



JENNIFER KENT  
DIRECTOR

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



EDMUND G. BROWN JR.  
GOVERNOR

Ms. Norma Diaz, Chief Executive Director  
Community Health Group  
740 Bay Boulevard  
Chula Vista, CA 91910

RE: Department of Managed Health Care Cal MediConnect Survey

Dear Ms. Diaz:

The Department of Managed Health Care conducted an on-site Cal MediConnect Survey of Community Health Group, a Managed Care Plan (MCP), from June 22, 2015 through June 26, 2015. The survey covered the period of April 1, 2014 through March 31, 2015.

On, April 4, 2016, the MCP provided DHCS with additional information to its Corrective Action Plan (CAP) in response to the report originally issued on December 31, 2015 regarding remaining open items. At this time, all deficiencies have been reviewed and are deemed either closed or provisionally closed.

Provisionally closed deficiencies indicate that DHCS has conditionally accepted the MCP's plan of action being proposed and/or implemented in order to bring a deficiency into compliance. For this CAP, two (2) deficiencies have been provisionally closed. DHCS will continue to monitor and/or follow-up on deficiencies that have been provisionally closed.

All other items have been reviewed and found to be in compliance. The CAP is hereby closed. The enclosed report will serve as DHCS' official 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, please contact Jeanette Fong, Chief, Compliance Unit, at (916) 449-5096 or [CAPMonitoring@dhcs.ca.gov](mailto:CAPMonitoring@dhcs.ca.gov).

Page 2

Sincerely,

*Originally signed by Dana Durham*

Dana Durham, Chief  
Contract Compliance Section

Enclosures: Attachment A CAP Response Form

cc: OZ Kamara, 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 Name: Community Health Group**



**Review/Audit Type:** DMHC Cal MediConnect Enrollment Survey **Review Period:** 4/1/2014 – 3/31/2015

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.

**CORRECTIVE ACTION PLAN FORMAT**

Deficiency Number and Finding	Action Taken	Implementation Documentation	Completion/ Expected Completion Date	DHCS Comments
<b>Continuity of Care</b>				
<p><b><u>Deficiency #1:</u></b>  <b>The Plan does not complete Health Risk Assessments (HRAs) in accordance with established requirements.</b></p>	<p>This deficiency has been corrected.                      -CHG changed leadership in the case management department in April 2015.                      -A gap analysis was completed and processes along with training</p>	<p><b>3/14/16 Plan Response:</b>                      Please refer to the following documents in the “<i>Potential Deficiency 1</i> –</p>		<p><b>3/14/16:</b> CHG submitted:</p> <ul style="list-style-type: none"> <li>• A “Peer to Peer Weekly Review” report dated 12/16/15. The report provided evidence that five cases (comprised of a combination of high and low</li> </ul>

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<p>1. The Plan did not appropriately document its HRA activities</p> <p>2. The Plan did not complete HRAs within the required timeframe</p> <p><b>Conclusion:</b> The Community Health Group Cal MediConnect Three-Way Contract, Section 2.8.2., and Duals Plan Letter 13-002 require the Plan to complete HRAs within 45 calendar days after their coverage date for higher risk enrollees and within 90 calendar days after coverage date for lower risk enrollees. The Plan failed to meet the required timeframes for six (6) of nine (9) (67%) high-risk enrollees and 13 of 21 (62%) low-risk enrollees. Therefore, the Department finds the Plan in violation of these contractual requirements.</p>	<p>modules were updated.</p> <ul style="list-style-type: none"> <li>-New processes were created to accurately document all call and mail attempts; the identification of members who are unable to reach; and the process to document HRA data.</li> <li>-The scope of services for the vendor hired to complete the collection of and document HRA data was expanded to include the whole population of new members.</li> <li>-Audits pertaining to the completion of HRAs have been conducted more frequently – weekly.</li> <li>-CMS provided direction to use HRA data that had been collected previously for members whose condition had not changed and if the information was collected within less than a year earlier.</li> <li>-The outcomes recorded for third and fourth quarters were reported at a 100% compliance level.</li> </ul>	<p>HRAs” folder:</p> <ol style="list-style-type: none"> <li>1. Training Modules</li> <li>2. New Processes HRA</li> <li>3. Scope of Services Desc</li> <li>4. Recent HRA Audit</li> <li>5. 3rd &amp; 4th Qtr Reports</li> </ol>		<p>risk enrollees) had HRAs that were completed timely.</p> <ul style="list-style-type: none"> <li>• Third and fourth quarter reports for low risk enrollees that demonstrate HRAs were completed within the required timeframe of 90 days.</li> <li>• Copy of new processes for HRA completion.</li> </ul> <p><b>3/18/16:</b> CHG submitted an audit report (Jan and Feb 2016) for HRA completion of high risk and low risk enrollees. Report demonstrates compliance with timeliness standards.</p> <p><b>This deficiency is closed.</b></p>
<p><b><u>Deficiency #2:</u></b>  <b>The Plan does not ensure that the Interdisciplinary Care Team (ICT) is person-centered and built on the enrollee’s specific preferences and</b></p>	<p>This deficiency has been corrected.</p> <ul style="list-style-type: none"> <li>-CHG changed leadership in the case management department in April 2015.</li> </ul>	<p><b>3/14/16 Plan Response:</b>  Please refer to the following documents in the</p>		<p><b>3/14/16:</b> CHG submitted:</p> <ul style="list-style-type: none"> <li>• A copy of its ICT process which requires ICTs to be personalized based on enrollees’ needs and</li> </ul>

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<p><b>needs.</b></p> <p><b>Conclusion:</b> The Community Health Group Cal MediConnect Three-Way Contract, Section 2.5.1.8., requires the Plan to ensure the integration of the enrollee’s medical, LTSS, and behavioral health services. The Section also requires that the ICT be person-centered, based upon the enrollee’s specific preferences and needs. The Plan uses an ICT with a fixed membership rather than one tailored to each enrollee. As a result, the ICTs do not include evidence that the individual healthcare needs of the enrollee are consistently taken into consideration, in violation of Section 2.5.1.8 of the Three-Way Contract, and DPL 13-004. Therefore, the Department finds the Plan in violation of its contractual requirements.</p>	<p>-A gap analysis was completed and processes along with training modules were updated.</p> <p>-New processes were created to ensure that members and/or caregivers were invited to be involved in the ICT discussion.</p> <p>-Phone and written communications are now included in member outreach to allow members the opportunity to identify personal goals, discuss issues they have and to engage in the ICT.</p> <p>-ICT meeting minutes were enhanced to capture member preferences and discussions.</p>	<p>“<i>Potential Deficiency 2 - ICTs</i>” folder:</p> <ol style="list-style-type: none"> <li>1. ICT plans personalized</li> <li>2. Updated Training Modules</li> <li>3. New ICT Processes</li> <li>4. Written Communication Sample</li> <li>5. Most Recent ICT Minutes</li> </ol>		<p>preferences.</p> <ul style="list-style-type: none"> <li>• A sample care plan that demonstrates the HRA was used to tailor the care plan.</li> <li>• A sample letter to show that a member was sent a copy of the care plan.</li> <li>• Updated training modules.</li> </ul> <p><b>This deficiency is closed.</b></p>

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<p><b>Deficiency #3:</b>  <b>The Plan's ICPs do not integrate information from the HRA and ICT, provide measurable objectives, or meet timeliness standards.</b></p> <p>1. ICPs were not developed within thirty (30) working days of HRA completion</p> <p>2. The Enrollees' HRAs and ICTs did not adequately inform the development of the ICPs</p> <p>3. ICPs contained no measurable objectives or timetables</p> <p><b>Conclusion:</b> The Community Health Group Cal MediConnect Three-Way Contract, Section 2.5.1.9., requires the Plan to develop an ICP for each enrollee and that the ICP contain measurable objectives and timetables. Community Health Group Cal MediConnect Three-Way Contract, Section 2.8., requires that information from the HRA be used in developing the ICP and that the ICP be developed within 30 working days of HRA completion. The Department's file review demonstrated that 19 of 30 files</p>	<p>This deficiency has been corrected.</p> <p>-CHG changed leadership in the Case Management Department in April 2015.</p> <p>-Additional clinical staff were hired.</p> <p>-A gap analysis was completed and processes along with training modules were updated.</p> <p>-New processes were created to review HRA outcomes and prepare summary documents of health history and discussions with members and their doctors for the ICT.</p> <p>-This information was communicated during ICT and members along with PCPs were invited to participate.</p> <p>-The ICT now discusses interventions and prepares the final ICP with the member (when they participate) during the meetings.</p> <p>-A peer to peer auditing process and tool was developed which allowed the case management staff to provide feedback on member files and ICPs.</p> <p>-An audit by compliance is</p>	<p><b>3/14/16 Plan Response:</b>  Please refer to the following documents in the "Potential Deficiency 3 - ICP ICT HRA" folder:</p> <ol style="list-style-type: none"> <li>1. ICT with HRA ICT</li> <li>2. Updated Training Modules</li> <li>3. New Processes- HRA outcome</li> <li>4. Peer-2-Peer Auditing Tool</li> <li>5. Recent Monthly Audit Results</li> </ol>		<p><b>3/14/16:</b> CHG submitted:</p> <ul style="list-style-type: none"> <li>• A "Peer to Peer Weekly Review" report dated 12/16/2015 which shows he following elements are reviewed, including but not limited to: timeliness, incorporation of the HRA to develop the ICP, and measurable goals.</li> <li>• A copy of the Plan's ICT process which shows ICPs are personalized base on enrollees' needs and preferences.</li> <li>• A sample care plan that demonstrates the HRA was used to tailor the care plan.</li> </ul> <p><b>3/18/16:</b> CHG submitted a sample audit dated 2/20/16 which demonstrates that HRA and ICT timeliness is being reviewed. CHG also submitted 5 case samples to show how HRAs and ICTs are developed through its electronic CHGNet CareAdvantage system which has member specific data available for review.</p>

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<p>failed to include an ICP that was developed within 30 working days of HRA completion. In addition, 25 of the 30 files contained no evidence that HRA information was integrated into the ICP, and 25 of the 30 files did not contain measurable objectives and timetables. Therefore, the Department finds the Plan in violation of these contractual requirements.</p>	<p>conducted monthly to evaluate the ICP and check for appropriate goals and interventions.</p>			<p><b>This deficiency is closed.</b></p>
<b>Availability &amp; Accessibility</b>				
<p><b>Deficiency #4:</b>  <b>The Plan does not conduct adequate oversight of delegated entities to ensure sufficient access and availability of provider services.</b></p> <p><b>Conclusion:</b> The Community Health Group Cal MediConnect Three-Way Contract, Section 2.9.9.5, requires the Plan to conduct adequate oversight of its First Tier, Downstream and Related Entities. The Plan has failed to demonstrate adequate oversight and monitoring of delegated entities that provide IHSS, CBAS, MSSP, or non-emergency transportation services. Therefore, the Department finds the Plan in violation of this contractual</p>	<p>This issue has been addressed and the following corrective actions were implemented.</p> <p><b>RESOLUTION:</b></p> <ul style="list-style-type: none"> <li>The Customer Service, Quality, Utilization, Grievance &amp; Appeals, and Contract Managers review grievance trends related to Access to PCP and Specialty Care Providers. (A trend is more than one grievance directed at the same provider.)</li> <li>This information is communicated and reviewed by the</li> </ul>	<p><b>3/14/16 Plan Response:</b>  Please refer to the following documents in the “<i>Potential Deficiency 4 - AA Provider Services</i>” folder:  1. Monitoring  ----  1. For IHSS and MSSP, CHG meets with the San Diego County Aging and Independence Services (AIS) leadership team on</p>		<p><b>3/14/16:</b> CHG submitted CCI Health Plan Dashboard Report dated 12/2015. This report demonstrates the plan’s oversight for IHSS and MSSP.</p> <p><b>3/21/16:</b> CHG submitted:  • December 2015 and January 2016 meeting minutes that demonstrate transportation issues were discussed.  • CHG also received a 12/28/15 letter from its transportation vendor acknowledging wait time concerns and corrective actions taken.</p> <p><b>3/22/16:</b> CHG submitted:</p>

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requirement.	<p>operations team. Interventions are identified during this conversation.</p> <ul style="list-style-type: none"> <li>• The Customer Service Department and Quality staff are involved in following up with the provider in question and managing corrective actions related to the issues identified.</li> <li>• Provider contracting is engaged in regular reviews of network adequacy standards. When gaps in care are identified or network providers indicate changes in availability, the operations team discusses interventions and recruiting strategies.</li> <li>• Policies and Procedures were reviewed and updated as needed. These policies were submitted to DHCS in September for review and are currently pending approval.</li> </ul> <p><b>ONGOING OVERSIGHT:</b></p>	<p>a monthly basis where we review reports documenting the number of referrals, wait time statistics and length of time assessments are completed. Additionally on a monthly basis, AIS sends CHG lists of members enrolled in MSSP and a separate list of members on their waiting list. For members on our waiting list, CHG reaches out to offer MSSP-like services. Sample meeting materials have been included.</p> <p><u>Transportation:</u> CHG tracks the amount of Grievances received regarding transportation on a</p>		<ul style="list-style-type: none"> <li>• An email indicating that for CBAS, site survey results will be analyzed and correction actions monitored for a year to determine ongoing compliance levels.</li> <li>• Updated P&amp;P 5154 b to demonstrate that an oversight process is in place regarding long term care services provided and offered to CMC enrollees.</li> </ul> <p><b>4/4/16:</b> CHG provided an email with the following response stating:</p> <p>Community Health Group (CHG) has or will implement the following oversight and/or monitoring procedures of LTSS services:</p> <ul style="list-style-type: none"> <li>• <b>CBAS</b> – CHG currently facilitates face-to-face assessments, treatment plans and utilization patterns for all members receiving CBAS services every six months of enrollment, and as indicated based on member needs. When the member experiences a change in level</li> </ul>

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	<p>Access trending data is shared with leadership regularly. The information collected to date indicates a decrease in access related grievances for both MediCal and CalMediConnect in Q3. There was one identified trend for Access to PCP. Related to Access Specialty Care, a trend was not identified this quarter.</p>	<p>quarterly basis through the SQIC report.  Director of Contracting, Preventive Service Supervisor and Customer Service Manager conducted a site visit to Black Tiger on December 28th to discuss transportation issues including grievances received from members regarding their service. Black Tiger made administrative and personnel modifications to improve the services provided to our membership.</p> <p>2. CHG is currently in the process of updating the applicable policies and procedures in</p>		<p>of condition, it is the expectation that the CBAS center will notify CHG resulting in a reassessment. Going forward, we will solicit a monthly CBAS report of clinical status as well as sentinel events.</p> <ul style="list-style-type: none"> <li>• <b>MSSP</b> – CHG’s High Risk Case Management (HRCM) Department receives a weekly list of enrolled MSSP members who are CHG members. The County of San Diego’s MSSP program submits monthly logs of MSSP activity to our HRCM team, and HRCM follows up as needed per case documentation log. CHG also reviews risk indicators during daily Interdisciplinary Care Team (ICT) meetings when cases are presented.</li> <li>• <b>IHSS</b> – CHG has daily Interdisciplinary Care Team (ICT) meetings led by the Medical Director in which we assess member specific needs are reviewed, in addition to the appropriateness of non-</li> </ul>

