



JENNIFER KENT
DIRECTOR

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



EDMUND G. BROWN JR.
GOVERNOR

August 11, 2017

Maya Altman, CEO
Health Plan of San Mateo
801 Gateway Blvd., Suite 100
South San Francisco, CA 94080

RE: Department of Health Care Services Medical Audit

Dear Ms. Altman:

The Department of Health Care Services (DHCS), Audits and Investigations Division conducted an on-site Medical Audit of Health Plan of San Mateo, a Managed Care Plan (MCP), from November 28, 2016 through December 2, 2016. The survey covered the period of November 1, 2015 through October 31, 2016.

On August 10, 2017, the MCP provided DHCS with additional information regarding its Corrective Action Plan (CAP) in response to the report originally issued on March 2, 2017.

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 me at (916) 552-8946 or Joshua Hunter at (916) 440-7587.

Page 2

Sincerely,

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

Corrective Action Plan Response Form



Plan: Health Plan of San Mateo (HPSM)

Audit Type: DHCS Medical Audit

Review Period: 11/1/15 – 10/31/16

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* <small>(*anticipated or completed)</small>	DHCS Comments
CATEGORY 1 - UTILIZATION MANAGEMENT				
1.2 PRIOR AUTHORIZATION REVIEW REQUIREMENTS				
1.2.1 Timeframes for medical prior authorizations The Plan is required to make decisions to approve, modify, or	1. To alleviate a shortage of UM nurses, HPSM hired an additional full time RN and a part time RN to conduct prior authorization reviews. 2. UM Department began	1. Proof of hire for full time RN and part time RN. 2. Screenshot showing AuthStatDB.	1. Full time RN hired 9/2/2016. Part time RN hired 2/1/2017. 2. AuthStatDB was implemented	4-7-17: The following documentation supports the MCP's efforts to correct this finding:

Deficiency Number and Finding	Action Taken	Supporting Documentation	Implementation Date* (*anticipated or completed)	DHCS Comments
<p>deny, based on medical necessity, requests by providers prior to, or concurrent with the provision of health care services in a timely fashion appropriate for the nature of the enrollee's condition, not to exceed five business days from the Plan's receipt of the information reasonably necessary and requested by the plan to make the determination. In cases where the review is retrospective, the decision shall be communicated to the individual who received services, or to the individual's designee, within 30 days of the</p>	<p>conducting daily monitoring of authorizations in the queue to be worked via a database tool called AuthStatDB. This allows for a real time review of cases at risk for falling out of compliance.</p> <p>3. HPSM's Informatics Department creates an automated daily report of pending authorizations in order for staff to review for data entry errors that would cause a delay in assignment of cases for nurse review.</p> <p>Turnaround timeliness will be continuously addressed with additional training, overtime, and weekend coverage.</p>	<p>3. Sample daily report from Informatics Department.</p>	<p>on 12/22/2016. Monitoring occurs throughout the day, every day, including weekends.</p> <p>3. Automated report from Informatics went live on 2/1/2017.</p>	<p>- Email documentation submitted by the MCP serves as evidence of the hiring of additional RNs for the purpose of conducting prior authorization reviews.</p> <p>- Authorization Statistics Database screenshot serves as evidence that the MCP has the capability to generate various prior auth reports to monitor turnaround times.</p> <p>- Daily Authorization Report (run 3/22/17) created by the MCP's Informatics Department serves as evidence of daily review of prior authorization to prevent delays in the</p>

Deficiency Number and Finding	Action Taken	Supporting Documentation	Implementation Date* (*anticipated or completed)	DHCS Comments
<p>receipt of information that is reasonably necessary to make this determination. Concurrent review decisions pertaining to care that is underway, shall be communicated to the enrollee's treating provider within 24 hours.</p>				<p>assignment of cases to UM nurses for review.</p> <p>This finding is closed.</p>
<p>1.2.2 Medical prior authorization notice of action (NOA) letter rationale</p> <p>The Plan is required to send enrollees NOA letters with a clear and concise explanation of the reasons for the Plan's decision. The detail must contain a description of the criteria or guidelines</p>	<p>1. HPSM contracted with vendor Health Language in September 2016 to ensure automated NOA letters contained clear and concise language for the member.</p> <p>2. Staff training took place on 6/2/2016, 12/7/2016, and 3/14/2017. Subject of these training sessions was to provide consistent</p>	<p>1. Portion of the Statement of Work between HPSM and Health Language.</p> <p>2. Roster of attendees and signed attendance attestations for the 3 staff training sessions on the topic of letter</p>	<p>1. HPSM contracted with Health Language on 9/22/2016.</p> <p>2. There has been 3 staff training sessions on the topic of letter decision rationale: 6/2/2016, 12/7/2016, and 3/14/2017.</p>	<p>5-3-17: The following documentation supports the MCP's efforts to correct this finding:</p> <p>- Email communication received on 5-3-17, the MCP states that its CMO provided language for staff to use for Hep C drug denial letters. The</p>

Deficiency Number and Finding	Action Taken	Supporting Documentation	Implementation Date* (*anticipated or completed)	DHCS Comments
used, including a citation of the specific regulations or plan authorization procedures supporting the action and the clinical reason for the decision regarding medical necessity.	guidelines and language for the decision rationale portion of NOA letters. The training provided is for all denial notices for all lines of business.	decision rationale.		MCP's Pharmacy Department conducts audits of denial letters including Hep C drug denials. This finding is closed.
1.4 PRIOR AUTHORIZATION APPEAL PROCESS				
1.4.1 Time frames for appeals notification and resolution The Plan is required to resolve each grievance and provide notice to the member as quickly as the Member's health condition requires, within 30 calendar days from receipt. The Plan is required to	1. In response to this issue, the G&A Unit added 3 full-time, permanent positions for the 2017 budget year. One of these positions was filled in November 2016. The Unit had employed two Temp workers in November 2016, who were both converted to permanent staff (one in November 2016 and the other beginning March 2017). Unfortunately, one full-time permanent staff hired in the	1. 2017 Budget Position Listing 2. Appeals Timeliness Report	1. One full time employee hired in November 2016; Two temp employees became full time employees in November 2016 and March 2017 2. Appeals Timeliness Report provided is as of	4-7-17: The following documentation supports the MCP's efforts to correct this finding: - 2017 Budget position listing serves as evidence that the MCP has increased G&A staff from a team of six to a team of 11.

