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DIRECTOR

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



GAVIN NEWSOM
GOVERNOR

May 27, 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 and Cal MediConnect audit of Molina Healthcare of California Partner Plan, Inc, a Managed Care Plan (MCP), from July 30, 2018 through August 3, 2018. The survey covered the period of July 1, 2017 through June 30, 2018.

On May 20, 2020, the MCP provided DHCS with additional information regarding its Corrective Action Plans (CAP) in response to the reports originally issued on May 15, 2019.

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

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 Forms

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.

Audit Type: DHCS Medical

Review Period: 7/1/17 – 6/30/18

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 may respond by using the DHCS Secure File Transfer Protocol (SFTP) by placing the submission into the folder marker 'Medical Audit CAP.' MCPs may also submit the CAP via email to MCQMD_CAPs@dhcs.ca.gov in Word format.

The CAP response must include a written statement identifying the deficiency and describing a plan of action to correct deficiencies, and the projected operational results expected from that action. For deficiencies that require a long-term correction or more than 30 days to remedy and operationalize, the MCP must demonstrate an interim short-term solution and provide a timeline toward achieving an acceptable level of compliance. The MCP is required to include a projected date to achieve full compliance. Any policy and/or procedure submitted during the CAP process must 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.

Deficiency Number and Finding	Action Taken	Supporting Documentation	Short-Term Implementation Date	Long-Term Implementation Date	DHCS Comments
1. Utilization Management					
1.2.1 The Plan did not ensure that all Notice of Action (NOA) letters contained clear appeals and grievance	Paul Van Duine, Vice President of Network Management is responsible for ensuring corrective action plans are implemented for delegated providers	Sample email with NOA templates sent on 12/18/2018. P-07 Prior Authorization	Re-designed monitoring and auditing of delegated entities on 5/1/2018.	Molina will continue to monitor the appropriate template use through routine review of	06/27/19 - The following documentation supports the MCP's efforts to correct this deficiency: - An email (12/18/18) to all delegates, providing them

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<p>information with appropriate timeframes when issuing prospective and retrospective medical and pharmacy prior authorization denials.</p>	<p>issuing correct Notice of Action letters:</p> <p>The Plan's Network Management Department has taken immediate actions to ensure that all Notice of Action letters issued by delegated providers contain clear appeals and grievance information with appropriate timeframes when issuing prospective and retrospective medical prior authorization denials.</p> <ol style="list-style-type: none"> 1. Molina's reissued NOA templates to ensure delegates have the most current UM templates. 2. Delegation Oversight requested samples of 	<p>Request Procedures_04_04_2019</p> <p>Pharmacy NOA Letter Templates_Medi-Cal</p>	<p>NOA templates and attachments were redistributed to all delegates on 12/19/2018.</p> <p>CVS/Caremark confirmed new NOA letter templates went live on 5/1/2018.</p> <p>P&P P-07 was revised and approved by Quality Improvement on 4/4/2019.</p> <p>Internal monitoring included confirmation of correct NOA Template language beginning in February 2019.</p>	<p>notifications of adverse decisions</p>	<p>with updated NOA templates, including section 1557 Nondiscrimination Notice and Language Assistance Taglines for Medi-Cal line of business as evidence MCP templates contained clear appeals and grievance information with appropriate timeframes.</p> <p>-DHCS provided MCP technical assistance regarding updated P&P, P-07: Prior Authorization Request Procedures (4/4/19). P&P indicates in part, retrospective prior authorization requests will not be granted for requests with a date of service older than 60 days from the date the drug was dispensed. The contract does not allow for the MCP to self-impose time limits on the receipt of retrospective authorization requests.</p>

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	<p>implemented templates to ensure the appropriate template(s) were implemented and in use.</p> <p>3. Delegation Oversight increased the file selection and monitoring frequency of delegates for appropriate use of templates and appeals and grievance information. The frequency changed from every six months to every three months.</p> <p>4. Results of the audits will be reported to the Delegation Oversight Committee quarterly. Delegation Oversight continues</p>		<p>The internal monitoring process is strengthened to confirm that the correct NOA Template is used beginning with review of May 2019 NOAs.</p>		<p>DHCS directed MCP to revise its P&P to reflect contractual requirements.</p> <p>12/6/19 - The following additional documentation supports the MCP's efforts to correct this deficiency:</p> <p>- Example of denial file review of delegated entity and email dated 8/26/19 requesting CAP response serves as evidence the MCP is monitoring delegates for the use of appropriate templates.</p> <p>This finding is closed.</p>

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	to monitor groups for compliance. Groups that do not meet the standards shall be subject to enforcement actions, up to and including de-delegation and termination.				
<p>1.2.2 During the audit period, the Plan did not ensure members from delegated entities received acupuncture treatment as a medically necessary covered service as required by APL 16-015.</p> <p>The Plan did not monitor its delegates to ensure that acupuncture was treated as a</p>	<p>Paul Van Duine, Vice President of Network Management is responsible for ensuring corrective action plans are to ensure members from delegated entities received acupuncture treatment as a medically necessary covered services.</p> <p>The Plan's Network Management Department has taken immediate actions to ensure members from delegated entities</p>	<p>Just the Fax Acupuncture covered benefit provider communication.</p> <p>Just the Fax reminder to refer to Member Handbook/Evidence of Coverage for benefit determinations.</p> <p>JOM meeting agenda with Acupuncture coverage.</p>	<p>Molina communicated Acupuncture is now a covered benefit on 1/13/2017.</p> <p>Molina Network Management incorporates reminder that Acupuncture should not be denied as a non-covered benefit on 5/1/2019.</p> <p>Molina Network</p>		<p>06/28/19 - The following documentation supports the MCP's efforts to correct this deficiency:</p> <p>-The MCP issued an updated provider bulletin with additional information reminding providers that acupuncture is a covered benefit.</p> <p>-The MCP issued a reminder to providers about the Evidence of Coverage (EOC) and that acupuncture is a covered benefit.</p>

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covered service.	<p>received acupuncture treatment as a medically necessary covered service as required by APL 16-015.</p> <ol style="list-style-type: none"> 1. Molina initially communicated that acupuncture is a covered benefit and the release of APL 16-015 on 1/13/17. On 5/9/19 Molina reminded delegated entities that acupuncture is a covered benefit by redistributing APL 16-015. 2. Molina will also incorporate Acupuncture benefit reminder beginning in 6/2019 as part of Joint Operation Meetings with Delegates. 3. Delegation 		<p>Management reissues written reminder of APL 16-015 and the reinstatement of acupuncture as a covered Medi-Cal benefit on 5/9/2019.</p> <p>Joint Operating Meetings include Acupuncture as a covered benefit in 6/2019.</p>		<p>- The MCP held a meeting with providers and discussed the acupuncture benefit.</p> <p>12/6/19 - The following additional documentation supports the MCP's efforts to correct this deficiency:</p> <p>- Denial file review results from Community Care IPA serves as evidence of monitoring delegates for appropriate benefit coverage including acupuncture.</p> <p>This finding is closed</p>

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	<p>Oversight increased the file selection and monitoring frequency of delegates for appropriate benefit coverage, including benefit authorizations and denials. Acupuncture is included in the benefit coverage audit.</p> <p>4. Results of the audits are reported to the Delegation Oversight Committee quarterly. Delegation Oversight continues to monitor groups for compliance. Groups that do not meet the standards shall be subject to enforcement actions, up to and</p>				

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	including de-delegation and termination.				
3. Access and Availability of Care					
<p>3.1.1 The Plan does not have a process to address non-compliant providers who did not respond to the corrective action request. The Plan sends a total of 3 letters attempting to inform providers of their non-compliance with a request for corrective action. After the 3rd letters were sent, the Plan does not have a process to implement any further investigation or corrective</p>	<p>Paul Van Duine, Vice President of Network Management is responsible for ensuring corrective action plans are implemented for timely access:</p> <p>1. The Network Management and Compliance teams have formed a weekly internal Timely Access Workgroup in order to monitor closely CAP responses. The workgroup has developed a system and checklist in order to determine compliance vs.</p>	<p>The CAP review compliance checklist;</p> <p>The Provider Services training attendee list;</p> <p>CAP weekly monitoring report template, Reports for Access & Availability and QIC Committees;</p> <p>Joint Operation Meeting (JOM) Presentation example with access standards.</p>	<p>CAP letters issued to noncompliant providers on 12/04/2018.</p> <p>Weekly internal workgroup formed to review CAPs on 1/04/2019.</p> <p>CAP Compliance checklist developed for Molina validation 1/05/2019.</p> <p>Provider Services Representative CAP training on</p>	<p>MY 2018 CAPs will be issued in Q3 2019 upon receipt and analysis of report on PAAS results.</p> <p>Ongoing CAP Trainings for Provider Service Representatives quarterly.</p> <p>Ongoing provider education on timely access standards provided by provider services representatives during office visits and Joint</p>	<p>06/28/19 - The following documentation supports the MCP's efforts to correct this deficiency:</p> <p>-The MCP submitted the CAP checklist with their internal process of how they review for timely access and determine compliance.</p> <p>- Provider Services training attendee list as evidence eight provider services staff received training on updated CAP system.</p> <p>- Q4 2018 and Q1 2019 PAAS Updates serves as evidence the MCP is reporting on CAPs sent to</p>

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measures against the non-complying providers.	<p>noncompliance.</p> <p>2. For those providers who are nonresponsive, all CAPs are escalated to the Vice President of Network. Corrective measures for nonresponsive providers are followed up on a case-by case basis.</p> <p>3. Provider Service Representatives were trained on the updated CAP system and how to better respond to provider concerns.</p> <p>4. In order to conduct further investigation, the Quality Compliance Department will conduct a follow up survey campaign for non-compliant providers.</p> <p>5. CAP project status</p>		<p>2/04/2019.</p> <p>CAP Status report presented at the Quality Improvement and Committee on 2/26/2019.</p> <p>CAP Status report presented at the Access & Availability Committee on 3/13/2019.</p> <p>CAP in person follow up visit and/or call resurvey by 6/30/2019.</p> <p>MY 2017 compliant CAPs will be closed by 6/30/2019.</p>	Operations Committees.	<p>providers for non-compliance of timely access standards.</p> <p>12/6/19 - The following additional documentation supports the MCP's efforts to correct this finding:</p> <ul style="list-style-type: none"> - Nine examples of re-issued CAPs to providers who were non-compliant with timely access standards. - 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>Access and Availability Committee meeting minutes from 1/22/20 meeting. The committee discussed following-up with</p>

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	<p>reports are provided weekly to Network Management leadership,</p> <p>6. CAP status reports are presented to the Access and Availability and Quality Improvement Committees on a quarterly basis.</p>				<p>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> <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.

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					<p>5/20/20 - The following additional documentation supports the MCP's efforts to correct this finding:</p> <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>
<p>3.1.2 The Plan did not have a valid method of determining compliance with access standards. The Plan does not verify and validate self-reported</p>	<p>Paul Van Duine, Vice President of Network Management, is responsible for implementing actions to monitor office visit wait times for scheduled appointments:</p>	<ol style="list-style-type: none"> 1. 2018 Adult Medi-Cal CAHPS survey results for office visit wait times. 2. Just the Fax 	<ol style="list-style-type: none"> 1. MHC Grievance and Appeals Department tracks member grievances regarding access issues 	<ol style="list-style-type: none"> 1. Molina Healthcare Quality Program Management and Oversight and Provider Network and Management 	<p>06/28/19 - The following documentation supports the MCP's efforts to correct this deficiency:</p> <p>- CAHPS survey result from 2018 serve as evidence the MCP monitoring member office</p>

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<p>information for their office wait time survey.</p>	<p>Molina Healthcare reviewed the results of the 2018 Adult Medi-Cal Consumer Assessment of Healthcare Providers and Systems (CAHPS) survey results regarding Member reported office visit wait times with 60% of members had a wait time of 30 minutes or less.</p> <p>Molina Healthcare's Provider Network Department issued a fax blast communication regarding Office Visit Wait Times reminding providers of the 30 minute wait time standard for scheduled appointments.</p> <p>Molina Healthcare's Call Center will conduct</p>	<p>Office Visit Wait Time provider communication</p> <p>3. Office Visit Wait Time Monitoring Policy & Procedure (Draft).</p>	<p>including excessive wait times at physicians' offices and this information is included in a report at the quarterly Grievance & Appeals Committee in June 2019.</p> <p>2. Molina Healthcare's Grievance and Appeals Department reviews and responds to member grievances regarding access issues including excessive</p>	<p>will review the results of the 2019 Adult Medi-Cal Consumer Assessment of Healthcare Providers and Systems (CAHPS) survey results regarding Member reported office visit wait times by Q3 2019 and determine if action steps are necessary.</p> <p>2. Results from the 2019 Provider Survey developed and implemented by Molina will be reviewed</p>	<p>wait times though member feedback.</p> <p>- JTF provider communication reminds providers that in office wait times should not exceed 30 minutes.</p> <p>- The MCP submitted updated procedures related to monitoring provider office wait times. The policy monitors wait time through member surveys and member grievances as well as provider reporting.</p> <p>12/6/19 - The following additional documentation supports the MCP's efforts to correct this deficiency:</p> <p>- Email communication from MCP dated 12/6/19 states that the MCP reconsidered its plan to conduct quarterly phone</p>

