



JENNIFER KENT
DIRECTOR

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



EDMUND G. BROWN JR.
GOVERNOR

August 3, 2016

Bradley Gilbert M.D., CEO
Inland Empire Health Plan
10801 Sixth Street, Suite #120 P.O. Box 18
Rancho Cucamonga, CA 91730

RE: Department of Managed Health Care Cal MediConnect Survey

Dear Dr. Gilbert:

The Department of Managed Health Care conducted an on-site Cal MediConnect Survey of Inland Empire Health Plan, a Managed Care Plan (MCP), from October 5, 2015 through October 9, 2015. The survey covered the period of October 1, 2014 through September 20, 2015.

On July 27, 2016, the MCP provided DHCS with additional information regarding its Corrective Action Plan (CAP) in response to the report originally issued on April 4, 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.

Sincerely,

Originally Signed by Jeanette Fong

Jeanette, Chief
Compliance Unit

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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: Inland Empire Health Plan

Survey Type: DMHC Cal MediConnect Survey

Review Period: October 1, 2014 – September 20, 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
2. Case Management and Coordination of Care				
# 1: IEHP's policy requiring completion of an Individual Care Plan within 90	Remediation Activity: 1. The Plan developed a QA process which confirms the ICP development following HRA load into the Plan's medical management system (MedHOK). The Plan's	Policy & Procedures: • Please see <i>Deficiency 1—Attachments J and K</i> for a redlined and a clean DRAFT version of policy <i>MED_CM 7.g- "HRA – IEHP</i>	01/04/2016- Team Training completed, leading to completion of remediation activities and full	5/10/16 - IEHP submitted: -A revised copy of P&P MED_CM 7.i titled, "Individual Care Plan – IEHP DualChoice Cal MediConnect Plan (Medicare – Medicaid Plan) Members and Members enrolled

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<p>calendar days of enrollment is inconsistent with the Cal MediConnect Three-Way Contract, which requires completion of the Individual Care Plan within 30 working days of completion of the Health Risk Assessment, and in practice does not ensure compliance.</p>	<p>Health Care Informatics (HCI) team has a process to QA HRAs received and loaded into MedHOK. On a weekly basis, the HCI team performs a query to ensure that HRAs loaded into MedHOK have a corresponding ICP developed based on Member specific HRA responses.</p> <p>1a. Please see <i>Deficiency 1 – Attachment A, HRA Weekly Load QA</i></p> <p>2. Oversight process for ICP development: The Plan’s Care Management Medicare (CM MCR) leadership team receives a weekly report of all HRAs which have been received and loaded into MedHOK. The CM MCR leadership team has developed a process to disseminate this information to the Nurse Care Managers (NCM) for ICP review following HRA completion.</p> <p>2a. Please see <i>Deficiency 1 –</i></p>	<p><i>Dual Choice Cal MediConnect Plan (Medicare-Medicaid Plan) Members.”</i></p> <ul style="list-style-type: none"> • Please see <i>Deficiency 1—Attachments L and M</i> for a redlined and a clean DRAFT version of policy <i>MED_CM 7.i- “Individual Care Plan – IEHP DualChoice Cal MediConnect Plan (Medicare-Medicaid Plan) Members and Members enrolled in Long Term Services and Support (LTSS).”</i> <p>All updates to policies have been highlighted. Policies are pending final internal approval, redlined versions and clean copies with a DRAFT watermark have been provided.</p> <p>Training: The Plan’s CM MCR leadership team has</p>	<p>compliance.</p>	<p>in Long Term Services and Supports (LTSS)” (Attachment M) with corrected language indicating that members initial ICP will be developed within 30 working days of HRA completion (page 1).</p> <p>- A Copy of Policy MED CM titled, “Health Risk Assessment – IEHP DualChoice Cal MediConnect Plan (Medicare - Medicaid Plan) Members” (Attachment K) to indicate that the completed HRA shall be utilized to develop a Care Plan within 30 working days following HRA Completion (page 8).</p> <p>- A document titled “HRA Weekly Load QA 014” (Attachment A) to demonstrate that the IEHP runs a list of HRAs completed to assist staff with knowing which ICPs need to be developed.</p> <p>- IEHP Standard Operating Procedure CM_QA_1 titled “Quality Assurance Process – Cal Medi Connect” (Attachment F) which indicates that a</p>

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	<p><i>Attachment D, Standard Operating Procedure HRA Load Report</i></p> <p>2b. Please see <i>Deficiency 1 – Attachment E, HRA Load Report sample</i></p> <p>3. Monthly Medicare QA file review process (See Quality Assurance section below)</p> <p>3a. Please see <i>Deficiency 1 – Attachment F, Standard Operating Procedure (SOP) for CMC QA file review process</i></p> <p>3b. Please see <i>Deficiency 1 – Attachment G, CMC QA file review tool</i></p> <p>3c. Please see <i>Deficiency 1 – Attachment H, QA Monthly Summary Report – March 2016</i></p> <p>3d. Please see <i>Deficiency 1 – Attachment I, File review summary template</i></p> <p>Process Change: On a weekly basis, the CM MCR leadership team receives a HRA</p>	<p>conducted training for ICP development process following HRA load into MedHOK. Medicare Nurse Care Managers (NCM) attended ICP training on 01/04/2016.</p> <ul style="list-style-type: none"> • Please see <i>Deficiency 1 – Attachment B, Training Agenda and Materials</i> • Please see <i>Deficiency 1 – Attachment C, Training Sign-in Sheets</i> <p>Training included the following elements:</p> <ul style="list-style-type: none"> • Regulatory guidelines regarding ICP development following HRA completion • How to identify Member cases within the MedHOK with a completed HRA requiring review by a NCM and ICP development • Sorting Member cases 		<p>minimum of 2 cases per month are reviewed by the Care Management Quality Assurance Nurses.</p> <p>6/3/16 – IEHP submitted the additional documents:</p> <p>- Monthly Quality Assurance Summary Report that shows on a monthly basis, IEHP is reviewing files to track ICP completion within 30 working days of the HRA.</p> <p>This deficiency is closed.</p>

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	<p>load report. This report details the Plan's Members that have had a new HRA loaded into MedHOK. The CM MCR leadership team developed a process for report distribution, monitoring, and follow up. This report data serves as a notice to the CM Medicare Team Members that the HRA and ICP are available for review. The CM Medicare leadership team utilizes the HRA report to track for timely review of the ICP.</p> <ul style="list-style-type: none"> • Please refer to <i>Deficiency 1 – Attachment D, Standard Operating Procedure HRA Load Report</i> • Please refer to <i>Deficiency 1 – Attachment E, HRA load report sample.</i> <p>Quality Assurance: As indicated in the DMHC Medical Survey Report of Inland Empire Health Plan, conversion to a new ICP process within the MedHOK medical management</p>	for ICP review		

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	<p>system in December 2014 resulted in a delay in the development of ICPs for Members enrolled in January 2015. To ensure that Member HRAs loaded into MedHOK have a developed ICP the Plan's HCI team runs a weekly query. HRAs are received and loaded into MedHOK in batches from a vendor on a weekly basis. The query captures the following data elements: Member ID; HRA created date; ICP updated date; Members assigned IPA; and Members line of business (LOB). The Care Plan updated date identifies if an ICP has been developed for the Member which corresponds to the HRA creation date. This query is reviewed by a HCI analyst, who is able to identify any Member record that did not have an ICP developed following a HRA being loaded into MedHOK. If it is identified that a Member did not have an ICP developed following completion of a HRA, a root</p>			

