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Department of Health Care Services



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Christy K. Bosse, Director
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California Health & Wellness
21650 Oxnard Street, MS CA-102-25-07
Woodland Hills, CA 91367

August 23, 2016

RE: Department of Managed Health Care 1115 Waiver Seniors and Persons with Disabilities and Rural Expansion Survey

Dear Ms. Bosse:

The Department of Managed Health Care conducted an on-site 1115 Waiver Senior and Persons with Disabilities (SPD) and Rural Expansion Survey of California Health & Wellness, a Managed Care Plan (MCP), from August 10, 2015 through August 14, 2015. The survey covered the period of June 1, 2014 through May 31, 2015.

On August 22, 2016, the MCP provided DHCS with additional information regarding its Corrective Action Plan (CAP) in response to the report originally issued on May 16, 2016.

All items have been reviewed and found to be in compliance. The CAP is hereby closed. 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 Jeanette Fong, Chief, Compliance Unit, at (916) 449-5096 or CAPMonitoring@dhcs.ca.gov.

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Sincerely,

Jeanette Fong, Chief
Compliance Unit

Enclosures: Attachment A CAP Response Form

cc: Michel Huizar, 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: California Health & Wellness



Survey Type: DMHC SPD/Rural Expansion Survey

Review Period: June 1, 2014 – May 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
1. Access and Availability of Care				
Def. #1: The Plan does not consistently ensure and monitor an appropriate network of specialists.	To remedy this deficiency, the Plan has taken steps to formally and consistently document its monitoring to ensure an appropriate network of specialists. Attached please find Plan policy "CA.CONT.01 Network Adequacy and Oversight" that has been adopted to reflect the newly implemented process.	CA.CONT.01 Network Adequacy and Oversight Policy	May 2016	06/24/16 – The following documentation supports the MCP’s efforts to correct this deficiency: - P&P, CA.CONT.01: "Network Adequacy and Oversight" (05/01/16) which ensures that Provider Network, Provider Ratio and Geographic Access Standards are met. The policy also describes processes for conducting network adequacy evaluations, includes

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	<p>been submitted to QIC and the Utilization Management Committee (UMC).</p> <p>Additionally, the Contracting/Network Development Department recently collaborated with Medical Management to prioritize and rank the top specialty and other network priorities by county. The Plan's Contracting Team is focusing on the specialty priorities identified by Medical Management as well as addressing geographic gaps that have been identified in Geo-Access reports for each county. The Plan's Contracting and Network Development department receives input from staff and external sources on specialty deficiencies. Whenever a specialty deficiency is identified, a Contracting staff member is assigned to address the network deficiency with priority based on the level of urgency. A Contracting staff member is assigned responsibility to each county. Network deficiencies received from various sources are brought to the NOC for discussion and a plan of action is determined. The Plan has also developed specific network action plans to address these geographic gaps for all 19 counties. In the NOC Executive Summary report to QIC, the Plan reports on</p>			

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	corrective actions taken and accomplishments to remediate specialty gaps identified. Over the last six months the Plan has successfully closed over 40 specialty gaps throughout its service area.			
2. Members' Rights				
Def. #2: The Plan does not maintain and periodically review a log of exempt grievances.	<p>The Plan has developed a log for exempt grievances to be maintained and periodically reviewed. Please see attached "Exempt Grievance Log Q1 2016" that captures all required data elements.</p> <p>The Plan developed new desktop procedures for Member/Provider Services to follow when handling member and provider calls related to grievances and appeals that include the steps to log required data elements for all exempt grievances received. Please refer to attached "Grievance Work Flow Desktop".</p> <p>The Plan developed additional desktop procedures that describe daily monitoring process of exempt grievances inventory. Please refer to attached "Monitoring the Exempt Grievance Process Desktop" and to ensure member grievances are routed correctly (refer to attached "Member Grievance and Appeal Routing Desktop").</p>	<p>Exempt Grievance Log Q1 2016</p> <p>Grievance Work Flow Desktop</p> <p>Monitoring the Exempt Grievance Process Desktop</p> <p>Member Grievance and Appeal Routing Desktop</p>	<p>July 2015</p> <p>June 2016</p> <p>May 2016</p>	<p>06/24/16 – The following documentation supports the MCP's efforts to correct this deficiency:</p> <ul style="list-style-type: none"> - Log, "Exempt Grievance Log" (02/01/16) as evidence that the MCP is maintaining an exempt grievance log which includes all of the required components. - Work Process document titled, "Grievance Work Flow" (6/3/16) as evidence that the MCP staff developed a process for staff to track member grievances, including exempt grievances. The process requires the MCP to maintain a log and review it. - Work Process document titled, "Monitoring the Exempt Grievance Process" (5/6/16) which provides guidelines for monitoring exempt grievances including the responsibilities of the Member and Provider Manager and/or Supervisor. - PowerPoint training, "Appeals & Grievances" (6/24/16) which provides staff with requirements on exempt grievances (slides 5 and 6). - PowerPoint training, "Exempt Grievances" (6/24/16) which ensures that the MCP staff have

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	<p>The Plan trained all Member/Provider Services Representatives on these new procedures. Attached please see training materials and staff sign-in sheets (“A&G Training-Member & Provider Services Team”, “Exempt Grievances Training-Med Mgmt Team”, and “Grievances Staff Training Sign-In Sheets-May 2016”) for these training sessions conducted on May 19, 20, and 26, 2016.</p> <p>The Plan conducted an analysis of the Q1 2016 quarterly exempt grievance log and presented the analysis to the Quality Improvement Committee on May 24, 2016. Please refer to attached “QIC Agenda 5.24.2016” and “Executive Summary Exempt Grievances Q1 2016”.</p>	<p>A&G Training-Member & Provider Services Team</p> <p>Exempt Grievances Training-Med Mgmt Team</p> <p>Grievances Staff Training Sign-In Sheets-May 2016</p> <p>QIC Agenda 5.24.2016</p> <p>Executive Summary Exempt Grievances Q1 2016</p>	<p>May 2016</p> <p>May 2016</p>	<p>received guidance on the process of documenting, completing and logging in exempt grievances.</p> <p>- Sign-In Sheets, (5/19/16, 5/20/16, 5/26/16) as evidence that MCP staff participated in Grievance/Exempt Grievance and Appeal trainings.</p> <p>- QIC Agenda (5/24/16) which provides evidence of documented review and discussion of performance results for member & provider call center for Q1 2016 and an overview of exempt member grievances tracked for Q1.</p> <p>This finding is closed.</p>
<p>Def. #3: The Plan does not consistently provide immediate notification to complainants of their right to contact the Department regarding expedited appeals.</p>	<p>In September 2015, the Plan updated its Appeals and Grievances (A&G) database to include a check box, “Oral Notice of Resolution”, to document the member was informed of their right to notify the Department for expedited grievances See attached A&G Database Screenshot. The A&G Coordinators will also document this notification in the case notes.</p>	<p>A&G Database Screenshot</p> <p>Call Script - Expedited Appeals</p>	<p>September 2015</p>	<p>06/24/15 – The following documentation supports the MCP’s efforts to correct this deficiency:</p> <p>- A&G Database Screenshot (09/1/15) as evidence that the MCP’s database includes a check box that identifies that the member was informed of their right to notify the Department regarding expedited appeals.</p> <p>- Call Script/Verbal Acknowledgment for Expedited Appeals (5/24/16) which ensures the MCP informs member of their right to notify the Department regarding expedited appeals.</p>

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	<p>The Plan's Call Center script related to expedited appeals was updated to include member notification of their right to also notify the Department. Attached is a copy of that call script entitled "Call Script - Expedited Appeals".</p> <p>The Plan's Member Appeals and Grievance System Description Policy (CA.QI.11) and Member Grievance Process (CA.QI.11.01) Policy were updated to reflect notification of the member's right to contact the Department for expedited appeals and grievances. These policies were presented at the Policy Action Committee on June 16, 2016 for internal approval and then will be submitted to the DHCS for approval.</p> <p>The Plan has also updated the expedited appeal and grievance workflows available as additional reference guides for all A&G staff members. Attached are these workflows entitled "Expedited Appeal Workflow" and "Expedited Grievance Workflow".</p> <p>The Plan trained all A&G Coordinators and nurses on these new procedures on May 31, 2016. Please see the "A&G May 2016 Staff Meeting Agenda".</p>	<p>Expedited Appeal Workflow</p> <p>Expedited Grievance Workflow</p> <p>A&G May 2016 Staff Meeting Agenda</p>	<p>June 2016</p> <p>June 2016</p> <p>May 2016</p> <p>May 2016</p>	<p>- Workflow Charts, "Expedited Appeal Workflow" and "Expedited Grievance Workflow" (05/01/16) as evidence that the A&G staff has received guidance on how to provide notification to complainants of their right to contact the Department regarding expedited appeals.</p> <p>- Agenda "A&G Team Meeting" (5/31/16) which provides evidence that discussion has taken place amongst A&G staff regarding the rights of the member to contact the Department for expedited appeals.</p> <p>This finding is closed.</p>

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	<p>The Plan will also update the member website to include this information by 6/30/2016.</p> <p>The member A&G Form will be revised to reflect the member's right to notify the Department for expedited grievances. This form will be submitted to the DHCS for approval on 6/30/2016.</p>		<p>June 2016</p> <p>June 2016</p>	
<p>Def. #4: The Plan does not implement and maintain procedures to make reasonable efforts to provide oral notice of expedited appeal decisions.</p>	<p>In September 2015, the Plan updated its Appeals and Grievances (A&G) database to include a check box for oral notification of decisions to members/providers of expedited decisions. Attached is an "A&G Database Screen Shot" demonstrating this update.</p> <p>The Plan's call script for the expedited appeals and grievances process was updated to include oral notification of the decision. Attached is a copy of that call script entitled "Call Script - Expedited Appeals".</p> <p>The Plan's Member Appeals and Grievance System Description Policy (CA.QI.11) and Member Grievance Process Policy (CA.QI.11.01) were updated to reflect oral notification to members of the determination for expedited appeals and grievances.</p>	<p>A&G Database Screenshot</p> <p>Call Script - Expedited Appeals</p>	<p>September 2015</p> <p>June 2016</p> <p>June 2016</p>	<p>06/24/15 – The following documentation supports the MCP's efforts to correct this deficiency:</p> <ul style="list-style-type: none"> - A&G Database Screenshot (09/1/15) as evidence that the MCP's database includes a check box that requires the MCP to provide oral notice of resolution. - Call Script/Verbal Acknowledgment for Expedited Appeals (5/24/16) which includes language informing the member that he/she will receive a call back with the appeal decision no later than 72 hours. - Workflow Charts, "Expedited Appeal Workflow" and "Expedited Grievance Workflow" (05/01/16) as evidence that the A&G staff provide oral notification of the decision to the member. - Agenda "A&G Team Meeting" (5/31/16) which provides evidence that discussion has taken place amongst A&G staff regarding the requirement to provide oral notification of

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	<p>These policies were presented at the Policy Action Committee on June 16, 2016 for internal approval and then will be submitted to the DHCS for approval.</p> <p>The Plan has also updated the expedited appeal and grievance workflows available as additional reference guides for all A&G staff members. Attached are these workflows entitled "Expedited Appeal Workflow" and "Expedited Grievance Workflow".</p> <p>The Plan trained all A&G Coordinators and nurses on these new procedures in May 2016. Please see the "A&G May 2016 Staff Meeting Agenda".</p>	<p>Expedited Appeal Workflow</p> <p>Expedited Grievance Workflow</p> <p>A&G May 2016 Staff Meeting Agenda</p>	<p>May 2016</p> <p>May 2016</p>	<p>expedited appeals decisions to members.</p> <p>This finding is closed.</p>
3. Quality Management				
<p>Def. #5: The Plan does not consistently refer grievances related to medical quality of care issues to its medical director.</p>	<p>In September 2015, the Plan updated its Appeals and Grievances (A&G) database to include a "Date referred to QM" field for the date the grievance was referred to the medical director. Attached please find screenshots from the database that show this field.</p> <p>In October 2015, the Plan implemented a practice to refer all grievances to the medical director weekly for review to ensure review of all quality of care issues. Attached</p>	<p>A&G Database Screenshot</p> <p>Grievance Rounds Report 10.22.15</p>	<p>September 2015</p> <p>October 2015</p>	<p>06/24/16 – The following documentation supports the MCP's efforts to correct this deficiency:</p> <ul style="list-style-type: none"> - A&G Database Screenshot (9/1/15) as evidence that the MCP's database includes a check box that identifies that the grievance related to medical quality of care was referred to the Medical Director. - Spreadsheet, "Grievance Rounds" (10/22/15) as evidence that a weekly referral of all grievances are forwarded to the Medical Director for review of quality of care issues.

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	<p>please find copies of the rounds reports entitled "Grievance Rounds Report 10.22.15".</p> <p>The Plan's Member Appeals and Grievance System Description Policy (CA.QI.11) and Member Grievance Process Policy CA.QI.11.01 were updated to reflect grievances being screened by the Plan's medical director for potential quality of care incidents. These policies were presented at the Policy Action Committee on June 16, 2016 for internal approval and then will be submitted to the DHCS for approval.</p> <p>The Plan has also updated the appeals and grievances workflows (both standard and expedited) to address this deficiency. Attached please find these four workflows entitled, "Expedited Appeal Workflow", "Expedited Grievance Workflow", "Standard Appeal Workflow" and "Standard Grievance Workflow".</p> <p>The Plan trained the A&G Coordinators and nurses on these new procedures in May 2016. Please see the "A&G May 2016 Staff Meeting Agenda".</p>	<p>Expedited Appeal Workflow</p> <p>Expedited Grievance Workflow</p> <p>Standard Appeal Workflow</p> <p>Standard Grievance Workflow</p> <p>A&G May 2016 Staff Meeting Agenda</p>	<p>June 2016</p> <p>May 2016</p> <p>May 2016</p>	<p>- The following Workflow Charts: "Expedited Appeal," "Expedited Grievance," "Standard Appeal," and "Standard Grievance" (5/1/16) which indicates that grievances are reviewed in weekly rounds by the medical director.</p> <p>- Agenda "A&G Team Meeting" (5/31/16) which provides evidence that discussion has taken place amongst A&G staff regarding the routing of all quality of care grievances to the Medical Director for review.</p> <p>This finding is closed.</p>

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	<p>The Potential Quality Issues policy (CA.QI.18) has been updated to reflect this requirement. This policy was presented at the Peer Review Committee on 6/14/2016 and the Policy Action Committee on 6/16/2016 for approval and then will be immediately submitted to the DHCS for approval.</p>		June 2016	
<p>Def. #6: The Plan does not consistently monitor, evaluate, and take effective action to address needed improvements in the quality of care delivered by its providers.</p>	<p>The Potential Quality Issues policy (CA.QI.18) has been updated to reflect this requirement. Also attached are the tools referenced in the policy that are used to evaluate PQIs. This policy will be presented at the Peer Review Committee on 6/14/2016 and to the Policy Action Committee on 6/16/2016 and then immediately submitted to the DHCS for approval. All tools used to evaluate PQIs have been simultaneously reviewed and re-evaluated for appropriate use going forward.</p> <p>The PQI workflow has been updated to reflect this requirement. Attached is that updated workflow entitled "PQI Workflow".</p> <p>All PQIs with a severity level of greater than 2 will be referred to the Plan's Peer Review Committee for evaluation and determination of next steps. The "Peer Review Committee</p>	<p>PQI Workflow</p> <p>CA.QI.19 Peer Review Committee and Process Policy</p> <p>PQI Case Review</p>	<p>June 2016</p> <p>May 2016</p> <p>January 2016</p>	<p>06/24/16 – The following documentation submitted supports the MCP's efforts to correct this deficiency:</p> <ul style="list-style-type: none"> - Workflow Chart, "Potential Quality Issue" (6/1/16) which demonstrates what actions are taken with the Medical Directors' assignment of care level rating regarding quality of care. - Updated P&P, "CA.Q1.19: "Peer Review Committee and Process" (1/1/16) which now incorporates the use of a couple of new forms to ensure PQIs receive adequate review (e.g., "Potential Quality Incident Case Review" form; "Potential Quality Issue Care Level Rating System"). - "Peer Review Committee (PRC)" meeting minutes (06/04/16) as evidence that PQI cases are being discussed and appropriate follow-up action is being taken as necessary. <p>This finding is closed.</p>

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	and Process" Policy (CA.QI.19) is attached for reference in addition to the "PQI Case Review Form" and the "PQI Case Review Care Level Rating System". Also attached are the Peer Review Committee minutes from January 2016.	Form PQI Case Review Care Level Rating System Peer Review Cmte Meeting Minutes Jan 2016		

Submitted by: Christy Bosse
Title: Director & Medi-Cal Compliance Officer

Date: 6/16/2016