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	<p>quarterly telephone surveys of Members who have received healthcare services from MHC's primary care, specialty practitioners, and behavioral health providers to determine their office visit wait time for scheduled appointments.</p> <p>Molina Healthcare's Grievance and Appeals reviews and responds to member grievances regarding access issues including excessive wait times at physicians' offices, and provides quarterly reports of providers identified by members in grievances to the Vice President of Network Management and Directors, Provider Services, who are</p>		<p>wait times at physicians' offices, and provides quarterly reports of providers identified by members in grievances to the Vice President of Network Management and Directors, Provider Services, who are responsible for follow-up. The frequency of these reports will become monthly beginning in June 2019.</p>	<p>by the Access and Availability Committee in September 2019 and action steps will be determined if necessary.</p> <p>3. Molina Healthcare's Grievance and Appeals Department will provide more detailed access trend reports with specific information regarding office visit wait times at the next quarterly Access and Availability</p>	<p>surveys to monitor office wait time and instead decided to monitor through member grievances and CAHP member survey.</p> <p>- Policy PS 15 states that the MCP monitors office wait time visits through Provider surveys, the CAHPS member and grievance reports. Providers who do not meet wait time standards are re-education packets and/or Corrective Action Plan's.</p> <p>This finding is closed.</p>

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	<p>responsible for follow-up. The frequency of these reports will be monthly beginning in June 2019.</p> <p>Molina Healthcare's Grievance and Appeals tracks member grievances regarding access issues and will provide more detailed access trend reports with specific information regarding office visit wait times at the quarterly Access and Availability Committee and the Grievance & Appeals Committee in Q3 2019.</p> <p>Provider Services has developed a draft Office Visit Wait Time Monitoring Policy and Procedure.</p>		<p>3. Provider Services has developed an Office Visit Wait Time Monitoring Policy and Procedure on 6/27/2019.</p> <p>With the different methods to assess Office Visit Wait Times outlined in this CAP, Molina projects compliance by September 30, 2019.</p>	<p>Committee and the Grievance & Appeals Committee in September 2019.</p> <p>4. Molina Healthcare's Call Center will initiate quarterly telephone surveys of Members who have received healthcare services to determine their office visit wait time for scheduled appointments beginning in Q3 2019.</p>	

Submitted by: _____ **Date: June 27, 2019**

Title: Plan President

**ATTACHMENT A
Corrective Action Plan Response Form**



Plan: Molina Healthcare of California Partner Plan

Audit Type: Cal MediConnect

Review Period: 7/1/17-6/30/18

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DHCS will maintain close communication with the MMP throughout the CAP process and provide technical assistance to ensure the MMP provides sufficient documentation to correct deficiencies.

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1. Utilization Management					
1.2.1 The Plan did not ensure that all Notice of Action (NOA) letters contained clear appeals and grievance information with appropriate	Paul Van Duine, Vice President of Network Management is responsible for ensuring corrective action plans are implemented for	Sample email with NOA templates sent on 12/18/2018.	Re-designed monitoring and auditing of delegated entities on 5/1/2018.	Molina will continue to monitor the appropriate template use through routine review of	06/27/19 - The following documentation supports the MMP's efforts to correct this deficiency: - An email (12/18/18) to all delegates, providing them

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timeframes when issuing prospective and retrospective medical prior authorization denials.	<p>delegated providers issuing correct Notice of Action letters:</p> <p>The Plan's Network Management Department has taken immediate actions to ensure that all Notice of Action letters issued by delegated providers contain clear appeals and grievance information with appropriate timeframes when issuing prospective and retrospective medical prior authorization denials.</p> <ol style="list-style-type: none"> 1. Molina's reissued NOA templates to ensure delegates have the most current UM templates. 2. Delegation Oversight 		NOA templates and attachments were redistributed to all delegates on 12/19/2018.	notifications of adverse decisions	<p>with updated NOA templates, including section 1557 Nondiscrimination Notice and Language Assistance Taglines for Medi-Cal line of business as evidence MMP templates contained clear appeals and grievance information with appropriate timeframes.</p> <p>12/6/19 - The following additional documentation supports the MMP's efforts to correct this deficiency:</p> <p>- Example of denial file review of delegated entity and email dated 8/26/19 requesting CAP response serves as evidence the MMP is monitoring delegates for the use of appropriate templates.</p> <p>This finding is closed.</p>

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	<p>requested samples of implemented templates to ensure the appropriate template(s) were implemented and in use.</p> <p>3. Delegation Oversight increased the file selection and monitoring frequency of delegates for appropriate use of templates and appeals and grievance information. The frequency changed from every six months to every three months.</p> <p>4. Results of the audits are reported to the Delegation Oversight</p>				

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	<p>Committee quarterly. Delegation Oversight continues to monitor groups for compliance. Groups that do not meet the standards shall be subject to enforcement actions, up to and including de-delegation and termination.</p>				

Submitted by: _____ **Date: June 27, 2019**

Title: Plan President