



JENNIFER KENT
DIRECTOR

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



EDMUND G. BROWN JR.
GOVERNOR

Ms. Patricia Tanquary, CEO
Contra Costa Health Plan
595 Center Avenue, Suite 100
Martinez, CA 94553

RE: 1115 Medicaid Wavier Seniors and Persons with Disabilities Enrollment Survey

Dear Mrs. Tanquary:

The Department of Managed Health Care (DMHC) conducted an onsite 1115 Medicaid Waiver Seniors and Persons with Disabilities (SPD) Enrollment Survey of Contra Costa Health Plan, a Managed Care Plan (MCP), from March 4, 2013, through March 6, 2013. The survey covered the review period of December 1, 2011, through November 30, 2012.

On April 08, 2014, the MCP provided DHCS with a response to its Corrective Action Plan (CAP) originally issued on December, 2014.

A review of all remaining open items has been found to be in compliance and the CAP is hereby closed. The enclosed report will serve as DHCS's 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, contact Mr. Edgar Monroy, Chief of Compliance Unit at (916) 449-5233 or edgar.monroy@dhcs.ca.gov.

Sincerely,

Originally Signed by Dana Durham

Dana Durham, Contract Compliance Section Chief

Page 2

cc: Jonathan Prince, Contract Manager
Department of Health Care Services
Managed Care Operation Division
P.O. Box 997413, MS 4400
Sacramento, CA 95899-7413

bcc: Edgar Monroy, Chief
Compliance Unit
MS 4417

Hur Khan Allen, Analyst
Compliance Unit
MS 4417

**DOCUMENTS TO BE SUBMITTED BY MAY 9, 2014
CONTRA COSTA HEALTH PLAN**

REVIEW TYPE: DMHC Division of Plan Surveys 1115 Waiver Seniors and Persons with Disabilities Enrollment Survey
REVIEW PERIOD: December 1, 2011 through November 30, 2012

Page 1 of 7

DEFICIENCIES IDENTIFIED	DHCS COMMENTS	DOCUMENTS	DHCS Response
<p>#1. The Plan does not ensure that clinical decisions based on medical necessity are consistent with Plan criteria and guidelines.</p>	<p>The MCP must provide supporting documentation demonstrating clinical decisions being made are consistent with MCP current Plan criteria and guidelines. Supporting documentation must include a sample of cases processed. This item is deemed open.</p>	<ol style="list-style-type: none"> 1. 2013 Inter-reliability results 2. 2013 IRR MD and Nurse Results 3. Authorization Decision Tracking Audit <p>8/19/14 Update: CCHP is providing a sample of cases to demonstrate criteria used to arrive at decisions for authorization. CCHP will be revising the Authorizations Decision Tracking Audit to include a distinction between medical necessity and covered services.</p>	<p>7/29/14 - The MCP provided its 2013 Interrater Reliability (IRR) Survey doc. along with its Authorization Decision Tracking matrix. The MCP provided the results of trainings for MDs and nurses and an “authorization decision” tracking report. The report does not distinguish between authorizations for covered services and services authorized due to medical necessity. Of the 50 authorizations shown in the report 42 were determined by nurses. The MCP did not provide the requested sample cases to demonstrate the criteria used to arrive at decisions involving medical necessity. To close this item, the MCP must provide a sample of these reports. This item is deemed open</p> <p>Update 8/20/14 The MCP submitted copies of 10 case files containing evidence of UM review. The MCP states it will be updating its Decision Tracking Audit to distinguish between decisions based on medical necessity and covered services.</p> <p>This item is closed.</p>

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Page 2 of 7

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#2. The Plan's website and provider directory do not indicate levels of access or Medical Equipment access. (LEVELS OF ACCESS="BASIC ACCESS" OR " LIMITED ACCESS")	The MCP must provide supporting documentation demonstrating the plan's website and provider directory indicate levels of access. This item is deemed open	<ol style="list-style-type: none"> 1. CCHP OSE Results showing Accessibility 2. Medi-Cal Directory showing 4-13-13 Accessibility 3. CCHP Medi-Cal Directory Accessibility Screen Shot 4. Provider Search Accessibility 	7/29/14 - The MCP provided screen shots of its internet portal demonstrating the use of levels of access to Medical Equipment. The MCP also provided a segment of its provider directory demonstrating access levels. 7/29/14 - These supporting documents adequately address this finding. This item is deemed closed.
#3. The Plan's Member Handbook and Evidence of Coverage incorrectly implies that members can only file an appeal to a grievance decision in writing.	The MCP has addressed the issue with its submitted EOC. This item is deemed closed.	NA	7/29/14 - The MCP added the term "verbal" to the sentences cited by DMHC as containing only the word "written" in regards to filing grievances. EOC, page 45. Member Handbook, page 15. This item is deemed closed.
#4. The Plan does not ensure that grievance forms distributed by Contra Costa Regional Medical Center (CCRMC) to Plan members contain the statement described in Section 1368.02(b).	The MCP should provide a sample of five grievance forms, sent to members containing the required information. This item is deemed open.	CCHP submitted the new form information to CCRMC in December. Because of staff transition at CCRMC, this request was somehow not implemented by CCRMC. CCHP has made follow-up requests to CCRMC for them to start using the new form in place of the old form. As of a meeting on May 7, the new form was formally adopted and we have been promised that the new form will be	7/29/14 - The MCP provided a revised copy of its Patient Complaint/Grievance Form. The MCP provided documentation indicating the new form was adopted and implemented on May 8, 2014. Concerns with this submission: <ul style="list-style-type: none"> • The MCP did not provide the five

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Page 3 of 7

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		<p>implemented beginning May 8, 2014.</p> <p>8/19/14 Update: CCHP is attaching our 80ntm document with the revised statement in 12 point font, with requested changes. CCHP is also providing five samples as requested, although these five samples will not include the just revised statement.</p> <p>9/3/2014 UPDATE: Attached is one copy of a received, date-stamped, grievance form which contains the correctly formatted statement.</p>	<p>samples requested.</p> <ul style="list-style-type: none"> • The format of the statement, required by Section 1368.02(b), on the grievance form does not conform to the statute: “The department's telephone number, the department's TDD line, the plan's telephone number, and the department's Internet Web site address shall be displayed by the plan in each of these documents in 12-point boldface type in the following regular type statement” <p>The entire statement on the form provided by the MCP is in boldface type. Also, the required statement is broken into two paragraphs. This could lead to confusion since the DMHC contact information is contained in the paragraph that describes the IMR process, and not in the paragraph that describes the complaint process.</p> <ul style="list-style-type: none"> • The Word version of the form

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Page 4 of 7

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			<p>submitted by the MCP shows the typeface to be 10-point.</p> <ul style="list-style-type: none"> • To close this item, the MCP must provide documentation addressing the aforementioned concern items. This item is deemed open. <p>Update 8/18/14 The MCP submitted copies of 5 grievances:</p> <ol style="list-style-type: none"> 1. Grievance dated 6/17/14, no receipt date stamped by MCP 2. Grievance dated 6/20/14, receipt date stamped June 2014, day numerals illegible 3. Grievance dated 6/4/14, receipt date stamped June 2014, day numerals illegible 4. Receipt date stamped 7/3/14 5. Receipt date stamped 7/18/14 <p>The MCP also submitted a Word document containing the statement required by KKA, Section 1369.02(b), formatted correctly; however, this is a stand-alone document, not part of a grievance form. To close this item the MCP must submit at least one copy of a</p>

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Page 5 of 7

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			<p>received, date-stamped, grievance form which contains the correctly formatted statement. This item remains open.</p> <p>Update 9/2/14 The MCP submitted a copy of a grievance form, dated 8/22/14 which contains the statement required by KKA Section 1369.02(b) correctly formatted. This item is closed.</p>
<p>#5. The Plan's current reporting system does not produce adequate or accurate data that would allow the Plan to continuously review the quality of care provided to members and/or ensure that quality of care problems are identified and corrected.</p>	<p>The MCP must provide the methodology/reporting system enhancement that has been implemented to continually ensure and verify the plan's current reporting system produces adequate and accurate data. The MCP must provide samples of reports used that ensure quality care problem are adequately identified and corrected. This item is deemed open.</p>	<ol style="list-style-type: none"> 1. TAP 2254_CCHP_Bed_days_by_Admit_Type_and Product(1)1Q14MLAFD 2. TAP2842_Referral_Decision(1)2013 Dialysis 3. TAP2842_Referral_Decisions_Healthy Hearts-1QTR14 <p>8/19/14 Update: CLOSED PER EDGAR MONROY EMAIL ON 7/30/14.</p>	<p>7/29/14 - The MCP provided a sample of reports used to ensure quality of care problems are adequately identified and corrected. This item is closed. The DMHC report cites problems revealed with the MCP's electronic records and data system, EPIC. Are the reports submitted generated by the EPIC system? To close this item, the MCP must provide a narrative indicating whether the reports submitted are generated by the EPIC system and how the reports submitted satisfy the concerns detailed on Page 15 of the</p>

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Page 6 of 7

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			DMHC report. This item is provisionally.
<p>#6. The Plan is not ensuring that its largest delegate implements corrective action plans when deficiencies in care are revealed.</p>	<p>The MCP must provide the results of CCRMC oversight audit and respective effective correction action taken. Supporting documentation should demonstrate effective health plan action taken to ensure CAP items are effectively addressed. The health plan should modify its policies to ensure a CAP on delegates is required on all first time findings. This item is deemed open</p>	<ol style="list-style-type: none"> 1. 2013 CCRMC UM Audit Findings CAPs 2. 2013 CCRMC UM Audit Findings Summary 3. UM15.007 2014-04-17 UM Delegation <p>08/19/14 UPDATE: A summary of the CAP is enclosed.</p> <p>9/3/2014 UPDATE: Most of the corrective actions in CCRMC's response refer to revisions in the UM Program Description. We are submitting that document. It includes signature pages indicating official approval of the document. Also included in the document are the conflict of interest forms signed by the UM Committee members. Lack of these was a deficiency in the audit.</p>	<p>7/29/14 - The MCP provided DHCS with a copy of "2013 CCRMC UM Audit Finding Summary" along with P&Ps that depict its Utilization Management Delegation activities. The DMHC report stipulates that the MCP is providing appropriate oversight of its delegate CCRMC. The documents submitted by the MCP support evidence of the MCP's oversight. However, the DMHC report cites CCRMC's indifference to the MCP's audit findings and required corrective actions. To close this item, the MCP must submit evidence of follow-up on the effective implementation of CAP requirements by CCRMC. This item is deemed open.</p> <p>Update 8/20/14 The MCP submitted a copy of the CAP response from CCRMC. Because the DMHC survey cites CCRMC's indifference to required corrective actions the MCP must submit evidence</p>

