



State of California—Health and Human Services Agency
Department of Health Care Services



July 2, 2020

Kelli Reddy, Compliance Officer
Molina Healthcare of California Partner Plan, Inc.
200 Oceangate, Suite 100
Long Beach, CA 90802

RE: Department of Health Care Services Medical Audit

Dear Ms. Reddy:

The Department of Health Care Services (DHCS), Audits and Investigations Division conducted an on-site Medical Audit of Molina Healthcare of California Partner Plan, Inc, a Managed Care Plan (MCP), from August 12, 2019 through August 23, 2019. The survey covered the period of August 1, 2018 through July 31, 2019.

On June 19, 2019, the MCP provided DHCS with additional information regarding its Corrective Action Plan (CAP) in response to the report originally issued on January 7, 2020.

All items have been reviewed and DHCS accepts the MCP's submitted CAP. The CAP is hereby closed. Full implementation of the CAP will be monitored on the subsequent audit. The enclosed report will serve as DHCS' final response to the MCP's CAP.

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

If you have any questions, feel free to contact me at (916) 345-7829 or Joshua Hunter at (916) 345-7830.

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Sincerely,

Original Signed by

Michael Pank, Chief
Compliance Unit

Enclosures: Attachment A CAP Response Form

cc: Katryna Fific, Contract Manager
Department of Health Care Services
Medi-Cal Managed Care Division
P.O. Box 997413, MS 4408
Sacramento, CA 95899-7413

**ATTACHMENT A
Corrective Action Plan Response Form**



Plan: Molina Healthcare of California Partner Plan, Inc.

Review Period: 8/1/18 – 7/31/19

Audit Type: Medical Audit and State Supported Services

Onsite Review: 8/12/19 – 8/23/19

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 in word format that 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 short-term corrective action, implementation should be completed within 30 calendar days. For deficiencies that require long-term corrective action or a period longer than 30 calendar days for implementation, 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. **Policies and procedures submitted during the CAP process must still be sent to the MCP’s Contract Manager for review and approval in accordance with existing requirements.**

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.

Deficiency Number and Finding	Action Taken	Supporting Documentation	Implementation Date* <small>(*Short-Term, Long-Term)</small>	DHCS Comments
1. Utilization Management				
1.1.1 Corrective Action Process for Delegated Entities. The Plan’s policies and procedures are	1. In 2019, the Plan revised its Sanctions and Escalation policy to ensure effective actions are taken o bring non- compliant delegated entities into compliance.	1.1.1.1 DO-03 Delegate Sanctions and Escalation	1.1.1.1 August 7, 2019	02/07/20 –The following documentation supports the MCP’s efforts to correct this deficiency:

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<p>not in place to implement effective corrective actions to bring non-compliant delegated entities into compliance. The Plan waited over a year to issue any corrective actions from 2018 to a delegated entity. A CAP was not issued to the delegate until June 25, 2019.</p>	<p>2a. Delegation Oversight department has taken actions to address this finding and ensure CAPs are issued on a timely basis. Delegation Oversight implemented a monitoring report in Q4 2019 that tracks the CAPs that are being issued.</p> <p>2b. Delegation Oversight policies DO-01, "Delegated Entity Oversight" and DO-03, "Delegate Sanctions and Escalation" were updated.</p> <p>2c. Delegation Oversight staff were educated on the updated policies and procedures.</p>	<p>1.1.1.2a Delegation Oversight CAP Monitoring Report template.</p> <p>1.1.1.2b Delegation Oversight policy DO-01_Delegated Entity Oversight and 1.1.1.1 DO-03 Delegate Sanctions and Escalation</p> <p>1.1.1.2c and 1.1.1.2d Delegation Oversight staff retraining</p>	<p>1.1.1.2a 4Q2019</p> <p>1.1.1.2b Policies and procedures most recently revised August 7, 2019.</p> <p>1.1.1.2c January 29, 2020.</p>	<p>- Revised P&P, "DO-03 Delegate Sanctions and Escalation" (08/07/19) which has been revised to incorporate delegation oversight that may require a delegated entity to develop an Immediate Corrective Action Plan (ICAP) or Corrective Action Plan (CAP) response based on deficiencies identified through MHC monitoring and audit activities, state enforcement actions, regulatory audits or other related activities to bring the delegated entity into compliance with applicable laws, regulatory, contractual or accreditation requirements. ICAPS and CAPs shall be designed so that they are feasible and calculated to bring the delegated entity into compliance with a</p>