Deficiency Number and Finding	Action Taken	Supporting Documentation	Implementation Date* (*anticipated or completed)	DHCS Comments
<p>send a written acknowledgment notice to the member within five calendar days from receipt and a written resolution within 30 calendar days of receipt. "Grievance" means a written or oral expression of dissatisfaction regarding the plan and/or provider, including an appeal made by an enrollee or the enrollee's representative.</p>	<p>spring of 2016 left the Plan in December 2016, but was replaced by the previously mentioned Temp worker, and an additional full-time, permanent staff left the Plan in January 2017. The Plan is currently recruiting for this open Coordinator position in addition to 2 other G&A positions added in the 2017 budget.</p> <p>Overall, the Plan has increased the number of G&A staff from a team of six full-time, permanent staff in September 2016 to a current team of 11 full-time, permanent staff with three open positions.</p> <p>2. The addition of new staff has resulted in an increased rate of timely appeal notification and resolution. The G&A Unit has resolved 100% of appeals within the regulatory timeframes since December 2016.</p>		<p>4/1/2017, showing 100% compliance since December 2016</p>	<p>- Appeals timelines report from 4-1-17 serves as evidence that the MCP has improved its compliance rate for resolving appeals to 100% since December 2016.</p> <p>7-14-17:</p> <p>-Technical assistance provided informing the plan that although turnaround times for resolution are now being monitored and compliance rates have shown improvement, the plan should also be monitoring timeliness of acknowledgment letters as well.</p> <p>This finding is closed.</p>

Deficiency Number and Finding	Action Taken	Supporting Documentation	Implementation Date* (*anticipated or completed)	DHCS Comments
<p>1.4.2 Appeals resolution letter rationale</p> <p>The Plan is required to implement and maintain a member Grievance system in accordance with <i>Title 28 CCR Section 1300.68</i>. The regulations specify that the written response shall contain a clear and concise explanation of the plan's decision.</p>	<p>1. The G&A Unit partnered with HPSM's Chief Medical Officer, Associate Medical Director, and Quality Review Nurse to create a desk procedure that ensured members would consistently receive a clear and concise explanation of the Plan's determination. The new procedure includes standardized language for the G&A Coordinators to use and requires that the physician reviewer cite the specific guideline by which the decision was made.</p> <p>2. G&A staff were trained on the new procedure during a staff meeting in February 2017.</p>	<p>1a. Medical Appeals Resolution Letter Language Desk Procedure</p> <p>1b. Email to Medical Directors regarding Appeal Letter Rationales</p> <p>1c. Example Appeal Resolution Letter</p> <p>2a. 2/21/2017 Staff Meeting Agenda</p> <p>2b. 2/21/ 2017 Staff Meeting Sign-in Sheet</p>	<p>1. New procedure took effect on 2/16/2017.</p> <p>2. Staff training took place during 2/21/2017 staff meeting</p>	<p>4-7-17: The following documentation supports the MCP's efforts to correct this finding:</p> <p>- Medical Appeals Resolution Letter Language Desktop Procedure was developed to provide standardized language to use and requires the citation of the guidelines used to make the decision.</p> <p>- Email to Medical Directors (2-15-17) regarding appeal letter rationales</p>

Deficiency Number and Finding	Action Taken	Supporting Documentation	Implementation Date* (*anticipated or completed)	DHCS Comments
				<p>notified the Medical Directors of the new appeal letter verbiage from the desktop procedure is taking effect.</p> <p>- Agenda from G&A staff meeting from 2-21-17 and sign-in sheet. Item two discussed the implementation of the new rationale language for appeal resolution from the new desktop procedure.</p> <p>- In email communication received on 12-16-16, which was submitted for the 2015 CAP, the MCP indicated that quarterly internal audits are conducted on appeals cases.</p>

Deficiency Number and Finding	Action Taken	Supporting Documentation	Implementation Date* (*anticipated or completed)	DHCS Comments
				<p>While appeals resolution letters are evaluated, they are not specifically assessed for clear and concise language. MCP committed to adding clear and concise language as a specific objective of their quarterly audits of appeals cases going forward.</p> <p>This item is closed.</p>
CATEGORY 3 – ACCESS AND AVAILABILITY OF CARE				
3.1 APPOINTMENT PROCEDURES AND WAITING TIMES				
<p>3.1.1 Corrective action plan for providers non-compliant with timely access standards</p> <p>The Plan is required to communicate, enforce and monitor</p>	<p>1. HPSM continues to monitor provider offices through the annual DMHC Timely Access Survey and also the Grievance process. The Plan improved the process for following up on those methods of identification when problems are detected. The Plan has implemented policy changes to raise these</p>	<p>1a. Slides from training session between Provider Services and G&A staff</p> <p>1b. Updated policy CR-02 Recredentialing</p>	<p>1. Training took place on 3/10/2017</p> <p>Updated policy CR-02 Recredentialing went into effect 11/15/2016</p>	<p>4-7-17: The following documentation supports the MCP's efforts to correct this finding:</p> <p>- Slides from the joint training provided to the Provider Services</p>

Deficiency Number and Finding	Action Taken	Supporting Documentation	Implementation Date* (*anticipated or completed)	DHCS Comments
<p>providers' compliance with acceptable accessibility standards in accordance. The Plan is required to implement prompt investigation and corrective action when compliance monitoring discloses that the Plan's provider network is not sufficient to ensure timely access, which includes but is not limited to taking all necessary and appropriate action to identify the causes underlying identified timely access deficiencies and to bring its network into compliance.</p>	<p>problems upon provider re-credentialing. A joint training of Provider Services and Grievances & Appeals staff was conducted in March 2017 to put these policy changes into practice.</p> <p>2. Providers who are not compliant with either the non-urgent or urgent timely access requirements are sent a letter to notify them that they were identified as non-compliant and that they are currently under review at HPSM's internal Credentialing Review Committee (CRC) and then the Peer Review Committee (PRC) for a determination. In addition to the DMHC Timely Access Survey review, quarterly grievance reports are monitored to determine if there are providers who have received member complaints for not complying with appointment availability requirements and not responding to member requests</p>	<p>2. Sample Timely Access Action Letter</p>		<p>Department and the Grievance and Appeals Unit on 3-10-17 educated both teams on the policy changes for providers that are non-responsive with G&A requests.</p> <p>- Policy CR-02 was updated on 11-15-16 to raise concerns of timely access issues during the re-credentialing process.</p> <p>- Timely Access Action Letter template that the plan uses to send to a provider who is out of compliance with timely access standards. The letter states that the provider will continue to be monitored with</p>

Deficiency Number and Finding	Action Taken	Supporting Documentation	Implementation Date* (*anticipated or completed)	DHCS Comments
	<p>for appointments within the required timeframes. Providers identified through those grievance reports are sent the same letter about review in the Plan's credentialing committees.</p> <p>During the CRC/PRC process, HPSM will determine the cause of the provider's inability to schedule appointments within a timely manner and may intervene if there is evidence of a potential quality of care issue or if there is evidence that HPSM members are treated differently than other patients who are currently under the non-compliant provider's care. Once the issues are reviewed, the Provider Services Department will continue to monitor the provider for compliance with access standards, as well as monitor for further grievances. Per CR-02, adverse actions may be taken against providers who do not meet timely access standards.</p>			<p>random calls and review of grievances.</p> <p>5-3-17: The following additional documentation supports the MCP's efforts to correct this finding:</p> <p>- Email communication from MCP stated that the 2016 Timely Access Survey was conducted in September and October. Providers found to be non-compliant will be discussed at Credentialing Review Committee with a possible referral to the Peer Review Committee for corrective action if still found to be non-compliant.</p>

Deficiency Number and Finding	Action Taken	Supporting Documentation	Implementation Date* (*anticipated or completed)	DHCS Comments
	<p>Update 5-3-17: The 2016 Timely Access Survey was conducted from September to October 2016. HPSM's current process is that providers who either fail to respond to the survey or who are found to be out of compliance with access and availability requirements will be discussed at the Credentials Review Committee as a possible Quality of Care issue. If it is determined the provider is still out of compliance, the issue gets escalated to HPSM's Peer Review Committee, at which point CAPs can be issued. At this time corrective actions have only been taken against providers who failed to respond to the survey. Attached is a letter sent to a provider who failed to respond to the survey.</p>			<p>- Letter to provider who did not respond to the survey demonstrates that the MCP follows up with providers that are found to be non-compliant during the Timely Access Survey.</p> <p>5-23-17: The following additional documentation supports the MCP's efforts to correct this finding:</p> <p>- In an email communication from 5-23-17, the MCP confirmed that warning letters go out to all providers who found to non-compliant in the Timely Access Survey. The non-</p>

Deficiency Number and Finding	Action Taken	Supporting Documentation	Implementation Date* (*anticipated or completed)	DHCS Comments
				<p>compliant providers are presented to the Credentials Review Committee first, so the Committee can determine what further action is necessary beyond the warning letter.</p> <p>6-27-17: The following additional documentation supports the MCP's efforts to correct this finding:</p> <ul style="list-style-type: none"> - In an email communication (6-27-17), the MCP confirmed that all providers who were found non-compliant with the Timely Access Survey received a warning letter. The MCP submitted six warning letters as evidence.

Deficiency Number and Finding	Action Taken	Supporting Documentation	Implementation Date* (*anticipated or completed)	DHCS Comments
				<p>These providers will be discussed at the upcoming July Credentials Review Committee. Going forward, the MCP will ensure meeting minutes are maintained for upcoming Credentials Review Committee Meetings.</p> <p>This finding is closed.</p>
<p>3.1.2 Monitoring of wait times in providers offices for telephone call returns</p> <p>The Plan is required to develop, implement, and maintain a procedure to monitor waiting times in the provider's office,</p>	<p>1. HPSM began using a primary care learning collaborative called the HPSM Clinical Partnership that includes all major primary care clinics in the community to develop best practices. These six organizations have more than 60% of assigned members and include: San Mateo Medical Center, Gardner Family Health Network, Ravenswood Family</p>	<p>1. Slides from the January 2017 HPSM Clinical Partnership meeting</p> <p>2. Quarterly metrics presented at the January 2017 HPSM Clinical Partnership</p>	<p>1. The first quarterly meeting of the HPSM Clinical Partnership took place on 1/20/2017</p> <p>2. Clinics will be measuring in April and will report to the Partnership at</p>	<p>5-3-17: The following documentation supports the MCP's efforts to correct this finding:</p> <p>- Email communication from MCP received on 5-3-17 states that in addition to the additional question</p>

Deficiency Number and Finding	Action Taken	Supporting Documentation	Implementation Date* (*anticipated or completed)	DHCS Comments
<p>telephone calls (to answer and return), and the time to obtain various types of appointments</p>	<p>Health Center, Northeast Medical Services (NEMS), Planned Parenthood Mar Monte, and Family Care Associates. These clinics all have systems in place to monitor member no-shows and processes to notify patients of upcoming appointments and follow through on missed appointments. Planning meetings took place in 2016, and regular quarterly meetings began in January 2017.</p> <p>2. Through the Clinical Partnership, the Plan is implementing a program to report the percentage of no-shows each month and implement one new process change each quarter to reduce the amount of no-shows. The partner organizations will report this metric each quarter and share their processes for following up with members. This follow-up may include phone calls and other methods of</p>	<p>meeting</p>	<p>the July meeting. Based on the best practices of these clinics as they evolve over the next year, the Plan anticipates expanding the Partnership to all providers by mid-2018</p>	<p>on the 2017 Timely Access Survey, The MCP maintains a ticketing system enables the Provider Services Department to be notified of issues from any department within the MCP even if no grievance is filed. The MCP also monitors its grievances for complaints regarding returned calls from providers.</p> <p>5-23-17: The following additional documentation supports the MCP's efforts to correct this finding:</p> <p>- HPSM PCP Contract template shows that providers are required to</p>

Deficiency Number and Finding	Action Taken	Supporting Documentation	Implementation Date* (*anticipated or completed)	DHCS Comments
	<p>notification and communication. The Clinical Partnership will also be measuring and reporting Third Next Available Appointments, which is a standard for assessing patient access.</p> <p>Update 5-3-17</p> <p>In addition to monitoring provider offices' call answer times as part of the annual Timely Access Survey, our Provider Services Department also monitors providers via feedback from plan members and plan personnel. Our Grievance process accepts complaints about providers' phone answering times or their promptness in returning phone calls. For member complaints that are not filed as formal grievances, and also for any other health plan staff who are communicating via phone with providers' offices, our Provider Services Department collects</p>			<p>maintain a procedure for screening telephone calls including informing the caller of the length of wait time for a return call from the provider. (Page 5).</p> <p>8-10-17: The following additional documentation supports the MCP's efforts to correct this finding:</p> <p>- In an email communication from 8-10-17, the MCP stated that they will be conducting PAAS survey in late August and early September which will include a question on how long it takes for a member to receive a call back from a medical professional. Results</p>

Deficiency Number and Finding	Action Taken	Supporting Documentation	Implementation Date* (*anticipated or completed)	DHCS Comments
	<p>identified issues using the health plan's new internal "ticketing system".</p> <p>Via that ticketing system, any department may report concerns to the Provider Services Department for investigation. Last month, a health plan member called with the concern that she could not reach her provider of medical supplies. She reported that she had left a message for the company, as well as reached out via email, and had not received a prompt reply. The Member Services Representative entered a ticket for Provider Services to follow up on this concern. A Provider Services Representative called the provider and was told they were experiencing phone problems. The next week, a second member spoke with Member Services and the same process occurred. There was no grievance filed, but the Member Services</p>			<p>of the provider survey are expected by late September.</p> <p>In addition, a member timely access survey was conducted in July 2017 with telephone follow-up set to occur between August 17 and September 1 with results available by September 19. The member survey contained two questions regarding the time taken to receive returned phone calls from provider offices. One for regular business hours and one for after hours.</p> <p>This finding is closed.</p>

Deficiency Number and Finding	Action Taken	Supporting Documentation	Implementation Date* (*anticipated or completed)	DHCS Comments
	<p>Representative entered a ticket for Provider Services to investigate the provider's non-responsiveness. The investigation of these informal complaints has since led to a termination of the provider from the health plan's network.</p>			
<p>3.1.3 Monitoring of wait times at providers offices</p> <p>The Plan did not have a procedure to monitor wait times in provider's offices. The DHCS 2015 audit found the Plan had started a program with a clinic to collect data on wait times in provider offices. However, the Plan did not provide any evidence that this data was collected. As part of the corrective action plan to address</p>	<p>1. HPSM is using a primary care learning collaborative called the HPSM Clinical Partnership that includes all major primary care clinics in our community to develop best practices. These six organizations have more than 60% of assigned members and include: San Mateo Medical Center, Gardner Family Health Network, Ravenswood Family Health Center, Northeast Medical Services (NEMS), Planned Parenthood Mar Monte, and Family Care Associates. HPSM is implementing a clinic-based survey in each of the participating clinics in which they will randomly measure patient</p>	<p>1. Slides from the January 2017 HPSM Clinical Partnership meeting</p> <p>2. Quarterly metrics presented at the January 2017 HPSM Clinical Partnership meeting</p>	<p>1. The first quarterly meeting of the HPSM Clinical Partnership took place on 1/20/2017</p> <p>2. Clinics will be measuring in April and will report to the Partnership at the July meeting. Based on the best practices of these clinics as they evolve over the next year, the Plan anticipates</p>	<p>4-7-17: The following documentation supports the MCP's efforts to correct this finding:</p> <p>- Final HPSM Primary Care Reporting Metrics presented at the 1-20-17 meeting include a measure for the monitoring of provider office wait times. Each clinic will randomly patient wait time by asking the CAHPS question, "Did your visit with your doctor/nurse</p>

Deficiency Number and Finding	Action Taken	Supporting Documentation	Implementation Date* (*anticipated or completed)	DHCS Comments
<p>the prior year's audit findings, the Plan stated it would continue its partnership with the clinic to obtain reporting from the clinic's electronic health records system related to wait times and it would also start a new project with eight additional partnering clinics. The Plan did not monitor wait times at collaborating clinics during the audit period or collected data on wait times. The Plan is still in the process of developing its new wait time monitoring process with the eight partnering clinics. The Plan did not have an effective start date for the project.</p>	<p>satisfaction for the wait time that day using the CAHPS question, "Did your visit with your doctor/nurse start within 15 minutes of your appointment time?"</p> <p>2. Clinics will begin measuring this metric in Q2 2017 and will report the results at the July meeting of the Partnership.</p>		<p>expanding the Partnership to all providers by mid-2018</p>	<p>start within 15 minutes of your appointment time? This practice will begin in Q2 2017 and the results will be available for the July meeting of the Partnership.</p> <p>This finding is closed.</p>

Deficiency Number and Finding	Action Taken	Supporting Documentation	Implementation Date* (*anticipated or completed)	DHCS Comments
<p>This is a repeat finding.</p>				
<p>3.1.4 Accuracy and completeness of provider directory</p> <p>The Plan is required to distribute a provider directory that includes the following information: name, NPI number, and telephone number of each service location. In case of a medical group/foundation or IPA, the medical groups name, NPI number, and telephone number shall appear for each physician provider. The Plan is required to provide, upon request, a list of contracting providers. This list is required to indicate which providers have</p>	<p>1. With the assistance of a contracted vendor, the Plan now has the means to update the content of its online directory within hours of acknowledging an inaccuracy or receiving a provider's request to change information. On a weekly basis, the contents of the Plan's provider contracting/credentialing database are downloaded into a file and transferred to the vendor for automated formatting into an updated directory that is compliant with SB 137. That formatted directory is returned to the Plan in less than two hours, to be posted immediately to HPSM's website (and also to be used for printed copies as necessary). The weekly updates are automated, and are scheduled to ensure that provider data changes occur within 5 days, as mandated by SB 137. When directory</p>	<p>1. Policy PS-04 PRIME Provider Data Auditing, Reporting, and Provider Directory Production</p> <p>2. Screenshot of the Provider Directory Information Verification or Change Form from HPSM's provider portal</p> <p>3a. Sample returned fax from a provider who confirmed that all information for them in the provider directory is accurate</p> <p>3b. Sample returned fax from</p>	<p>1. Policy PS-04 PRIME Provider Data Auditing, Reporting, and Provider Directory Production was revised and went into effect on 4/22/2016.</p> <p>2. The Provider Directory Information Verification or Change Form on HPSM's provider portal went live on 7/1/16</p> <p>3. Sample returned fax from a provider who confirmed that all information for them in the provider directory is accurate was</p>	<p>4-7-17: The following documentation supports the MCP's efforts to correct this finding:</p> <ul style="list-style-type: none"> - Policy PS-04: PRIME Provider Data Auditing, Report, and Provider Directories Production (04/22/16) was revised to include provider data auditing and provider directory production. - Provider Directory Verification Change Form enables member, providers or anyone else to report directory inaccuracies to HPSM. - Examples of two faxes sent to

Deficiency Number and Finding	Action Taken	Supporting Documentation	Implementation Date* (*anticipated or completed)	DHCS Comments
<p>notified the Plan that they have closed practices or are otherwise not accepting new patients at that time. The Plan is required to update this information at least quarterly. The Plan may satisfy this update requirement by providing an insert or addendum to any existing provider listing.</p>	<p>inaccuracies require more immediate action, this same process is available for unscheduled updates.</p> <p>The information in the posted directory comes directly from HPSM's contracting/credentialing database. The database is constantly updated by Provider Services Representatives who are in daily phone or in-person contact with the Plan's contracted provider network. HPSM's provider network also includes organizations to which the plan delegates credentialing, and these groups provide monthly or quarterly provider rosters which serve as an additional basis for adding or deleting providers from the directory, as well as updating location or practice specialties, etc.</p> <p>2. HPSM's website now features a "Directory Update" tool</p>	<p>a provider who indicated that information for them in the provider directory needs to be updated</p> <p>4. Screenshot of ticket received by Provider Services department requesting a change to the provider directory</p>	<p>received on 1/18/2017.</p> <p>Sample returned fax from a provider who indicated that information for them in the provider directory needs to be updated was received on 1/18/2017</p> <p>4. Screenshot of ticket requesting a change to the provider directory received by the Provider Services department on 4/4/2017</p>	<p>providers to confirm or update their information on the provider directory. The MCP sends requests for updated information to providers on a quarterly basis.</p> <p>- HPSM Provider Services Help Desk Ticket Screenshot demonstrates that the MCP is able submit tickets to its Help Desk to make changes to the Provider Directory. The use of this system prevents change request from being lost in email.</p> <p>This finding is closed.</p>

Deficiency Number and Finding	Action Taken	Supporting Documentation	Implementation Date* (*anticipated or completed)	DHCS Comments
	<p>adjacent to the health plan's online posted directory, which welcomes providers, members or anyone else to report any inaccuracies detected in the directory. This tool creates a request to HPSM's Provider Services Department to investigate and resolve the reported inaccuracy.</p> <p>3. Additionally, HPSM sends out requests for updated provider information on a quarterly basis, via fax, on a form that presents the providers' directory entry and invites their confirmation or any necessary changes in response.</p> <p>4. HPSM's Provider Services department was recently added to HPSM's internal "ticketing system" for a variety of Help Desk functions. Via that system, any department may report directory concerns to the Provider Services Department for investigation and resolution.</p>			

Deficiency Number and Finding	Action Taken	Supporting Documentation	Implementation Date* (*anticipated or completed)	DHCS Comments
	<p>For example, this system is used by HPSM's Member Services Department, who may receive an inquiry about the directory from a member. Also, HPSM's Health Services Department and Care Coordination unit may reach out through this system to inquire when they detect an inaccuracy or an omission from the directory. In addition to being an excellent system for receiving such reports, this system is a far superior means of tracking these requests rather than through email. This improved tracking ensures that requests are resolved and are not disregarded.</p>			
3.6 ACCESS TO PHARMACEUTICAL SERVICES				
3.6.1 Monitoring of members' access to a 72-hour supply of drugs in emergency situations	<p>1. HPSM reviewed 60 Emergency Department visit charts during the first and second quarters of 2016 with no findings. The results were</p>	<p>1a. Draft changes to policy showing the monitoring efforts taken to</p>	<p>1. Revised draft of HS-11 Oversight of</p>	<p>4-7-17: The following documentation supports the MCP's efforts to correct this</p>

Deficiency Number and Finding	Action Taken	Supporting Documentation	Implementation Date* (*anticipated or completed)	DHCS Comments
<p>The Plan is required to ensure access to at least 72-hour supply of a covered outpatient drug in an emergency situation. The Plan is required to have written policies and procedures, including, if applicable, written policies and procedures of the Plan's network hospitals' policies and procedures related emergency medication dispensing, which describe the method that are used to ensure that emergency medication dispensing requirements are met, including, if applicable, specific</p>	<p>reported to the Utilization Management Committee on March 8, 2017. HPSM will continue to review ED visits at the identified hospitals and related pharmacy fills within 7 days of the ED visit. For those ED visits without pharmacy fills within 7 days, HPSM will select a sample of 30 visits each quarter, by date of service, for chart review to determine whether medications were indicated and, if indicated, they were provided. Selected charts will be reviewed and results will be reported to the Utilization Management Committee and/or the Clinical Quality Committee at least annually. For 2017, this will occur by September 1.</p> <p>2. Additionally, HPSM will randomly select hospital-based EDs and ask their Medical Directors or designees to submit an attestation that they have a policy and procedure which ensures that members who</p>	<p>ensure that members have access to a 72-hour supply of drugs in emergency situations: HS-11 Oversight of Emergency Departments' Methods for Ensuring Adequate Dispensing of Drugs</p> <p>1b. Results of Q1 2016 Monitoring of ED and Pharmacy Access</p> <p>1c. Results of Q2 2016 Monitoring of ED and Pharmacy Access</p>	<p>Emergency Department s' Methods for Ensuring Adequate Dispensing of Drugs was revised 4/3/2017 and is pending approval from Chief Medical Officer</p>	<p>finding:</p> <p>- Policy HS-11 was revised on 4-3-17. The policy describes how the MCP monitors provision of 72 hour supply of drugs. The MCP will randomly select EDs and require attestations that they have policies in place, ED visits will be reviewed. The MCP tracks grievances relating to obtaining medications from an ED and having access to medications through an ED as part of an ED visit.</p> <p>- Results from Q1 and Q2 ED Access monitoring report serve as evidence of active monitoring of</p>

Deficiency Number and Finding	Action Taken	Supporting Documentation	Implementation Date* (*anticipated or completed)	DHCS Comments
language in network hospital subcontracts. Policies and procedures must describe how the Plan will monitor compliance with the requirements	receive emergency services are provided a sufficient quantity of drugs to last until they can reasonably be expected to have a prescription filled. Attestations will be requested by May 1, 2017.	1d. UM Committee Meeting Minutes for 3/8/2017 2. ED Attestation		hospital ED visits. - UM Committee Meeting minutes from 3-8-17 serves as evidence that the results of the ED Pharmacy Access reports are reviewed on a quarterly basis. - Emergency Department Attestation template which the MCP uses to ensure EDs have policies in place that ensure the provision of a least a 72-hour supply of prescribed outpatient drugs in an emergency situation. This finding is closed.
CATEGORY 4 – MEMBER’S RIGHTS				
4.1 – GRIEVANCE SYSTEM				
4.1.1 Grievance acknowledgment	1. The G&A Unit added 3 full-	1. 2017 Budget	1. One full time	4-7-17: The following

Deficiency Number and Finding	Action Taken	Supporting Documentation	Implementation Date* (*anticipated or completed)	DHCS Comments
<p>time frames</p> <p>The Plan is required to ensure timely acknowledgment and feedback to the member. The Plan is required to send a written acknowledgment notice to the member within five calendar days from receipt. The acknowledgment letter will advise the member that the grievance has been received, the date of receipt, and provide the name of the plan representative, telephone number and address of the plan representative who may be contacted about the grievance.</p>	<p>time, permanent positions for the 2017 budget year. One of these positions was filled in November 2016. The Unit had employed two Temp workers in November 2016, who were both converted to permanent staff (one in November 2016 and the other beginning March 2017). Unfortunately, one full-time permanent staff hired in the spring of 2016 left the Plan in December 2016, but was replaced by the previously mentioned Temp worker, and an additional full-time, permanent staff left the Plan in January 2017. The Plan is currently recruiting for this open Coordinator position in addition to 2 other G&A positions added in the 2017 budget.</p> <p>Overall, the Plan has increased the number of G&A staff from a team of six full-time, permanent staff in September 2016 to a current team of 11 full-time, permanent staff with three open</p>	<p>Position Listing</p>	<p>employee hired in November 2016; Two temp employees became full time employees in November 2016 and March 2017</p> <p>2. Grievance acknowledgment letter templates will be created and implemented by 9/30/2017</p>	<p>documentation supports the MCP's efforts to correct this finding:</p> <ul style="list-style-type: none"> - 2017 Budget Position Listing indicates that additional positions have been filled in the G&A unit, additional open positions are being recruited for 2017. <p>5-10-17: The following additional documentation supports the MCP's efforts to correct this finding:</p> <ul style="list-style-type: none"> - G&A quality review checklist which is used by the G&A manager to conduct quality review checks prior to closing the case. The quality

Deficiency Number and Finding	Action Taken	Supporting Documentation	Implementation Date* (*anticipated or completed)	DHCS Comments
	<p>positions.</p> <p>2. In addition to increased staffing, the Plan is exploring a template for acknowledgement letters to reduce the administrative effort involved in creating them, which will allow the Plan to better achieve compliance with contractual timeframes.</p>			<p>review checklist contains an entry for acknowledgement letter timeliness. The plan's written response indicates that prior to case closure all cases undergo review. In addition, the G&A Manager runs reports to assess acknowledgment timeliness.</p> <p>5-22-17. The following additional documentation supports the MCP's efforts to correct this finding:</p> <p>- Email communication received on 5-22-17 the MCP indicated that beginning 6-1-17, the G&A Unit will create a daily report</p>

Deficiency Number and Finding	Action Taken	Supporting Documentation	Implementation Date* (*anticipated or completed)	DHCS Comments
				<p>to proactively track acknowledgement letters due on that day. The daily report will be distributed to the G&A Unit to be used as a reminder of upcoming acknowledgment letter due dates. G&A manager will follow-up with staff to ensure acknowledgment letters are sent timely.</p> <p>- Email communication received on 5-22-17, the MCP retroactively tracks acknowledgment timeliness through weekly performance reports based on the G&A Case Review Quality Checklist. The G&A Manager</p>

Deficiency Number and Finding	Action Taken	Supporting Documentation	Implementation Date* (*anticipated or completed)	DHCS Comments
				<p>uses these reports for one on one meetings with G&A staff for coaching individuals who non-compliant with case timeliness standards.</p> <p>7-17-17. The following additional documentation supports the MCP's efforts to correct this finding:</p> <p>-MCP provided an email update (07-17-17) regarding the MCP's ongoing efforts on trying to recruit G&A staff. MCP hired one new G&A Coordinator who starts on 7/17/17. Several interviews have been conducted for additional Coordinators and</p>

Deficiency Number and Finding	Action Taken	Supporting Documentation	Implementation Date* (*anticipated or completed)	DHCS Comments
				<p>MCP is close to hiring a second, to begin working in the coming month. The G&A Unit still has one open position for an Intake Specialist, for which interviews are currently being conducted.</p> <p>This finding is closed.</p>
<p>4.1.2 Grievance resolution time frames</p> <p>The Plan is required to resolve each grievance and provide notice to the member as quickly as the member's health condition requires, within 30 calendar days from receipt. The Plan is required to send a written resolution within 30</p>	<p>1. The G&A Unit added 3 full-time, permanent positions for the 2017 budget year. One of these positions was filled in November 2016. The Unit had employed two Temp workers in November 2016, who were both converted to permanent staff (one in November 2016 and the other beginning March 2017). Unfortunately, one full-time permanent staff hired in the spring of 2016 left the Plan in December 2016, but was replaced by the previously</p>	<p>1. 2017 Budget Position Listing</p> <p>2. Standard Grievance Resolution Timeliness Report</p>	<p>1. One full time employee hired in November 2016; Two temp employees became full time employees in November 2016 and March 2017</p> <p>2. Standard Grievance Resolution Timeliness Report provided is as of</p>	<p>4-7-17: The following documentation supports the MCP's efforts to correct this finding:</p> <p>- 2017 Budget Position Listing indicates that additional positions have been filled in the G&A unit, additional open positions are being recruited for 2017.</p>

Deficiency Number and Finding	Action Taken	Supporting Documentation	Implementation Date* (*anticipated or completed)	DHCS Comments
calendar days of receipt.	<p>mentioned Temp worker, and an additional full-time, permanent staff left the Plan in January 2017. The Plan is currently recruiting for this open Coordinator position in addition to 2 other G&A positions added in the 2017 budget.</p> <p>Overall, the Plan has increased the number of G&A staff from a team of six full-time, permanent staff in September 2016 to a current team of 11 full-time, permanent staff with three open positions.</p> <p>2. The addition of new staff has resulted in an increased rate of timely grievance resolution. The G&A Unit has resolved 100% of grievances within the regulatory timeframes since January 2017.</p>		4/1/2017, showing 100% compliance since January 2017	<p>- Standard Grievance Resolution Timeliness Report for October 2016 through March 2017 serves as evidence that the MCP has improved its compliance rate for timely grievance resolution letters.</p> <p>7-14-17:</p> <p>-Technical assistance was provided advising the plan that grievances pending over 30 days (even if an extension letter is sent) should not be counted as compliant for meeting timeliness standards. The requirement to send the member a notice informing him/her of the status</p>

Deficiency Number and Finding	Action Taken	Supporting Documentation	Implementation Date* (*anticipated or completed)	DHCS Comments
				<p>of the grievance is a separate requirement that has been addressed in the finding below (4.1.3).</p> <p>7-17-17. The following additional documentation supports the MCP's efforts to correct this finding:</p> <p>-MCP provided an email update (07-17-17) regarding the MCP's ongoing efforts on trying to recruit G&A staff. MCP hired one new G&A Coordinator who starts on 7/17/17. Several interviews have been conducted for additional Coordinators and MCP is close to hiring a second, to begin</p>

Deficiency Number and Finding	Action Taken	Supporting Documentation	Implementation Date* (*anticipated or completed)	DHCS Comments
				<p>working in the coming month. The G&A Unit still has one open position for an Intake Specialist, for which interviews are currently being conducted.</p> <p>This finding is closed.</p>
<p>4.1.3 Grievance status notification letters</p> <p>In the event a resolution is not reached within 30 calendar days, the Plan is required to send a notification in writing to the member of the status of the grievance and an estimated completion date of resolution as per <i>CCR, Title 22, §53858(g)(2)</i>.</p>	<p>1. The G&A Unit added 3 full-time, permanent positions for the 2017 budget year. One of these positions was filled in November 2016. The Unit had employed two Temp workers in November 2016, who were both converted to permanent staff (one in November 2016 and the other beginning March 2017). Unfortunately, one full-time permanent staff hired in the spring of 2016 left the Plan in December 2016, but was replaced by the previously mentioned Temp worker, and an additional full-time, permanent</p>	<p>1. 2017 Budget Position Listing</p> <p>2. Standard Grievance Extension Notification Report</p>	<p>1. One full time employee hired in November 2016; Two temp employees became full time employees in November 2016 and March 2017</p> <p>2. Standard Grievance Extension Notification Report is as of 4/1/2017</p>	<p>4-7-17: The following documentation supports the MCP's efforts to correct this finding:</p> <ul style="list-style-type: none"> - 2017 Budget Position Listing indicates that additional positions have been filled in the G&A unit, additional open positions are being recruited for 2017. - Standard Grievance

Deficiency Number and Finding	Action Taken	Supporting Documentation	Implementation Date* (*anticipated or completed)	DHCS Comments
	<p>staff left the Plan in January 2017. The Plan is currently recruiting for this open Coordinator position in addition to 2 other G&A positions added in the 2017 budget.</p> <p>Overall, the Plan has increased the number of G&A staff from a team of six full-time, permanent staff in September 2016 to a current team of 11 full-time, permanent staff with three open positions.</p> <p>2. The addition of new staff has resulted in a decreased rate of extensions taken. Whereas in November 2016 the Plan took a total of 12 extensions, in March 2017 the Plan took only 2. Additionally, these actions have resulted in an increased rate of timely notifications regarding extensions. Whereas in November 2016 75% of untimely cases were missing an extension letter, since January 2017 no extension letters have</p>			<p>Extension Notification Report shows that the increase of staffing in G&A unit has positive effect in sending grievance extension letters as well as reducing the need to send extension letters.</p> <p>7-17-17. The following additional documentation supports the MCP's efforts to correct this finding:</p> <p>-MCP provided an email update (07-17-17) regarding the MCP's ongoing efforts on trying to recruit G&A staff. MCP hired one new G&A Coordinator who starts on 7/17/17. Several interviews have been</p>

Deficiency Number and Finding	Action Taken	Supporting Documentation	Implementation Date* (*anticipated or completed)	DHCS Comments
	been missed.			<p>conducted for additional Coordinators and MCP is close to hiring a second, to begin working in the coming month. The G&A Unit still has one open position for an Intake Specialist, for which interviews are currently being conducted.</p> <p>This finding is closed.</p>
<p>4.1.4 Expedited grievance resolution time frame</p> <p>The Plan is required to provide a written statement to the member on the status of urgent grievances within three calendar days of receipt of the grievance as per</p>	<p>1. The G&A Unit added 3 full-time, permanent positions for the 2017 budget year. One of these positions was filled in November 2016. The Unit had employed two Temp workers in November 2016, who were both converted to permanent staff (one in November 2016 and the other beginning March 2017). Unfortunately, one full-time</p>	<p>1. 2017 Budget Position Listing</p> <p>2. Expedited Grievance Resolution Timeliness Report</p>	<p>1. One full time employee hired in November 2016; Two temp employees became full time employees in November 2016 and March 2017</p> <p>2. Expedited</p>	<p>4-7-17: The following documentation supports the MCP's efforts to correct this finding:</p> <p>- 2017 Budget Position Listing indicates that additional positions have been filled in</p>

Deficiency Number and Finding	Action Taken	Supporting Documentation	Implementation Date* (*anticipated or completed)	DHCS Comments
<p><i>CCR, Title 28 §1300.68.01(a)(2).</i></p>	<p>permanent staff hired in the spring of 2016 left the Plan in December 2016, but was replaced by the previously mentioned Temp worker, and an additional full-time, permanent staff left the Plan in January 2017. The Plan is currently recruiting for this open Coordinator position in addition to 2 other G&A positions added in the 2017 budget.</p> <p>Overall, the Plan has increased the number of G&A staff from a team of six full-time, permanent staff in September 2016 to a current team of 11 full-time, permanent staff with three open positions.</p> <p>2. The addition of new staff has resulted in an increased rate of timely resolution of expedited grievances. Since February 2017, the G&A Unit has resolved 100% of expedited grievances within the regulatory timeframes.</p>		<p>Grievance Resolution Timeliness Report provided is as of 4/1/2017, showing 100% compliance since February 2017</p>	<p>the G&A unit, additional open positions are being recruited for 2017.</p> <p>- Expedited Grievance Resolution Timeliness Report (Oct 2016-Mar 2017) submitted by serves evidence that the MCP monitors timely resolution of expedited grievances on a monthly basis. The report shows improved performance in turnaround times with a reported 100% compliance rate for the months of February and March of 2017.</p> <p>7-17-17. The following additional documentation supports the MCP's</p>

Deficiency Number and Finding	Action Taken	Supporting Documentation	Implementation Date* (*anticipated or completed)	DHCS Comments
				<p>efforts to correct this finding:</p> <p>-MCP provided an email update (07-17-17) regarding the MCP's ongoing efforts on trying to recruit G&A staff. MCP hired one new G&A Coordinator who starts on 7/17/17. Several interviews have been conducted for additional Coordinators and MCP is close to hiring a second, to begin working in the coming month. The G&A Unit still has one open position for an Intake Specialist, for which interviews are currently being conducted.</p>

Deficiency Number and Finding	Action Taken	Supporting Documentation	Implementation Date* (*anticipated or completed)	DHCS Comments
				This finding is closed.
<p>4.1.5 Expedited grievance notification</p> <p>The Plan is required to implement and maintain a member's Grievance system in accordance with Title 28 CCR Section 1300.68, 1300.68.01 1300.68.01, Title 22 CCR Section 53858, Exhibit A, Attachment 13, Provision 4, paragraph D.1213, and 42 CFR 438.420(a)(b) and (c). (<i>Contract A18, Exhibit A, Attachment 14 (1)</i>). The managed care health plan may extend the timeframes of standard resolution of grievances and</p>	<p>1. The G&A Unit added 3 full-time, permanent positions for the 2017 budget year. One of these positions was filled in November 2016. The Unit had employed two Temp workers in November 2016, who were both converted to permanent staff (one in November 2016 and the other beginning March 2017). Unfortunately, one full-time permanent staff hired in the spring of 2016 left the Plan in December 2016, but was replaced by the previously mentioned Temp worker, and an additional full-time, permanent staff left the Plan in January 2017. The Plan is currently recruiting for this open Coordinator position in addition to 2 other G&A positions added in the 2017 budget.</p> <p>Overall, the Plan has increased</p>	<p>1. 2017 Budget Position Listing</p> <p>2. Expedited Grievance Extension Notification Timeliness Report</p>	<p>1. One full time employee hired in November 2016; Two temp employees became full time employees in November 2016 and March 2017</p> <p>2. Expedited Grievance Extension Notification Timeliness Report provided is as of 4/1/2017, showing 100% compliance since December 2016</p>	<p>4-7-17: The following documentation supports the MCP's efforts to correct this finding:</p> <ul style="list-style-type: none"> - 2017 Budget Position Listing indicates that additional positions have been filled in the G&A unit, additional open positions are being recruited for 2017. - Expedited Grievance Extension Notification Report (Oct 2016-Mar 2017) serves as evidence that the MCP is actively monitoring extensions for expedited grievance

Deficiency Number and Finding	Action Taken	Supporting Documentation	Implementation Date* (*anticipated or completed)	DHCS Comments
<p>appeals, and expedited resolution of appeals by up to 14 calendar days if 1) the enrollee requests the extension, or 2) the managed care organization shows that there is need for additional information and how the delay is in the enrollee's interest (<i>42 CFR 438.408 (c)(1)</i>).</p>	<p>the number of G&A staff from a team of six full-time, permanent staff in September 2016 to a current team of 11 full-time, permanent staff with three open positions.</p> <p>2. The addition of new staff has resulted in an increased rate of timely expedited grievance extension notifications. Since December 2016, all extension notification letters have been sent in a timely manner.</p>			<p>resolution. Reporting shows that extensions were no needed in Feb and Mar 2017 because expedited grievances were resolved timely.</p> <p>7-17-17. The following additional documentation supports the MCP's efforts to correct this finding:</p> <p>-MCP provided an email update (07-17-17) regarding the MCP's ongoing efforts on trying to recruit G&A staff. MCP hired one new G&A Coordinator who starts on 7/17/17. Several interviews have been conducted for additional Coordinators and</p>

Deficiency Number and Finding	Action Taken	Supporting Documentation	Implementation Date* (*anticipated or completed)	DHCS Comments
				<p>MCP is close to hiring a second, to begin working in the coming month. The G&A Unit still has one open position for an Intake Specialist, for which interviews are currently being conducted.</p> <p>This finding is closed.</p>
<p>4.1.6 Grievance correspondence in Plan's threshold languages</p> <p>The Plan is required to fully translate written informing materials, including but not limited to grievance acknowledgment and resolution letters. The Plan did not consistently translate grievance</p>	<p>1. HPSM will create canned templates for acknowledgment letters and will have those translated into the Plan's threshold languages. While other letters (e.g. extension letters, resolution letters) must remain unique to each member, the volume of letters needing to be sent to the translation vendor will be reduced once the templates are implemented, thereby reducing the overall volume of translations.</p>	<p>None</p>	<p>1. Letter templates in threshold languages will be created and implemented by 9/30/2017</p>	<p>5-10-17: The following documentation supports the MCP's efforts to correct this finding:</p> <ul style="list-style-type: none"> - Translation tracking logs for February and March 2017 serve as evidence of MCP tracking the progress of translation of letters for members. <p>5-22-17. The</p>

Deficiency Number and Finding	Action Taken	Supporting Documentation	Implementation Date* (*anticipated or completed)	DHCS Comments
<p>acknowledgment letters to its threshold language. A Review of 60 grievances found that 16 grievances were for members with a preferred language other than English. Four of 16 acknowledgement letter were not translated to the Plan's threshold language. This is a repeat finding</p>	<p>2. HPSM will continuously train its G&A staff on regulatory requirements for sending translated letters to members who indicate a preference for a threshold language.</p>			<p>following additional documentation supports the MCP's efforts to correct this finding:</p> <ul style="list-style-type: none"> - Email communication (5-22-17) which acknowledges that TAT delays in translations were attributed to staff not forwarding acknowledgment and resolution letters timely to the vendor (as opposed to the vendor not translating documents timely). However, the delays from staff have decreased significantly due to increased oversight and additional staff. - Turn Around Time for Translations Chart

Deficiency Number and Finding	Action Taken	Supporting Documentation	Implementation Date* (*anticipated or completed)	DHCS Comments
				<p>shows that the MCP has decreased its turnaround time for translations significantly.</p> <p>This finding is closed.</p>

Submitted by:
Title:

Date: