



JENNIFER KENT
DIRECTOR

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



EDMUND G. BROWN JR.
GOVERNOR

August 8, 2017

Kimberly Fritz, GMC Administrator
Care 1st Partner Plan, LLC
601 Potrero Grande Drive
Monterey Park, CA 91755

RE: Department of Health Care Services Medical Audit

Dear Ms. Fritz:

The Department of Health Care Services (DHCS), Audits and Investigations Division conducted an on-site Medical Audit of Care 1st Partner Plan, LLC, a Managed Care Plan (MCP), from February 27, 2017 through March 2, 2017. The survey covered the period of February 1, 2016 through January 31, 2017.

On August 3, 2017, the MCP provided DHCS with additional information regarding its Corrective Action Plan (CAP) in response to the report originally issued on July 6, 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 Michael Pank at (916) 552-8945.

Sincerely,

Jeanette Fong, Chief
Compliance Unit

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Enclosures: Attachment A CAP Response Form

cc: O.Z. 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: Care 1st Partner Plan, LLC

Audit Type: Medical Audit and State Supported Services

Review Period: 02/01/16 – 01/31/17

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
6. Administrative and Organizational Capacity				
6.2.1 – Fraud, Waste, and Abuse (Provision to monitor and identify fraud, waste, and abuse trends within the claims system.	1. Care1st Health Plan developed a policy and procedure (70.17.54) documenting the process for identifying, opening, and handling potential and/or substantiated fraud, waste, and abuse cases based on data mining and analysis of Care1st claims data.	1. Policy and Procedures 70.17.54 – Proactive Data Mining/Data Analytics to Detect and Deter fraud, waste, and abuse.	1. February 2017	08/03/17 – The following documentation supports the MCP’s efforts to correct this deficiency: -Developed P&P, 70.17.54: Proactive Data Mining/Data Analytics to Detect and Deter Fraud, Waste and Abuse (FWA) (effective February 2017). The policy describes three distinct phases

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	<p>2. Conducted training for Care1st Investigators to begin data mining activities.</p> <p>3. Developed a work-plan for 2017 data mining activities.</p> <p>4. Develop internal Monitoring and Tracking of data-mining activities using claims data. Internal Monitoring and</p> <ul style="list-style-type: none"> • Care1st will develop various monitoring and tracking reports using claims data on a weekly/monthly basis. • These monitoring and tracking reports will be used by the Investigators to perform data analytics (e.g., identify outliers, etc.) to proactively identify potential fraud, waste, and abuse. • Data-mining activities will 	<p>2. Sign-in sheets for training conducted 1/11/2017, 2/28/2017, 3/20/2017, and 6/12/2017.</p> <p>3. Data mining work-plan 2017</p> <p>4. Pending</p>	<p>2. Completed trainings on 1/11/2017, 2/28/2017, 3/20/2017 and 6/12/2017. *Another on-site training is scheduled on 8/9/2017.</p> <p>3. See attached work-plan for implementation/target dates</p> <p>4. August 2017</p>	<p>used by the SIU Team to detect FWA through examination of claims data.</p> <p>-Training Sign-In Sheets “HMS SIU/FWA System Training” (01/11/17; 02/28/17; 03/20/17; 06/12/17) as evidence MCP conducted training related to its Data Mining System.</p> <p>- “Details of Care 1st CAP – Fraud, Waste, and Abuse (FWA)” work plan which includes set CAP milestones to address this finding. Implementation dates of milestones span from Feb 2017 through Dec 2017 and ongoing. The work plan indicates the plan is on track and has completed all set milestones thus far.</p> <p>08/08/17 – MCQMD provided technical assistance advising MCP to continue meeting all set milestones for implementation. MCQMD will follow-up at the end of Sept 2017 to ensure continual progress is being made.</p> <p>This finding is closed.</p>

Deficiency Number and Finding	Action Taken	Supporting Documentation	Implementation Date* <small>(*anticipated or completed)</small>	DHCS Comments
	be logged, tracked, maintained, and documented in the SIU database and case files. <ul style="list-style-type: none"> ○ Monitoring reports for cases opened for data-mining purposes will be tracked and monitored for case determinations. 			

Submitted by:
Title:

Date: