

**ATTACHMENT A
Corrective Action Plan Response Form**

Plan Name: Alameda Alliance for Health (AAH)

Review/Audit Type: Medical Audit

Review Period: April 1, 2014 through March 31, 2015

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	Implementation Documentation	Completion/ Expected Completion Date	DHCS Comments
Category 1 - Utilization Management				
1.1.1 The Utilization Management (UM) program was not continuously updated, improved, and integrated into the Quality Improvement System (QIS).	AAH's UM program updated to include UM continuous monitoring process through UM Sub-Committee. Monitoring activities of over and underutilization, inpatient utilization trends, appeals, and UM delegation included in AAH's Policy of UM Sub-	1.1.1A 2015 AAH UM Program Description 7_29_15 1.1.1B MED-UM-0047 UM Committee Policy 10_22_15 1.1.1C AAH UM Sub-Committee Report 10_6_15 1.1.1D AAH UM Sub-Committee	12/17/15	12/23/15 MCP submitted the supporting documents to show evidence of MCP's compliance with finding 1.1.1. Appropriate data,

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	<p>Committee. AAH's UM Sub-Committee meeting minutes and monitoring reports include review of overturned appeal data and external benchmarking of inpatient utilization patterns. UM-Subcommittee activities reported to AAH's Health Care Quality Committee (HCQC).</p> <p>1/5/16 "For item 1.1.1, our UM program description states on page 24 there are UM file audits conducted quarterly. Attached is the follow-up items requested for this item of the copies of our internal UM denial audit results.</p> <p>We experienced a delay in the quarterly auditing schedule due to staffing challenges in 2015. We plan to complete the remaining 2015 quarterly audits within Q1 2016."</p>	<p>Minutes 10_6_15 1.1.1E HCQC Minutes 8_20_15 1.1.1F HCQC Minutes 10_22_15 1.1.1G HCQC Minutes 11_23_15 1.1.1H HCQC Packet 12_17_15</p> <p>1/5/16 Q1.2015 Denial Audit Results Q4.2014 Denial Audit Results Q.3 2014 Denial Audit Results Q.2 2014 Denial audit Results</p>		<p>including overturned appeals, are reviewed on a quarterly basis and the UM process is continually informed by the integrated data.</p> <p>This finding is closed.</p>
<p>1.2.1 The Plan denied one pharmacy and two medical prior authorizations (PAs) without sufficient Medical review.</p>	<p>AAH's UM department implemented daily quality audit review for monitoring staff prior authorization cases for complete and sufficient medical review. Pharmacy implemented weekly audits of all denial PA decisions to ensure medical review completed, sufficient, and documented</p>	<p>1.2.1A UM Authorization Daily Audit Sample Report 1.2.1B Pharmacy Authorization Weekly Audit Report Nov 2015</p>	<p>12/17/15</p>	<p>12/23/15 Plan submitted the results of internal audits for PA and pharmacy. Both audits showed evidence of sufficient medical review.</p>

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	<p>in cases.</p> <p>1/5/16 The medical necessity element column under denial reasons in 1.2.1B is included to check for whether denial decisions are being categorized correctly. Pharmacy authorization denials are either categorized as a benefit denial or medical necessity denial. This audit element checks to ensure that the denial was classified correctly into one of those categories.</p>			<p>1/05/16 Plan submitted further clarification of the report element in attachment 1.2.1B.</p> <p>This finding is closed.</p>
<p>1.2.2 The Plan did not process medical PAs within the required time frames in 11 instances</p>	<p>AAH's UM Policy of Authorization Process includes correct timeframe requirements. Implemented daily aging monitoring reports that are reviewed by UM supervisor to monitor staff's open authorization cases and ensure processed timely. UM daily audits conducted by UM supervisor to ensure processed within timeframe and appropriate notices sent timely with required elements. Internal audits conducted monthly by AAH's Compliance department to monitor compliance of medical authorization turnaround timeframes.</p>	<p>1.2.1A UM Authorization Daily Audit Sample Report 1.2.2A UM Authorization Daily Aging Sample report 1.2.2B Compliance Monthly UM TAT Monitoring Report Oct 2015 1.2.2C Compliance Monthly UM Auth Audit Reports 1.2.2D MED-UM-0001 UM Auth Process Policy 9_2_14 1.2.2E AAH Board Meeting UM Internal Audit Results 10_9_15</p>	<p>12/17/15</p>	<p>1/07/16 MCP submitted the supporting documents to show evidence of MCP's compliance with finding 1.2.2. Daily aging monitoring reports show the tracking of open authorization cases and timeliness of mailed notices.</p> <p>This finding is closed.</p>

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1.2.3 Notice of action (NOA) letters in pharmacy PAs did not identify the decision maker or include contact information	AAH Pharmacy NOA templates revised to include decision maker name and contact phone information of health care professional in March 2015. Most recent Pharmacy NOA templates approved by DHCS on 12/9/15. Pharmacy department conducts weekly audits of PA denial decisions to ensure correct NOA templates were sent to members including decision maker and contact information.	1.2.3A AAH MCAL Pharmacy NOA Denial Template 12_9_15 1.2.3B AAH MCAL Pharmacy NOA Partial Approv Template 12_9_15 1.2.3C AAH MCAL Pharmacy NOA Approval Template 12_9_15 1.2.1B Pharmacy Authorization Weekly Audit Report Nov 2015	12/17/15	1/07/16 MCP submitted the supporting documents to show evidence of MCP's compliance with finding 1.2.3. AAH Pharmacy NOA templates revised to include decision maker name and contact phone information of health care professional. This finding is closed.
1.2.4 One NOA letter was not clear and concise and did not specify criteria used in medical PA decision	AAH's Pharmacy department conducts weekly audits of PA denial decisions to ensure correct NOA templates were sent to members including clear and concise language. The quality audit review includes checking the following elements: medical criteria benefit provision, or Alliance UM policy used in decision making included in letter, reason why member or authorization submission did meet the criteria, and language in sixth grade reading level.	1.2.1B Pharmacy Authorization Weekly Audit Report Nov 2015	12/17/15	1/12/16 MCP submitted Pharmacy Authorization Weekly Audit Report Nov 2015 to show evidence of MCP's compliance with finding 1.2.4. AAH's Pharmacy department conducts weekly audits of PA denial decisions to ensure correct NOA templates were sent to members including clear

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				and concise language. This finding is closed.
1.2.5 NOA letters for pharmacy and medical PAs were not translated to the Plan's threshold languages	<p>AAH's pharmacy NOA templates were recently approved by DHCS on 12/9/15. AAH's UM NOA templates are currently being reviewed by DHCS. Once all templates approved, they will be translated for all threshold languages and generated within the UM and pharmacy authorization system. Implementation of translated NOAs will be completed by 1/30/16.</p> <p>2/12/16 AAH's pharmacy and UM NOA letters have been implemented within the prior authorization systems to verify and produce NOA letters in member's preferred language as of 1/30/16.</p>	<p>1.2.5A Pharmacy Authorization NOA Letter Sample Viet 1.2.5B MED-CL-0003 Language Assistance Services 12_17_15 1.2.5C System Screenshot Verify Member Preferred Language 1.2.5D Chinese Denial Sample NOA 1.2.5E Spanish Denial Sample NOA 1.2.5F Vietnamese Approval Sample</p>	1/30/16	<p>12/23/15 Plan submitted P&P (MED-CL-0003 Language Assistance Services) which contains processes for translating all informing material into threshold languages.</p> <p>1/15/16 Upon receipt of the following documents this finding will be closed:</p> <ul style="list-style-type: none"> - Copy of UM NOA template once approved by DHCS; - Sample of UM NOA in threshold language. <p>This finding is provisionally closed pending the submission of additional supporting</p>

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				<p>documents.</p> <p>2/17/16 MCP submitted an additional supporting documents to show evidence of MCP's compliance with finding 1.2.5: -System Screenshot Verify Member Preferred Language and -Sample of UM NOA in threshold languages.</p> <p>This finding is closed.</p>
<p>1.2.6 The Plan did not notify its Members of medical PA decisions in 5 instances</p>	<p>Monitoring processes of authorization notices implemented to ensure written notices provided timely to member. UM daily aging monitoring reports reviewed by UM supervisor to monitor staff's open authorization cases and ensure processed timely. UM daily audits conducted by UM supervisor to ensure all authorizations the day prior are processed within timeframe and appropriate notices sent timely with required elements.</p>	<p>1.2.2A UM Authorization Daily Aging Sample Report 1.2.1A UM Authorization Daily Audit Sample Report</p>	<p>12/17/15</p>	<p>1/12/16 MCP submitted the supporting documents to show evidence of MCP's compliance with finding 1.2.6: - UM Authorization Daily Aging Report; and - UM Authorization Daily Audit Report to demonstrate MCP's implementation of UM</p>

