



JENNIFER KENT  
DIRECTOR

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



EDMUND G. BROWN JR.  
GOVERNOR

May 24, 2018

Dale Villani, Chief Executive Officer  
Gold Coast Health Plan  
711 E. Daily Drive, Suite 106  
Camarillo, CA 93010

RE: Department of Health Care Services Medical Audit

Dear Mr. Villani:

The Department of Health Care Services (DHCS), Audits and Investigations Division conducted an on-site Medical Audit of Gold Coast Health Plan, a Managed Care Plan (MCP), from June 5, 2017 through June 16, 2017. The survey covered the period of April 1, 2016 through March 31, 2017.

On May 23, 2018, the MCP provided DHCS with additional information regarding its Corrective Action Plan (CAP) in response to the report originally issued on March 23, 2018.

All items have been reviewed and DHCS accepts the MCP's submitted CAP. The CAP is hereby closed. Full implementation of the CAP will be monitored on the subsequent audit. 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 Lyubov Poonka at (916) 552-8797.

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Sincerely,

[Signature on file]

Hannah Robins, Chief  
Compliance Unit

Enclosures: Attachment A CAP Response Form

cc: Adrienne Rolka, 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: Gold Coast Health Plan**

**Audit Type:** Medical Audit and State Supported Services

**Review Period:** 04/01/16 - 03/31/17

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
<b>2. Case Management and Coordination of Care</b>				
<b>2.2.1. California Children’s Services, Coordination of Services between PCP, CCS, and local CCS Program.</b>	The health plan had previously worked with local CCS to create a system that monitored consistency of PCP and Medical Home through review of SARs, and was based upon notifications from CCS of open cases. However, because the	CCS No Match GCHP PCP (04/25/18)  JAM Draft_CCS Medical Home Match	July 1, 2018	<b>04/26/18</b> - The following documentation supports the MCP’s efforts to correct this finding:  - Job Aid Manual “CCS and GCHP Medical Home Match” (05/01/18) clarifies the process to assure every beneficiary has the appropriate

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<p>During the 2016-2017 DHCS audit, samples of the CCS eligible Members' medical records revealed different PCP listed by the Plan from their medical homes as identified in their Service Authorization Request (SAR). The Plan had a process to update the Medical Home, but did not verify the updated information of the new PCP on the SAR that was previously issued.</p>	<p>SAR was always reviewed retrospectively for consistency, and changes to the Medical Home would not be reflected in the SAR.</p> <p>Therefore, the plan will begin a monthly review of all active CCS cases from CMS for consistency of the Primary Care Provider and Medical Home team in order to ensure the efficient provision of services and case management of Members.</p> <p><u>Plan for compliance:</u></p> <p>Working with the Plan's Decision Support Services (DSS), the plan will download the list of all open CCS cases from CMS on a monthly basis. Fields collected will include member identifying information, CCS diagnosis, CCS eligibility status and start date, Provider name who referred to CCS, and the listed CCS Medical Home.</p>			<p>medical home specified and documented.</p> <p>On a monthly basis, Division Support Services along with Care Management Coordinator will compare, review and resolve mismatches between GCHP and CCS. Additionally, the MCP will take steps to inform CCS of status related to CCS/GCHP medical home match when faxing referrals and confirming all approved SARs identify CCS PCP at the time of approval.</p> <p>- Sample Grid "CCS No Match GCHP PCP" (04/25/18) shows all CCS Records for the month of April. The list shows a comparative roster of CCS members with Medical Home versus GCHP PCP.</p> <p>Full implementation for compliance is scheduled to be completed by July, 2018. The initial no match list of 841 members is scheduled to be reconciled by July, 2018; following completion, a monthly report will be generated and submitted to Care</p>

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	<p>DSS will take the CMS list and merge with the Plan's Medical Home to identify mismatches.</p> <p>Because CCS lists the individual provider for PCP and GCHP lists the Medical Home Clinic as the PCP, DSS will build into its logic that a hit on the Medical Home Clinic or individual provider will be considered a match.</p> <p>A report will be generated monthly of "no matches" and the CMC will work the list to align medical homes per the attached job aid manual (JAM).</p> <p>The initial no match list is 841 members. In some cases, the no match is related to misspelling of names in CMS. It is anticipated this initial list of 841 members will be completed by July 1, 2018. After completion, a monthly report will be generated and submitted to Care Management for review and resolution.</p>			<p>Management for review and resolution.</p> <p>Progress on full implementation of corrective action will be assessed in the next audit.</p> <p><b>This finding is closed.</b></p>

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<p><b>2.6.1 Behavioral Health Treatment Coordination of Care</b> The 2016-2017 audit identified insufficient documentation demonstrating the coordination of care between Primary Care Providers, Specialist, BHT Providers and members.</p>	<p>Access to behavioral health services is done through the plan's managed behavioral health organization (MBHO). Referrals for BHT can be made by providers or members/families related to developmental disabilities. The MBHO's practice is to issue Notices of Action (NOAs) for the approval, modification, or denial of requested services. The MBHO authorizes medically necessary BHT services every six months and issues a NOA to the requesting agency providing the BHT. The NOA contains why or why not treatment is appropriate and if appropriate what treatment plan is approved. These notices also include the MBHO's phone number if the provider has questions.</p> <p>Currently, the NOA is sent to the member and the requesting provider if any. The NOA has not been sent to the PCP in the past as that information is not</p>	<p>P&amp;P "UM 14.9 Authorization Procedures for BHT, Medi-Cal" (05/22/18)</p>	<p>June 1, 2018</p>	<p><b>05/23/18</b> - The following documentation supports the MCP's efforts to correct this finding:</p> <ul style="list-style-type: none"> <li>- Policy "UM 14.9 Authorization Procedures for BHT, Medi-Cal" (05/22/18) has been amended to include a requirement to send NOA notifications to the Member, requesting provider and PCP (page 6).</li> <li>- MCP's written response (05/23/18) affirms that Beacon has received the file with PCPs on May 4, 2018. The file is with the EDI team for final review. MBHO is on schedule to send out a copy of all NOA's for BHT to the PCP of record.</li> </ul> <p>Progress on full implementation of corrective action will be assessed in the next audit.</p> <p><b>This finding is closed.</b></p>

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	<p>on the eligibility file sent to the MBHO.</p> <p><u>Plan for compliance:</u></p> <p>The plan will ensure coordination of care and collaboration communicated between the different Providers of the Members for efficient coordination of rendered services.</p> <p>Working through the Plan's ASO, the monthly member eligibility file sent to the MBHO will be expanded to include the PCP. The trial for the PCP file is set to begin with May's eligibility file and shall be forwarded to the MBHO for evaluation no later than May 4, 2018.</p> <p>The MBHO will amend their policies to include copying the PCP of record for all NOAs related to BHT and submit to GCHP for review and approval by May 15, 2018.</p>			

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	<p>Beginning no later than June 1, 2018, the MBHO will begin sending a copy of all NOAs for BHT to the PCP of record.</p> <p>GCHP will notify providers of the change in practice no later than May 30, 2018.</p>			

**Submitted by: Brandy Armenta, MPA**  
**Title: Compliance Officer**

**Date: April 26, 2018**