



JENNIFER KENT
DIRECTOR

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



EDMUND G. BROWN JR.
GOVERNOR

September 5, 2018

Thomas Mapp
Chief Compliance Officer
Regulatory Affairs and Compliance
L.A. Care Health Plan
1055 West 7th Street
Los Angeles, CA 90017

RE: Department of Health Care Services Medical Audit

Dear Mr. Mapp:

The Department of Health Care Services (DHCS), Audits and Investigations Division conducted an on-site Medical Audit of L.A. Care Health Plan, a Managed Care Plan (MCP), from September 18, 2017 through September 29, 2017. The survey covered the period of July 1, 2016 through June 30, 2017.

On August 31, 2018, the MCP provided DHCS with additional information regarding its Corrective Action Plan (CAP) in response to the report originally issued on April 26, 2018.

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) 552-8946 or Michael Pank at (916) 345-7829.

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Sincerely,

Hannah Robins, Chief
Compliance Unit

Enclosures: Attachment A CAP Response Form

cc: Pete Plesha, 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: L.A Care Health Plan

Audit Type: Medical Audit and State Supported Services

Review Period: July 1, 2016 – June 30, 2017

MCPs are required to provide a CAP and respond to all documented deficiencies within 30 calendar days, unless an alternative timeframe is indicated in the letter. MCPs are required to submit the CAP via email in word format, which will reduce turnaround time for DHCS to complete its review.

The CAP submission must include a written statement identifying the deficiency and describing the plan of action taken to correct the deficiency, and the operational results of that action. For deficiencies that require long-term corrective action or a period of time longer than 30 days to remedy or operationalize, the MCP must demonstrate it has taken remedial action and is making progress toward achieving an acceptable level of compliance. The MCP will be required to include the date when full compliance is expected to be achieved.

DHCS will maintain close communication with the MCP throughout the CAP process and provide technical assistance to ensure the MCP provides sufficient documentation to correct deficiencies. Depending on the volume and complexity of deficiencies identified, DHCS may require the MCP to provide weekly updates, as applicable.

Deficiency Number and Finding	Action Taken	Supporting Documentation	Implementation Date* <small>(*anticipated or completed)</small>	DHCS Comments
2. Case Management and Coordination of Care				
2.3.1 Access to Comprehensive Diagnostic Evaluation: Develop and maintain a formal process to provide and monitor CDE for qualified	1. L.A. Care continues to collaborate closely with Regional Centers to ensure the timely completion of CDE's. L.A. Care is seeking additional documentation from the Regional Centers on the medical (non-psychological)	1. Agendas of quarterly meetings with Regional Centers and Plan Partners, Meeting minutes. 2a. Workflow and schedules for Lynwood	1. 5/1/2017 2a.12/31/2017	05/30/18 – The following documentation supports the MCP's efforts to correct this deficiency: -PowerPoint training, "Behavior Health: EPSDT." Training materials address

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<p>members and ensure that timely access standards are met.</p>	<p>assessment portions of the CDE.</p> <p>2. L.A. Care is actively working to provide CDE's in non-Regional Center settings:</p> <p>a. Autism Screenings and CDE's are being conducted in Lynwood Family Resource Center (FRC)</p> <p>b. L.A. Care has agreed to find CDE's conducted by one of its FQHC's (St. John's Well Child)</p> <p>c. L.A. Care was in the process of working to contract with one of its Participating Provider Groups (PPGs) (AltaMed) Preliminary meetings with AltaMed were conducted but are now on hold pending imminent release of APL revision eliminating the CDE requirement.</p> <p>Preliminary meetings began with AltaMed in December</p>	<p>FRC Autism screenings and CDEs. MOU from Lynwood and tabulation of services.</p> <p>2b. Correspondence to St. John's Well Child Center regarding the provision of CDEs.</p> <p>2c. Meeting minutes and agendas from contracting meetings with AltaMed.Flow, agenda, and P&P.</p> <p>3. Job description</p> <p>4. 2017 DHCS Medical Audit CAP Monitoring Work Plan*</p>	<p>2b. 12/1/2017</p> <p>2c. 3/31/2017</p> <p>3. Ongoing</p> <p>4. 7/1/2018 and quarterly thereafter</p>	<p>EPSDT, importance of early detection, eligibility for BHT services pre and post 7/1/18, and services provided by regional centers.</p> <p>-Sample workflow, "L.A. Care Behavioral Health Treatment Flow" (01/28/15) as evidence that the MCP has a process to provide comprehensive diagnostic evaluations to qualified members.</p> <p>-Plan Partner and Regional Center meeting minutes (multiple dates) which provide evidence of documented review and discussion of various issues involving plan partners and regional centers.</p> <p>07/30/18 – The following additional documentation supports the MCP's efforts to correct this deficiency:</p>

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	<p>2017 and followed through to May 2018. L.A. Care has met collaboratively and trained AltaMed on the BHT process, including the CDE process.</p> <p>3. L.A. Care employs a full-time Regional Center liaison who is co-located onsite at each of Los Angeles' seven Regional Centers 1-2 times per month. Co-location of the liaison facilitates collaboration and problem-solving regarding any barriers to care for L.A. Care members, including timely access to evaluations.</p> <p>4. Compliance department will conduct Corrective Action Plan (CAP) Monitoring to oversight the correction of deficiencies.</p>			<p>-An email (07/30/18) which explains the MCP's approach to completing comprehensive diagnostic evaluations; including monthly meetings with all seven regional centers and the designation of a regional center liaison, who visits each regional center monthly and monitors BHT workflows. Via delegation oversight, MCP addressed potential delay in initiation of BHT treatment contracted with two developmental psychologists to review medical necessity issues and expanded access to developmental screenings to regional center partners.</p> <p>-Sample workflow (07/30/18) for BHT assessments with primary care coordination activities to be shared between MCP staff and BHT delegate.</p>

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				This finding is closed.
2.3.2 Approval of Behavioral Treatment Plan. Develop a formal process to review and approve the BHT Plan to meet current APL 15-052 standards.	<p>The BHT Plan approval process at L.A. Care was based off of the elements listed in the APL. The missing elements were documented as being needed. A checklist process had not been developed in order to document the elements that were present in the report and approved. Further, specific decision-making language had not yet been standardized for this new benefit. The language was previously based off of template UM language. This had also not yet been uploaded in L.A. Care's UM system, CCA.</p> <p>1. L.A. Care's BH team has developed an interim template for BHT UM documentation.</p>	1. BHT UM documentation form	1. 11/14/2017	<p>05/29/18 – The following documentation supports the MCP's efforts to correct this deficiency:</p> <p>-Screenshot of CCA (Clinical Care Advance) system, which is MCP's electronic health record system. The system includes BHT documentation, which was developed by MCP's BH team to ensure the system has all of BHT information and is compliant with current APL 15-025 and 18-006 standards.</p> <p>-Report of 12 behavioral health treatment plans monitored by an inter-rater reliability process (from October, 2017 through April 2018) as evidence that MCP</p>

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	<p>2. L.A. Care’s BH team has developed a decision language library for use in provider and member NOA’s, in which the unmet medical necessity criteria are delineated.</p> <p>3. L.A. Care’s BH team has developed a CCA template for BHT UM documentation. Template finalization and upload process is underway.</p> <p>4. The BHT UM team was trained on the use of the BHT template.</p> <p>5. Implementation and use of the BHT template for UM decision-making is monitored by an inter-rater reliability process. Inter-rater reliability reviews are conducted monthly and have been conducted by the Manager of the BHT team, who is a Board Certified Behavior Analyst.</p> <p>6. Compliance department will conduct Corrective Action Plan</p>	<p>2. BHT Decision Language library, NOA and Excel</p> <p>3. BHT UM Template CCA (screenshots), PDF of case monitoring</p> <p>4. Training sign in sheets</p> <p>5. Monitoring reports</p> <p>6. 2017 DHCS Medical Audit CAP Monitoring Work Plan*</p>	<p>2. 8/22/2017</p> <p>3. 1/31/2018</p> <p>4. 5/9/2018</p> <p>5. Ongoing</p> <p>6. 7/1/2018 and quarterly</p>	<p>has a monthly oversight system to ensure Behavioral Health Treatment plans meet the requirements. The person in charge of reviewing BHT plans is MCP’s Board Certified Behavior Analyst.</p> <p>06/06/18 – The following additional documentation supports the MCP’s efforts to correct this deficiency:</p> <p>-Updated P&P, “BHS-006: Behavioral Health Treatment Coverage for Members Under the Age of 21” (05/01/18) which was amended to add approved Behavioral Health treatment plans must include: transition plan, crisis plan, and exit plan as it is required by the APL 15-025 and 18-006 standards. (pages 7-8, #'s 3.9.1.9 and 3.9.1.13)</p> <p>In addition, plan included, a procedure to review and approve Behavioral Health</p>

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	(CAP) Monitoring to oversight the correction of deficiencies.		thereafter	<p>Treatment plans to ensure compliance with APL 15-025 and 18-006 standards. (pages 8-9 # 4-0)</p> <p>06/18/18 – The following additional documentation supports the MCP’s efforts to correct this deficiency:</p> <p>-A template of a medical record as evidence to show that all three plans (Transition Plan, Crisis Plan and Exit Plan) are included in member’s BHT plan. (a sample was submitted)</p> <p>This finding is closed.</p>
3. Access and Availability of Care				
3.1.1 Provider Directory Monitor and continue to improve the accuracy of the Provider Directory.	1. L.A. Care's Provider Network Management (PNM) Department continues to work with an external vendor, Lexis Nexis, to improve provider directory accuracy. L.A. Care has successfully implemented a process utilizing Lexis Nexis,	1. Lexis Nexis Process diagram	1. 5/31/2018	<p>05/29/18 - The following documentation supports the MCP’s efforts to correct this deficiency:</p> <p>-Lexis Nexis Process Diagram shows the process for the MCP and its</p>

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	<p>to produce an error report, which assesses provider directory data accuracy for the L.A. Care Covered line of business (LACC). Since the implementation of the Lexis Nexis Process for LACC, L.A. Care has reached an overall accuracy rate of over 90 percent. PNM is currently implementing the Lexis Nexis Process for L.A. Care's Medical line of business (MCLA). L.A. Care expects improved provider data integrity and accuracy for MCLA, similar to LACC. The process is outlined in the attached "Lexis Nexis Process Diagram" and below:</p> <p>a. L.A. Care submits its provider directory to Lexis Nexis monthly</p> <p>b. Lexis Nexis compares L.A. Care's data with data in its own master database and produces the error report for L.A. Care, which shows where L.A. Care's</p>			<p>Contractor validate provider data for the Provider Directory.</p> <p>-Total Provider Management Project Description details how the project will allow automated provider data collection, organization and validation. The data collected through TPM will be automatically validated against external databases.</p> <p>07/09/18 - The following additional documentation supports the MCP's efforts to correct this deficiency:</p> <p>-Draft PNM-001 describes the process for maintaining the accuracy of the Provider Directory</p> <p>08/31/18 - The following additional documentation supports the MCP's efforts to correct this deficiency:</p>

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	<p>data are discrepant from Lexis Nexis data.</p> <p>c. L.A. care uses this error report to conduct outreach to the affected providers.</p> <p>d. L.A. Care first validates whether there was actually an error, and if so, L.A. Care then remediates the error by obtaining the correct information.</p> <p>e. L.A. Care tracks each error reported and the remediation efforts taken until the provider data is corrected and updated in L.A. Care's database.</p> <p>2. PNM has implemented an internal Quality Assurance Process where provider data is reviewed for data integrity using business rules developed by PNM.</p> <p>3. L.A. Care has also made a significant investment into the</p>	<p>2. Quality Assurance Process P&P and DTP*</p> <p>3. TPM Description</p>	<p>2. 7/31/2018</p> <p>3. Projected</p>	<p>-CAP Monitoring Work Plan submitted by MCP serves as evidence of continued oversight of corrective action for audit findings.</p> <p>This finding is closed.</p>