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	<p>cause analysis is performed and appropriate interventions are implemented. A sample of this report has been provided for review.</p> <ul style="list-style-type: none"> • Please see <i>Deficiency 1 – Attachment A, HRA Weekly Load QA.</i> <p>The Plan’s Care Management (CM) Department has an established monthly process to review Cal MediConnect Member records for regulatory compliance. One of the compliance elements that is part of this file review is the element activity of ICP development within 30 working days following HRA completion. The files are reviewed by a CM QA Nurse and findings are presented to the CM QA and Training Nurse Manager, CM MCR leadership team, Medicare Nurse Care Manager assigned to case, Director of CM, Senior Director of CM, Medical Operations Team, and the Auditing and Monitoring</p>			

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	<p>Committee. All element activities have an established benchmark. A root cause analysis is completed when elements fall below the benchmark and a departmental corrective action plan is established. The following Care Management QA tools have been provided:</p> <ul style="list-style-type: none"> • Please see <i>Deficiency 1 – Attachment F, Standard Operating Procedure (SOP) for CMC QA File Review Process</i> • Please see <i>Deficiency 1 – Attachment G, CMC QA file review tool</i> • Please see <i>Deficiency 1 – Attachment H, QA Monthly Summary Report-March 2016</i> • Please see <i>Deficiency 1 – Attachment I, File review summary template</i> 			
4. Members' Rights				
#2: IEHP's Internet Web site home page does not	In 2014, the Plan submitted and received CMS approval for the "Grievance Form" hyperlink. Since 2014, there have been no	Please see the following: <ul style="list-style-type: none"> • <i>Deficiency 2 – Attachment A, Cal MediConnect –</i> 	2014 – Please see <i>Deficiency 2, Attachment D, Website</i>	5/10/16 – IEHP Website home page was corrected. "Grievance Form" is accessible on the first page.

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<p>provide a hyperlink clearly identified as "GRIEVANCE FORM", neither does IEHP's Internet Web site member services portal provide a Hyperlink clearly identified as "GRIEVANCE FORM".</p>	<p>updates to the hyperlink.</p> <p>The website link cited within the finding belongs to the Medi-Cal portal of the IEHP website, not the Cal MediConnect Plan website. The following is the link to the online grievance form. This verbiage was approved by CMS/DHCS:</p> <p>https://ww3.iehp.org/en/members/plans/cal-mediconnect/grievances/making-complaints/</p> <p>The Plan has also ensured that a direct link to the Grievance Form is placed on IEHP's General Web Site footer so that it is available at all times.</p>	<p><i>Grievance form</i></p> <ul style="list-style-type: none"> • <i>Deficiency 2 – Attachment B, Grievance Link - For Members Section</i> • <i>Deficiency 2 – Attachment C, Grievance Link - Home Page</i> 	<p><i>Revisions and Deficiency 2 - Attachment E, Website Revisions Approval</i></p>	<p>This deficiency is closed.</p>
<p>#3: The evidence of coverage distributed to enrollees of IEHP's Cal MediConnect plan does not</p>	<p>Upon the Plan's review of the Member Handbooks referenced within the finding, this information is indeed included in both Member Handbooks and follows the guidelines stated within the finding, except for displaying the Plan's telephone number in</p>	<p>Please see <i>Deficiency 3- Attachment A, Revised CMC Member Handbook</i>, for the version the Plan will implement in the next publication.</p>	<p>12/2016 - The Plan's IEHP DualChoice Cal MediConnect Plan (Medicare-Medicaid Plan) Member Handbook will be</p>	<p>5/10/16 – IEHP submitted its revised CMC Member Handbook and has bolded DMHC's toll-free telephone number, TDD line for the hearing and speech impaired, DMHC's Internet Web site address, and IEHP's telephone number.</p>

