

DEPARTMENT OF HEALTH & HUMAN SERVICES
Centers for Medicare & Medicaid Services
7500 Security Boulevard
Baltimore, Maryland 21244-1850



MEDICARE DRUG BENEFIT AND C & D DATA GROUP

December 14, 2021

REQUEST FOR CORRECTIVE ACTION PLAN

Contract ID: H0490, H9595

Parent Organization Name: Molina Healthcare, Inc.

Legal Entity Name: MOLINA HEALTHCARE OF OHIO, INC.

Mr. Rohit Gupta
Medicare Compliance Officer
200 Oceangate
Suite 100
Long Beach, CA 90802

VIA EMAIL: MedicareComplianceOfficer@molinahealthcare.com

RE: Ad-Hoc CAP failure to submit accurate Medical Loss Ratio Data

Dear Mr. Rohit Gupta:

The Centers for Medicare & Medicaid Services (CMS) is issuing this request for the development and implementation of a corrective action plan (CAP) to MOLINA HEALTHCARE OF OHIO, INC., which operates the Medicare Advantage Prescription Drug (MA-PD) contracts H0490 and H9595, in response to its failure to comply with Medicare Part C and Part D requirements concerning the submission of accurate medical loss ratio (MLR) data.

Each year, each MA organization (MAO) and Part D sponsor must submit an MLR data form for each contract pursuant to §§ 422.2410(a), 422.2460, 423.2410(a), and 423.2460. MLRs must be calculated in accordance with 42 C.F.R. §§ 422.2420 and 423.2420. Contracting organizations are required to maintain evidence of the amounts reported to CMS and to validate all data necessary to calculate the MLR. §§ 422.2480(b) and 423.2480(b).

In January 2021, Molina Healthcare, Inc. disclosed to CMS that it had submitted incorrect MLR data for the CY2018 reporting year. As a result, CMS has determined that Molina Healthcare, Inc. failed to comply with the requirement that contracting organizations submit accurate MLR data as required by §§ 422.2460 and 423.2460.

Consistent with §§ 422.510(c) and 423.509(c), CMS requests that Molina Healthcare, Inc. immediately develop and implement a CAP to ensure that it will submit accurate MLR data for

future submission periods. Specifically, CMS expects Molina Healthcare, Inc. to develop a process for auditing its MLR data prior to submitting it to CMS that would include:

- Verification of the accuracy of the data used to calculate the CY 2020 MLR, including verification of amounts included in incurred claims, total revenue, expenditures on activities that improve healthcare quality, non-claims costs, taxes and licensing or regulatory fees, and any remittance owed to CMS under §§ 422.2410 and 423.2410.
- An assessment of the accounting principles used and significant estimates made by Molina Healthcare, Inc. an evaluation of the reasonableness and accuracy of allocations of expenses to Molina Healthcare, Inc. from affiliated parties, and of allocations of expenditures that affect multiple lines of business, markets, or contracts to a specific line of business, market, or contract.
- A determination that the CY2020 MLR was calculated and reported in compliance with the relevant statutory accounting principles, the MLR regulations at 42 CFR Part 422, Subpart X, and 42 CFR Part 423, Subpart X, the CY2020 MLR Data Form Filing Instructions, and other applicable guidance.

CMS requests that Molina Healthcare, Inc. submit its audit process to CMS for review and comment within 30 days of the date of this notice to MLRReport@cms.hhs.gov. CMS believes that the implementation of a CAP that includes the elements described above will enable Molina Healthcare, Inc. to make promptly the necessary improvements in its ability to accurately calculate its MLR and will enhance CMS' confidence in the information Molina Healthcare, Inc. provides during the next MLR data submission period.

CMS will consider Molina Healthcare, Inc. to have corrected the deficiencies identified in this notice when it next successfully submits accurate MLR data.

We appreciate your organization's prompt attention to this matter. Should your organization fail to come into compliance in a timely manner, CMS may consider taking enforcement actions in the form of intermediate sanctions (e.g., the suspension of marketing and enrollment activities) pursuant to our authority under Subpart O of Parts 422 and 423, or the issuance of a contract termination notice pursuant to Subpart K of Parts 422 and 423.

In issuing this CAP request, CMS considered that Molina Healthcare, Inc. did self-disclose this matter.

If you have any questions about this matter, please contact your CMS account manager.

Sincerely,

Amy Larrick Chavez-Valdez, Director
Medicare Drug Benefit and C & D Data Group

CC via email:
Joaquin Clinton-Clemens, CMS
Michael Neuman, CMS
Amir Familmohammad, CMS