



JENNIFER KENT
DIRECTOR

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



EDMUND G. BROWN JR.
GOVERNOR

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

July 25, 2016

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

Dear Dr. Gilbert:

The Department of Managed Health Care conducted an on-site 1115 Waiver Senior and Persons with Disabilities (SPD) 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 August 17, 2015.

On July 21, 2016, the MCP provided DHCS with a 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 Fong, 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 SPD Survey

Review Period: 10/1/2014 – 8/17/2015

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's policies and procedures do not specify that the Plan shall approve or disapprove post-stabilization care	Remediation Activity: The Plan has revised policy MED_UM 4.f to include language of IEHP's practice of approving services for first day of admission from the Emergency Department. No process changes were	Policy & Procedures: The Plan has revised its policy to include verbiage of the Plan's practice of approving services	10/28/15 – Updates to the Plan's PnP was completed.	5/10/16 – IEHP submitted: -A revised P&P MED_UM 4.f titled "Emergent/Urgent Care Guidelines" (revised 10/28/15) (Attachment A). The policy includes the required language regarding post-stabilization

Deficiency Number and Finding	Action Taken	Implementation Documentation	Completion/ Expected Completion Date	DHCS Comments
<p>within one half hour of the request. The policies do not specify that if the Plan fails to approve or disapprove the request within 30 minutes, the care shall be deemed authorized.</p>	<p>implemented as approval for necessary post-stabilization medical care of first day admission was in effect at the time of the audit, although not documented in policy.</p>	<p>for first day admission for necessary post-stabilization medical care from Emergency Department. Please see <i>Deficiency 1, Attachment A - MED_UM 04 f - Emergent and Urgent Care Guidelines 10-28-15.</i></p> <p>All updates to the policy have been highlighted.</p>		<p>care and indicates that the Plan and its delegates will make every effort to respond to requests within 30 minutes or else the services will be considered approved (page 1).</p> <p>This finding is closed.</p>
5. Quality Management				
<p>#2 - The Plan does not consistently report serious quality deficiencies that result in the termination of a practitioner to the appropriate authorities.</p>	<p>Remediation Activity: The Plan updated their appeals process to include language that warrants the additional filing of 805.01, when the Peer Review determines that the termination meets the stated requirements.</p> <p>Process Change: The Medical Director or designee notifies the Credentialing Manager to file the 805.01 report</p>	<p>Policy & Procedures: The current policies and procedures were revised to include the 805.01 filing process. Please see <i>Deficiency 2, Attachment A - PRO_CRE 10 - IEHP's Appeals Process for</i></p>	<p>02/09/2016 - Training was conducted to ensure that all Peer Review terminations are reviewed against the 805.01 requirement. The training included the</p>	<p>5/10/16 – IEHP submitted:</p> <p>-A revised P&P PRO_CRE 10 titled, "IEHP's Appeals Process for Practitioners" (revised 01/01/2016) (Attachment A). The revised policy requires the Medical Director or designee to notify the Credentialing Manager to file an 805.01 report within 15 days (page 7).</p> <p>This finding is closed.</p>

Deficiency Number and Finding	Action Taken	Implementation Documentation	Completion/ Expected Completion Date	DHCS Comments
	<p>in addition to the 805 report to the relevant agency within 15 days after a Peer Review determines the termination meets the stated requirements.</p> <p>Quality Assurance: The Medical Director and the Credentialing Manager will review the language in the letter to ensure that all Peer Review terminations are reviewed against 805.01 filing requirements.</p>	<p>Practitioners.</p> <p>Training: Training was conducted to ensure that all Peer Review terminations are reviewed against the 805.01 requirements. The training included the Credentialing Coordinators who prepare the notification letters to the Providers on February 9, 2016.</p>	<p>Credentialing Coordinators who prepare the notification letters to the Providers. Please see <i>Deficiency 2, Attachment B, 02.09.16 Agenda and Packet.</i></p>	

Submitted by: Rebecca Mayer
Title: State Programs Compliance Manager

Date: 05/05/2016