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		relation to this deficiency.		<p>clinical support hours.</p> <ul style="list-style-type: none"> <li>• <b>Non-emergency transportation</b> – Customer Service follows up on each transportation grievance as appropriate. Customer Service will follow up with the transportation vendor remotely or in person as appropriate. Customer Service reviews on a monthly basis the number of transportation inquiries and transportation grievances to analyze the ratio.</li> </ul> <p><b>This deficiency is closed.</b></p>
<b>Member Rights</b>				
<p><b>Deficiency #5:</b>  <b>The Plan does not ensure that written or oral expressions of dissatisfaction are considered a grievance, and therefore does not adequately acknowledge, review, and respond to enrollee grievances.</b></p> <p><b>Conclusion:</b> The Community Health Group Cal MediConnect Three-Way Contract, Section 2.14.2., requires that the Plan have a system in place for</p>	<p>This issue has been corrected. Corrective actions were completed during the month of September.</p> <p><b>RESOLUTION:</b></p> <ul style="list-style-type: none"> <li>• Trained and educated Customer Relations Specialists.</li> <li>Trained Customer Relations Specialists to properly identify Grievance</li> </ul>	<p><b>3/14/16 Plan Response:</b>  Please refer to the following documents in the “<i>Potential Deficiency 5 - Grievance Process</i>” folder:</p> <ol style="list-style-type: none"> <li>1. Grievance Process Documentation</li> </ol>	<p>Corrective actions were completed during the month of September.</p>	<p><b>3/14/16:</b> CHG submitted:</p> <ul style="list-style-type: none"> <li>• “Customer Service Best Practice Guide: Daily Audit Process” which commits the Plan’s Customer Service Quality Analyst to perform a daily audit of inquiries, grievances, and determinations.</li> <li>• “Customer Service Best Practice Guide: Complaint &amp; Grievance Process” which</li> </ul>

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<p>addressing enrollee grievances and that the Plan shall establish and maintain a grievance process under which enrollees may submit their grievances. The Department determined that the Plan has been misclassifying member grievances as “complaints” and “inquiries,” and not properly addressing them through the grievance system. The Section also requires that the Plan acknowledge review and respond to grievances within required timeframes. The Department found that the Plan has not been elevating inquiries and complaints with expressions of member dissatisfaction as grievances. As a result, the Plan does not provide a prompt acknowledgement to each grievance, adequate investigations are not conducted, and members do not receive written resolutions. Therefore, the Department finds the Plan in violation of these contractual and regulatory requirements.</p>	<p>issues. Desktop Process “Customer Service Best Practice Guide: Complaint &amp; Grievance Process” were created.</p>	<p>2. Training Materials 3. Best Practice Guide</p>		<p>indicates that the Plan’s Member Services Supervisor will analyze every inquiry biweekly. Misclassified cases will be compiled in a list and sent to IS for classification change.</p> <ul style="list-style-type: none"> <li>• Evidence that daily audits are being conducted. The Plan submitted its “Customer Service Daily Inquiry Audit” for February 2016.</li> </ul> <p><b>This deficiency is closed.</b></p>
<p><b><u>Deficiency #6:</u></b> <b>The Plan did not demonstrate that it adequately ensures the availability of interpreter services in languages required under Cal MediConnect.</b></p>	<p>This issue has been corrected. Per our P&amp;P “7400 Language Assistance Program” all of Community Health Group’s Customer Service Staff members are bilingual in either Spanish,</p>	<p><b>3/14/16 Plan Response:</b> Please refer to the following documents in the “<i>Potential</i></p>		<p><b>3/10/16:</b> CHG submitted a revised copy of P&amp;P 7400 dated March 2016 to reflect how the plan currently assesses interpreter capabilities. The Policy states,</p>

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<p><b>Conclusion:</b> Community Health Group Cal MediConnect Three-Way Contract, Section 2.9.7.3., requires that the Plan assess, identify, and track the linguistic capability of interpreters, bilingual employees, and contracted staff. The Department determined that the Plan has not designed nor implemented a formal process for assessing, identifying, and tracking the linguistic capabilities of its bilingual Spanish personnel. Therefore, the Department finds the Plan in violation of this contractual requirement.</p>	<p>Vietnamese or Arabic. Every Customer Relations Specialist has completed a second language proficiency certification through Berlitz. A Language Line Solution is in place to provide interpreter services for more than 140 languages, 24 hours a day, 7 days a week. A proficiency certification is provided to all internal staff and as a part of vendor management the assessments completed are verified for external interpreters. They follow a structured multi-step quality assurance for their interpreters initiated at recruitment level which includes a Language Proficiency Test, a six component interpreter skills assessment, up to 80 hours of training for healthcare interpreters. Each interpreter is monitored and coached by a Senior Language Specialist approximately once per month.</p> <p>Additionally, Community Health Group contracts with Alliance for African Assistance to provide face to face interpretation. They utilize several Quality Assurance</p>	<p><i>Deficiency 6 - Interpreter Svcs</i> folder:  1. Process  2. P&amp;P</p>		<p>“All of CHG’s Customer Service Department staff members are bilingual in either Spanish, Vietnamese or Arabic. Every Customer Relations Specialist undergoes a second language proficiency certification through Berlitz.”</p> <p>-CHG submitted a sample Berlitz Testing evaluation for one of its employees to show the Plan is following its own P&amp;P.</p> <p>-CHG submitted documents from two of its external vendors (Global Village and Language Line Solutions) to show that these entities assess the linguistic capabilities of interpreters used.</p> <p><b>This deficiency is closed.</b></p>

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	<p>Mechanisms which include, daily monitoring of activities, customer satisfaction surveys for each service provided, 40 hours minimum of interpreter training, medical terminology training, and 90% grade or above requirement on an internal exam aimed at testing interpreting ethics, professionalism, English knowledge, medical terminology, HIPAA/HITECH, and colloquialisms/slang.</p> <p><b>RESOLUTION:</b> Updated the policy and procedure to reflect how the plan currently assess interpreter capabilities. The policy was submitted November 18, 2015 to DHCS for review and is currently pending approval.</p> <p><b>ONGOING OVERSIGHT:</b></p> <ul style="list-style-type: none"> <li>• Compliance will monitor this activity through regular reports provided by Customer Service.</li> <li>• Documentation is maintained in employee records, when necessary,</li> </ul>			

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	<p>pertaining to language proficiency.</p> <ul style="list-style-type: none"> <li>Annual reviews of vendor practices has been added to compliance audit.</li> </ul> <p>ONGOING OVERSIGHT</p> <ul style="list-style-type: none"> <li>For written materials in need of Spanish translation, the plan has begun to utilize the internal employees that have received a certification in Spanish translation from a university. There are various employees with Spanish translation certification—the plan now utilizes these individuals more strategically to assist with translation of written materials into Spanish.</li> <li>The plan will create a more formal process for materials that are translated into Spanish to ensure that the translation is completed by individuals with certified linguistic capability to translate</li> </ul>			

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	<p>written documents.</p> <ul style="list-style-type: none"> <li>• For verbal translation, the plan has implemented a process by which staff undergo language certification prior to being hired.</li> <li>• The plan also contracts with Language Translation Inc. a professional translation services provider. When materials are translated by above agency, staff proficient in the applicable language will check the accuracy of translated work prior to submittal.</li> </ul>			
<p><b><u>Deficiency #7:</u></b>  <b>The Plan does not ensure the availability of enrollee materials in alternative formats.</b></p> <p><b>Conclusion:</b> The Community Health Group Cal MediConnect Three-Way Contract, Section 2.11.1.2.3.1. and Section 2.17.5.9.1. require the Plan to provide large print (at least 16-point font) versions of all written materials to members with visual impairments. The</p>	<p>This issue has been corrected. CHG will accommodate the needs of the visually impaired members in accessing printed materials upon request. Requests for enlarged print or audio recordings, including those related to grievance procedures, forms and grievance response information will be coordinated through Member Services. We will provide large print (at least</p>	<p><b>3/14/16 Plan Response:</b>  Please refer to the following documents in the “<i>Potential Deficiency 7 – Large Print</i>” folder:</p> <ol style="list-style-type: none"> <li>1. Large Print Docs</li> <li>2. P&amp;P</li> </ol>		<p><b>3/14/16:</b> CHG submitted a revised copy of P&amp;P 7400a dated November 2015 which states, “Upon request the Plan can produce documents in large font, including but not limited to font size 16.” This is consistent with the requirement.</p> <p>- CHG submitted samples of enrollee materials (EOC, member letters, etc.) in large</p>

