



TOBY DOUGLAS
DIRECTOR

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



EDMUND G. BROWN JR.
GOVERNOR

DATE: January 1, 2013

TO: ALL MEDI-CAL DENTAL MANAGED CARE PLANS

SUBJECT: **APL 13-004: Clarification on Exhibit A, Attachment 5, Provision N Corrective Action Plan (CAP)**

This All Plan Letter (APL) is effective January 1, 2013 for the Geographic Managed Care Contract and July 1, 2013 for the Prepaid Health Plan Contract. The Purpose of this APL is to provide further clarification of the Corrective Action Plan requirements and process, pursuant to Exhibit A, Attachment 5, Provision N, Corrective Action Plan.

DMC Plans may be required to develop a Corrective Action Plan (CAP) for any deficiencies revealed by DHCS' analysis and evaluation of DMC Plans' overall compliance with contract requirements. DHCS will send written notification of the deficiencies to the DMC Plan that is required to submit a CAP. From the date of the notice, the CAP must be submitted within 30 (thirty) calendar days to DHCS. DHCS will then review and provide feedback to the DMC Plan. The length of time that the DMC Plan will have to complete the CAP will depend on the deficiencies and the steps involved in the CAP. DHCS will closely oversee the DMC Plan's actions to correct the deficiency and will assist where necessary in order to ensure the CAP is completed.

DHCS reserves the right to exercise Provision 3, Termination, Provision 18, Sanctions or Provision 19, Liquid Damages Provisions in Exhibit E, Additional Provisions, of the GMC contract if a DMC Plan is unable to correct a deficiency and/or complete their CAP.

If you have questions, comments, or issues concerning this letter please contact the DHCS staff listed for this section in the DHCS Contact Spreadsheet located in APL 13-011.

Sincerely,



Alisha Sipin, Chief
Dental Managed Care Contracts & Analysis Unit
Medi-Cal Dental Services Division

**DENTAL MANAGED CARE
CORRECTIVE ACTION PLAN**

Dental Plan Name:	Contract Number:
Dental Plan Contact:	Dental Plan Contact Phone Number:
Date Received Deficiency Notice from DHCS:	Date CAP Submitted:
Contract Provision:	
<u>Issue/Deficiency:</u>	
<u>Cause and Implications:</u>	
<u>Recommendation (Steps to Correct Deficiency):</u>	

Key Milestones:

Success Measure:

Preventive Actions: