



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



September 2, 2020

Thomas Mapp, Compliance Officer
L.A. Care Health Plan
1055 7th St, 10th floor
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 July 15, 2019 through July 26, 2019. The survey covered the period of July 1, 2018 through June 30, 2019.

On August 31, 2020, the MCP provided DHCS with additional information regarding its Corrective Action Plan (CAP) in response to the report originally issued on September 30, 2019.

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 Meghan Lytle at (916) 345-8734.

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Sincerely,

Original Signed by

Michael Pank, 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

Review Period: 07/01/18 – 06/30/19

Audit Type: Medical Audit and State Supported Services

Onsite Review: 07/15/19 – 07/26/19

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 Documentation of the Plan’s Oversight of its Delegates and Subcontractors	1. L.A. Care is in the process of developing a centralized Delegation Oversight Department.	1. Centralized Delegation Oversight Department Framework	1. January 1, 2020	12/24/19 – The following documentation supports the MCP’s efforts to correct this finding:

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<p>The Plan did not allocate sufficient resources to oversee the delegates' subcontracting.</p>	<p>Currently, delegation oversight is conducted throughout the organization by subject matter experts within different departments. While this has been effective, L.A. Care found that some information is kept in its silos. The goal of the new Delegation Oversight department is to centralize all auditing, monitoring, and communication with Delegates.</p> <p>2. The new Delegation Oversight department will send a baseline survey to all delegates to identify their subcontractors.</p> <p>3. Delegation Oversight Department will capture subcontractor arrangements through annual audits of the delegates to ensure the subcontractors agree to the same restrictions and conditions that apply to the</p>	<p>2a. Survey document (Delegation-PPGs) 2b. Survey document (Delegation-Vendors)</p> <p>3. The "Provider Network Operations" audit tool will be updated for 2020 annual audits (pending)</p>	<p>2. December 15, 2019</p> <p>3. January 1, 2020</p>	<ul style="list-style-type: none"> - "Delegation Oversight Department Framework" as evidence that MCP is in the process of developing a new Delegation Oversight Department. The framework includes a model that provides a description of the department which will consist of three specialized verticals: audit, monitoring, and account management. The new department will consist of a Delegation Oversight Committee that will evaluate delegate's performance through continuous oversight of reporting data and review and approve new delegation agreements. - Survey documents (Sub-Delegated Entities and Specialty Vendors) as evidence that the new Delegation Oversight department is identifying all delegate's subcontractors.

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	<p>delegate.</p> <p>4. Compliance will monitor the corrective actions to ensure completion and/or conduct an audit to validate the effectiveness of the CAP.</p>		<p>4. June 30, 2020</p>	<p>01/03/20 – The following additional documentation submitted supports the MCP’s subsequent efforts to correct this finding:</p> <ul style="list-style-type: none"> - Compliance 2020 Audit Schedule as evidence that the Delegation Oversight Department will be conducting annual audits on delegates to ensure that subcontractors are captured in compliance. - Audit tool, “2020 Provider Network Operations Audit Tool” as evidence that MCP is auditing their delegates. MCP’s audit tool oversight of the delegate’s subcontractors. MCP is reviewing that delegates must provide “subcontractor’s name, address, sub-delegated functions, and signed contract and addendums between delegate and subcontractor.”

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				<p>05/29/20 – The following additional documentation submitted supports the MCP’s subsequent efforts to correct this finding:</p> <ul style="list-style-type: none"> - DOAudit-001 – Delegation Oversight Audit Process Policy & Procedure drafted to ensure audits of delegates are properly executed, documented, and evidenced. <p>07/20/20 – The following additional documentation submitted supports the MCP’s subsequent efforts to correct this finding:</p> <ul style="list-style-type: none"> - Audit Results, “2020 Provider Network Operations Annual Report” provides audit results for Citrus Valley Physician Group, St. Vincent IPA, AltaMed Health” (March 2020) as evidence that the MCP does have an oversight and monitoring

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				<p>process in place to evaluate if the delegates provide “subcontractor’s name, address, sub-delegated functions, and signed contract and addendums between delegate and subcontractor.”</p> <p>This finding is closed.</p>
<p>1.2.1 Prior Authorization Requests for Pharmaceutical Services</p> <p>The Plan’s and PBM’s policies and procedures failed to address the need for licensed physician or California-licensed pharmacist in making pharmacy prior authorization decisions.</p>	<p>The implementation of this corrective action plan will take a phased approach at Navitus due to the fact that there is not sufficient available staffing of CA licensed providers to make prior authorization decisions currently.</p> <p>1. 0 – 6 Months. All available CA licensed pharmacists and licensed physicians at Navitus will assist in reviewing and making Medi-Cal prior authorization decisions. However, due to insufficient staffing of CA licensed pharmacists and</p>	<p>Licensure for applicable reviewers and copy of audit template (pending)</p>	<p>1. January 15, 2020</p>	<p>05/13/20 – The MCP submitted following documentation to support its evidence to correct this finding:</p> <p>- MCP’s updated CAP response (05/27/20) confirms the implementation of the new workaround process: “L.A. Care’s PBM (Navitus) has implemented a new review process to assess PA determinations, starting with the time period 5/3/2020 through 5/9/2020, and will continue this on a weekly basis moving forward. A California-licensed pharmacist is working</p>

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	<p>licensed physicians currently, the available CA licensed providers will provide CA and Medi-Cal PA requirements retraining to the non-CA licensed providers.</p> <p>2. The CA licensed pharmacists will conduct a monthly audit of 2 Medi-Cal samples of prior authorization decisions made by the non-CA licensed pharmacists. This equates to approximately 40 PA denial samples per month.</p> <p>3. The non-CA licensed pharmacists will submit applications to the CA Board of Pharmacy for CA licensure.</p> <p>4. 6-12 months: We anticipate that about 2 to 4 Pharmacists will become licensed in CA. The current CA licensed</p>		<p>2. January 15, 2020</p> <p>3. January 15, 2020</p> <p>4. July 1, 2020</p>	<p>through reviewing these determinations. This report is a summary of all reviews, and include all determinations (approved and denied) made by non-California licensed pharmacists.</p> <p>05/27/20 – A sample of weekly audit review “L.A.Care Audit 5.2 to 5.9 Review” (05/02/20 – 05/09/20) demonstrates review of Prior Authorization decisions as the MCP now committed to a CA-licensed pharmacist supervising all reviews, reported weekly.</p> <p>- A sample of Weekly Summary Report “CA PA Reviews 05.22.20” demonstrates details of the weekly audit review of the potential issues identified.</p> <p>Any CA-licensed pharmacist feedback to the original reviewer will be noted within the internal report file as evidence of supporting</p>

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	<p>pharmacists will continue auditing the 2 Medi-Cal PA denials made by the non-CA licensed pharmacists (40 total per month).</p> <p>5. The current CA licensed pharmacists will continue auditing the 2 Medi-Cal PA denials made by the non-CA licensed pharmacists (40 total per month).</p> <p>6. 12+ months: All pharmacists approving or denying Medi-Cal prior authorizations will be licensed in CA.</p> <p>7. Compliance will monitor the corrective actions to ensure completion and/or conduct an audit to validate the effectiveness of the CAP.</p>		<p>5. July 1, 2020</p> <p>6. January 1, 2021</p> <p>7. June 30, 2020</p>	<p>documentation in the medical records of course. (MCP's written response 05/13/20)</p> <p>Furthermore, the MCP stated that the MCP's non-pharmacist approvals are based on system algorithms, as the MCP does not allow operations staff to make clinical determinations. "Any determination not clearly met is routed to a pharmacist for review. These pharmacist reviews are included for assessment if they are not licensed in California." (Written response 05/27/20)</p> <p>05/13/20 – MCP's written response (05/13/20) affirms that Navitus will continue to move toward the ultimate goal of increasing the number of CA-licensed pharmacists.</p> <p>This finding is closed.</p>

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<p>1.2.2 Misclassified Appeals as Prior Authorization Re-Reviews</p> <p>The Plan and its delegated PBM misclassified appeals as prior authorization reviews.</p>	<ol style="list-style-type: none"> 1. Navitus will update internal resources to reflect that new requests with a former adverse determination within the last 60 days are to be routed to the L.A. Care Appeals team. 2. Navitus will train the PA Specialists that work primarily with the L.A. Care line of business on the new process. 3. Navitus will send email communication to all of the PA Specialists/Clinical PA team about the change in process. 4. To determine the potential volume of appeals that will be routed to L.A. Care with this process change, L.A. 	<ol style="list-style-type: none"> 1a. Updates to existing resources (Navitus) 1b. New FAQ Resource Document Created Around Appeals Process 2. Clinical PA Specialist LA Care Appeal Process Change Meeting_Navitus_11.25.19 3a. Email outlining change in process 3b. LA Care Process Change 12.1.19 Navitus Email 2 	<ol style="list-style-type: none"> 1. November 27, 2019 2. November 25, 2019 3. December 1, 2019 4. December 1, 2019 <p>Report to L.A. Care on January 1, 2020</p>	<p>12/04/19 - The following documentation supports the MCP's efforts to correct this finding:</p> <ul style="list-style-type: none"> - MCP Meeting Agenda/Minutes (11/25/19) which provides evidence of documented review and discussion of the Appeals Process Change which become effective the beginning of December 2019. The team was advised that anytime there is a denial on file for the same member and the same medication within the last 60 days, the request is required to be forward to LA Care appeals department. The MCP is no longer able to re-review these request as new request. - An email (11/27/19) which includes a description of the MCP's implementation of their appeal process. This outlines: "All request for the

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	<p>Care conducted a member impact analysis. There will be about 190-220 appeals per month.</p> <p>The process will be updated so that if there is a PA adverse determination on file within the last 60 days, Navitus will forward the request to the L.A. Care Appeals department for review. As a part of the current workflow, Navitus follows APL 17-006; if a PA request document is received and Navitus notices a previous PA denial, they will check the date of denial to make the decision to review as a PA versus routing to LA Care A&G as an appeal. If the denial was issued within the last 60 days, it is routed to LA Care A&G as an appeal. If the denial was issued over 60 days prior to the date</p>			<p>same member and medication finalized within the last 60 days as a denial, regardless of any new information, are to be handled as an appeal for all MCP members.” Employees are urged to check the member’s history when processing new request to ensure this regulatory requirement is met. The MCP is implementing a new appeal process, if a finalized denial is on file and a new request has been received within 60 days, it is a required to be forward to the MCP’s Appeal team to review it as an appeal. The MCP has also updated the client plan to include this information as well as creating a new FAQ for the specialist to assist with the new process.</p> <p>06/26/20 - The following additional documentation supports the MCP’s efforts to</p>

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	<p>of receiving the new request, it is reviewed as a PA by Navitus.</p> <p>These requests will be faxed to L.A. Care Appeals at 1-213-438-5748.</p> <p>5. To ensure effective implementation, the Navitus PA Quality team will pull and review a daily report on all finalized Medi-Cal Approval and Denial prior authorizations for 30 days after the date of implementation. This report will capture any non-compliance with the updated process.</p> <p>6. L.A. Care will explore if utilizing the deferral process, pursuant to APL 17-006, would be preferable in certain cases. This process would supplement the process defined above. The deferral process would be used when information</p>	<p>5. Documentation of the results will be provided to L.A. Care Pharmacy.</p>	<p>5. December 1, 2019</p> <p>6. L.A. Care will notify DHCS as the process is explored and as a determination is made.</p>	<p>correct this finding:</p> <ul style="list-style-type: none"> - An email (6/25/20) which includes the MCP's acknowledgment to the quality assurance process to ensure proper handling of appeal request, which will be monitored through the PA monitoring grid. The MCP has also included an additional column I and J to ensure appeals are correctly routed. This process is being monitored on a monthly bases by the MCP's Pharmacy Team. This MCP also reported this is a process through Navitus and the vendor will be updating their PA team. - Agenda/Meeting Minutes (11/25/19) which provides evidence of the documented review and discussion of the MCP's implemented process change. The MCP confirmed with the team that anytime a denial on for the

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	<p>that is reasonably necessary and requested to render an approval, modification, authorization, or denial is not received within the required timeframe (standard or expedited), and would extend the timeframe by 14 calendar days. Rather than issuing a denial notice to the member, possibly followed by an approval when the necessary information is received, or after an appeal determination, L.A. Care would provide the NOA "delay" template, which may reduce any member confusion.</p> <p>7. Compliance will monitor the corrective actions to ensure completion and/or conduct an audit to validate the effectiveness of the CAP.</p>		<p>7. June 30, 2020</p>	<p>same member and same medication that was within the last 60 days can no longer be re-reviewed or processed as a new request it must be sent forward to the MCP's appeal department.</p> <p>08/31/20 - The following additional documentation supports the MCP's efforts to correct this finding:</p> <p>- DHCS Internal Audit Work plan is outlined to include a timeline and document request list. This is being utilized by the MCP with CAP monitoring being done on a monthly basis and evidence is asked to support the completion of the actions. The MCP is conducting a yearly audit that will then test the effectiveness of the CAP monitoring. The MCP decided to conduct this audit in place of the Annual DHCS audit, which</p>

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				has been suspended until the next calendar year. The next audit will take place 11/30/20. This finding is closed
2. Case Management and Coordination of Care				
<p>2.1.1 Sponsor did not coordinate and monitor CCS services</p> <p>The Plan did not coordinate or monitor CCS services through case management.</p>	<p>1. Clinical Assurance will develop a CCS Monitoring Program to review the delegates, plan partners, and internal utilization management CCS case files on a quarterly basis.</p> <p>2. Clinical Assurance will create L.A. Care's CCS Desktop Procedure that will outline Clinical Assurance's benchmarks and monitoring process.</p> <p>3. Clinical Assurance will create training materials focusing on the CCS requirements as well as Clinical Assurance's</p>	<p>1. MMUM-068 CCS Program Policy & Procedure</p> <p>2a. Draft CCS Monitoring Desktop (pending) 2b. CCS Quarterly Reporting Template (pending)</p> <p>3a. Training Materials (pending) 3b. Outlook invitation</p>	<p>1. January 31, 2020</p> <p>2. January 31, 2020.</p> <p>3. January 31, 2020</p>	<p>02/11/12 – The following documentation supports the MCP's efforts to correct this finding:</p> <ul style="list-style-type: none"> - Updated <i>P&P, MMUM-068 CCS Program Policy & Procedure</i> was amended to include monitoring and coordination of CCS services with case management. - MCP's CCS Desktop Procedure outlines to Clinical Assurance staff the monitoring process of providers' (PPG & PPs) and MCP's UM department's fulfillment of CCS requirements, the necessary documents, acceptable benchmarks,

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	<p>Monitoring Program</p> <p>4. CA will work with leadership in developing a model to include dedicated staff to support Clinical Assurance's future CCS Monitoring Program.</p> <p>5. Compliance will monitor the corrective actions to ensure completion and/or conduct an audit to validate the effectiveness of the CAP.</p>	<p>January (pending) 3c. Sign-In Sheet (pending)</p> <p>4. Draft CCS Staffing Model (pending)</p>	<p>4. January 31, 2020</p> <p>5. June 30, 2020</p>	<p>and reporting process of monitoring results.</p> <ul style="list-style-type: none"> - MCP's 2020 Clinical Assurance CCS Audit Tool Final was submitted to fulfill the CCS Quarterly Reporting Template deliverable which monitors and scores providers (PPG and Plan Partners) fulfillment of CCS requirements for select audit periods. - 2020 Clinical Assurance (CA) CCS and IHA Staff Model illustrates the dedicated staff to support CA's CCS Monitoring program along with a description of their CCS monitoring responsibilities. <p>05/27/20 - The following additional documentation submitted supports the MCP's subsequent efforts to correct this finding:</p>

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				<ul style="list-style-type: none"> - CCS Audio PowerPoint as training material for delegates. - MCP email attesting that all delegates have completed their training. <p>This finding is closed.</p>
<p>2.1.2 Screening tools not consistently used as part of Initial Health Assessment</p> <p>The Plan did not have an effective system to ensure that all components of the IHA are completed.</p>	<ol style="list-style-type: none"> 1. Update L.A. Care’s internal policy to include appropriate documentation of appropriate screening tools to include in IHA. 2. Enhance the Clinical Assurance monitoring process to ensure all appropriate screening tools are completed with the IHA process by enhancing an IHA Monitoring Program to review the delegates, and other internal L.A. Care departments on a quarterly basis using case file monitoring tools and scorecards. All non-compliance will be 	<ol style="list-style-type: none"> 1. IHA Policy and Procedure (pending) 2a. Clinical Assurance and Facility Site Review P&Ps (pending) 2b. Annual Audit P&Ps (pending) 2c. Internal Audit Form (pending) 	<ol style="list-style-type: none"> 1. February 29, 2020 2. March 31, 2020 	<p>04/10/20 - 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, “QI-047: Initial Health Assessment (IHA)” (02/24/20) which has been amended to include for new Plan members who choose their current PCP as their new plan PCP, an IHA still needs to be completed within 120 days of enrollment (page 4). The MCP’s Delegation Oversight will request a universe of all IHAs conducted for the entire year. From that, the Delegation Oversight audit team selects a

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	<p>addressed through training and CAP issuance as needed. We will ensure optimal Facility Site Review Audit process as well and communication between Facility Site Review and Clinical Assurance. Enhance annual audit of IHA process by L.A. Care's new Delegation Oversight department. Compliance will monitor and audit the CAPs to verify their effectiveness after they are fully implemented.</p> <p>3. Update L.A. Care's training materials for Providers to include appropriate screening tools such as the IHEBA/SHA and include periodic communication to providers on IHA requirements in Provider newsletters. Clinical Assurance will also develop a training on the IHA Monitoring Program. Training materials will be</p>	<p>3a. Provider Onboarding and Refresher Training (pending)</p> <p>3b. IHA Monitoring Training (pending)</p> <p>3c. PULSE newsletter</p>	<p>3. January 31, 2020</p>	<p>sample of 20 IHA files per delegate. Those results are collected in the Final Audit Findings report with an annual audit percent completion and passing score (pages 15-16).</p> <p>- Updated P&P, "Clinical Assurance (CA) Initial Health Assessment (IHA) Monitoring Program" as evidence that the MCP is monitoring their IHA process. The Clinical Assurance Nurse, will make a selection of 10 cases for each Participating Physician Group (PPG) per quarter with members who recently had an IHA. Files are reviewed and monitored to ensure that screening tools are consistently used as part of IHA. Also, files will be reviewed and monitored to ensure there is adequate documentation of attempts to schedule an IHA. Documentation of outreach to member is documented in the chart, or electronic record or evidence of mailing (pages 2-3).</p>

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	<p>created by January 31, 2020.</p> <p>4. L.A. Care’s Clinical Assurance department will develop a staffing model to ensure sufficient resources are available to support Clinical Assurance’s future IHA Monitoring Program.</p> <p>5. Compliance will monitor the corrective actions to ensure completion and/or conduct an audit to validate the effectiveness of the CAP.</p>	<p>(pending)</p> <p>4.Draft IHA Staffing Model (pending)</p>	<p>4. January 31, 2020</p> <p>5. June 30, 2020</p>	<p>- “IHA Audit Tool” (2020) as evidence that that the MCP is monitoring the components of the IHEBA/SHA administered as part of the IHA in their annual audits. The Audit Tool checks if the IHA was performed within 90 days and to have all existing members complete the IHEBA at their next non-acute care visit. The Audit Tool also checks if the medical record reflects a SHA/IHEBA assessment has been: administered and reviewed by the primary care provider during an office visit, review at least annually by the primary care provider with member show present for a scheduled visit, and re-administered by the primary care provider at the appropriate age levels.</p> <p>- PowerPoint training, “Assessing Members’ Health” as evidence that the MCP is providing onboarding training and refresher training to Participating Physician Groups</p>

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				<p>and Direct Network Providers. The training covers an overview of the SHA/IHEBA requirements and process (slides 5-6).</p> <p>- PowerPoint training, “Focus on Initial Health Assessment (IHA) Requirements and New Monitoring Program” (03/20/20) as evidence that the MCP is providing IHA requirements training to their delegates. The training covers the IHA timeframes, SHA/IHEBA requirements, 2019 DHCS findings/Corrective Actions needed, IHA Monitoring Program, file audits of IHAs, and monitoring tool.</p> <p>- “Pulse Newsletter” (02/15/2020) draft language for an article that explains the IHA and SHA. The article explains the requirement and completion of the IHEBA/SHA. The MCP requests providers check the Provider Portal for a monthly list of assigned members due for an IHA. Providers should document</p>

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				<p>member outreach attempts and any member refusal to complete either an IHA or the SHA.</p> <p>This finding is closed.</p>
<p>2.1.3 Members not consistently contacted to schedule an IHA</p> <p>The Plan did not have an effective system to ensure that attempts to call the member and schedule the IHA were documented as requirement by the Contract.</p>	<ol style="list-style-type: none"> 1. Enhance policy and procedure for provider and PPG documentation of IHA scheduling attempts. 2. Update L.A. Care’s training materials for Providers to include documentation of providers’ outreach calls to patients to schedule an IHA and include periodic communication to providers on IHA requirements in Provider newsletters. Clinical Assurance will also develop a training on the IHA Monitoring Program. Training materials will be created by January 31, 2020. 3. Enhance the Clinical 	<ol style="list-style-type: none"> 1. IHA Policy and Procedure (pending) 2a. Provider Onboarding and Refresher Training (pending) 2b. IHA Monitoring Training (pending) 2c. PULSE newsletter (pending) 3a. Clinical 	<ol style="list-style-type: none"> 1. February 29, 2020 2. January 31, 2020 3. March 31, 2020 	<p>04/10/20 - 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, “QI-047: Initial Health Assessment (IHA)” (02/24/20) which states that a dialer report is available daily that reports the call outcome (e.g. live agent connect (member stays connected for 15 seconds or longer), busy, disconnected, etc.) and stored by CSC (page 11). For delegated PPG/Direct Network PCP Procedures, all attempts to contact the member to schedule an IHA or IHEBA are documented by the PGP or PCP in an electronic tracker (e.g.

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	<p>Assurance monitoring process to ensure documentation of outreach to schedule IHA is included in patients' and/ or PPG's records by enhancing an IHA Monitoring Program to review the delegates, and other internal L.A. Care departments on a quarterly basis using case file monitoring tools and scorecards. All non-compliance will be addressed through training and CAP issuance as needed. We will ensure optimal Facility Site Review Audit process as well as communication between Facility Site Review and Clinical Assurance. Enhance annual audit of IHA process by L.A. Care's new Delegation Oversight department. Compliance will monitor and audit the CAPs to verify their effectiveness after they are fully implemented.</p>	<p>Assurance and Facility Site Review P&Ps (pending)</p> <p>3b. Annual Audit P&Ps (pending)</p> <p>3c. Internal Audit Form (pending)</p>		<p>Excel file) or electronic health record in which reports can be extracted (page 13).</p> <p>- "Pulse Newsletter" (02/15/2020) draft language for an article that explains the IHA and SHA. The article explains the requirement and completion of the IHEBA/SHA. The MCP requests providers check the Provider Portal for a monthly list of assigned members due for an IHA. Providers should document member outreach attempts and any member refusal to complete either an IHA or the SHA.</p> <p>- Updated P&P, "Clinical Assurance (CA) Initial Health Assessment (IHA) Monitoring Program" as evidence that the MCP is monitoring their IHA process. The Clinical Assurance Nurse, will make a selection of 10 cases for each Participating Physician Group (PPG) per quarter with members who recently had an IHA. Files are reviewed and monitored to</p>

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	<p>4. L.A. Care’s Clinical Assurance department will develop a staffing model to ensure sufficient resources are available to support Clinical Assurance’s future IHA Monitoring Program.</p> <p>5. Compliance will monitor the corrective actions to ensure completion and/or conduct an audit to validate the effectiveness of the CAP.</p>	<p>4. Draft IHA Staffing Model (pending)</p>	<p>4. January 31, 2020</p> <p>5. June 30, 2020</p>	<p>ensure that screening tools are consistently used as part of IHA. Also, files will be reviewed and monitored to ensure there is adequate documentation of attempts to schedule an IHA. Documentation of outreach to member is documented in the chart, or electronic record or evidence of mailing (pages 2-3).</p> <p>05/08/20 - The following additional documentation submitted supports the MCP’s subsequent efforts to correct this finding:</p> <p>- “IHA Outreach Call Report,” (March 2020) as evidence that the MCP is monitoring and documenting attempts to contact members to schedule an IHA. The Dialer Report is available daily that reports the call outcome (e.g. live voice connect, busy, disconnected, answering machine, etc.) and stored by the CSC.</p> <p>- Written response from the</p>

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				<p>MCP (05/08/20) which describes how the Clinical Assurance Department is implementing a quarterly monitoring program to assess the MCP's Delegates activity in relation to Initial Health Assessments (IHA). The Clinical Assurance team will be performing a randomly selected case file reviews to assess the Delegates compliance with the IHA requirements with a focus on the 2019 DHCS Medical Audit findings. The MCP plans to conduct the monitoring activities starting May 15, 2020. Each quarterly review is conducted within a 30-45 day timeframe once complete files are received. IHA Monitoring will also include a review to ensure that the PCP/PPG makes reasonable attempts to contact a member and schedule an IHA.</p> <p>This finding is closed.</p>
2.1.4 IHAs not completed	1. Update L.A. Care's internal policy to include appropriate	1. IHA Policy and	1. February 29, 2020	05/08/20 – The following documentation supports the

Deficiency Number and Finding	Action Taken	Supporting Documentation	Implementation Date* (*Short-Term, Long-Term)	DHCS Comments
<p>for new Plan members with existing PCPs</p> <p>The Plan does not have policies and procedures to ensure that an IHA still needs to be completed and updated for new Plan members who choose their existing PCPs.</p>	<p>documentation of IHA requirements for new Plan members with existing PCP. If previous IHA is unsatisfactory or unobtainable, new IHA is needed.</p> <p>2. Optimize the process to obtain past IHAs and share with new provider.</p> <p>3. Enhance the Clinical Assurance monitoring process to ensure new plan members with existing PCP have IHA reviewed and documented or complete a new IHA as part of the IHA process by enhancing an IHA Monitoring Program to review the delegates, and other internal L.A. Care departments on a quarterly basis using case file monitoring tools and scorecards. All non-compliance will be addressed through training</p>	<p>Procedure (pending)</p> <p>2. IHA Policy and Procedure (pending)</p> <p>3a. Clinical Assurance and Facility Site Review P&Ps (pending)</p> <p>3b. Annual Audit P&Ps (pending)</p> <p>3c. Internal Audit Form (pending)</p>	<p>2. February 29, 2020</p> <p>3. January 31, 2020</p>	<p>MCP's efforts to correct this deficiency:</p> <p>- Newly developed P&P, "QI-047:Initial Health Assessment" (02/24/20) which has been developed to incorporate that new plan members who choose their current PCP as their new plan PCP provider, an IHA still needs to be completed within 120 days of enrollment.</p> <p>This finding is closed.</p>

Deficiency Number and Finding	Action Taken	Supporting Documentation	Implementation Date* (*Short-Term, Long-Term)	DHCS Comments
	<p>and CAP issuance as needed. We will ensure optimal Facility Site Review Audit process as well and communication between Facility Site Review and Clinical Assurance. Enhance annual audit of IHA process by L.A. Care's new Delegation Oversight department. Compliance will monitor and audit the CAPs to verify their effectiveness after they are fully implemented.</p> <p>4. Update L.A. Care's training materials for Providers to include IHA requirements for new plan members with an existing PCP and include periodic communication to providers on IHA requirements in Provider newsletters. Clinical Assurance will also develop a training on the IHA Monitoring Program. Training materials will be created by January 31,</p>	<p>4a. Provider Onboarding and Refresher Training (pending)</p> <p>4b. IHA Monitoring Training (pending)</p> <p>4c. PULSE newsletter (pending)</p>	<p>4. March 31, 2020</p>	

Deficiency Number and Finding	Action Taken	Supporting Documentation	Implementation Date* (*Short-Term, Long-Term)	DHCS Comments
	<p>2020.</p> <p>5. L.A. Care’s Clinical Assurance department will develop a staffing model to ensure sufficient resources are available to support Clinical Assurance’s future IHA Monitoring Program.</p> <p>6. Compliance will monitor the corrective actions to ensure completion and/or conduct an audit to validate the effectiveness of the CAP.</p>	<p>5. Draft IHA Staffing Model (pending)</p>	<p>5. January 31, 2020</p> <p>6. June 30, 2020</p>	
<p>2.1.5 IHAs for members residing in Institutional Facilities</p> <p>The Plan did not have a process in place to ensure that IHAs were completed for members residing in IMD, and the Plan had no alternative methods to ensure completion of their</p>	<p>1. Update L.A. Care’s internal policy to include appropriate documentation of IHA process for IMD members.</p> <p>2. L.A. Care will collaborate with the Department of Mental Health and the IMDs to receive a monthly census reports directly from the IMDs. We will design a process to assign, train and monitor PCPs and/ or IMD staff to perform the IHA process.</p>	<p>1.IHA Policy and Procedure (pending)</p> <p>2. IHA Reports including PCP assignment for IMD members (pending)</p>	<p>1. February 29, 2020</p> <p>2. March 31, 2020</p>	<p>05/11/20 – The following documentation supports the MCP’s efforts to correct this deficiency:</p> <p>- MCP’s written response, “Monitoring narrative/timeline” (05/11/20) which affirms that monitoring of the IHA completion for members residing in IMDs is expected to begin by the end of 2020 and results would be available for review by first quarter of 2021.</p>

Deficiency Number and Finding	Action Taken	Supporting Documentation	Implementation Date* <small>(*Short-Term, Long-Term)</small>	DHCS Comments
IHAs as required by Policy Letter 08-003.	<p>3. Enhance the Clinical Assurance monitoring process to ensure members residing in IMDs are included in the IHA process and receive an IHA by enhancing an IHA Monitoring Program to review the delegates, and other internal L.A. Care departments on a quarterly basis using case file monitoring tools and scorecards. All non-compliance will be addressed through training and CAP issuance as needed. We will ensure optimal Facility Site Review Audit process as well as communication between Facility Site Review and Clinical Assurance. Enhance annual audit of IHA process by L.A. Care's new Delegation Oversight department. Compliance will monitor and audit the CAPs to verify their effectiveness</p>	<p>3a. Clinical Assurance and Facility Site Review P&Ps (pending)</p> <p>3b. Annual Audit P&Ps (pending)</p> <p>3c. Internal Audit Form (pending)</p>	3. March 31, 2020	<p>In the meantime, L.A. Care's Behavior Health Department is currently receiving the IMD census and is collaborating with Managed Long Term Services and Supports (MLTSS) to share information to support MLTSS's monitoring of IHA completion at IMDs. MLTSS has added the IHA requirements to their policy MLTSS-013 and also to their check-lists for monitoring long term care facilities, including IMDs.</p> <p>The MCP is in the process of contracting with Primary Care Providers (PCPs) who make rounds at IMDs to complete the IHAs for members within the IMDs when the facility cannot meet the obligation (expected to have completed contracts with these PCPs by the end of 2020). The MCP is also exploring adding compensation for IHA completion for these PCPs who complete the IHA if the Facility does not complete.</p>

Deficiency Number and Finding	Action Taken	Supporting Documentation	Implementation Date* (*Short-Term, Long-Term)	DHCS Comments
	<p>after they are fully implemented.</p> <p>4. Update L.A. Care’s training materials for Providers who care for members residing in IMDs and include periodic communication to these providers on IHA requirements. Clinical Assurance will also develop training on the IHA Monitoring Program. Training materials will be created by January 31, 2020.</p> <p>5. L.A. Care’s Clinical Assurance department will develop a staffing model to ensure sufficient resources are available to support Clinical Assurance’s future IHA Monitoring Program.</p> <p>6. Compliance will monitor the corrective actions to ensure completion and/or conduct an audit to validate the effectiveness of the CAP.</p>	<p>4.a. Provider Onboarding and Refresher Training (pending)</p> <p>4.b. IHA Monitoring Training (pending)</p> <p>4.c. PULSE newsletter (pending)</p> <p>5. Draft IHA Staffing Model (pending)</p>	<p>4. January 31, 2020</p> <p>5. January 31, 2020</p> <p>6. June 30, 2020</p>	<p>The MCP has developed a Tableau dashboard for monitoring members’ potential completion of the IHA (based on CPT codes) and a flag for members within the IMD facilities is being added. This dashboard is used by Clinical Assurance and Delegation Oversight teams to prioritize IHA monitoring with PPGs and PCPs. Additionally, on a quarterly basis, the dashboard is used to provide year to date rates to the Quality Steering Committee.</p> <p>- PowerPoint Provider IHA trainings and corresponding sign in sheets, “Assessing Member’s Health and Member Centric Care Management Process” which is being provided for PPG’s and Direct Network Providers for Provider Onboarding and refresher training.</p> <p>- PowerPoint, IHA Training</p>

Deficiency Number and Finding	Action Taken	Supporting Documentation	Implementation Date* <small>(*Short-Term, Long-Term)</small>	DHCS Comments
				<p>PPG, "Focus on Initial Health Assessment (IHA) Requirements & New Monitoring Program" (March 2020) as evidence that all members must be assigned a PCP who conducts an IHA, including for those member's residing in an Institution for Mental Diseases (IMD).</p> <p>This finding is closed.</p>
<p>2.4.2 Non-Emergency Medical Transportation (NEMT) Providers not Enrolled in Medi-Cal</p>	<p>1. Effective October 28, 2019, L.A. Care has increased oversight and monitoring of our transportation vendor <i>Call the Car</i> to ensure Medi-Cal enrollment is confirmed for any new provider joining Call the Car's network prior</p>	<p>1. Call the Car's Contract, Exhibit O.2.</p>	<p>1. October 28, 2019</p>	<p>12/20/19 - The following documentation supports the MCP's efforts to correct this finding:</p> <p>- Call the Car's Contract, Exhibit O.2 details the MCP's vendor's responsibilities for screening</p>

Deficiency Number and Finding	Action Taken	Supporting Documentation	Implementation Date* <small>(*Short-Term, Long-Term)</small>	DHCS Comments
<p>The Plan failed to monitor the Transportation Vendor's enrollment and screening process, to ensure that all NEMT providers were enrolled in the Medi-Cal Program.</p>	<p>to transportation services being rendered. L.A. Care requires the confirmation of Medi-Cal enrollment on <i>Call the Car's</i> weekly network report to the Plan so that the vendor's enrollment process can be continuously monitored.</p> <p>2. On October 25, 2019, L.A. Care had a webinar call with <i>Call the Car</i> to discuss the topic of Medi-Cal enrollment. All subcontracted Providers under CTC are either Medi-Cal enrolled or pending DHCS's approval to get Medi-Cal enrolled. In efforts for both L.A. Care and <i>Call the Car</i> to monitor Medi-Cal enrollment, CTC was required to update an existing weekly transportation network report to include an additional column detailing each vendor's Medi-Cal ID number or if their application is still pending</p>	<p>2a. Updated Weekly Transportation Network Report</p> <p>2b. Call the Car's Initial Credentialing of Subcontracted Providers Policy.</p> <p>2c. Provider Network Management Oversight and Monitoring Policy and Procedure.</p>	<p>2. October 25, 2019</p>	<p>and re-enrolling licensed transportation providers with whom it contracts. This includes ensuring contracted providers are not barred from participation in Medi-cal.</p> <p>- Call the Car Weekly Transportation Network Report 11/18/19 serves as evidence that the MCP's transportation vendor is reporting the Medi-Cal enrollment status of its contracted providers to the MCP on a weekly basis. All providers are either enrolled or enrollment pending with DHCS.</p> <p>- Call the Car policy of Initial Credentialing of Subcontracted Providers requires all subcontractors transporting Medi-Cal members to be enrolled in the Medi-Cal system and have an NPI number verified to transport Medi-Cal members. Subcontractors must be enrolled as a Medi-Cal partner and submit NPI for verification.</p>

Deficiency Number and Finding	Action Taken	Supporting Documentation	Implementation Date* (*Short-Term, Long-Term)	DHCS Comments
	<p>approval.</p> <p>2.1. For current subcontracted providers that have already applied for a Medi-Cal provider ID but are pending approval, the Plan requests for <i>Call the Car</i> to provide a copy of each DHCS confirmation letter. All credentialing audits will continue with Medi-Cal enrollment at the forefront.</p> <p>3. Compliance will monitor the corrective actions to ensure completion and/or conduct an audit to validate the effectiveness of the CAP.</p>		<p>3. June 30, 2020</p>	<p>- NEMT & NMT Oversight and Monitoring Program details the MCP's monitoring of its transportation providers and subcontractors. This includes requiring the transportation vendor to inform the MCP of the Medi-Cal status of its subcontractors.</p> <p>This finding is closed.</p>
<p>2.4.3 PCS Form Not Completed</p> <p>The Plan did not follow their policy and procedures as required by APL 17-010.</p>	<p>1. The UM non-clinical staff will be trained that transportation requests cannot be processed without a completed PCS form.</p> <p>2. The UM Department will</p>	<p>1a. Training material – Training Job Aid-Member Initiated SARs</p> <p>1b. Training attestation form (pending)</p> <p>2a.</p>	<p>1. January 3, 2020</p> <p>2. December 1, 2019</p>	<p>12/20/19 - The following documentation supports the MCP's efforts to correct this finding:</p> <p>- Transportation Services Job Aid instructs that providers are required to submit fully completed PCS for NEMT services. It also contains a</p>

Deficiency Number and Finding	Action Taken	Supporting Documentation	Implementation Date* (*Short-Term, Long-Term)	DHCS Comments
	<p>develop a workflow for managing member-initiated prior authorizations for transportation, with staff education/training.</p> <p>3. Provider Network Management (PNM) has proactively identified a number of authorizations and PCS forms that will be expiring by December 31, 2019. With that, PNM has partnered with the Customer Solutions Center (CSC) to implement a call campaign where CSC will be outreaching to the Providers to request that they submit a new PCS form for the Members before it expires. As a result, Members will have continued access to care. The outreach was implemented on October 24, 2019 with a completion date of December 15, 2019.</p> <p>4. The Provider Network</p>	<p>Transportation Services Job Aid</p> <p>3a. Updated PCS Form 3b. Call campaign script 3c. Impact analysis/report</p> <p>4. Transportation</p>	<p>3. October 24, 2019</p> <p>4. November 12, 2019</p>	<p>gatekeeping process to ensure the providers submit the completed PCS form.</p> <p>- Updated PCS Form, Call Campaign Script and Impact Analysis Report serve as evidence the MCP is conducting an outreach campaign to providers to request that they submit new PCS forms for the members before the form expires.</p> <p>- NEMT and NMT Transportation Benefits webinar slides was used to educate the MCP's network on the MCP's transportation process.(11/12/19) The slides include the instructions for completing the new PCS form, and the submission process for the PCS form.</p> <p>- Transportation Update memo. (11/22/19)</p> <p>02/26/20 - The following additional documentation supports the MCP's efforts to</p>

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	<p>Management (PNM) team conducted a webinar to re-educate the network on the Plan's transportation processes to bring their knowledge up to date. Also, PNM provided training on the Plan's new PCS form submission process to ensure that PCS forms are submitted for all NEMT requests effective January 1, 2020.</p> <p>5. Additionally, PNM will partner with UM to draft and then issue a communication to providers to remediate on timely completion of the state-mandated PCS form.</p> <p>6. Policy MMUM-060 will be updated to include both provider-initiated and member-initiated transportation SARs. This modification will be presented at the next Utilization Management Committee meeting for</p>	<p>Training Slide Deck</p> <p>5.Provider Communication (pending)</p> <p>6.Updated MMUM-060 policy or addendum to MMUM-060 (pending)</p>	<p>5. December 20, 2019</p> <p>6. January 17, 2020</p>	<p>correct this finding:</p> <ul style="list-style-type: none"> - Transportation Update communication to providers instructs providers that PCS forms are required before NEMT can be arranged. The memo contains instructions for sending the PCS to the MCP and includes the PCS form. - Updated MMUM-060 requires PCS form submissions prior to the provision of NEMT services. <p>This finding is closed.</p>

Deficiency Number and Finding	Action Taken	Supporting Documentation	Implementation Date* (*Short-Term, Long-Term)	DHCS Comments
	<p>vetting and approval on December 17, 2019. It will then be forwarded through the appropriate LAC channels for final approval and publication.</p> <p>7. Compliance will monitor the corrective actions to ensure completion and/or conduct an audit to validate the effectiveness of the CAP.</p>		<p>7. June 30, 2020</p>	
<p>2.5.1 Continuity of Care Approval Letters The Plan's COC approval letter did not include all required elements as stated in the <i>APL 18-008</i>.</p>	<p>1. The revised COC approval letter will be resubmitted to regulatory agencies for review and approval.</p> <p>2. L.A. Care Delegation Oversight Department will communicate the revised, approved letter to delegates.</p> <p>3. L.A. Care Compliance</p>	<p>1a. Revised letter (pending) 1b. Email to evidence resubmission to regulatory agencies (pending)</p> <p>2. Email communication and receipt tracking confirmation (pending)</p> <p>3a. Podio</p>	<p>1. December 17, 2019</p> <p>2. January 31, 2020</p>	<p>12/24/19 – The following documentation supports the MCP's efforts to correct this finding:</p> <ul style="list-style-type: none"> - Review & Approval flowchart, "Project Request, Member Communications, and Provider Communications" as evidence that MCP's Compliance Department's M&F unit is responsible for member letter template content and accuracy. The process was redesigned to ensure final review and approval is conducted by

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	<p>Department's Marketing and Fulfillment (M&F) unit is now the responsible/accountable party for member letter template content and accuracy. M&F ensures accurate and timely updates to member letter templates and is responsible for final review and obtaining regulatory approval. As a result, updates were made to Podio (the system used to review and approve member materials) workflows and the process was redesigned to ensure final review and approval is conducted by M&F unit.</p> <p>4. L.A. Care Compliance Department's M&F unit will provide education and training to management and staff regarding the Podio material review process specific to member letter templates.</p>	<p>Material Review Process FAQ 3b. Podio Material Review and Approval Workflow</p> <p>4. Training material and sign in sheets (pending)</p>	<p>3. September 1, 2019</p> <p>4. January 31, 2020</p>	<p>M&F unit.</p> <p>01/07/20 – The following additional documentation submitted supports the MCP's efforts to correct this finding:</p> <ul style="list-style-type: none"> - Revised COC Approval Letter template that includes all required elements stated in <i>APL 18-008</i>. - An email communication between the MCP and DHCS' Managed Care Operations Division (MCO) as evidence that MCO approved MCP's updated COC approval letter template (01/02/20). <p>04/01/20 – The following additional documentation submitted supports the MCP's efforts to correct this finding:</p> <ul style="list-style-type: none"> - Email to Providers (2/21/20) directing them to implement the most current Continuity of Care Approval Letter

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	5. Compliance will monitor the corrective actions to ensure completion and/or conduct an audit to validate the effectiveness of the CAP.		5. June 30, 2020	<p>template approved by MCODE – DHCS.</p> <p>04/13/20 - The following additional documentation submitted supports the MCP’s efforts to correct this finding:</p> <ul style="list-style-type: none"> - Podio training material and “Marketing Review & Approval Process Training Module (LMS) Staff Completion of Required Training Excel” spreadsheet of staff trained on Podio review and member letter production template and approval process. <p>This finding is closed.</p>
3. Access and Availability of Care				
<p>3.4.1 Investigational Services</p> <p>The Plan failed to provide accurate information in the</p>	1. Specific language has been added in Section 8 of the 2020 Member Handbook to include the information in CCR, Title 22, section 51303.	<p>1a. 2020 Medi-Cal EOC</p> <p>1b. DHCS Approval Communication</p> <p>1c. L.A. Care's 2020 DHCS</p>	1. In progress with the 2020 EOC. DHCS provided the AIR for the 2020. There was not finding in DHCS and DMHC’s review of the 2020	<p>12/05/19 - The following documentation supports the MCP’s efforts to correct this finding:</p> <ul style="list-style-type: none"> - 2020 Medi-Cal EOC Member Handbook has been amended to

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2018 Member Handbook regarding investigational “drug” services, which is not part of the Evidence of Coverage or Member Handbook template.	<ol style="list-style-type: none"> 2. L.A. Care Medi-Cal Administration facilitates a bi-weekly Medi-Cal Member Material Workgroup which ensures that all L.A. Care core functional areas and departments responsible for contributing to member material adhere to their relevant regulatory requirements and statutes. Thus, the materials they create to inform members captures the details required by the regulators. This workgroup addresses new member welcome packages, annual mailings, EOC and other member informing material. 3. Compliance will monitor the corrective actions to ensure completion and/or conduct an audit to validate the effectiveness of the CAP. 	EOC – Approved	<ol style="list-style-type: none"> EOC for this factor. 2. Ongoing 3. June 30, 2020 	<p>provide accurate information and clearly document the requirements of CA Code of Regulations 51303, in regards to investigational “drug” services (Section 8, page 96).</p> <p>- MCP obtained final approval of 2020 EOC from DHCS/MCOD in December 2019.</p> <p>This finding is closed</p>
3.4.2 Provider Screening	1. Monthly, Navitus and L.A. Care Pharmacy will	1. Desktop Procedure –		12/05/19 - The following documentation supports the

Deficiency Number and Finding	Action Taken	Supporting Documentation	Implementation Date* (*Short-Term, Long-Term)	DHCS Comments
<p>and Enrollment</p> <p>The Plan failed to comply with the requirements in <i>APL 17-019</i> regarding Provider Screening/Enrollment.</p>	<p>continue to download the state produced Enrolled Medi-Cal Providers Pharmacy file and compare this to the Navitus contracted Medicaid pharmacies.</p> <p>2. Navitus will modify its current practice. Going forward, Navitus will reach out to the pharmacies to check enrollment status and/or intent to enroll. The intent to enroll is a verbal attestation informing Navitus the affected pharmacies have already submitted their application and are in a pending status; or that are in the process of submitting their applications. Navitus Medi-Cal pharmacies not intending to enroll with Medi-Cal will be reviewed and terminated as soon as contractually possible (90 days). Currently, there are 19 pharmacies not intending</p>	<p>Pharmacy Terminations</p> <p>2. Evidence of termination (pending)</p>	<p>2. March 16, 2020</p>	<p>MCP's efforts to correct this finding:</p> <ul style="list-style-type: none"> - Desktop Procedure: Pharmacy Terminations outlines the steps of the pharmacy removal process which includes Navitus as the entity responsible for the terminations. A template is then created to notify LA care of the update and which pharmacies will be termed on which day. <p>01/09/20 - The following additional documentation submitted supports the MCP's subsequent efforts to correct this finding:</p> <ul style="list-style-type: none"> - Desktop Procedure: Enrolled Medi-Cal FFS Provider (08/02/19) was amended on 11/27/19 and serves as the guide for validating if pharmacies have been contracted and enrolled through Medi-cal. - Updated P &P, "Network Pharmacy Credentialing

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	<p>to enroll which impact 572 members. The notification of termination will be made on December 17, 2019 and the actual terminations will be effective 90 days from the date of the notification (March 16, 2020).</p> <p>3. L.A. Care retrieved list of pharmacies who intend to enroll with Medi-Cal. L.A. Care will continue to monitor the state produced monthly Enrolled Medi-Cal Providers list to confirm enrollment status. Currently there are 191 pharmacies which impact 18,852 members.</p> <p>Of the 191 pharmacies who stated that they have already applied or will apply, only 6 pharmacies have not started the application process. The other 185 pharmacies have submitted their application to DHCS.</p>		<p>3. November 18, 2019 and ongoing</p>	<p>Process” is evidence that the MCP has amended their P &P to include important oversight monitoring that will take place monthly to ensure review of the CA State Provider Enrollment files. The pharmacy will be excluded if they contracted with Medicaid, they must be enrolled in Medi-Cal or will be rejected on the provider list.</p> <p>-Sample reports including: LAC Monitoring of Pharmacies (11/2019) (12/2019) and List of Pharmacies Terminating serves as evidence of the MCPs monitoring efforts to properly confirm pharmacies are registered within Medi-Cal and give proper notification of termination to those who are not.</p> <p>This finding is closed</p>

Deficiency Number and Finding	Action Taken	Supporting Documentation	Implementation Date* <small>(*Short-Term, Long-Term)</small>	DHCS Comments
	<p>4. L.A. Care Pharmacy department and the Navitus team will conduct monthly monitoring of Enrolled Medi-Cal Pharmacy file for quality assurance. The validation that is completed internally by L.A. Care Pharmacy would be the QA process.</p> <p>5. Compliance will monitor the corrective actions to ensure completion and/or conduct an audit to validate the effectiveness of the CAP.</p>	<p>4.Desktop procedure – Enrolled Medi-Cal FFS Provider</p>	<p>4. August 2, 2019</p> <p>5. June 30, 2020</p>	
<p>3.4.3 Member Notification of Provider Termination</p> <p>The Plan failed to identify procedures for provider termination and member notification in its policy. The Plan also failed to monitor its delegated PBM's compliance to provider terminations</p>	<p>1. The Policy and Procedure “Terminating Pharmacies in the Pharmacy Network” was updated to reflect CFR 42 §438.10(f)(1). The internal processes will be updated to ensure member notifications are delivered within 15 calendar days after the receipt or issuance of the pharmacy termination notice.</p> <p>2. A weekly auditing for quality assurance will be completed</p>	<p>1. Revised P&P– “Terminating Pharmacies in the Pharmacy Network”</p> <p>2. Results (pending)</p>	<p>1. December 1, 2019</p> <p>2. December 1, 2019</p>	<p>12/05/19 - The following documentation supports the MCP’s efforts to correct this finding:</p> <p>-Updated P & P, “Terminating Pharmacies in the Pharmacy Network” has been amended to include member notice of terminations in writing 15 calendar days after the receipt or issuance of the termination reflective of 42 CRF 438.10 (f)(1). (Page 3)</p>

Deficiency Number and Finding	Action Taken	Supporting Documentation	Implementation Date* <small>(*Short-Term, Long-Term)</small>	DHCS Comments
and timely written member notification in its annual delegation audit.	for a minimum of 90 days. 3. Compliance will monitor the corrective actions to ensure completion and/or conduct an audit to validate the effectiveness of the CAP.		Report – January 1, 2020 3. June 30, 2020	<p>01/09/20 - The following additional documentation submitted supports the MCP's subsequent efforts to correct this finding:</p> <p>- Sample Report, "Termination Monitoring 2020" is evidence of the MCP effective monitoring of the terminated pharmacies on a weekly bases to ensure proper notification to members.</p> <p>This finding is closed</p>

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Date: 12/20/2019