



TOBY DOUGLAS  
DIRECTOR

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



EDMUND G. BROWN JR.  
GOVERNOR

Mr. Mark Abernathy  
Conservator/CEO  
Alameda Alliance for Health  
1240 South Loop Road  
Alameda, CA 94502

Re: CAP Close out Letter for 1115 Waiver SPD Enrollment Survey

Dear Mr. Abernathy:

The Department of Managed Health Care (DMHC) conducted an onsite 1115 Medicaid Waiver Seniors and Persons with Disabilities (SPD) Enrollment Survey of Alameda Alliance for Health, a Managed Care Plan (MCP), from October 16, 2012, through October 19, 2012. The audit covered the period of July 1, 2011, through July 31, 2012.

All remaining open items have been reviewed and found to be in compliance. The CAP is hereby closed. The enclosed report will serve as DHCS's 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, contact Mr. Edgar Monroy, Chief, Plan Monitoring Unit, at (916) 449-5233 or [CAPMonitoring@dhcs.ca.gov](mailto:CAPMonitoring@dhcs.ca.gov).

Sincerely,

*Original Signed by Nathan Nau*

Nathan Nau, Chief  
Medical Monitoring and Program Integrity Section

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Enclosure

cc: Unica Olmos  
Department of Health Care Services  
Medi-Cal Managed Care Division  
P.O. Box 997413, MS 4409  
Sacramento, CA 95899-7413

## **Summary of Findings**

### Potential Deficiency 1:

DMHC found that the MCP's website and provider directory does not display the level of access information (Basic Access or Limited Access), as required by the Medi-Cal Managed Care Division (MMCD) Policy Letter 12-006. AAH's online provider directory displays the accessibility indicator categories but does not include the level of access results met per provider site as either Basic Access or Limited Access. Moreover, review of the AAH's printed version (June 2012) of the provider directory revealed that the accessibility indicator information was missing for some provider sites.

### MCP Response:

The Alliance began consistently capturing the accessibility information from our providers in 2009. This information is obtained as part of the AAH New Provider Orientation process, and is also verified as part of the Facility Site Review (FSR) process. During the FSR and Orientation, the accessibility information (parking, building exterior, building interior, exam room, restroom, and medical equipment) is gathered by AAH staff during the site visit and data entered into the AAH database systems. In addition, prior to the bi-annual Medi-Cal directory publication, a request is sent to all providers to self-report any updated information in their practices, including accessibility information. When we produce our online and printed directories, the accessibility information is included during these publications and updated as quarterly visits are conducted with provider's offices throughout the year.

As a result of this audit, it was discovered that this information was not consistently translated to the provider directory or the online searchable provider directory. We have identified the issue that was preventing the printing of the accessibility information. The accessibility indicator will be present for the next scheduled printing of the provider directory, in December 2013.

The Alliance is currently working with our vendor to display the accessibility information on the online searchable provider directory for all providers. We do not have an exact time that this issue will be corrected, but we have given the vendor a deadline of December 31, 2013 to populate the accessibility information on the online searchable provider directory. A Corrective Action Plan (CAP) for this deficiency has been created; see Exhibit PD 1 for the CAP and all supporting documentation.

### DHCS Response:

The MCP has taken action to address this deficiency. However, The MCP's CAP includes steps that will be taken to post the physical accessibility indicators on its website and provider directory on December 2014. DHCS considers this finding closed.

Verification of implementation/correction will be conducted through the next audit. This item is closed.

Potential Deficiency 2:

The MCP is required to monitor the availability of appointments within its provider network in accordance with Health & Safety Code Rule 1300.67.2.2(c)(1) and (5) and as required by the DHCS Two-Plan Contract, Exhibit A, Attachment 9 – Access and Availability, Item 4. During 2011, the MCP relied on a provider survey and an enrollee survey as a sole means of monitoring appointment availability within the MCP's contracted provider network. Survey questions were limited to broad categories related to the ease of obtaining primary care and specialty care appointments.

MCP Response:

The Alliance has contracted with a third-party agency to conduct an annual survey of providers to monitor their compliance for appointment access. The first surveys were conducted from October through December 2012, with results provided to the Alliance in January 2013. Going forward, the survey will be conducted on an annual basis for all providers. If deficiencies are found, a CAP will be implemented. A CAP for this deficiency has been created; see Exhibit PD2 for the CAP and all supporting documentation.

DHCS Response:

The MCP has taken action to address this deficiency. However, in order to fully address this deficiency the MCP needs to send its' P&P with a target/goal regarding the monitoring of the availability of appointments within its provider network. This item is closed.

Potential Deficiency 3:

The DMHC review included an assessment of the MCP's Quality Assurance program in accordance with Health & Safety Code Rule 1300.70(a) (4). DMHC review of the MCP's Board of Director meeting minutes reflecting July 1, 2011 through December 31, 2011, revealed that meeting minutes did not reflect any reporting from the MCP's Health Care Quality Committee for the Governing Board's review.

MCP Response:

Effective January 2012 and consistently since, the Health Care Quality Committee (HCQC) began presenting an Executive Summary of activities, prepared by the Chief Medical Officer, for quarterly submission to the Alameda Alliance for Health Board of Governors. A CAP for this deficiency has been created; see Exhibit PD3 for the CAP and all supporting documentation.

DHCS Response:

The MCP has taken adequate corrective action to address this deficiency. This item is closed.