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<p>Plan's policies and procedures do not cite the specific font size used for enrollee communications in large size print, and the Plan could not produce any other materials indicating the font size used for these enrollees. Therefore, the Department finds the Plan in violation of this contractual requirement.</p>	<p>16-point font) versions of written materials to members with visual impairments.</p> <p>Policy 7400a Language Assistance Program, has been updated as follows:</p> <ul style="list-style-type: none"> <li>- Upon request the Plan can produce documents in large font, including but not limited to font size 16.</li> <li>- All members with availability to the internet can access the Plan's on-line documents and increase the font size to 16 or larger if needed.</li> <li>- The Plan has software that translates text to speech in order to provide members with audio when necessary.</li> <li>- In addition, CHG uses the Braille Institute Universal Media Services for translations whenever it is needed.</li> </ul>	<p>Standard member materials, including the ANOC, Welcome Letter, Summary of Benefits, EOC, Notice of Combined Provider and Pharmacy Directory, Notice of Multi-Language Interpreter Services, are provided to reflect minimum 16-point font.</p>		<p>print (16 point font).</p> <p><b>This deficiency is closed.</b></p>
<p><b>Quality Management</b></p>				

Deficiency Number and Finding	Action Taken	Implementation Documentation	Completion/ Expected Completion Date	DHCS Comments
<p><b>Deficiency #8:</b>  <b>The Plan does not address Long-Term Services and Supports (LTSS) and Cal MediConnect transportation services in its Quality Improvement Program with respect to monitoring and improvement efforts, and integration with physical health care.</b></p> <p><b>Conclusion:</b> The Community Health Group Cal MediConnect Three-Way Contract 2.16.3.2.6. requires that the Plan address monitoring and improvement efforts for LTSS as well as integration of LTSS with physical health care. Based on a review of Plan documents, the Department determined that the Plan did not address LTSS in its Quality Improvement Program with respect to monitoring and improvement efforts and integration with physical health care. The Plan also does not have a consistent policy for non-medical transportation. Concerns in these areas are not consistently identified as PQI as part of the Plan's QI process. Therefore, the Department finds the Plan in violation of this contractual requirement.</p>	<ul style="list-style-type: none"> <li>-An evaluation of the current QI program and workplan were conducted in January 2016.</li> <li>-A new QI program and workplan will be developed by 4/1/2016.</li> <li>- Quality Improvement Program and Work Plan 2016 will clearly identify the monitoring completed, analysis outcomes and interventions taken to drive improvement including LTSS and transportation services.</li> <li>- QI Committee minutes will capture Quality reviews, findings, actions, and re-measurements of activities company-wide with all departments identifying review indicators and conducting QI reviews within the business areas.</li> <li>- When corrective interventions are deployed, re-measurement will be conducted to monitor current compliance and when improvements identified, to monitor sustained compliance.</li> <li>-A report outlining the trends associated with quality of care issues will be developed by Informatics for the Quality Department.</li> </ul>	<p><b>3/14/16 Plan Response:</b>  Please refer to the following documents in the "Deficiency 8 - Transportation" folder:</p> <ol style="list-style-type: none"> <li>1. Eval Results</li> <li>2. QI Minutes</li> </ol>		<p><b>4/4/16:</b> CHG provided an email response indicating that the 2016 QI Plan will contain language addressing LTSS and stated:</p> <p>"CHG will ensure that there is language addressing LTSS as we are currently finalizing our 2016 QI plan [and Program] and are awaiting Board approval."</p> <p><b>This deficiency is Provisionally Closed.</b></p> <p>In order to close this deficiency, the Plan will need to ensure that language addressing LTSS monitoring has been incorporated into the QI Program. DHCS will follow-up no later than May 2016.</p>

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	<p>-The Quality Improvement Director will review and analyze the data monthly.</p> <p>-Interventions will be developed and implemented as needed.</p> <p>-The results of the analysis along with the outcomes of the interventions will be discussed and reviewed at the Quality Improvement Committees and the Board of Director's Quality Committee.</p> <p><b>Ongoing Oversight:</b> On an annual basis CHG will hire an external firm to audit the effectiveness of the quality program and workplan.</p>			
<p><b>Deficiency #9:</b>  <b>The Plan did not include a copy of its final NCQA accreditation report in its annual Quality Improvement Reports.</b></p> <p><b>Conclusion:</b> The Community Health Group Cal MediConnect Three-Way Contract, Section 2.16.3.3.5. requires that a copy of the Plan's NCQA final report be included in the Plan's annual Quality Improvement Report; however,</p>	<p>Going forward CHG will include the NCQA report in the QI Evaluation/ Annual report that is reviewed by the Board of Directors and the Clinical Quality Improvement Committee.</p>	<p><b>3/14/16 Plan Response:</b>  Please refer to the documents in the "Deficiency 9 - NCQA Report" folder.</p>		<p><b>3/14/16:</b> CHG submitted its 2015 draft QIP summary which was updated on 12/17/15. In reviewing this document it was noted that on page 23, the Plan included evidence of its NCQA accreditation.</p> <p><b>This deficiency is closed.</b></p>

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the report was not included. Therefore, the Department finds the Plan in violation of this contractual requirement.				
<p><b>Deficiency #10:</b>  <b>The Plan does not have a health information system that analyzes and reports quality performance data.</b></p> <p><b>Conclusion:</b> Community Health Group Cal MediConnect Three-Way Contract, Section 2.16.4.1.1., requires the Plan to conduct performance measurements and to utilize a health information system to collect, analyze, and report quality performance data. The Plan did not create several key performance measure reports, contrary to assertions in its <i>Quality Improvement Program Descriptions</i>. Therefore, the Department finds the Plan in violation of this contractual and regulatory requirement.</p>	<p>An information system exists today, however, CHG was not including all reports and data in the QI analysis conducted by the QI Department.</p> <p>-An evaluation of the current QI program and workplan were conducted in January 2016.  -A new QI program and workplan will be developed by 4/1/2016.  - Quality Improvement Program and Work Plan 2016 will clearly identify the monitoring completed, analysis outcomes and interventions taken to drive improvement.  -A report outlining the trends associated with quality of care issues will be developed by Informatics for the Quality Department.  -The QI Director will review and analyze the data monthly.</p>	<p><b>3/14/16 Plan Response:</b>  Please refer to the following documents in the "Deficiency 10 - Quality Reports" folder:</p> <ol style="list-style-type: none"> <li>1. Eval Result</li> <li>2. QI Program</li> <li>3. Process</li> </ol>		<p><b>3/15/16:</b> CHG provided its 2015 QIP Summary annual report. The report contains performance reports from the health plan's various departments as evidence that performance data is being analyzed.</p> <p>-CHG indicates its 2016 QI Program and workplan is awaiting Board approval.</p> <p><b>This deficiency is provisionally closed.</b></p> <p>In order to close this deficiency, the Plan will need to demonstrate that it is generating all reports indicated in its 2016 QI Program Description. DHCS will follow-up with the Plan beginning May 2016 to review the 2016 QI</p>

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	<p>-Interventions will be developed and implemented as needed.</p> <p>-The results of the analysis along with the outcomes of the interventions will be discussed and reviewed at the Quality Improvement Committees and the Board of Director's Quality Committee.</p> <p><b>Ongoing Oversight:</b> On an annual basis CHG will hire an external firm to audit the effectiveness of the quality program and workplan.</p>			<p>Program Description and check on status of generated reports.</p>