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	<p>implementation of a multi- year, long-term solution to compliment and augment the current data validation processes in order to ensure provider data accuracy.</p> <p>By implementing the Lexis Nexis Process and eventually TPM, L.A. Care will continue to improve its performance by delivering timely and accurate information to its members to ensure access to the care they need.</p> <p>4. Compliance department will conduct Corrective Action Plan (CAP) Monitoring to oversight the correction of deficiencies.</p>	<p>4. 2017 DHCS Medical Audit CAP Monitoring Work Plan*</p>	<p>Implementation in 2019</p> <p>4. 7/1/2018 and quarterly thereafter</p>	
4. Members' Rights				
<p>4.1.1 Referral of Grievances and Appeals for Quality Improvement</p> <p>Continue to monitor and follow P&Ps for</p>	<p><u>Appeals & Grievances</u></p> <p>1. Update P&P AG-007 to include a requirement to initiate PQI referral for submissions of overturns based on PQI criteria to QI team for review.</p>	<p><u>Appeals & Grievances</u></p> <p>1a. AG-007</p> <p>1b. PQI Referral Criteria A&G</p>	<p><u>Appeals & Grievances</u></p> <p>1. 7/31/2018</p>	<p>05/29/18 - The following documentation supports the MCP's efforts to correct this deficiency:</p> <p>-Updated Policy AG-007 states that overturned</p>

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<p>the QI referral process for G&A</p>	<p>2. Scheduled bi-annual PQI and Critical Incident training for A&G staff.</p> <p>3. L.A. Care has enhanced the quality audit form and monitoring system (NICE).</p> <p><u>Behavioral Health</u></p> <p>4. Beacon is delegated for QI and Beacon has an established quality of care review/PQI process. L.A. Care is enhancing our PQI oversight of Beacon by doing the following:</p> <p>a. The Behavioral Health Care Services Agreement is being updated to include reporting requirement for QOC reports.</p> <p>b. Beacon is required to submit quarterly PQI reports starting Q4 2017.</p> <p>c. Delegation oversight of PQI</p>	<p>2. Training material, sign in sheets</p> <p>3. Audit Tool*</p> <p><u>Behavioral Health</u></p> <p>4. Beacon PQI P&Ps, Beacon Peer Review Committee Charter, Beacon PRC Minutes</p> <p>4a. Behavioral Health Care Services Agreement & Reporting Requirements (draft)</p> <p>4b. Sample quarterly reports</p> <p>4c. 2018 Delegation Oversight Audit Tool</p>	<p>2. Ongoing</p> <p>3. 7/31/2018</p> <p><u>Behavioral Health</u></p> <p>4a. 6/30/2018</p> <p>4b. 1/16/2018</p> <p>4c. 6/30/2018, annually thereafter</p> <p>4d. 6/4/2018</p>	<p>appeals based on PQI criteria will be referred to the QI team.</p> <p>-PQI and Critical Incident Training and sign-in sheet as evidence that training was held on 2-12-18 for G&A staff.</p> <p>-Updated PQI Referral Criteria for Medical and PQI Referral form submitted by the MCP lists the criteria used for referring a PQI.</p> <p>-Quarterly UMC report of Pharmacy Appeal Overturns for 2017 serves as evidence of the MCP monitoring trends of pharmacy overturns.</p> <p>07/9/18 - The following additional documentation supports the MCP's efforts to correct this deficiency:</p>

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	<p>will be done annually starting 2018 to review Beacon PQI P&Ps, program documents, and a random sample of 10 PQI cases.</p> <p>d. BHQI Committee will include QI updates including Peer Review PQI cases.</p> <p>5. For our internal BH team, L.A. Care's QI and BH team will develop PQI referral criteria. We will also add the BH PQI Referral Criteria to L.A. Care Intranet.</p> <p>6. L.A. Care will update PQI P&P QI-001 to add Behavioral Health as one of the PQI sources.</p> <p>7. L.A. Care QI team will schedule and conduct PQI referral training for both the L.A. Care BH team and Beacon PQI team.</p> <p>8. L.A. Care's BH team has</p>	<p>4d. 2018 BHQI Agenda June 2018 (draft)</p> <p>5. Updated PQI Referral Form including criteria for BH (draft)</p> <p>6. QI-001*</p> <p>7a. BH Training sign-in sheet*</p> <p>7b. PQI Training Presentation*</p> <p>8. BHS-006</p> <p>9. PQI Report to BHQI Committee*</p>	<p>5. 5/31/2018 and 6/15/2018 (Intranet)</p> <p>6. 7/31/2018</p> <p>7. 7/15/2018 and bi-annually thereafter</p> <p>8. 5/25/2018</p> <p>9. 9/30/2018 and quarterly thereafter</p>	<p>-Beacon SPH Annual Audit 6-26-18. The audit included a review of Beacon's PQI monitoring (Section 10)</p> <p>-Criteria For PQI Referral (Draft 5/18 developed by MCP includes a list of 9 different criteria for the referral of PQI</p> <p>-Policy and Procedure BHS-006 contains revisions to include the referral process to LA Care PQI.</p> <p>-BH PQI Delegation Oversight Quarterly Report (Q4 2017 & Q1 2018) serves as evidence of monitoring of BH delegate.</p> <p>-PQI Track and Trend reports from 2016 and 2017 + Q1 2018 submitted by the MCP.</p>

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	<p>edited P&P BHS-006 to include referral process to L.A. Care PQI.</p> <p>9. The referrals from the internal BH team will be reported to the BHQI team on a quarterly basis.</p> <p><u>Utilization Management</u></p> <p>10. L.A. Care will complete an update of the PQI Referral Criteria for Medical Management. We will review the updated PQI referral criteria with the UM Medical Director and UM Lead Nurse Educator.</p> <p>11. Conduct PQI Referral Training for UM Staff and Delegates.</p> <p>12. Review PQI referral status with UM team lead quarterly.</p> <p><u>Pharmacy</u></p>	<p><u>Utilization Management</u></p> <p>10a. PQI Referral Criteria for Medical Management</p> <p>10b. Updated PQI Referral Form</p> <p>11. PQI Training material*</p> <p>12. 9/30/2018 and quarterly thereafter*</p> <p><u>Pharmacy</u></p>	<p><u>Utilization Management</u></p> <p>10a. 2/28/2018</p> <p>10b. 5/22/2018</p> <p>11. 5/22/2018 and bi-annually thereafter</p> <p>12. 9/30/2018</p>	<p>08/31/18 - The following additional documentation supports the MCP's efforts to correct this deficiency:</p> <p>-CAP Monitoring Work Plan submitted my MCP serves as evidence of continued oversight of corrective action for audit findings.</p> <p>This finding is closed.</p>

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	<p>13. L.A. Care Pharmacy department continues to review and report pharmacy appeal overturns at the UMC Meetings, follows the criteria for reporting pharmacy PQI, and monitors the trend of pharmacy appeal overturns on a monthly basis.</p> <p><u>Quality Improvement</u></p> <p>14. Per P&P QI-001, PQI conducts annual analysis of all PQIs (including cases reviewed by Anthem Blue Cross and Care 1st Health Plan for Medi-Cal LOB) and reviews any trend identified.</p> <p>15. L.A. Care QI team is working with L.A. Care Learning & Development within HR to develop PQI Training on L.A. Care University (our internal learning management system) so the PQI training material can be readily</p>	<p>13. Quarterly UMC report of Pharmacy Appeal Overturns</p> <p><u>Quality Improvement</u></p> <p>14a. PQI P&P Track & Trend 14b. PQI Track & Trend 2016 14c. PQI Track & Trend 2017</p> <p>15. PQI Training on LMS*</p> <p>16. 2017 DHCS Medical Audit CAP Monitoring Work Plan*</p>	<p><u>Pharmacy</u></p> <p>13. Ongoing</p> <p><u>Quality Improvement</u></p> <p>14. Ongoing</p> <p>15.12/31/2018</p> <p>16. 7/1/2018 and quarterly thereafter</p>	