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display the DMHC’s toll-free telephone number, TDD line for the hearing and speech impaired, and Internet Web site address, nor IEHP’s telephone number, in boldface type.	boldface type. As such, the Plan has made the necessary changes to the template of the Member Handbook.		published to display the information stated in the finding in 12-point boldface font.	This deficiency is closed.
#4: The Plan’s policies do not require that IEHP reimburse the provider or enrollee within five working days for disputed services that have already been rendered and have	<p>Remediation Activity:</p> <ol style="list-style-type: none"> 1. The Plan will update its Member Reimbursement and Appeal Resolution Policies to specify that enrollees and providers will be reimbursed within five working days of the date the DMHC’s Director has determined that the disputed urgent care or emergency care services were medically necessary. 2. The Plan’s Claims Support Services staff will receive 	<p>Policy & Procedures:</p> <ul style="list-style-type: none"> • Please see Please see <i>Deficiency 4 – Attachment A</i> and B for a redlined and a clean DRAFT version of policy P-16 Member Bill Reimbursement Requests 2016. • Please see <i>Deficiency 4 – Attachments C and D</i> for a redlined and a 	5/20/2016- The Plan will conduct training on reimbursement timeframes relating to a DMHC Director medical decision regarding urgent care or emergency care services. This will lead to the Plan’s completion of	<p>5/10/16 – IEHP submitted the following documentation:</p> <ul style="list-style-type: none"> - Email meeting training request as evidence that plan staff scheduled training on 05-20-16 to discuss this deficiency from the survey. <p>6/3/16 – IEHP submitted additional documents:</p> <ul style="list-style-type: none"> -A workflow chart titled “DMHC Member Escalated Cases of Grievance & Appeals – Current Process (IMR Appeals)” dated

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<p>been found to be medically necessary by an independent medical review decision adopted by the DMHC Director.</p>	<p>additional training on reimbursement timeframes relating to a DMHC Director medical decision regarding urgent care or emergency care services.</p> <p>3. The Plan's Claims supervisory staff will perform monitoring of payment timeframes relating to a DMHC Director medical decision regarding urgent care or emergency care services.</p> <p>Process Change: The Plan will develop a method to identify a DMHC Director medical decision that requires five day turnaround. This will allow for quick identification and accelerated handling.</p> <p>Quality Assurance: The Plan's Claims supervisory staff will perform monitoring of payment timeframes relating to a DMHC Director medical decision regarding urgent care or</p>	<p>clean DRAFT version of policy MED_GRV 04 - Member Appeal Resolution System 2-24-16.</p> <p>Policies are pending final internal approval, redlined versions and clean copies with a DRAFT watermark have been provided.</p> <p>Training: IEHP's Claims Support Services staff will receive additional training on reimbursement timeframes relating to a DMHC Director medical decision regarding urgent care or emergency care services by May 20, 2016.</p> <p>6/3/16 - Plan Response: The Plan has developed a workflow and Standard Operating Procedure</p>	<p>remediation activities and full compliance. Please see <i>Deficiency4 – Attachment E, 05.20.16 Training Meeting Invite.</i></p>	<p>05/01/2016 which incorporates timely reimbursement of disputed services to providers and enrollees when an IMR overturns the plan's decision (step 25).</p> <p>- Standard Operating Procedure "Grievance/Appeal DMHC Case Process" (revised 05/01/216). This document describes coordination efforts between the Plan's Grievance and Appeals (G&A) and Claims departments in completing the Plan's reimbursement/authorization of services within 5 working days from receipt of an overturned DMHC decision.</p> <p>7/27/16 – IEHP submitted:</p> <p>-A revised copy of policy OPS/CLM P-16 titled, "Member Bill Reimbursement Requests" (revised 07/26/16) which includes the required language (page 1).</p> <p>-A revised copy of policy MED_GRV 04 titled "IEHP Member Appeal Resolution</p>

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	emergency care services.	<p>(SOP) detailing the process to prioritize DMHC Medical Director overturns relating to post-payment appeals. Together, these documents detail the coordinated effort between the Plan's Grievance and Appeals (G&A) and Claims departments in completing the Plan's reimbursement obligation within 5 days.</p> <p>Please see:</p> <ul style="list-style-type: none"> • <i>Deficiency 4 - Workflow</i> • <i>Deficiency 4 - DMHC Case Process SOP</i> 		<p>System (revised 07/27/16) which includes the required language (page 10).</p> <p>This deficiency is closed.</p>

Submitted by: Rebecca Mayer
Title: State Programs Compliance Manager

Date: 05/05/2016