

**DMC Plan:** Health Net of California, Inc.

**CAP Type:** Department of Health Care Services Dental Audit

The Medi-Cal Dental Managed Care (DMC) plan is required to submit a corrective action plan (CAP) within 30 calendar days. The CAP response must include completion of the prescribed columns below to include a description of the corrective action, a list of all supporting documentation submitted, and the CAP implementation date. For systemic deficiencies that may be reasonably determined to required long-term corrective action for a period longer than 30 days to fully remediate or operationalize, the DMC plan must demonstrate that sufficient progress has been made toward implemention of the CAP. In those instances, the DMC plan is required to include the dates for key milestones as well as when full compliance will be achieved.

The Medi-Cal Dental Services Division of the Department of Health Care Services will maintain close communication with the DMC plan throughout the CAP review process and provide technical assistance as needed.

Finding	Description of Corrective Action	Supporting Documentation (include list of file names)	Implementation Date	DHCS Comments
<b>1.2.1</b> The Plan did nt ensure its AS delay NOA lettr included the anticipated dat of decision. Plan written policy ad procedures didot mention this da requirement as stated in the Halth and Safety Coe and All Plan Leter (APL).	<ul> <li>a. Health Net's delegate, Liberty Dental, is updating its policy and procedure to include the required elements for NOAs, including the expected date a decision will be made. Approval of the final policy is on the agenda for the 9/3/2020 UM Committee meeting.</li> <li>b. Health Net has provided Liberty Dental a current NOA letter template which includes the anticipated date of decision language to load into their system and put into production.</li> </ul>	<ul> <li>a. UM PP - Process of Handling Pended Referrals (draft)</li> <li>b. Health Net Pend Letter Template (draft)</li> </ul>	a. 9/4/2020 b. 8/31/2020	<ul> <li>8/12/20: The plan submitted the following documentation:</li> <li>"NOA delay template" (draft) which includes a field for the plan to populate the anticipated decision date for pended cases.</li> <li>8/31/20: The plan submitted the following additional documentation:</li> <li>UM policy: "Process of Handling "Danded"</li> </ul>
				Handling "Pended" Referrals and Prior

Finding	Description of Corrective Ation	Supporting Documentation (include list of file nas )	Implementation Date	DHCS Comments
				<ul> <li>Authorizations – CA" (draft) which affirms the delegate's commitment to ensure that member notices for pended prior authorizations include the anticipated date a decision will be made (page 2, Section 3.a).</li> <li>"2019 Annual Audit Summary – July Updates" and email</li> </ul>
				(8/31/20) as evidence of communications between the plan and its delegate. Notes indicate that the parties met on 8/31/20 and confirmed that the current Pend/Delay NOA template was put into production as of 8/14/20.
				<ul> <li>Two sample delay notices as evidence that the plan and its delegate have fully implemented use of the new templates. Both notices contain the anticipated decision date.</li> </ul>

Finding	Description of Corrective Action	Supporting Documentation (include list of file names)	Implementation Date	DHCS Comments
				This finding is closed.
<b>5.2.1</b> Newly contracte providers did nt receive training within the requed ten (10) busine days. The Plan id not have a monitoring and tracking system place to ensure providers receed training with th required timefrmes.	<ul> <li>Health Net delegates provider orientation of newly contracted providers within 10 business days to Liberty Dental Plan.</li> <li>To ensure providers receive orientation within 10 business days as required, Health Net will implement enhanced oversight of Liberty Dental Plan utilizing the Network Activity Report and the Provider Service Report (PSR) form to ensure compliance with Medi-Cal orientation requirements. Refer to Exhibit C, Health Net PSR and Network Activity Report Policy and Procedure.</li> <li>The Quarterly Network Activity Report outlines each new provider office/facility within the network. The report will include the office effective date/activation date and the orientation date. Health Net will ensure that the orientation date is conducted within 10 business days. Refer to Exhibit A, Quarterly Network Activity Report Draft. Approval of the final report is on the agenda for the August</li> </ul>	Exhibit A: Quarterly Network Activity Report_DRAFT Exhibit B: Provider Service Report (PSR) Orientation_Training Sample Exhibit C: Health Net PSR and Network Activity Report Policy & Procedure PSR Oversight Tracking Log	Q3 2020 – Q4 2020	<ul> <li>8/12/20: The plan submitted the following documentation:</li> <li>Standard Operating Procedure "Provider Orientation Oversight &amp; Monitoring" (effective August 2020) as evidence that the plan has established a quarterly oversight process to ensure that their delegate provides training to all new providers within 10 business days. The plan requires the delegate to submit a quarterly "Network Activity Report" which includes all newly contracted offices and documents the effective date and date of training.</li> <li>Draft "Network Activity" report (8/1/20) as evidence that the plan has fully implemented</li> </ul>

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	<ul> <li>20, 2020 UM/QI meting .</li> <li>The Provider Service ort includes the facility ad provider information. On a mnthly basis two to four Providervice Reports will be randmly sampled to validate orientatio date, (report date) office and/or povider signature confirmingrientation has been completed.Refer to Exhibit B, Provider Service Report (PSR) Orientation Tning Sample.</li> <li>To ensure ongoing mnitoring and reporting, the Aess and Availability Committe at its quarterly meetings wl validate orientation training reuirements through the use of th following:</li> <li><u>Reporting an Ov ersight</u> <u>Report-(ExhA) –</u> Update Quarly Network Activity Repofor newly contracted piders to reflect the acation and orientation daes to ensure timelines are et.</li> <li><u>Provider ServReport</u> (<u>PSR</u>) - (<u>ExhB) –</u> Sample reposed for tracking provr orientation dae.</li> </ul>			<ul> <li>its SOP and the delegate is submitting quarterly network summary reports to the plan. The report provides a list of 9 newly contracted offices in Q2 2020 and documents that all offices received training within 10 days of the office effective date.</li> <li>9/1/20: The plan submitted the following additional documentation:</li> <li>Delegate's policy: <i>"Provider Orientation"</i> (12/4/19) as evidence that the delegate requires the provider/dentist to be present during the onsite orientation.</li> <li>This finding is closed.</li> </ul>

Finding	Desc Corrective ction	Supporting Documentation (include list of filemes )	Implementation Date	DHCS Comments
	<ul> <li><u>Health Net PSR and</u> <u>Network Activity Report</u> <u>Policy &amp; Procedure (Exhibit</u> <u>C) –</u> Health Net's Policy &amp; Procedure.</li> </ul>			
	Submitted by:	I	Date:	

Title: