



JENNIFER KENT
DIRECTOR

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



EDMUND G. BROWN JR.
GOVERNOR

August 4, 2016

Ian Johansson, Compliance Officer/Director of Regulatory Affairs
Health Plan of San Mateo
801 Gateway Boulevard, Suite 100
South San Francisco, CA 94080

RE: Department of Managed Health Care Cal MediConnect Survey

Dear Mr. Johansson:

The Department of Managed Health Care conducted an on-site Cal MediConnect Survey of Health Plan of San Mateo, a Managed Care Plan (MCP), from November 2, 2015 through November 6, 2015. The survey covered the period of November 1, 2014 through September 30, 2015.

On July 25, 2016, the MCP provided DHCS with additional information regarding its Corrective Action Plan (CAP) in response to the report originally issued on April 18, 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,

Originally signed by Jeanette Fong

Jeanette Fong, Chief
Compliance Unit

Enclosures: Attachment A CAP Response Form

cc: Stephanie Issertell, 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: Health Plan of San Mateo



Survey Type: DMHC Cal MediConnect Medical Survey

Review Period: November 1, 2014-
September 30, 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. Utilization Management				
1. The Plan does not have an effective mechanism to detect underutilization and overutilization of services to assess the	1. Continue monthly Utilization Management Committee meetings 2. Address over and underutilization at Utilization Management	1. 2016 Utilization Management Program 2. Utilization Management Committee	1. UM Program approved 12/2015 2. UM Committee	05/17/16: The Plan submitted the following documentation which demonstrates efforts to correct this deficiency:

Deficiency Number and Finding	Action Taken	Implementation Documentation	Completion/ Expected Completion Date	DHCS Comments
<p>quality and appropriateness of care provided to enrollees.</p>	<p>Committee Meetings</p>	<p>minutes (October to April 2016)</p>	<p>meetings occur monthly</p>	<p>- 2016 UM Program describes the data elements the MCP uses to detect over-under utilization.</p> <p>- UM Committee Meeting minutes shows that the MCP consistently discuss utilization reports.</p> <p>This finding is closed.</p>
<p>2. Continuity of Care</p>				
<p>2. The Plan does not consistently complete enrollees' Health Risk Assessments (HRAs) within required timeframes.</p>	<ol style="list-style-type: none"> 1. Document all member outreach attempts for HRA 2. HRA contact attempts begin within 5 days of enrollment and occur within three weeks (at least two calls and 1 mailing). 3. Continue attempts to members who refuse or are unable to be reached 4. Review policy on members unable to be 	<ol style="list-style-type: none"> 1. Documentation of vendor attempts entered in Plan claims/ authorization system. 2. Documentation of Plan staff attempts in care management system (workflow) 3. Vendor scope of work of when calls/attempts 	<ol style="list-style-type: none"> 1. July 2015, encompasses all of 2015 forward 2. May 2015 3. Started 2014 4. Updated March 2016 	<p>05/17/16:</p> <p>The Plan submitted the following documentation which demonstrates efforts to correct this deficiency:</p> <p>-The "HEALTHsuite Care Coordination Automation Programs" document as evidence that the Plan has a database that tracks HRA completion and call attempts.</p> <p>-The "Cal MediConnect: Dual</p>

Deficiency Number and Finding	Action Taken	Implementation Documentation	Completion/ Expected Completion Date	DHCS Comments
	reached	<p>are made/vendor contract</p> <p>4. CC-09 Members unable to be reached</p>		<p>Eligible Member Health Risk Assessments” document prepared by the Plan’s vendor which includes a “work flow & timing” chart. The chart includes timeframes for member outreach phone attempts based on risk stratification (page 3).</p> <p>-The Plan’s contract with its vendor, “Agreement Between the Health Plan of San Mateo and DSS Research,” (05/20/14) which includes timeframes for when the vendor must begin outreach to members. DSS will make up to five telephone attempts within 17 days of enrollment. (Appendix A, page 10).</p> <p>7/25/16 - The following additional documentation submitted supports the MCP’s subsequent efforts to correct this finding:</p> <p>- An email communication that</p>

Deficiency Number and Finding	Action Taken	Implementation Documentation	Completion/ Expected Completion Date	DHCS Comments
				<p>describes the MCP's monitoring efforts to ensure timely HRA completion including quarterly audit reviews regarding the HRA completion rate and outreach attempts. A weekly turn-around report is also reviewed to determine if the MCP's vendor is meeting HRA timeframes for high and low risk members.</p> <p>This finding is closed.</p>
5. Quality Management				
<p>3. The Plan does not consistently document that the quality of care provided is being reviewed, that problems are being identified, and that effective action is taken to improve care where deficiencies are identified.</p>	<p>The Plan implemented a formal process to identify and address quality of care issues in April of 2015. Since that time the plan continues to utilize this process to identify quality of care issues and implement effective action to correct any quality of care deficiencies.</p>	<p>PQI reports through April 2016</p>	<p>April 2016</p>	<p>05/17/16:</p> <p>The Plan submitted the following documentation which demonstrates efforts to correct this deficiency:</p> <p>- PQI log (April 2015-2016) as evidence that PQIs have consistently been identified by the MCP as of April 2015.</p> <p>This item is closed.</p>

Submitted by:

Maya Altman

Date: May 17, 2016

Title:

CEO