
2.2 Information Exchange with the county Mental Health Plan The Plan did not follow the written policies and procedures in its MOUs for the exchange of medical information. The	Anthem respectfully asserts compliance with this standard. The MOUs honor the expectation of Anthem's roles appropriately. Anthem works closely with each county to transition members when needed. Anthem does not have any oversight of the county activities, nor involvement once a member is referred to the	2.2_MOU reminder to county BH.pdf 2.1_2.2_2.3_2.4_BH_CM_PIE_Scoring_Tool_Template.pdf 2.2_2.3_Licensed Mental Health Professionals Responsibilities & SMHSNSMHS	Ongoing until all MOU's finalized	The corrective actions taken to address Finding 2.1 apply to Finding 2.2. The findings involve overlapping policy requirements and processes, therefore, corrective actions taken under Finding 2.1 support remediation of the non-compliance identified in Finding 2.2. The following documentation supports the MCP's efforts to correct this finding: **POLICIES AND PROCEDURES** » Updated P&P, "Screening and Transition of Care Tools for Medi-Cal Mental Health – CA" (03/31/2023) which states that referral coordination must include sharing the completed Adult or Youth Screening Tool and

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Plan did not ensure timely sharing of information with the MHPs.	county for services. The audit has asserted in multiple findings that Anthem should have an ongoing role for members who have transitioned from Anthem to the counties. The findings also assert that Anthem should have detailed knowledge of members who may have never had behavioral health services with Anthem but are being supported with specialty mental health services with the counties. Anthem would not have rationale to access this county benefit utilization data as not all members working with the counties are working with Anthem. Although the MOU's may not be finalized Anthem has and continues to work with the County Behavioral Health Departments to ensure timely	Responsibilities - CA.pdf 2.2_2.3_Workflow SMHS & SUD County Mental Health Referrals.pdf		following up to ensure a timely clinical assessment has been made available to the Member. (Screening and Transition of Care Tools for Medi-Cal Mental Health - CA) » Meeting Minutes, "County BH Meeting Minutes" (November 2024 and December 2024) from various counties to demonstrate that the MCP continues efforts to collaborate with MCP and county partners to ensure execution of MOUs. (County BH Meeting Minutes). » Excel Spreadsheets, "MOU Annual Reporting Template" and "MOU Quarterly Reporting Template" (01/20/25) to demonstrate the MCP's progress on executed MOUs after January 1, 2025. A total of nine MOUs were executed. This information is tracked through on DHCS MCPB confirmed that the MCP is making a good faith effort to execute these MOUs. This component is monitored through DHCS MCPB. » Updated Job Aid, "BH CA Medicaid Transition of Care (TOC)" (November 2024) to demonstrate that the MCP has a process in a place that would ensure all cases that are forwarded to the county are tracked in real time. When cases are sent from the MCP to the county, the MCP continues to keep their cases open until there is confirmation from the County Behavioral Health Team that the county has received the members referral, and the county is supporting the member. Once the member is connected to the appropriate BH/SUD providers through the County Mental Health Behavioral Health Team, the MCP's Case Manager can close the case, and document the member coordination. (Anthem TOC Transition of Care Job

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	sharing of information. Anthem has structured the Case Management Team to include dedicated Case Managers for each County. This ensures that any time a member receiving services in the County SMHS benefit is in need of movement to, or augmentation with, NSMHS under Anthem's Behavioral Health benefit each county partner has a dedicated point of contact in the Anthem Behavioral Health Team. As Anthem is currently finalizing MOUs with each county, there may be an opportunity to encourage the counties to also detail more in-depth documentation of the coordination occurring. Anthem has county specific dedicated case managers who will also be documenting more in depth the			Aid, Section: Coordination/Closing the Loop, Documentation of Case Closure/Closing the Loop, Page 2). » "Report for Quarter 1, 2025 - Specialty Mental Health Services MOU" (05/23/2025) to demonstrate that the MCP is already engaged with DHCS around the implementation of new MOU templates and corresponding shared P&Ps with county behavioral health. Each quarter the MCP provides detailed updates around the MCP's progress toward execution. (MOUs-Anthem). **TRAINING** » Updated Job Aid, "BH CA Medicaid Transition of Care (TOC)" (November 2024) to demonstrate that the MCP provided guidance to MCP staff on how to coordinate care from the MCP's Managed Care Behavioral Health Case Management to Departments of County Mental Health Services for members in need of Specialty Mental health Services. The Job Aid includes steps for outgoing TOCs being sent by the MCP's BH CM to Department of County Mental Health Services, and steps for incoming TOCs to the MCP's BH CM Team from the Department of County Mental Health Services. (Anthem TOC Transition of Care Job Aid). **MONITORING AND OVERSIGHT** » "PIE Audit Scoring Tool Template" to demonstrate that the MCP has implemented a monthly monitoring process to track that all applicable referrals and connections to providers and other resources are provided to the member. This includes care coordination to the SMHS provided by the

Finding Number and Summary	Action Taken	Supporting Documentation	Implementation Date * (*Short-Term, Long-Term)	DHCS Comments
	appropriate care coordination, ensuring we are capturing in more detail in our documentation members who are transitioned to the county for SMHS, again noting that Anthem does not have oversight of the county mental health plans. Anthem does believe that it will be helpful to further clarify in the procedure guides / job aids the importance of even more thorough documentation to capture the coordination and linkage to the county partners for SMHS. Staff will receive refresher training to ensure thorough documentation in case files. Additionally, Anthem's position is reinforced by the DHCS communication to county mental health providers to			MCP's county partners when applicable. (BH CM PIE Scoring Tool Template). » "PIE Audit Scores Anthem BH Case Management" (11/15/24) to demonstrate that the MCP has completed audit results from the PIE Audit Scoring Tool Template. (PIE Audit Scores Anthem BH Case Management). » "Care Coordination Medical Record Example" to demonstrate the MCP's care coordination and linkage to the county providing SMHS. The care coordination case file includes documentation to the county provider of SMHS. (Chart Example of Coordination Documentation Redacted). » The Plan demonstrated good faith efforts to remediate the finding through the corrective actions mentioned and ensure timely sharing of the medical information with the MHPs. Additional efforts will require further coordination with county MHPs under DHCS' data sharing policy. DHCS expects full compliance from the Plan by October 31, 2026, after the release of DHCS data sharing policy in third quarter of 2026. Future audits will reassess the implementation and effectiveness of the corrective actions taken. **The corrective action plan for finding 2.2 is accepted.**

Finding Number and Summary	Action Taken	Supporting Documentation	Implementation Date * (*Short-Term, Long-Term)	DHCS Comments
	ensure they are compliant with their MOU obligations and coordinate with managed care plans. Anthem submits 2.2_2.3_MOU reminder to county BH.pdf Updated job aids will be provided to further exemplify the importance of capturing the referrals to the county partners more in depth. Anthem Case Management files are audited monthly through PIE audits and score highly, usually 100% and capture when there are transitions to the county partners. As explained to the auditors, Not all members who work with Anthem require SMHS referrals to the county.			
2.3 Confirmation of Referred Treatments for	Anthem does not have oversight of the county provided activities once a member is referred to their services by either Anthem	2.2_2.3_MOU reminder to county BH.pdf	11/15/2024	The following documentation supports the MCP's efforts to correct this finding:

Finding Number and Summary	Action Taken	Supporting Documentation	Implementation Date * (*Short-Term, Long-Term)	DHCS Comments
Substance Use Disorder The Plan did not make good faith efforts to confirm whether members received referred treatments for SUD and document when, where, and any next steps following treatment.	or an external entity. When providers directly connect the member to Specialty Mental Health Services or SUD Services provided by the county Anthem may never know of the referral. The audit has asserted in multiple findings that Anthem should have an ongoing role as well as detailed knowledge of members working with the counties for their SMHS and substance use disorder services. Although the MOU's may not be finalized Anthem has and continues to work with the County Behavioral Health Departments to ensure timely sharing of information. Anthem has structured the Case Management Team to include dedicated Case Managers for each County. This ensures that any time a member receiving	2.1_2.2_2.3_2.4_BH_CM_PIE_Scoring_Tool_Template.pdf 2.2_2.3_Licensed Mental Health Professionals Responsibilities & SMHSNSMHS Responsibilities - CA.pdf 2.2_2.3_Workflow SMHS & SUD County Mental Health Referrals.pdf		**POLICIES AND PROCEDURES** » Updated P&P, "Screening and Transition of Care Tools for Medi-Cal Mental Health – CA" (03/31/2023) which states that referral coordination must include sharing the completed Adult or Youth Screening Tool and following up to ensure a timely clinical assessment has been made available to the Member. (Screening and Transition of Care Tools for Medi-Cal Mental Health - CA). » Workflow, "County Mental Health Referrals" (April 2025) to demonstrate that the MCP has a guide on how to coordinate care with County Mental Health Services and how to refer member for higher level of care using the Transition of Care Tool for members with moderate to severe impairments and require more than twice a week outpatient behavioral and or substance abuse services. (Workflow SMHS & SUD County Mental Health Referrals). » Meeting Minutes, "County BH Meeting Minutes" (November 2024 and December 2024) from various counties to demonstrate that the MCP continues efforts to collaborate with MCP and county partners to ensure execution of MOUs. (County BH Meeting Minutes). » Excel Spreadsheets, "MOU Annual Reporting Template" and "MOU Quarterly Reporting Template" (01/20/25) to demonstrate the MCP's progress on executed MOUs after January 1, 2025. Nine MOUs were executed. (MOU Annual Reporting Template, MOU Quarterly Reporting Template Ongoing Submissions).

Finding Number and Summary	Action Taken	Supporting Documentation	Implementation Date * (*Short-Term, Long-Term)	DHCS Comments
	services in the County SMHS benefit is in need of movement to, or augmentation with, NSMHS under Anthem's Behavioral Health benefit each county partner has a dedicated point of contact in the Anthem Behavioral Health Team. Anthem does believe that it will be helpful to further clarify in the job aids the importance of more thorough documentation to capture the coordination and linkage to the county partners for substance use disorder treatments, again for the cases that Anthem does appropriately touch and refer to the county partner. Additionally, Anthem's position is reinforced by the DHCS communication to county mental health providers to ensure they are compliant with			» Updated Job Aid, "BH CA Medicaid Transition of Care (TOC)" (November 2024) to demonstrate that the MCP has a process in a place that would ensure all cases that are forwarded to the county are tracked in real time. When cases are sent from the MCP to the county, the MCP continues to keep their cases open until there is confirmation from the County Behavioral Health Team that the county has received the members referral, and the county is supporting the member. Once the member is connected to the appropriate BH/SUD providers through the County Mental Health Behavioral Health Team, the MCP's Case Manager can close the case, and document the member coordination. (Anthem TOC Transition of Care Job Aid, Section: Coordination/Closing the Loop, Documentation of Case Closure/Closing the Loop, Page 2). » "Report for Quarter 1, 2025 - Specialty Mental Health Services MOU" (05/23/2025) to demonstrate that the MCP is already engaged with DHCS around the implementation of new MOU templates and corresponding shared P&Ps with county behavioral health. Each quarter the MCP provides detailed updates around the MCP's progress toward execution. (MOUs-Anthem). **TRAINING** » Updated Job Aid, "BH CA Medicaid Transition of Care (TOC)" (November 2024) to demonstrate that the MCP provided guidance to MCP staff on how to coordinate care from the MCP's Managed Care Behavioral Health Case Management to Departments of County Mental Health Services for members in need of Specialty Mental health Services. The Job Aid includes

Finding Number and Summary	Action Taken	Supporting Documentation	Implementation Date * (*Short-Term, Long-Term)	DHCS Comments
	their MOU obligations and coordinate with managed care plans. Anthem submits 2.2_2.3_MOU reminder to county BH.pdf Updated job aids will be provided to further exemplify the importance of capturing the referrals to the county partners more in depth. Anthem Case Management files are audited monthly through PIE audits and score highly, usually 100% and capture when there are transitions to the county partners. As explained to the auditors, Not all members who work with Anthem require SMHS referrals to the county.			steps for outgoing TOCs being sent by the MCP's BH CM to Department of County Mental Health Services, and steps for incoming TOCs to the MCP's BH CM Team from the Department of County Mental Health Services. (Anthem TOC Transition of Care Job Aid). **MONITORING AND OVERSIGHT** » "PIE Audit Scoring Tool Template" to demonstrate that the MCP has implemented a monthly monitoring process to track that all applicable referrals and connections to providers and other resources are provided to the member. This includes care coordination to the SMHS provided by the MCP's county partners when applicable. (BH CM PIE Scoring Tool Template). » "PIE Audit Scores Anthem BH Case Management" (11/15/24) to demonstrate that the MCP has completed audit results from the PIE Audit Scoring Tool Template. (PIE Audit Scores Anthem BH Case Management). » "Care Coordination Medical Record Example" to demonstrate the MCP's care coordination and linkage to the county providing SMHS. The care coordination case file includes documentation to the county provider of SMHS. (Chart Example of Coordination Documentation Redacted). **The corrective action plan for finding 2.3 is accepted.**
2.4 Follow Up for Referred Substance	Anthem works closely with the counties to ensure members are heavily supported and linked to	CA_QMXX_011.pdf 2.4_FSR Referral Monitoring.pdf	December 2024	The following documentation supports the MCP's efforts to correct this finding: **POLICIES AND PROCEDURES**

Finding Number and Summary	Action Taken	Supporting Documentation	Implementation Date * (*Short-Term, Long-Term)	DHCS Comments
Use Disorder Treatments The Plan did not follow up with members who did not receive referred treatments to understand barriers and make subsequent adjustments to referrals.	the appropriate county partner for this county owned benefit. The substance use disorder (SUD) benefit is carved out and as this is not an Anthem benefit. Anthem therefore does not have a network of SUD providers nor have the resources that the county is required to have to support this benefit. The county is beholden to finding services for the members for this benefit which is carved out to them. The finding that Anthem would be expected to have an ongoing role in the management of the county owned benefit and for Anthem to "make subsequent adjustments to [SUD] referrals" when the counties are the responsible entity of the SUD benefit is not aligned with the APL/BHIN expectations. Additionally, Anthem is	2.4_Workflow SMHS & SUD County Mental Health Referrals.pdf 2.1_2.2_2.3_2.4_BH_CM_PIE_Scoring_Tool_Template.pdf 2.4_FSR Referral Monitoring.pdf		» Updated P&P, "Adult Preventative Care Services – CA" (09/23/2024) which states that the MCP will cover and pay for an expanded alcohol and substance abuse screening for member 11 years of age and older who answer "yes" to any alcohol and drug use questions and/or any time the PCP identifies a potential alcohol misuse problem. The MCP will also cover and pay for brief intervention(s) for members who screen positively for risky or hazardous alcohol use or a potential alcohol use disorder. (CA QMXX 011, Page 8). » Desktop Procedure, "County Mental Health Referrals" in which the MCP's Behavioral Health Team ensures linkage to the county behavioral health partner for members in need of SMHS and SUD services under the County Mental Health Plan benefit. The MCP's Case Manager will keep members case open until Coordination of Care has successfully occurred between Case Management and County Mental Health and County Mental Health has confirmed member is appropriate for their services and connected to services. (Workflow SMHS & SUD County Mental Health Referrals, Page 4). **TRAINING** » "SABIRT Provider Bulletin - Alcohol and drug screening, assessment, brief interventions, and referral to treatment," (November 2024) to demonstrate that the MCP has sent a reminder bulletin to the MCP's PCP network to reinforce the need for documented SABIRT screenings. PCPs must maintain documentation of the alcohol misuse screening in the medical records, as

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	obligated to abide by HIPAA guidelines. The audit expectation that Anthem's case files would contain protected health information (PHI) for services provided outside of the non-specialty mental health benefit continuum would be a violation of the minimum necessary expectations set forth by the Health Information Portability and Accountability Act (HIPAA). Therefore, Anthem should not have an ongoing role with members who have successfully transitioned to the county partner, members who have been connected to the county directly and did not require Anthem case management involvement to obtain county services directly, nor have such roles as updating treatment plans on behalf of the			well as any referrals made with the documentation from that provider. (SABIRT Provider Bulletin November 2024, Page 2). **MONITORING AND OVERSIGHT** » "FSR Referral Monitoring" to demonstrate that the MCP submits excerpts from the FSR audit tool to confirm monitoring and oversight of documented referrals. The MCP presents compliance of known requested referrals. This ideal practice is currently and historically in place. (FSR Referral Monitoring). » Excel Spreadsheet, "Anthem FSR Compliance Report for Referrals – SABIRT – Depression Screening" (Quarter 3, 2024) to demonstrate that the MCP has a monitoring process to track compliance rates of network providers on general referrals tracking (including BH) SABIRT and Depression Screening criteria during DHCS FSR/MRRs conducted by the MCP reviewers statewide in Quarter 3, 2024. (2024 Q3 Anthem FSR Compliance Report for Referrals-SABIRT-Depression Screening). » Excel Spreadsheet, "Sample MRR Audit" (Quarter 3, 2024) to demonstrate that the MCP has conducted FSR/MRR for referral tracking, SABIRT and BH criteria. The review consists of Coordination/Continuity of Care Criteria, Pediatric Preventive Criteria, and Adult Preventive Criteria. (Sample MRR Audit 2024 Q3). » "PIE Audit Scoring Tool Template" to demonstrate that the MCP has implemented a monthly monitoring process to track that all applicable referrals and connections to providers and other resources are provided to

Finding Number and Summary	Action Taken	Supporting Documentation	Implementation Date * (*Short-Term, Long-Term)	DHCS Comments
	county benefit provider, as was suggested by the auditors. Nevertheless, Anthem has recently updated Policy and Procedure CA_QMXX_011 (Page 8) (formerly CA_PCXX_011) regarding SUD screening, treatment and follow-up by PCPs, to ensure Anthem's PCPs are being held to their obligations. Although Anthem does encourage our providers to engage in the expected screenings, Anthem could even more frequently encourage BH/SUD screenings performed by our PCPs. Anthem will send a reminder bulletin to Anthem's PCP network to reinforce the need for documented SABIRT screenings. Anthem submits excerpts from the FSR audit tool to confirm			the member. This includes care coordination to the SMHS provided by the MCP's county partners when applicable. (BH CM PIE Scoring Tool Template). » "PIE Audit Scores Anthem BH Case Management" (11/15/24) to demonstrate that the MCP has completed audit results from the PIE Audit Scoring Tool Template. (PIE Audit Scores Anthem BH Case Management). » The Plan demonstrated good faith efforts to remediate the finding through the corrective actions mentioned and follow up with members who did not receive referred SUD treatments to understand barriers and make subsequent adjustment to referrals. Additional efforts will require further coordination with county MHPs under DHCS' data sharing policy. DHCS expects full compliance from the Plan by October 31, 2026, after the release of DHCS data sharing policy in third quarter of 2026. Future audits will reassess the implementation and effectiveness of the corrective actions taken. **The corrective action plan for finding 2.4 is accepted.**

Finding Number and Summary	Action Taken	Supporting Documentation	Implementation Date * (*Short-Term, Long-Term)	DHCS Comments
	monitoring and oversight of documented referrals. 2.4_FSR Referral Monitoring.pdf is submitted as evidence of compliance with known requested referrals. This ideal practice is currently and historically in place.			
2.5 Screening, Assessment, Brief Intervention, and Referral to Treatment The Plan did not ensure PCPs maintained documentation of SABIRT services.	Anthem's oversight of SABIRT is administered through the facility site review (FSR) process. When the FSR audit review shows the PCP as deficient, the PCP is educated, and FSR nurses will revisit to ensure compliance. Anthem also provides education and holds PCPs to expectations regarding SABIRT activities. Anthem's policy 2.5_FSR Audit Tool_SABIRT.pdf. provides proof that Anthem does monitor to ensure PCPs are conducting and documenting SABIRT services.	2.5_FSR Audit Tool_SABIRT.pdf CA_QMXX_011.pdf 2.4_2.5_2.6_SABIRT Provider Bulletin_November 2024_DRAFT 11-5-24.pdf	January 2025	The following documentation supports the MCP's efforts to correct this finding: **POLICY AND PROCEDURES** » Updated P&P, "Adult Preventative Care Services – CA" (09/23/2024) which states that the MCP will cover and pay for an expanded alcohol and substance abuse screening for member 11 years of age and older who answer "yes" to any alcohol and drug use questions and/or any time the PCP identifies a potential alcohol misuse problem. The MCP will also cover and pay for brief intervention(s) for members who screen positively for risky or hazardous alcohol use or a potential alcohol use disorder. (CA QMXX 011, Page 8). **TRAINING** » "SABIRT Provider Bulletin - Alcohol and drug screening, assessment, brief interventions, and referral to treatment," (November 2024) to demonstrate that the MCP has sent a reminder bulletin to the MCP's PCP network to

Finding Number and Summary	Action Taken	Supporting Documentation	Implementation Date * (*Short-Term, Long-Term)	DHCS Comments
	Additionally, Anthem has recently updated Policy and Procedure CA_QMXX_011 (Page 8) (formerly CA_PCXX_011) regarding SUD screening, treatment and follow-up by PCPs, to ensure Anthem's PCPs are being held to their obligations. Although Anthem does encourage our providers to engage in the expected screenings, Anthem could even more frequently encourage BH/SUD screenings performed by our PCPs. Anthem will update and recirculate a provider bulletin on SABIRT.			reinforce the need for documented SABIRT screenings. PCPs must maintain documentation of the alcohol misuse screening in the medical records, as well as any referrals made with the documentation from that provider. (SABIRT Provider Bulletin November 2024, Page 2). **MONITORING AND OVERSIGHT** » "FSR Audit Tool SABIRT" to demonstrate that the MCP monitors to ensure PCPs are conducting and documenting SABIRT services. The Audit Tool includes Brief Assessment and Screening, and Brief Intervention and Referral to Treatment. (FSR Audit Tool SABIRT). » Excel Spreadsheet, "Anthem FSR Compliance Report for Referrals – SABIRT – Depression Screening" (Quarter 3, 2024) to demonstrate that the MCP has a monitoring process to track compliance rates of network providers on general referrals tracking (including BH) SABIRT and Depression Screening criteria during DHCS FSR/MRRs conducted by the MCP reviewers statewide in Quarter 3, 2024. (2024 Q3 Anthem FSR Compliance Report for Referrals-SABIRT-Depression Screening). » Excel Spreadsheet, "Sample MRR Audit" (Quarter 3, 2024) to demonstrate that the MCP has conducted FSR/MRR for referral tracking, SABIRT and BH criteria. The review consists of Coordination/Continuity of Care Criteria, Pediatric Preventive Criteria, and Adult Preventive Criteria. (Sample MRR Audit 2024 Q3). » Anthem continues to demonstrate good faith efforts in collaborating with county partners to help ensure closure of the referral loop. A key barrier

Finding Number and Summary	Action Taken	Supporting Documentation	Implementation Date * (*Short-Term, Long-Term)	DHCS Comments
				identified across multiple plans is the lack of standardized data exchange. To address this, DHCS's Data Exchange and Connectivity (DEC) team will provide additional guidance on data exchange requirements. This guidance is expected to be released in the first quarter of 2026, with implementation anticipated in the second quarter of 2026. **The corrective action plan for finding 2.5 is accepted.**
2.6 Mental Health Screening The Plan did not ensure that a mental health screening of members was conducted by network PCPs.	Anthem asserts current compliance with this standard. Anthem ensures Primary Care Physician (PCP) offices are conducting the mental health screenings through the Facility Site Review process. Anthem has a dedicated FSR team that reviews medical record files to ensure the approved screening tool was used based on the members age at the time of the encounter. When the audit review shows the PCP as deficient, the PCP is educated,	Documentation will be provided upon completion **2.4_2.5_2.6_SABIRT Provider Bulletin_November 2024_DRAFT 11-5-24.pdf** **CA_QMXX_045.pdf**	January 2025	The following documentation supports the MCP's efforts to correct this finding: **POLICY AND PROCEDURES** » Updated P&P, "Medical Record Documentation and Confidentiality Standards – CA" (09/13/2024) which states that Behavioral Health Services are coordinated as follows: o An age-appropriate mental health screening of members is conducted by Primary Care Providers (PCP). o If the member's PCP cannot perform the mental health assessment, they must refer the member to the appropriate provider and ensure that the referral to the appropriate delivery system for mental health services, either in Anthem's provider network or the county mental health plan's network. o Members with positive screening results may be further assessed either by the PCP or by referral to a network mental health provider.

Finding Number and Summary	Action Taken	Supporting Documentation	Implementation Date * (*Short-Term, Long-Term)	DHCS Comments
	and FSR nurses will revisit to ensure compliance. Anthem has recently updated the policy and procedure CA_QMXX_045 (page 2) to ensure mental health screening, treatment, and follow-up by PCPs. Although Anthem does encourage our providers to engage in the expected screenings, Anthem could even more frequently encourage mental health screenings performed by our PCPs. Anthem will update and recirculate a provider bulletin on mental health screenings.			○ Members may then be treated by the PCP within the PCP's scope of practice. ○ When the condition is beyond the PCP's scope of practice, the PCP must refer the member to a mental health provider, first attempting to refer within the Anthem network. ○ At any time, members can choose to seek and obtain a mental health assessment from a licensed mental health provider within Anthem's provider network. (CA QMXX 045). **TRAINING** » "SABIRT Provider Bulletin - Alcohol and drug screening, assessment, brief interventions, and referral to treatment," (November 2024) to demonstrate that the MCP has sent a reminder bulletin to the MCP's PCP network to reinforce the need for documented SABIRT screenings. PCPs must maintain documentation of the alcohol misuse screening in the medical records, as well as any referrals made with the documentation from that provider. (SABIRT Provider Bulletin November 2024, Page 2). **MONITORING AND OVERSIGHT** » Excel Spreadsheet, "Anthem FSR Compliance Report for Referrals – SABIRT – Depression Screening" (Quarter 3, 2024) to demonstrate that the MCP has a monitoring process to track compliance rates of network providers on general referrals tracking (including BH) SABIRT and Depression Screening criteria during DHCS FSR/MRRs conducted by the MCP

Finding Number and Summary	Action Taken	Supporting Documentation	Implementation Date * (*Short-Term, Long-Term)	DHCS Comments
				reviewers statewide in Quarter 3, 2024. (2024 Q3 Anthem FSR Compliance Report for Referrals-SABIRT-Depression Screening). » Letters, "Initial Health Appointment – Noncompliant" (October 2024) to demonstrate that the MCP has an established process to identify, follow up with and monitor non-compliant providers. When provider deficiencies are identified through audits, complaints, or internal monitoring, the MCP issues formal notifications and requires the Provider to respond with ongoing commitment to regulatory compliance and quality improvement across its provider network. (Initial Health Appointment Notice of Findings, IHA Warning Letter). **The corrective action plan for finding 2.6 is accepted.**

3. Access and Availability of Care

Finding Number and Summary	Action Taken	Supporting Documentation	Implementation Date * (*Short-Term, Long-Term)	DHCS Comments
3.1 Door-to-Door Assistance The Plan did not have a process in place to ensure door-to-door assistance was being provided for all members receiving NEMT services.	Anthem's transportation vendor, ModivCare, has implemented comprehensive training for all providers, requiring them to complete the Community Transportation Association of America (CTAA) training, to ensure compliance with door-to-door assistance requirements. Anthem's transportation vendor, ModivCare, currently conducts random field observation monitoring audits. All non-emergent medical transportation (NEMT) levels of transport require door-to-door assistance. On the ModivCare Field Observation Form, the auditor ensures door-to-door assistance is provided when completing the "Observed Level of Service" field. This monitoring audit is being enhanced to clearly identify	3.1_3.7_CA_OPXX_003 Transportation Benefits - CA.pdf 3.1_CA TP_Manual-Final_9.13.23.pdf 3.1_PASS-Program-Handbook.pdf 3.1_Transportation provider training.pdf	1/28/25 – training 5/7/25 – enhanced monitoring	The following documentation supports the MCP's efforts to correct this finding: **POLICY AND PROCEDURES** » Plan policy "CA_OPXX_003 Transportation Benefits" includes a section stating that the transportation broker will provide door-to-door services for all members receiving NEMT services. Policy also includes that the transportation broker will conduct random field observations to monitor that door-to-door assistance is being provided. (CA_OPXX_003 Transportation Benefits, Policy, page 4) **TRAINING** » Plan training material "Transportation Provider Training" includes a section stating that all drivers/attendants must provide physical support/assistance to members. Assistance includes wheelchairs & mobility-limited persons as they enter or exit the vehicle, plus stowing of mobility aids such as canes, walkers & folding wheelchairs. (See 3.1_Transportation Provider Training, page 2) » Training materials "PASS-Program-Handbook" demonstrates the training material provided to transportation broker/providers that

Finding Number and Summary	Action Taken	Supporting Documentation	Implementation Date * (*Short-Term, Long-Term)	DHCS Comments
	door-to-door assistance is being provided for all NEMT.			identifies providers that are "full PASS" are to provide door-to-door assistance. (See 3.1_PASS-Program-Handbook) **MONITORING AND OVERSIGHT** » Plan policy "CA_OPXX_003 Transportation Benefits" outlines how the Plan is performing monthly monitoring activities to verify that door-to-door assistance is being provided. The transportation broker performs random field observation monitoring audits & the results of the audits are reported in the Plan/Vendor monthly operations call, also reporting to the Plan's monthly Risk & Issues Committee meeting. (CA_OPXX_003 Transportation Benefits, Policy, page 4) » Plan manual "CA TP_Manual-Final" outlines the field observation process. The process includes the extent of help the members should receive & the responsibilities of the providers with each NEMT service request. (See 3.1_CA TP_Manual-Final_9.13.23) » Plan document "ModivCare Field Observation Monitoring Audit Form" includes a statement as part of the audit, stating whether or not the member received door-to-door service. (See 3.1_3.7_ModivCare Field Observation Monitoring Audit Form) **The corrective action plan for finding 3.1 is accepted.**

Finding Number and Summary	Action Taken	Supporting Documentation	Implementation Date * (*Short-Term, Long-Term)	DHCS Comments
3.2 Monitoring of Door-to-Door Assistance The Plan did not conduct monitoring activities for door-to-door assistance for members receiving NEMT services.	To address this, Anthem's transportation vendor, ModivCare, has introduced a new complaint category for door-to-door assistance to better track and correct non-compliance. This category will be implemented at the end of October 2024.	3.1_Transporation Provider Training.pdf 3.2_Monthly PCS Audit Procedure.pdf	12/9/24	*The corrective actions taken to address Finding 3.1 apply to Finding 3.2. The findings involve overlapping policy requirements and processes, therefore, the corrective actions taken under Finding 3.1 support remediation of the issues identified in Finding 3.2.* The following documentation supports the MCP's efforts to correct this finding: **POLICY AND PROCEDURES** » Plan policy "CA_OPXX_003 Transportation Benefits" includes that the transportation broker will conduct random field observations to monitor that door-to-door assistance is being provided & results will be reported to the appropriate committees on a monthly basis. (CA_OPXX_003 Transportation Benefits, Policy, page 4) **TRAINING** » Training materials "PASS-Program-Handbook" demonstrates the training material provided to transportation broker/providers that identifies providers that are "full PASS" are to provide door-to-door assistance. (See 3.1_PASS-Program-Handbook) **MONITORING AND OVERSIGHT** » Plan policy "CA_OPXX_003 Transportation Benefits" outlines how the Plan is performing monthly monitoring activities to verify that door-to-door assistance is being provided. The transportation

Finding Number and Summary	Action Taken	Supporting Documentation	Implementation Date * (*Short-Term, Long-Term)	DHCS Comments
				broker performs random field observation monitoring audits & the results of the audits are reported in the Plan/Vendor monthly operations call, also reporting to the Plan's monthly Risk & Issues Committee meeting. (CA_OPXX_003 Transportation Benefits, Policy, page 4) » Plan manual "CA TP_Manual-Final" outlines the field observation process. The process includes the extent of help the members should receive & the responsibilities of the providers with each NEMT service request. (See 3.1_CA TP_Manual-Final_9.13.23) » Plan document "ModivCare Field Observation Monitoring Audit Form" includes a statement as part of the audit, stating whether or not the member received door-to-door service. (See 3.1_3.7_ModivCare Field Observation Monitoring Audit Form) **The corrective action plan for finding 3.2 is accepted.**
3.3 Delegating the Review and Approval of the Physician Certification Statement Form The Plan delegated the review and approval of the PCS	Anthem is developing a workgroup to bring approval of the PCS form in-house. Anthem paused this process due to the anticipated revision of APL 22-008. Anthem understands the revised APL removes the language referencing "review and approval" of the PCS forms and clarifies that	3.2_Monthly PCS Audit Procedure.pdf 3.4 - Anthem SOP 2024 PCS .pdf	4/3/25	The following documentation supports the MCP's efforts to correct this finding: **POLICY AND PROCEDURES** » Plan procedure "SOP Physician Certification Statement Form Process" includes the steps & actions taken by the transportation broker. The Plan currently delegates the submission of PCS forms to its transportation broker. The procedure details that while the broker receives the PCS form initially, the Plan is responsible for

Finding Number and Summary	Action Taken	Supporting Documentation	Implementation Date * (*Short-Term, Long-Term)	DHCS Comments
form to its transportation broker.	the prescribing provider completes the PCS form and there is no review and approval process by the MCP for the PCS form. On 04/03/25, DHCS accepted Anthem's response.			approving the mode of transportation & authorizing the request. (Procedures, page 1) **MONITORING AND OVERSIGHT** » Meeting minutes "Elevance & Modivcare Monthly Operations Meeting" demonstrates how the Plan is reviewing the collection of PCS forms, with its broker on a monthly basis. The meeting is used to identify deficiencies & plan next steps. (See Elevance & Modivcare Monthly Operations Meeting) » Plan procedure "PCS Monthly Review & Oversight" demonstrates how the Plan audits PCS forms for the previous month to oversee & monitor the PCS form process. The Plan generates a 1% random sampling using the previous month's trip detail report. The audit verifies the PCS form is completed correctly; the appropriate urgency was applied, and the correct level of transportation was provided, along with other elements. The Plan will summarize findings & issue corrective actions as appropriate. (3.2 Monthly PCS Audit Procedure, Procedure, I. – III., pages 1-3) » The Plan demonstrated efforts to remediate the finding through the corrective actions mentioned to XYZ. DHCS expects full compliance from the Plan by October 2025 upon the release of the next iteration of APL 22-008. Future audits will reassess the implementation and effectiveness of the corrective actions taken. **The corrective action plan for finding 3.3 is accepted.**

Finding Number and Summary	Action Taken	Supporting Documentation	Implementation Date * (*Short-Term, Long-Term)	DHCS Comments
3.4 Acquiring PCS Forms The Plan did not ensure the required PCS forms were utilized for transportation services provided.	Effective June 2024, ModivCare's updated PCS Standard Operating Procedure (SOP) mandates that trips be scheduled only when urgent and a PCS form is on file. The Standard Operating Procedure (SOP) also specifies that customer service representatives schedule rides for the level of transport identified on the PCS form. Compliance is monitored through monthly reporting to Anthem. Anthem reviews any trips provided without a PCS form to ensure compliance. ModivCare also internally reviews this data to ensure customer service representative adherence to the new protocols.	3.4 - Anthem SOP 2024 PCS .pdf	6/1/2024 8/15/2024	The following documentation supports the MCP's efforts to correct this finding: **POLICY AND PROCEDURES** » Plan procedure "SOP Physician Certification Statement Form Process" was revised to include trips be scheduled only when urgent and a PCS form is on file. The SOP also specifies that customer service representatives schedule rides for the level of transport identified on the PCS form. (III. Procedures, 2., page 2) **TRAINING** » Training materials "Training Alert – Updated CA PCS Process" demonstrates how the Plan sent out a notice to providers making them aware of the updates to the PCS process. The updated document states that the PCS form is required for NEMT requests and are needed for transportation services to be provided. (See 3.4 Training Alert – Updated CA PCS Process) **MONITORING AND OVERSIGHT** » Meeting materials "Anthem & Modivcare Monthly Operations Meeting" demonstrates how the Plan has monthly meetings with ModivCare to monitor trips provided without PCS forms. In the example provided, it's indicated there were 6 trips provided without PCS forms - all were hospital to hospital & did not require

Finding Number and Summary	Action Taken	Supporting Documentation	Implementation Date * (*Short-Term, Long-Term)	DHCS Comments
				PCS forms. (See 3.4_3.5_Anthem & Modivcare Monthly Operations Meeting) **The corrective action plan for finding 3.4 is accepted.**
3.5 Authorizing Urgent NEMT The Plan did not authorize urgent NEMT when the NEMT provider is late or does not arrive at the scheduled pick-up time to ensure the member does not miss their appointment.	Anthem's transportation vendor, ModivCare, has established a recovery process for urgent Non-Emergency Medical Transportation (NEMT) situations, such as when a provider is delayed, or a member misses an appointment. In the event that the scheduled transportation provider is not able to meet the pickup time, ModivCare will attempt to secure a new transportation provider and/or contact the member's provider to see if they can accommodate the member with a slightly later appointment. At a last resort, should the member have to provide their own transportation, ModivCare will offer reimbursement for the transportation.	3.5 - MODV Trip Recovery SOP.docx 3.5 - Modivcare Facility Line.pdf	6/1/2024	The following documentation supports the MCP's efforts to correct this finding: **POLICY AND PROCEDURES** » Plan procedure "Trip Recovery SOP" demonstrates how urgent NEMT due to a provider being late or does not arrive at the scheduled pick-up time are processed. If a provider is not able to meet the pickup time, the Plan's transportation broker will attempt to secure a new transportation provider and/or contact the member's provider to see if they can accommodate the member with a slightly later appointment. If the member has to provide their own transportation, the Plan will offer reimbursement for the transportation. (MODV Trip Recovery SOP, Procedure, 1. – 3., pages 1 & 2) **TRAINING** » Training materials "Modivcare Facility Line" demonstrates internal materials sent out to make staff aware of how to process for routine appointments & discharges. The document includes language that if a designated provider fails to arrive within 30 minutes of arrival time & a provider is available on-site, the facility

Finding Number and Summary	Action Taken	Supporting Documentation	Implementation Date * (*Short-Term, Long-Term)	DHCS Comments
				may request a new trip number to transport the member to accommodate the request. (See 3.5 – Modivcare Facility Line) **MONITORING AND OVERSIGHT** » Meeting materials "Anthem & Modivcare Monthly Operations Meeting" demonstrates how the Plan has monthly meetings with its transportation broker to monitor & review data trends for provider no-shows or late trips. In the example provided, it's indicated the provider no-show cancellations were minimal. The punctuality rates were in the 90th percentile. (See 3.4_3.5_Anthem & Modivcare Monthly Operations Meeting) **The corrective action plan for finding 3.5 is accepted.**
3.6 Supplementing the Transportation Network The Plan did not have the ability to supplement the transportation network.	Anthem's transportation vendor, ModivCare, has the ability to supplement the network to ensure transportation capacity is being met through proper management. Anthem's transportation vendor, ModivCare, follows the Managing Transportation Provider Capacity policy to ensure transportation providers are able to utilize all	3.6 - Managing Transportation Provider Capacity SOP.pdf 3.6_DRAFT PP Vendor Transportation	1/1/2024	The following documentation supports the MCP's efforts to correct this finding: **POLICY AND PROCEDURES** » Plan procedure "Managing Transportation Provider Capacity" demonstrates the process for the Plan to be able to supplement its transportation network. The procedure outlines how the transportation broker can utilize all vehicles and drivers to their maximum capacity. The procedure document includes how it calculates number of trips per driver, how it engages new providers or adjusts current providers to accommodate more. In addition, "Temporary Capacity Solutions" explains if a shortfall

Finding Number and Summary	Action Taken	Supporting Documentation	Implementation Date * (*Short-Term, Long-Term)	DHCS Comments
	vehicles and drivers up to their maximum capacity.			impacts trip fulfillment, the transportation broker can temporarily reassign trips to alternate providers with available capacity. (5.0 Procedures, pages 2-4) **MONITORING AND OVERSIGHT** » Plan procedure "Managing Transportation Provider Capacity" describes how the Plan monitors and oversees the transportation broker/providers to verify the broker is meeting all requirements. The procedure outlines how the Plan is monitoring on a monthly basis through authorized vehicle & driver reports. Through the daily trip reports, the Plan is reviewing for trends – comparing maximum capacity with rides fulfilled. (5.0 Procedures, 5.2 Ongoing Monitoring of Capacity, page 2) » Plan report "Provider Enrollment Report" demonstrates how the transportation broker submits to the Plan on a monthly basis its transportation roster to review for compliance & to monitor continually. The report identifies how many rides were approved & completed, including by which providers. (See 3.6 – Worksheet in Attach B_Transportation) **The corrective action plan for finding 3.6 is accepted.**
3.7 Ambulatory Door-to-Door	According to APL22-008, Non-Medical Transportation services can be authorized for members using wheelchairs but capable of walking	3.1_3.7_CA_OPXX_003 Transportation Benefits - CA.pdf	1/28/25 – training 5/7/25 – enhanced monitoring	The following documentation supports the MCP's efforts to correct this finding: **POLICY AND PROCEDURES**

Finding Number and Summary	Action Taken	Supporting Documentation	Implementation Date * (*Short-Term, Long-Term)	DHCS Comments
The Plan did not ensure the delegate, Modivcare, provided the appropriate level of service for members requiring ambulatory door- to-door service.	without driver assistance. ModivCare maintains that this service should continue to be classified under Non-Medical Transportation As indicted in finding 3.2, ModivCare is developing enhanced door-to-door assistance monitoring.	3.1_CA TP_Manual-Final_9.13.23.pdf 3.1_PASS-Program-Handbook.pdf 3.1_Transportation provider training.pdf		» Plan policy "CA_OPXX_003 Transportation Benefits_CA" includes language stating that the transportation broker will provide door-to-door services for all members receiving NEMT services. (CA_OPXX_003, Policy, page 4) **TRAINING** » Plan policy "CA_OPXX_003 Transportation Benefits_CA" includes the Plan's process for review/training. This process includes the audit results are reported during monthly operations calls & also are reported to the Plan's monthly risks & issues committee meeting to determine next steps and/or best practices. (CA_OPXX_003, Policy, page 4) **MONITORING AND OVERSIGHT** » Plan policy "CA_OPXX_003 Transportation Benefits_CA" includes the Plan's monitoring process. The process includes the transportation broker being responsible for conducting random field observation monitoring audits. These audits verify that door-to-door assistance is being provided. The results from these audits will be reported during the joint operations calls with the Plan, as well as being reported to the Plan's monthly Risk & Issues Committee meeting. » Field Observation Form "ModivCare Field Observation Monitoring Audit Form" demonstrates how the Plan's transportation broker is monitoring door-to-door assistance is being provided. The audit

Finding Number and Summary	Action Taken	Supporting Documentation	Implementation Date * (*Short-Term, Long-Term)	DHCS Comments
				form includes "Did the member receive Door-to-Door service?". The audit forms are reviewed by the Plan monthly during operations meetings & reported to the Plans Risk & Issues Committee. (See 3.1_3.7_ModivCare Field Observation Monitoring Audit Form) **The corrective action plan for finding 3.7 is accepted.**

*Attachment A must be signed by the MCP's compliance officer and the executive officer(s) responsible for the area(s) subject to the CAP.

Submitted by: Beth Maldonado

Title: Director II Compliance

Signed by: [Signature on file]

Date: 10/4/2024