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	<p>available for new and existing staff.</p> <p>16. Compliance department will conduct Corrective Action Plan (CAP) Monitoring to oversight the correction of deficiencies.</p>			
6. Administrative and Organizational Capacity				
<p>6.1.1 Medical Director Changes The Plan did not notify DHCS of the new Chief Medical Officer within 10 working days.</p>	<ol style="list-style-type: none"> 1. Compliance contacted DHCS Contract Manager to determine what exactly DHCS required for this notification. DHCS requires only an updated L.A. Care Organizational Chart that identifies new CMO. 2. Created Policy & Procedure: CMPAMRR-003 3. DHCS requested CMO phone and fax number and L.A. Care responded with this information. 	<ol style="list-style-type: none"> 1. Revised Organization Chart submitted to DHCS 2. P&P CMPARR- 003 <ol style="list-style-type: none"> 1. Email to DHCS 	<ol style="list-style-type: none"> 1. 9/25/2017 2. 10/16/2017 4. 11/6/2017 	<p>05/25/18 – The following documentation supports the MCP’s efforts to correct this deficiency:</p> <p>-Emails to DHCS Contract Manager dated (09/25/170 and (11/06/17) as evidence of notification of change in status of medical director as required by contract.</p> <p>-Organization Chart (06/09/17) which reflects the MCP’s new Chief Medical Officer.</p> <p>-P&P, CMPAMRR-003: Disclose Chief Medical</p>

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				<p>Officer Changes (10/16/17) which has been developed to comply with MCP contract language requiring notification of change in status of the medical director within ten (10) calendar days. Notification to be completed via email to DHCS contract manager and include updated organization chart and Medical Director's direct contact information. MCP to conduct monthly check to ensure any changes to Medical Director receive proper notification.</p> <p>This finding is closed.</p>
<p>6.3.1 Reporting Suspected Fraud and/or Abuse</p> <p>Revise P&P's to provide clear and accurate guidelines to</p>	<ol style="list-style-type: none"> 1. L.A. Care's SIU has notified its processes to report all referrals within 10 business days. 2. Timely submission of suspected fraud and/or 	<ol style="list-style-type: none"> 1a. SIU Investigation Process Flow 1b. RAC-009 1c. RAC-014 1d. RAC-016 1e. RAC-032 	<ol style="list-style-type: none"> 1a. 11/1/2017 1b. 11/1/2017 1c. 11/1/2017 1d. 11/1/2017 1e. 11/1/2017 	<p>05-29-18 – The following documentation supports the MCP's efforts to correct this deficiency:</p> <p>- P&P, "RAC-009, RAC-014, RAC-016 and RAC-032,</p>

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<p>comply with the 10 working day requirement</p>	<p>abuse cases to DHCS is monitored on an ongoing bases and reported monthly to the Internal Compliance Committee.</p> <p>3. Compliance department will conduct Corrective Action Plan (CAP) Monitoring to oversight the correction of deficiencies.</p>	<p>2a. List of KPIs</p> <p>3. 2017 DHCS Medical Audit CAP Monitoring Work Plan</p>	<p>2a. 1/1/2018</p> <p>3. 7/1/2018 and annually thereafter</p>	<p>have been retired (per conference call with MCP on 07/24/18). Will be replaced with PISIU-001 on 07/31/18.</p> <p>- Key Performance Indicator (KPI) report, (05/30/18) which demonstrates the MCP is conducting quarterly monitoring of preliminary investigations of suspected Fraud, Waste and Abuse (FWA) to ensure the suspected cases are being sent to DHCS within 10 working days.</p> <p>07/24/18 – The following additional documentation supports the MCP’s efforts to correct this deficiency:</p> <p>- Weekly Meeting Invite, (05/25/18) which includes documented discussion between SIU (Special Investigations Unit) staff regarding triage cases to determine if reporting to</p>

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				<p>DHCS is warranted to meet the 10-business day reporting requirement.</p> <p>- Updated Workflow, "Investigations Unit, FWA Investigations Strategy", (07/24/18) which demonstrates that all FWA cases after a preliminary investigation is opened will be referred to DHCS within 10 business days.</p> <p>07/31/18 – The following additional documentation supports the MCP's efforts to correct this deficiency:</p> <p>- P&P, "PISIU-001: Special Investigations Unit" (07/27/18) (supersedes Policy RAC-009, RAC-014, RAC-016 and RAC-032) which states the MCP will report to DHCS all cases of suspected FWA within 10 working days of the date</p>

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				<p>when MCP first becomes aware of such activity.</p> <p>This finding is closed.</p>

Submitted by:
Title:

Date: