



JENNIFER KENT
DIRECTOR

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



EDMUND G. BROWN JR.
GOVERNOR

February 1, 2018

John Grgurina Jr., CEO
San Francisco Health Plan
50 Beale Street, 12th Floor
San Francisco, CA 94105

RE: Department of Health Care Services Medical Audit

Dear Mr. Grgurina:

The Department of Health Care Services (DHCS), Audits and Investigations Division conducted an on-site Medical Audit of San Francisco Health Plan, a Managed Care Plan (MCP), from March 20, 2017 through March 24, 2017. The survey covered the period of March 1, 2016 through February 28, 2017.

On January 29, 2018, the MCP provided DHCS with additional information regarding its Corrective Action Plan (CAP) in response to the report originally issued on September 22, 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 Farzaneh Aflatooni at (916) 319-8298.

Page 2

Sincerely,

Jeanette Fong, Chief
Compliance Unit

Enclosures: Attachment A CAP Response Form

cc: Laura Briones, 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: San Francisco Health Plan

Audit Type: Medical Audit

Review Period: 03/01/16 – 02/28/17

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* (*anticipated or completed)	DHCS Comments
1. Utilization Management				
1.2.1 Revise Plan policy and procedure regarding clinical personnel qualifications and duties so that staff members do not work	SFHP has clarified the roles of Licensed Vocational Nurses (LVN) in the Prior Authorization process. As represented in the visual workflow, LVNs are responsible for gathering the information necessary for a	DHCS CAP 1.2.1 Narrative LVN to RN Workflow DTP RN Review	Process fully implemented prior to 10/23/17. Changes to UM-22 expected to be approved at	10/27/17 – The following documentation supports the MCP's efforts to correct this finding: - Workflow chart, "Prior Authorization LVN to RN Workflow" (10/20/17) which indicates the LVNs role in the

Deficiency Number and Finding	Action Taken	Supporting Documentation	Implementation Date* (*anticipated or completed)	DHCS Comments
outside of their scope of practice.	Registered Nurse (RN) to review cases for decision making. LVNs do not make authorization decisions as part of this prior authorization process. Please refer to the DHCS CAP 1.2.1 Narrative for full explanation of changes to UM process. The policy UM-22 Authorization Requests has been amended as submitted, to be reviewed and approved by the Policy and Compliance Committee on November 16, 2017.	Process for LVN SFHP Authorization Policy update-UM-22 Revision	November 16, 2017 Policy and Compliance Committee	<p>prior authorization process. Although LVNs gather information using a prescribed checklist, decisions to approve and deny based on medical necessity are ultimately made by the RN or Medical Director, respectively.</p> <p>- Desktop procedure, "RN Review Process of LVNs" (10/23/17) which contains screenshots delineating the MCP's step-by-step process for reviewing authorizations. The screenshots demonstrate how the LVN inputs data into the prescribed algorithm (criteria) using a checklist. While the LVN makes a recommendation, all cases are routed to the RN for review. The RN must still validate whether medical necessity criteria has been met.</p> <p>- Updated policy excerpt from "UM22" (10/18/17) which has been amended to clarify that UM Nurses (LVNs) may review requests for medical necessity based on established criteria only under the supervision of the UM Nurse Manager (RN). The policy</p>

Deficiency Number and Finding	Action Taken	Supporting Documentation	Implementation Date* (*anticipated or completed)	DHCS Comments
				further delineates what this supervision entails and indicates that supervision responsibilities include ensuring correct and consistent application of UM criteria, training staff, and monitoring documentation adequacy. The policy emphasizes that only the SFHP Medical Director may deny requests based upon medical necessity and the CMO retains responsibility for oversight of all UM functions. This finding is closed.
3. Access and Availability of Care				
3.1.1 Implement policy and procedures to monitor providers' return of members' telephone calls.	SFHP has revised the survey process for both daytime and after-hours surveys, as described in the attached DHCS 3.1.1 Narrative. The policy QI-05 has been amended as submitted, to be reviewed and approved by the Policy and Compliance Committee on November 16, 2017. Update 01/19/18:	DHCS CAP 3.1.1 Narrative SFHP 2017 Daytime Survey QI-05 Monitoring Accessibility of Providers	New Survey fielding began on 10/09/17. Changes to QI-05 expected to be approved at November 16, 2017 Policy and Compliance Committee	10/27/17 – The following documentation supports the MCP's efforts to correct the deficiency: -DHCS CAP Narrative, "Procedures to monitor whether member calls are returned" (10/27/17) which contains a written response to address this finding. The narrative explains that the plan's "2016 Time to Answer Survey" has been replaced with the "2017 Daytime Survey" and that the plan no longer calls a random sample

Deficiency Number and Finding	Action Taken	Supporting Documentation	Implementation Date* (*anticipated or completed)	DHCS Comments
	<p>A deficiency was discovered by MCQMD, whereas SFHP was not capturing the length of time it takes providers to return calls that are not related to urgent matters, which is a requirement of the Contract. In addition, the time to answer calls was absent of the submitted survey.</p> <p>The Access to Care Committee reviewed the survey and agreed to add a question to the 2018 survey to capture the time to return non-urgent calls. However, there is not a current industry standard, or regulated time to answer, so SFHP has requested feedback from our participating medical groups to build that requirement. The results will be submitted and voted on during the March 28, 2018 Access to Care Meeting.</p> <p>The time it takes to answer the call has been captured</p>			<p>of providers, but instead surveys providers (self-reporting) to determine whether calls are returned within 30 minutes. (DHCS notes that while the 2017 Daytime Survey addresses triage and how long it takes the provider to respond to a member's <i>urgent care</i> needs, it still does not assess how long it generally takes providers to answer and return phone calls.)</p> <p>-“2017 Daytime Survey” (10/27/17). which includes a question that allows the plan to gauge whether a patient can expect to hear from a provider within 30 minutes or less regarding an urgent care need (Question #2). (DHCS notes that while this addresses triage, it still does not assess how long it generally takes providers to answer and return phone calls.)</p> <p>-Draft P&P QI-05 “Monitoring Accessibility of Provider Services” which indicates that the plan assesses the time it takes for</p>

Deficiency Number and Finding	Action Taken	Supporting Documentation	Implementation Date* (*anticipated or completed)	DHCS Comments
	<p>separately; however, the metric will also be added to the survey for tracking and trending purposes.</p> <p>The 2018 Survey will begin in late September.</p>			<p>providers to answer calls via the “Provider Daytime Survey” (Section II.D., page 20). (However, DHCS notes that the 2017 Provider Daytime Survey does not include a question that addresses this.)</p> <p>11/27/17 – DHCS provided technical assistance to the plan indicating that the 2017 Daytime Survey tool still does not monitor the time it takes providers to answer and return phone calls although the survey does measure the time it takes for providers to respond to members with urgent care needs (triage). DHCS requested that the plan respond to comments embedded in the CAP Narrative, 2017 Daytime Survey, and draft QI-05 documents.</p> <p>01/17/18 – The following documentation supports the MCP’s efforts to correct the deficiency:</p> <p>-MCP’s written response indicated that per discussion in the Access to Care Committee meeting and follow-</p>

Deficiency Number and Finding	Action Taken	Supporting Documentation	Implementation Date* (*anticipated or completed)	DHCS Comments
				<p>up conversations, MCP has decided to capture the amount of time it takes to answer and return non-urgent calls. These will be incorporated into the daytime survey but not until the next round of surveys as the MCP is in the process of polling its medical groups to determine a baseline for response time first. The results of the survey will be presented to the Access to Care Committee in March to vote on a standard response time. MCP to provide further documented evidence to substantiate progress toward remediation of this finding.</p> <p>01/29/18 – The following documentation supports the MCP's efforts to correct the deficiency:</p> <p>-MCP updated its written CAP response (see Action Taken column).Response indicates MCP will add a question to the 2018 survey to capture the length of time it takes to return non-urgent calls. MCP has requested feedback from PPGs to set a standard. Results will be</p>

Deficiency Number and Finding	Action Taken	Supporting Documentation	Implementation Date* (*anticipated or completed)	DHCS Comments
				<p>voted on during the 03/28/18 Access to Care Meeting. Written response indicates the time it takes to answer calls has been captured separately; however, the metric will also be added to the survey for tracking and trending purposes. The 2018 survey will begin in late September 2018.</p> <p>MCQMD acknowledges that the proposed CAP for this finding requires long term corrective action. MCP has submitted concrete milestones for implementation and DHCS is assured of MCP's commitment towards remediating this finding. DHCS will continue to monitor full implementation of this CAP through the subsequent medical audit.</p> <p>This finding is closed.</p>

Deficiency Number and Finding	Action Taken	Supporting Documentation	Implementation Date* (*anticipated or completed)	DHCS Comments
6. Administrative and Organizational Capacity				
6.1.1 Develop and implement a system to ensure that licensing and certification for all Plan medical directors is up to date.	SFHP has developed and implemented a process to ensure that licensing and certification for all Plan medical directors is up to date. Please refer to CRA-21 Medical Director License Verification and the Medical Director Log as evidence of this process.	CRA-21 Medical Director License Verification Medical Director Log 2017	CRA-21 expected to be approved at November 16, 2017 Policy and Compliance Committee	<p>10/27/17 – The following documentation supports the MCP's efforts to correct this finding:</p> <ul style="list-style-type: none"> - Draft P&P C&RA-21 "Medical Director License Verification" (effective 11/16/17). MCP describes the detailed process for ensuring all medical directors maintain up-to date licenses. The Compliance Program Manager is tasked with maintaining the Medical Director log to track license expiration dates. The Officer of Regulatory Affairs and Compliance will review the log on a quarterly basis. - Medical Directors 2017 log as evidence that MCP is ensuring that all Medical Directors hold active licenses. <p>12/05/17 – The following additional documentation supports the MCP's follow-up efforts to correct this finding:</p>

Deficiency Number and Finding	Action Taken	Supporting Documentation	Implementation Date* (*anticipated or completed)	DHCS Comments
				<p>- P&P C&RA-21 "Medical Director License Verification" (effective 11/29/17) as confirmation that revised language was approved in the Policy and Compliance Committee meeting on 11/30/17.</p> <p>This finding is closed.</p>

Submitted by: Crystal Garcia
Title: Compliance Program Manager

Date: October 27, 2017