ATTACHMENT A
Corrective Action Plan Response Form

Plan Name: Kern Family Health Care

Survey Type: 1115 Waiver SPD Medical Survey Report **Review Period: 08/01/15 - 07/31/16**

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.

Deficiency Number and Finding	Action Taken	Supporting Documentation	Implementation Date* (*anticipated or completed)	DHCS Comments
3. Availability and Accessibility				
Deficiency 1 The Plan fails to ensure it satisfies required provider-to-member ratios. DHCS-Plan Contract, Exhibit A, Attachment 4	KHS will develop a process to determine FTE percentage for providers in network based on a (40) forty hour workweek. KHS will develop a process to identify providers that are only		**Estimated date, Q2 2017	**02/08/17** - MCP submitted the following documentation to support its efforts to correct this finding: - Draft Policy 5.06-P: "Assignment of Primary Care Provider" (revised 01/25/17). Section 2.4, Provider to Member Ratio, now includes a process for validating full-time equivalency (FTE).

Deficiency Number and Finding	Action Taken	Supporting Documentation	Implementation Date* (*anticipated or completed)	DHCS Comments
– Quality Improvement System, Provision 1 – General Requirement and Attachment 6 – Provider Network, Provision 3 – Provider to Member Ratios; Rule 1300.70(a)(3), (b)(2)(B).	servicing members on a per-diem or locum bases. KHS will revise the applicable policy to reflect the process of validating FTE equivalent. <u>Operational Results</u> KHS is now capturing the FTE percentage for providers in network based on a (40) forty hour work week. KHS is also identifying those providers that are only servicing members on a per-diem or locum basis and will exclude those providers from the member to provider ratio. KHS revised policy 5.06-P, *Assignment of Primary Care Providers*, §2.4, *Provider to Member Ratio* to include validating FTE equivalent process.	5.06-P, *Assignment of Primary Care Providers,* §2.4, *Provider to Member Ratio* (Attachment A)	01/25/17	**02/28/17** - MCP submitted the following documentation to support its efforts to correct this finding: - MCP response explaining that the red-lined versions of policy have been submitted to DMHC for approval. **This finding is closed.**
4. Members' Rights				

Deficiency Number and Finding	Action Taken	Supporting Documentation	Implementation Date* (*anticipated or completed)	DHCS Comments
Deficiency 2 The Plan's Board of Director's does not periodically review the written record of grievances and document its review. DHCS-Plan Contract, Exhibit A, Attachment 14, Member Grievance System – Provision 1 – Member Grievance System; Rule 1300.68.	The Plan will prepare dashboard reports, to be included in the CMO report to the Board of Directors on a quarterly basis. The Grievance Dashboards will be provided to the Board the 2nd or 3rd month after the quarter closes, to ensure all cases have been closed and all quarterly reports have been reviewed and approved. The Grievance Dashboards will include data from the most recent quarter and the previous 3 quarters. Information included will be: cases closed in favor of Enrollee vs. Plan; types of cases received, i.e. Quality of Care, Quality of Service, Access to Care, Medical Necessity, Coverage Issues, Other, etc. **Operational Results**: The Board of Directors will electronically receive a Board Packet that will include quarterly Grievance dashboard reports as part of the Chief Medical Officer report.	N/A	The Plan anticipates the first set of Grievance Dashboards to be presented at the June 2017 Board of Directors meeting.	**03/03/17** - MCP submitted the following documentation to support its efforts to correct this finding: - MCP's written response (03/03/17) which commits the plan towards preparing grievance dashboard reports. The Board will receive the CMO's report which will include the grievance dashboards as part of the Board packet. Grievance dashboards will be presented at the June 2017 Board of Director's meeting. **This finding is closed.**
Deficiency 3	KHS staff will revise policy 5.01-I,	5.01-I, *Member*	1/20/2017	02/08/17 - MCP submitted the following

Deficiency Number and Finding	Action Taken	Supporting Documentation	Implementation Date* (*anticipated or completed)	DHCS Comments
The Plan's urgent grievance policies do not specify it will respond to the Department within 30 minutes during working hours and within 1 hour during non-work hours, after initial contact from the Department. DHCS-Plan Contract, Exhibit A, Attachment 14 – Member Grievance System, Provision 1 – Member Grievance System; Rule 1300.68.01(b).	*Member Grievance Process*, to include the requirement to respond to the Department within 30 minutes during working hours and within 1 hour during non-work hours, after initial contact from the Department. <u>Operational Results</u> Policy 5.01-I, *Member Grievance Process*, §2.2.3.1, *Contracts for Urgent Grievances*, was revised to include Knox-Keene response times for urgent grievances during work and after hours situations	*Grievance Process*, §2.2.3.1, *Contracts for Urgent Grievances* (Attachment B)		documentation to support its efforts to correct this finding: - Draft P&P 5.01-1: "KHS Member Grievance Process" policy and procedures. Section 2.2.3.1 has been revised to address urgent grievance response times during working and non-working hours according to Rule 1300.68.01(b). **02/28/17** - MCP submitted the following documentation to support its efforts to correct this finding: - MCP response explaining that the red-lined versions of policy have been submitted to DMHC for approval. **This finding is closed.**

Submitted by: **Date:**
Title: Kern Health Systems CEO