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				<p>reasonable period, which except in extraordinary circumstances shall be no longer than six months. In addition, a section, "SANCTIONS FOR NONCOMPLIANCE", has been added to P&P, DO-03, which demonstrates that delegation oversight may recommend and impose sanction actions on a delegated entity for continued failure to comply with regulatory, contractual requirements, accreditation standards or identified deficiencies of extreme severity, or failure to comply with or timely complete an ICAP or CAP.</p> <p>-Template Report, "2018 Delegation Oversight CAP Report" (2019) as evidence that the MCP is monitoring its delegated entities to implement</p>

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				<p>effective corrective actions to bring non-compliant delegated entities into compliance. Template includes tabs for Enforcement, Claims, Financial, Utilization Management, Denial File Review and Credentialing CAPs. Report tracks type, timeframes, and overall status.</p> <p>02/19/20 - The following additional documentation submitted supports the MCP's efforts to correct this deficiency:</p> <p>- Refresher Training, "2020 Delegation Oversight Policies & Procedures (DO-01) Refresher" (01/29/20) and sign in sheets as evidence that Delegation Oversight staff received training. The agenda items addressed:</p>

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				<ul style="list-style-type: none"> • P&P Review, Revision & Approval Cycle • Audit & Monitoring Activities • Audit Cycle • Corrective Action Plan Issuance Process & Timeframes • Notice of Non-Compliance Issuance Process & Timeframes <p>- Example Letter, "Molina Sanction Letter" (02/12/20) as evidence that the MCP is implementing procedures of delegation oversight. This sanction letter to Vantage is imposing this 60 day suspension because of the performance between Molina and Vantage is deficient. In addition, it lists the identified</p>

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				<p>deficiencies. If Vantage provides evidence, satisfactorily to Molina, demonstrating it has corrected these deficiencies, Molina will withdraw this suspension. If Vantage fails to provide evidence satisfactory to Molina, showing that it has corrected the deficiencies, Molina may take further corrective action up to and including termination of the Agreement.</p> <p>- Corrective Action Plan, "Molina Healthcare of California Delegation Oversight – Delegated Network Correction Plan" (10/11/2018) as evidence that a CAP request was given to Vantage. The CAP requests, description of deficiency, corrective action plan, CAP timeline, and status.</p>

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				<p>Date CAP issued was 10/11/18, Date initial CAP Response due 10/25/18, and Date initial CAP response received 10/25/18.</p> <p>- Meeting documentation, "Vantage Oversight Meeting, Vantage Molina in Person Meeting, Joint Operations Meeting, and AD HOC DOC Meetings" (03/19/19,04/08/19,4/10/19, 12/23/19 and 01/23/20) as evidence that discussion of Sanctions & Escalations were taking place and Oversight was being conducted in regards to Vantage's Corrective Action Plan. Delegation Oversight tracked the progress of the remediation from 2018-2019. This was done by reviewing monthly timeliness reports, UM reports and</p>

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				<p>other monitoring and audit activities. On 1/28/20, the Delegation Oversight Committee met and decided to impose sanctions on Vantage. The sanctions closed enrollment panels for all Vantage IPA's for all lines of business effective 3/1/20.</p> <p>This Finding is Closed</p>
<p>1.2.1 Denied Pharmacy Prior Authorization Requests. The Plan did not ensure that its members were notified of their denied prior authorization requests. Denials were automatically closed without review.</p>	<p>As previously noted to the department, this finding is not a result of any actual denied prior authorizations, but was a consequence of errant information in the universe provided. In addition to improving the quality of future universe submissions, Molina Healthcare Pharmacy has undertaken the following additive measures to ensure members are notified of their denied prior authorization requests:</p> <p>As of 8/2019, several initiatives were</p>	<p>1.2.1 P-07 Prior Authorization Request Procedures</p>	<p>P&P P-07 was revised and approved by Quality Improvement Committee on 4/4/2019.</p>	<p>02/13/2020- The following additional documentation submitted supports the MCP's subsequent efforts to correct this finding:</p> <ul style="list-style-type: none"> - Updated P & P Policy Number: P-07; Title: Prior Authorization Request Procedures (04/04/2019), was amended to include proper denials process which is aligned to meet the state mandated policy regarding notification of

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	<p>added to Molina Healthcare Pharmacy's internal monitoring process.</p> <p>Internal Monitor activities-</p> <ul style="list-style-type: none"> • Failed Fax Reports: Reports are received daily from the Pharmacy Benefits Manager (PBM) that show prior authorization denial communications that failed via fax and/or missing address for mailing. Molina Pharmacy staff make outbound calls to providers to validate their fax number and complete an outcome correction so that the denial letter will generate and send. • Daily Fax Action reports that show incoming (complete) prior authorization requests and outgoing requests, to help monitor all cases received by the health plan to ensure determinations are made timely. • Daily Prior Authorization Quality Audits: Pharmacy quality auditor reviews daily a 			<p>approval, denial, deferral and modifications. All received forms will be sent to the Medical Director or plan pharmacist to approve, defer, modify or deny. The P & P also outlines the fax confirmations which will be kept on file after informing the beneficiary for 10 years in accordance with CC-003-Compliance Policy-Document Retention and Destruction Policy (page 4,)</p> <p>02/21/2020- The following additional documentation submitted supports the MCP's subsequent efforts to correct this finding:</p> <p>- Updated P & P, "California Notification Monitoring Process" serves as a tool to the MCP to monitor Prior</p>

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	<p>random sample of denied prior authorizations for process accuracy, correct denial language, language translations (if applicable), letter templates and attachments (Appeal and Grievances inserts).</p>			<p>authorizations and communicate via fax if a failure occurs after three attempts then a mailed letter will be sent to the beneficiaries address. This process denials are monitored and records are stored for 10 years via the year and month folder.</p> <p>03/05/2020 - The following additional documentation submitted supports the MCP's subsequent efforts to correct this finding:</p> <p>- MCP Training Aids and Meeting minutes (2/18/2020) are evidence of the Notification Process Training that was provided. The training materials outline the Prior Authorization Fax and Letter Monitoring Process including troubleshooting</p>

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				<p>for areas of concern and focus in addition to the records retention process to ensure members are being notified of prior authorizations.</p> <p>03/13/2020- The following additional documentation submitted supports the MCP's subsequent efforts to correct this finding:</p> <p>- Sample Audit documents: Audit Scorecard, description of supporting quality of assurance program, note template, and sample denial letters (3/2020) serve as evidence that the MCP is conducting a daily audits of sample NOA Letters for treatment request in addition to sample letters for Pharmaceutical request were provided. The NOA letters have been written</p>

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				<p>to be clear and concise and at a 6th grade level, include correct language for denials, and these coincide with the March scorecards to review the overall standings.</p> <p>This finding is closed</p>
2. Case Management and Coordination of Care				
<p>2.1.1 Completion of the Staying Healthy Assessment (SHA). The Plan did not take effective action to ensure that each new member completed the Staying Healthy Assessment (SHA) within 120 days of enrollment as part of the Initial Healthy Assessment (IHA). The Plan did not review and discuss the IHA completion reports regularly</p>	<p>1. A work group was developed to review the concerns brought forward by the California Department of Health Care Services (DHCS) during Molina Healthcare of California's (MHC) Annual Medical Audit in August 2019. Four areas were identified as needing enhancements in order to ensure better compliance with our contractual obligation(s).</p> <ul style="list-style-type: none"> a. Outreach/Education b. Abstraction c. Feedback d. Monitoring & Oversight <p>2. OUTREACH/EDUCATION:</p> <ul style="list-style-type: none"> a. MHC QI Compliance sent 	<p>1a-d. Please review item: 2.1.1.1</p> <p>2a. Please review</p>	<p>1a-d. 08/19/2019</p> <p>2a. 09/19/2019</p>	<p>02/07/20 - The following documentation supports the MCP's efforts to correct this deficiency:</p> <p>-Updated P&P, "QM-10: "Initial Health Assessment (IHA)" demonstrates compliance with contract requirements. (12/03/19) It commits the MCP to cover and confirm the provision of the IHA and completion of SHA for each member within contractually required time frame.</p>

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and failed to update the interventions to improve completion results.	<p>an updated fax notification to providers, “Just the Facts” (JTF) which provided current information on the IHA/SHA expectations, process, and billing/notification areas. The JTF will be sent out quarterly moving forward instead of annually</p> <p>b. MHC Quality Improvement (QI) Compliance IHA Outreach Team began faxing a copy of an IHA Completion Check List as well as a copy of the age appropriate SHA form to each provider office upon a successful scheduling of the appointment on a member’s behalf</p> <p>c. MHC Quality Improvement (QI) Compliance IHA Outreach Team has, upon validating that a member scheduled their own IHA/SHA appointment for a future date, faxed a copy</p>	<p>items: 2.1.1.2.a.1 2.1.1.2.a.2</p> <p>2b. Please review item: 2.1.1.2.b</p> <p>2c. Please review item: 2.1.1.2.c</p>	<p>01/29/2020</p> <p>2b. 09/16/2019</p> <p>2c. 09/16/2019</p>	<p>The P&P clarifies contents for the IHA visits and SHA requirements. The P&P also addresses reviewing the purpose, content and process for conducting the IHA and SHA with new providers and documenting that on the orientation checklist. The PCPs are encouraged to submit the PM 160 containing IHA data via the ePortal. (Page 10)</p> <p>The MCP identified four areas: a. Outreach/Education b. Abstraction c. Feedback d. Monitoring & Oversight</p> <p>The following documentation supports each area: - 2.1.1.2.a.1 &</p>

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	<p>of an IHA Completion Check List as well as a copy of the age appropriate SHA form to each provider office.</p> <p>d. MHC QI Compliance has trained internal stakeholders on the enhanced processes and expectations.</p> <p>e. MHC QI Compliance has developed a tool which providers may use to ensure a completed and compliant IHA/SHA form is used and submitted</p> <p>f. MHC QI Compliance, MHC Provider Network and Operations has conducted two Provider Trainings on the enhancements and expectations.</p> <p>3. ABSTRACTION:</p> <p>a. MHI HEDIS Region and MHC QI Compliance has communicated to our provider network the means by which they</p>	<p>2d. Please review item: 2.1.1.2.d</p> <p>2e. Please review item: 2.1.1.2.e</p> <p>2f. Please review items: 2.1.1.2.f.1 2.1.1.2.f.2 2.1.1.2.f.3</p> <p>3a. Please review item: 2.1.1.2.b</p>	<p>2d. 09/16/219</p> <p>2e. 09/16/2019</p> <p>2f. 08/19/2019 09/23/2019 09/27/2019</p> <p>3a. 09/16/2019</p>	<p>2.1.1.2.a.2. Two samples of quarterly notifications to Providers “Just the Facts (JTF)”.(Quarter 3 & 4, 2019) JTF shows updated IHA/SHA requirements, CPT Codes for preventative visits and links to the appropriate DHCS forms.(09/19/19 & 01/29/20)</p> <p>The MCP committed to a quarterly JTF notification to providers as a replacement for an annual JTF.</p> <p>Actions Taken and Actions Planned included:</p> <p>- Educate providers, IPA’s, and PMG’s on the necessity of reporting the required CPT codes when conducting IHA’s and SHA’s so that Molina</p>

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	<p>should be submitting IHA/SHA forms</p> <p>b. MHI HEDIS Region and MHC QI Compliance has updated Abstraction Team's internal tool job aid for determining a complete and compliant IHA/SHA.</p> <p>4. FEEDBACK:</p> <p>a. MHI HEDIS Region and MHC QI Compliance have updated the internal Practice Facilitation Team (PFT) internal tools to ensure that MHC can communicate back to our provider network.</p> <p>5. MONITORING & OVERSIGHT:</p> <p>a. MHC QI Compliance has revised QM-10 (IHA P&P) accordingly to ensure our regulatory and contractual obligations are accounted for and add any additional information necessary to ensure the policy is compliant with current processes, procedures,</p>	<p>3b. Please review item: 2.1.1.3.b</p> <p>4a. Please review item: 2.1.1.4.a.1 2.1.1.4.a.2</p> <p>5a. Please review item: 2.1.1.5.a</p>	<p>3b. 10/21/2019 12/09/2019</p> <p>4a. 09/16/2019 12/03/2019</p> <p>5a. 12/03/2019</p>	<p>can show increased compliance.</p> <p>- Join in on IPA/PMG JOM's in Q2 2020 and forward.</p> <p>- Join in on IPA/PMG QI Calls in Q2 2020 and forward</p> <p>- 2.1.1.2.b. In addition to quarterly Provider reminders, the MCP implemented outreach to provider offices. Upon a successful scheduling of the appointment the MCP send out the age appropriate SHA form along with an IHA Completion Check List. (Sample Fax Provider Outreach. "IHA &SHA Completion Tool. 2.1.1.2.b). The MCP directs the PCPs to submit completed IHA/SHA form by mail, e-</p>

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	<p>tools, and attachments.</p> <p>b. MHC QI Compliance, MHC Delegation Oversight, and MHC Provider Network and Operations has developed Corrective Action steps to ensure increased compliance with our provider network.</p> <p>c. MHC QI Compliance and MHI HEDIS Region A have developed an internal auditing tool and process to ensure completeness and compliance.</p> <p>d. MHC QI Compliance and MCH QI Analytics has developed new reports to track IHA/SHA activities.</p> <p>e. MHC QI Compliance and MCH QI Analytics have developed new reports to track:</p> <p style="padding-left: 40px;">i. IHAs and SHAs separately</p> <p>f. MHC QI Compliance and MCH QI Analytics has</p>	<p>5b. Please review item: 2.1.1.5.b</p> <p>5c. Please review item: 2.1.1.3.b</p> <p>5d. Please review item: 2.1.1.5.d</p> <p>5e. Please review item: 2.1.1.5.d</p> <p>5f. Please review item:</p>	<p>5b. 08/19/2019</p> <p>5c. 10/21/2019 12/09/2019</p> <p>5d. 10/15/2019</p> <p>5e. 10/15/2019</p> <p>5f. 11/22/2019</p>	<p>mail or FAX. Information detailed in the above document.</p> <p>- 2.1.1.c. Sample Fax Notification to the Provider that includes information about upcoming visit with member information, IHA requirements and SHA age appropriate form. (2.1.1.c)</p> <p>- 2.1.1.2.d. PowerPoint training, "Initial Health Assessment & Staying Healthy Assessment" (09/16/19). The MCP trained its staff assigned to the following departments/divisions:</p> <ul style="list-style-type: none"> • IHA Outreach • Practice Facilitation • Provider Services <p>The training materials address IHA</p>

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	<p>developed new reports to track:</p> <ul style="list-style-type: none"> i. Scorecards down to the PCP level. 	2.1.1.5.f		<p>requirements, use of SHA form, billing coding form IHA and SHA. The PCPs are instructed to attest to an annual review of "SHA Annual Review". (Slide 10)</p> <p>- 2.1.1.2 (f1), (f2) & (f3). The MCP attests to conducting Provider Training on updated procedures. (08/19/19, 09/23/19 and 09/27/19. PowerPoint presentation included IHA requirements, use of SHA form, billing coding form IHA and SHA. The PCPs are instructed to attest to an annual review of "SHA Annual Review".</p> <p>- 2.1.1.3.b. "IHA/SHA Compliance Assessment Tool" as evidence of MCP's monitoring efforts to ensure timely and</p>

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				<p>complete completion of the Staying Healthy Assessment (SHA) for each new member.</p> <p>- 2.1.1.5.d. "IHA Performance" (01/29/19 – 11/29/19) as evidence of a newly developed report. The report is exhibiting IHA and SHA completion and timely completion. Data displays statistics for the following measures: monthly, statistics for all members, North or non-NCHC county, and by top 20 IPA's (based upon Overall Membership Assigned) for year-to-date. This sample report displays the potential to capture data for a year. The newly developed report was implemented on 10/15/19.</p> <p>- 2.1.1.5.f. Example of</p>

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				<p>Provider IHA scorecard "IHA Performance and Outstanding IHAs." This report shows membership and IHA/SHA completion rates down to the PCP level.</p> <p>06/12/20 – The MCP submitted following additional documentation to further demonstrate its efforts to remediate this finding:</p> <ul style="list-style-type: none"> - Q.2 QIC draft meeting minutes (06/02/20) provide evidence of documented review and discussion of the Access & Availability Committee (AAC) presenting the IHA/SHA report (page 31). <p>06/19/20 – The MCP submitted following additional documentation to further demonstrate its</p>

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				<p>efforts to remediate this finding:</p> <p>- Q1 2020 AAC meeting minutes. (Approved 06/16/20) provide evidence of documented review and discussion of IHA/SHA addressed barrier analysis and interventions. “Interventions were implemented and planned to address the identified barriers. They are prioritized in order to create a positive impact on members and facilitate the removal of barriers for providers.”</p> <p>This finding is closed.</p>
3. Access and Availability of Care				
3.1.1 Appointment Wait Times Monitoring. The prior year audit found that the Plan	During the audit in August, 2019 DHCS auditors acknowledged the Plan had proactively begun corrective action plans (CAPs) in December, 2018 prior to issuance of	<ul style="list-style-type: none"> • 3.1.1.A-I 9 reissued CAPs to the non-compliant providers • 3.1.1.K Step by 	<ul style="list-style-type: none"> • 12/04/19- The Plan reissued CAPs to 9 non-compliant providers 	2/7/20 - The following documentation supports the MCP’s efforts to correct this finding:

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<p>did not have a process to implement any further investigation or corrective measure against providers who were identified with non-compliance to timely appointments or after-hour access and availability standards who did not respond to the corrective action request. During subsequent audit review period, the Plan was unable to demonstrate that changes had been made and were operationalized.</p>	<p>the 2018 DHCS Final Audit Report on May 15, 2019. The Plan has revised its processes to ensure that non-complying providers comply with the corrective action request. The Plan reissued CAPs to the 9 non-compliant providers December 4, 2019.</p> <p>2019 DHCS Audit Report was reviewed at the Access & Availability Committee meeting January 22, 2020. The Access and Availability Committee approved a letter that will be sent to non-complying providers notifying them sanctions may be issued if they continue to be non-compliant.</p> <p>Molina is drafting a standard operating procedure that will document the CAP process, including timeliness standards to ensure that providers receive the request for a CAP in a timely fashion.</p>	<p>Step process of implementation of CAPs</p> <ul style="list-style-type: none"> 3.1.1.L A&A Committee minutes 	<ul style="list-style-type: none"> 01/22/20- Access & Availability Committee met. Ongoing monitoring of CAPs will be presented at quarterly Access & Availability Committee meetings. Q1 2020- Letter will be sent to non-complying providers that sanctions will be considered. Q2 2020- Develop Standard Operating Procedure (SOP)/improved timeline for CAP process. 	<p>- Nine examples of re-issued CAPs to providers who were non-compliant with timely access standards.</p> <p>- Step by Step Process For Implementing CAPs document describes the MCP's step-by-step implementation of activities including the re-issuing of CAPs to non-compliant providers</p> <p>Access and Availability Committee meeting minutes from 1/22/20 meeting. The committee discussed following-up with non-compliant providers, engaging the IPAs and instituting sanctions on providers that do not respond by freezing membership for PCPs and excluding specialists from P4P programs.</p>

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				<p>4/8/20 - The following additional documentation supports the MCP's efforts to correct this finding:</p> <ul style="list-style-type: none"> - Updated narrative response from MCP. MCP sent follow-up non-compliance email and made follow-up calls to non-compliant providers. The MCP's Provider Services team engaged the IPAs during Q1 2020. - Updated Access and Availability monitoring tool was amended to better monitor timely access. <p>5/20/20 - The following additional documentation supports the MCP's efforts to correct this finding:</p>

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				<p>- Standard Operating Procedure – Access & Availability Corrective Action Plans documents the MCP’s A&A CAP process. The SOP includes time standard to ensure providers receive their CAP in a timely manner.</p> <p>This finding is closed.</p>

Submitted by: 
Title: MCA Plan President

Date: 2/07/2020