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				<p>daily audits to provide written notification to Members for all denied, deferred or modified medical Prior Authorizations.</p> <p>Plan implemented monitoring processes to ensure timely delivery of written authorization notices to member.</p> <p>This finding is closed.</p>
<p>1.2.7 The Plan did not include the date of completion in four NOA letters for medical PAs</p>	<p>Monitoring processes of authorization notices implemented to ensure written notices provided timely to member. UM daily aging monitoring reports reviewed by UM supervisor to monitor staff's open authorization cases and ensure processed timely. UM daily audits conducted by UM supervisor to ensure all authorizations the day prior are processed within timeframe and appropriate notices sent timely with required elements.</p>	<p>1.2.2A UM Authorization Daily Aging Sample Report 1.2.1A UM Authorization Daily Audit Sample Report</p>	<p>12/17/15</p>	<p>1/14/16 MCP submitted the supporting documents to show evidence of MCP's compliance with finding 1.2.7. Plan's audits, including UM daily audits conducted by UM supervisor to ensure all authorizations the day prior are processed within timeframe and appropriate notices sent timely with required</p>

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				<p>elements.</p> <p>Provided sample of NOA letter does include “decision date”.</p> <p>This finding is closed.</p>
<p>1.3.1 The Plan did not have a referral tracking system for authorized, denied, deferred, and modified prior authorizations (PAs)</p>	<p>AAH’s Utilization Management (UM) department has started tracking in-network referrals as of 12/01/15. All in-network and out-of-network specialty referrals are documented within the UM Authorization system (TruCare). Monitoring process of the referral tracking system will be fully implemented by 3/31/2016.</p>	<p>1.3.1A UM Auth System (TruCare) Referral Tracking Screenshot 1.3.1B AAH Out-of-Network Referrals Tracking Report</p>	<p>3/31/2016</p>	<p>1/29/16 MCP submitted the supporting documents to show evidence of MCP’s compliance with finding 1.3.1</p> <p>The Plan implemented a referral tracking system for authorized, denied, deferred and modified prior authorizations as of 12/01/15. In order to close this finding MCP must provide a proof of implementation of referral monitoring.</p> <p>This finding is provisionally closed.</p>

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1.3.2 The Plan did not track or ensure that authorized PA services were completed in a timely manner	AAH's Utilization Management (UM) department has started tracking in-network referrals as of 12/01/15. All in-network and out-of-network specialty referrals are documented within the UM Authorization system (TruCare). Monitoring process of the referral tracking system will be fully implemented by 3/31/2016.	1.3.1A UM Auth System (TruCare) Referral Tracking Screenshot 1.3.1B AAH Out-of-Network Referrals Tracking Report	3/31/2016	1/30/16 The Plan implemented a referral tracking system for authorized, denied, deferred and modified prior authorizations as of 12/01/15. In order to close this finding MCP should submit the evidence for monitoring process of the referral tracking system. This finding is provisionally closed.
1.4.1 Three of the Plan's appeal notification letters were unclear and contained misinformation	AAH's updated its Prior Authorization Appeal policy and workflows. AAH's Grievance & Appeal (G&A) department trained on updated process. G&A Coordinators work with the Professional reviewer while drafting the resolution letter to ensure the clinical criteria referenced is accurate. All resolution letters reviewed by G&A Lead for clear and concise language prior to being sent out.	1.4.1A MED-CGR-0025 Prior Authorization Appeal Process 12_17_15 1.4.1B Prior Auth Appeal Process Workflow 1.4.1C Expedited Prior Auth Appeal Workflow 1.4.1D PA Appeals Staff Training Materials 12_15_15 1.4.1E PA Appeals Staff Training Roster 12_15_15 1.4.5A Compliance Internal Audit	12/17/15	1/30/16 MCP submitted the supporting documents to show evidence of MCP's compliance with finding 1.4.1. Updated Prior Authorization Appeal policy, evidence of staff training on updated process and evidence of monitoring of used

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		Report G&A Q2 2015 1.4.5B Compliance Internal Audit Report G&A July 2015		processes. This finding is closed.
1.4.2 The same Medical Director who reviewed prior authorizations also resolved related appeals	AAH's updated its Prior Authorization Appeal policy and workflows. AAH's Grievance & Appeal (G&A) department trained on updated process. All prior authorization appeals sent for review to professional who was not the initial authorization decision maker.	1.4.1A MED-CGR-0025 Prior Authorization Appeal Process 12_17_15 1.4.1B Prior Auth Appeal Process Workflow 1.4.1C Expedited Prior Auth Appeal Workflow 1.4.1D PA Appeals Staff Training Materials 12_15_15 1.4.1E PA Appeals Staff Training Roster 12_15_15	12/17/15	1/30/16 MCP submitted the supporting documents to show evidence of MCP's compliance with finding 1.4.2. The Plan updated P&P and workflows to ensure that PA appeals are reviewed by a Medical Director not involved in the original PA decision. (It now includes the following language: "Forward case to professional who was not involved in the initial denial") Plan's G & A department was trained on updated process. This finding is closed.

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1.4.3 The Plan did not process three expedited appeal cases within three working days	AAH's updated its Prior Authorization Appeal policy and workflows. AAH's Grievance & Appeal (G&A) department trained on updated process and regulatory timeframes. Compliance department conducted internal audit on G&A case files to ensure expedited appeal cases processed within three working day timeframe. Corrective action plan issued to G&A department to address areas of non-compliance.	1.4.1A MED-CGR-0025 Prior Authorization Appeal Process 12_17_15 1.4.1B Prior Auth Appeal Process Workflow 1.4.1C Expedited Prior Auth Appeal Workflow 1.4.1D PA Appeals Staff Training Materials 12_15_15 1.4.1E PA Appeals Staff Training Roster 12_15_15 1.4.5A Compliance Internal Audit Report G&A Q2 2015 1.4.5B Compliance Internal Audit Report G&A July 2015 1.4.5C G&A Daily Aging Monitoring Report 12_10_15	12/17/15	1/31/16 MCP submitted the supporting documents to show evidence of MCP's compliance with finding 1.4.3. The Plan updated Prior authorization Appeal policy and workflows, trained G&A staff on regulatory timeframes, conducted internal audits to ensure expedited appeal cases processed within three working day timeframe; Issued internal CAPs to G&A department to address areas of non-compliance. This finding is closed.
1.4.4 The Plan did not notify five Members of a change in appeal status from expedited to non-expedited	AAH revised its Prior Authorization Appeal workflows to include steps of clinical review for all appeals that are received. AAH's Grievance & Appeal (G&A) department trained on updated process of regulatory notification timeframe of two days when an appeal	1.4.1A MED-CGR-0025 Prior Authorization Appeal Process 12_17_15 1.4.1B Prior Auth Appeal Process Workflow 1.4.1C Expedited Prior Auth Appeal Workflow	12/17/15	1/31/16 MCP submitted the supporting documents to show evidence of MCP's compliance with finding 1.4.4.

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	has a change in status from expedited to non-expedited.	1.4.1D PA Appeals Staff Training Materials 12_15_15 1.4.1E PA Appeals Staff Training Roster 12_15_15		The Plan revised its P&P to include steps of clinical review for all appeals and trained staff on updated process of regulatory notification timeframe of two days when an appeal has a change in status from expedited to non-expedited. This finding is closed.
1.4.5 The Plan did not ensure that only qualified clinical professionals changed an appeal from expedited to non-expedited (NE) status	AAH's updated its Prior Authorization Appeal policy and workflows. AAH's Grievance & Appeal (G&A) department trained on updated process and regulatory timeframes. Compliance department conducted internal audit on G&A case files to ensure change of status for an expedited to non-expedited conducted only by a clinical professional. Corrective action plan issued to G&A department to address areas of non-compliance.	1.4.1A MED-CGR-0025 Prior Authorization Appeal Process 12_17_15 1.4.1B Prior Auth Appeal Process Workflow 1.4.1C Expedited Prior Auth Appeal Workflow 1.4.1D PA Appeals Staff Training Materials 12_15_15 1.4.1E PA Appeals Staff Training Roster 12_15_15 1.4.5A Compliance Internal Audit Report G&A Q2 2015 1.4.5B Compliance Internal Audit Report G&A July 2015 1.4.5C G&A Daily Aging	12/17/15	1/31/16 MCP submitted the supporting documents to show evidence of MCP's compliance with finding 1.4.5. MCP updated P&P to ensure that only qualified clinical professionals changed an appeal from expedited to non-expedited status. G&A staff was trained on updated process and

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		Monitoring Report 12_10_15		<p>regulatory timeframes. Internal audit was conducted; internal CAP was issued to G&A dep to address areas of non-compliance.</p> <p>This finding is closed.</p>
1.4.6 The Plan did not change an appeal to expedited when circumstances indicated possible imminent danger to a Member in two instances	AAH revised its G&A workflow to include steps of clinical review for all appeals that are received. AAH's Grievance & Appeal (G&A) department trained to categorize an appeal as expedited and refer for RN review when the Member or Provider requests or when the details indicates a potential health crisis.	1.4.1B Prior Auth Appeal Process Workflow 1.4.1C Expedited Prior Auth Appeal Workflow 1.4.1D PA Appeals Staff Training Materials 12_15_15 1.4.1E PA Appeals Staff Training Roster 12_15_15	12/17/15	2/01/16 MCP submitted the supporting documents to show evidence of MCP's compliance with finding 1.4.6: - Revised P&P to show evidence of revised processes to include steps for clinical review for all appeals; and - Training Materials to show evidence for documentation of the implementation of steps to correct deficiency. This finding is closed.

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1.4.7 The Plan closed an expedited appeal without resolution when it discovered Member non-eligibility and did not notify the Member of his right to a state fair hearing	AAH revised its prior authorization appeal policy and G&A workflow. AAH's G&A department trained on updated process of including member rights with resolution letters sent out.	1.4.1A MED-CGR-0025 Prior Authorization Appeal Process 12_17_15 1.4.1B Prior Auth Appeal Process Workflow 1.4.1C Expedited Prior Auth Appeal Workflow 1.4.1D PA Appeals Staff Training Materials 12_15_15 1.4.1E PA Appeals Staff Training Roster 12_15_15	12/17/15	2/01/16 MCP submitted the supporting documents to show evidence of MCP's compliance with finding 1.4.7: - Revised P&P to show evidence of revised processes to include steps for notifying the Member of his right to a state fair hearing; - AAH MCAL Pharmacy NOA Denial Template 12_9_15 which contains information on Member's rights to a state fair hearing; and - Training Materials to show evidence for documentation of the implementation of steps to correct deficiency. This finding is closed.
1.4.8 The Plan closed three appeals before completion of the appeal process	AAH's updated its Prior Authorization Appeal policy and G&A workflow process. AAH's Grievance & Appeal	1.4.1A MED-CGR-0025 Prior Authorization Appeal Process 12_17_15	12/17/15	2/01/16 MCP submitted the supporting documents to

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	(G&A) department trained on updated process and regulatory timeframes.	1.4.1B Prior Auth Appeal Process Workflow 1.4.1C Expedited Prior Auth Appeal Workflow 1.4.1D PA Appeals Staff Training Materials 12_15_15 1.4.1E PA Appeals Staff Training Roster 12_15_15		show evidence of MCP's compliance with finding 1.4.8: - Revised P&P and G&A workflow process to show evidence of implementation of revised processes in order to comply with Contract, Exhibit A, Attachment 14(2)(G)(1); and - Training Materials to show evidence for documentation of the implementation of steps for Medical Director's review for all appeals. This finding is closed.
1.4.9 The Plan did not send acknowledgement or resolution letters to Providers who filed appeals on Members' behalf in 11 cases	AAH's Grievance & Appeal (G&A) department trained on updated process and regulatory timeframes. Compliance department conducted internal audit on G&A case files to ensure acknowledgement and resolution letters are sent timely. Corrective action plan issued to G&A department to address areas of non-compliance.	1.4.1A MED-CGR-0025 Prior Authorization Appeal Process 12_17_15 1.4.1B Prior Auth Appeal Process Workflow 1.4.1C Expedited Prior Auth Appeal Workflow 1.4.1D PA Appeals Staff Training Materials 12_15_15	12/17/15	1/19/16 MCP submitted the supporting documents to show evidence of MCP's compliance with finding 1.4.9: - G&A workflow process to show evidence of

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		1.4.1E PA Appeals Staff Training Roster 12_15_15 1.4.5A Compliance Internal Audit Report G&A Q2 2015 1.4.5B Compliance Internal Audit Report G&A July 2015 1.4.5C G&A Daily Aging Monitoring Report 12_10_15		implementation of revised processes to include steps for sending written acknowledgement of an appeal and resolution letters to complainants and include Providers who filed appeals on Members' behalf ; - Training Materials to show evidence for documentation of the implementation of steps; and - Compliance Internal Audit Reports to show evidence for addressing the issues of non-compliance. This finding is closed.
1.4.10 The Plan did not send appeal resolution letters in its threshold languages in three cases	AAH's Grievance & Appeal (G&A) department trained on updated process and regulatory timeframes. Compliance department conducted internal audit on G&A case files to ensure acknowledgement and resolution letters are sent in member's threshold	1.4.1A MED-CGR-0025 Prior Authorization Appeal Process 12_17_15 1.4.1B Prior Auth Appeal Process Workflow 1.4.1C Expedited Prior Auth Appeal Workflow	12/17/15	1/19/16 MCP submitted the supporting documents to show evidence of MCP's compliance with finding 1.4.10: .4.1B Prior Auth Appeal

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	language. Corrective action plan issued to G&A department to address areas of non-compliance.	1.4.1D PA Appeals Staff Training Materials 12_15_15 1.4.1E PA Appeals Staff Training Roster 12_15_15 1.4.5A Compliance Internal Audit Report G&A Q2 2015 1.2.5B MED-CL-0003 Language Assistance Services 12_17_15		Process Workflow; -PA Appeals Staff Training Materials; - PA Appeals Staff Training Roster; and - Compliance Internal Audit Report G&A Q2 2015 to show evidence of training, updated processes, and monitoring. This finding is closed.
1.4.11 Plan policy had incorrect timeframes for processing appeals	AAH revised its Prior Authorization Appeal policy to include correct regulatory timeframes. G&A department staff trained on updated process and regulatory timeframe requirements.	1.4.1A MED-CGR-0025 Prior Authorization Appeal Process 12_17_15 1.4.1B Prior Auth Appeal Process Workflow 1.4.1C Expedited Prior Auth Appeal Workflow 1.4.1D PA Appeals Staff Training Materials 12_15_15 1.4.1E PA Appeals Staff Training Roster 12_15_15	12/17/15	2/02/16 MCP submitted the supporting documents to show evidence of MCP's compliance with finding 1.4.11: - MED-CGR-0025 Prior Authorization Appeal Process to show evidence of revised processes in order to comply with regulatory timeframe requirements; - Prior Auth Appeal Process Workflow; - Expedited Prior Auth

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				<p>Appeal Workflow; - PA Appeals Staff Training Materials; and - PA Appeals Staff Training Roster to show evidence for documentation of the implementation of steps for regulatory timeframe requirements.</p> <p>This finding is closed.</p>
<p>1.4.12 The Plan reset the date of receipt for three appeals submitted by Providers on Member’s behalf to the date the Member agreed to the action in writing</p>	<p>AAH’s Grievance & Appeal (G&A) department trained on updated process and regulatory timeframes. Compliance department conducted internal audit on G&A case files to ensure date of receipt is correct and accurate. Corrective action plan issued to G&A department to address areas of non-compliance.</p>	<p>1.4.1A MED-CGR-0025 Prior Authorization Appeal Process 12_17_15 1.4.1B Prior Auth Appeal Process Workflow 1.4.1C Expedited Prior Auth Appeal Workflow 1.4.1D PA Appeals Staff Training Materials 12_15_15 1.4.1E PA Appeals Staff Training Roster 12_15_15 1.4.5A Compliance Internal Audit Report G&A Q2 2015 1.4.5B Compliance Internal Audit Report G&A July 2015 1.4.5C G&A Daily Aging Monitoring Report 12_10_15</p>	<p>12/17/15</p>	<p>2/02/16 MCP submitted the supporting documents to show evidence of MCP’s compliance with finding 1.4.12: - Prior Auth Appeal Process Workflow; - Expedited Prior Auth Appeal Workflow; - PA Appeals Staff Training Materials; - PA Appeals Staff Training Roster to show evidence for documentation of the implementation of</p>

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				revised processes; and - Compliance Internal Audit Reports to show evidence for documentation of monitoring of the results. This finding is closed.
1.5.1 The Plan did not adequately monitor delegated entities	AAH revised its delegation oversight policies. All UM delegation reporting activities monitored by the AAH’s UM sub-committee. Delegation reporting activities within the UM sub-committee are reported to AAH’s Health Care Quality Committee (HCQC). Compliance Department conducted all annual delegation audits for 2015. Audit activities and any issued corrective action plan to the delegates are reported quarterly to the Compliance Committee.	1.5.1A CMP-0042 Delegation Oversight Policy 1.5.1B MED-QM-0040 Delegation of Quality Management 12_17_15 1.5.1C AAH Delegation Grid_ June 2015 1.5.1D 2015 Delegation Audit Schedule 10_1_15 1.5.1E Compliance Committee Minutes 8_4_15 1.5.1F Compliance Committee Meeting Agenda 11_24_15 1.5.1G AAH Delegation CAP Report 11_24_15 1.1.1B MED-UM-0047 UM Committee Policy 10_22_15 1.1.1D AAH UM Sub-Committee Minutes 10_6_15	12/17/15	2/02/16 MCP submitted the supporting documents to show evidence of MCP’s compliance with finding 1.5.1: - Delegation Oversight Policy and Delegation of Quality Management P&P to show evidence of revised processes; -Delegation Grid, 2015 Delegation Audit Schedule, Compliance Committee Minutes and Compliance Committee Meeting Agenda to show evidence for documentation of

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		1.1.1C AAH UM Sub-Committee Report 10_6_15 5.3.1A 2015 Beacon Audit Report 11_24_15 5.3.1B 2015 Kaiser Audit Report 12_4_15		implementation of revised processes; and - Delegation CAP Report and Audit Reports to support the evidence for documentation of monitoring of the results. This finding is closed.
1.5.2 The Plan did not continuously monitor, evaluate and approve its delegates' UM activities	AAH revised its delegation oversight policies. All UM delegation reporting activities monitored by the AAH's UM sub-committee. Delegation reporting activities within the UM sub-committee are reported to AAH's Health Care Quality Committee (HCQC). Compliance Department conducted all annual delegation audits for 2015. Audit activities and any issued corrective action plan to the delegates are reported quarterly to the Compliance Committee.	1.5.1A CMP-0042 Delegation Oversight Policy 1.5.1B MED-QM-0040 Delegation of Quality Management 12_17_15 1.5.1C AAH Delegation Grid_ June 2015 1.5.1D 2015 Delegation Audit Schedule 10_1_15 1.5.1E Compliance Committee Minutes 8_4_15 1.5.1F Compliance Committee Meeting Agenda 11_24_15 1.5.1G AAH Delegation CAP Report 11_24_15 1.1.1B MED-UM-0047 UM Committee Policy 10_22_15 1.1.1D AAH UM Sub-Committee	12/17/15	2/02/16 MCP submitted the supporting documents to show evidence of MCP's compliance with finding 1.5.2: -Delegation Oversight Policy and Delegation of Quality Management P&P to show evidence of revised processes; - Delegation Grid, 2015 Delegation Audit Schedule, Compliance Committee Minutes and Compliance Committee Meeting Agenda, Delegation CAP Report,

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		Minutes 10_6_15 1.1.1C AAH UM Sub-Committee Report 10_6_15 1.1.1F HCQC Minutes 10_22_15		UM Committee Policy, UM Sub-Committee Minutes, UM Sub-Committee Report and HCQC Minutes to show evidence for documentation of implementation of revised processes. This finding is closed.
1.5.3 The Plan did not require a corrective action plan to address delegate's non-compliant UM policy	AAH revised its delegation oversight policies. All UM delegation reporting activities monitored by the AAH's UM sub-committee. Delegation reporting activities within the UM sub-committee are reported to AAH's Health Care Quality Committee (HCQC). Compliance Department conducted all annual delegation audits for 2015. Audit activities and any issued corrective action plan to the delegates are reported quarterly to the Compliance Committee. Delegate out of compliance with UM authorization policy was issued corrective action plan by AAH on 4/16/15.	1.5.1A CMP-0042 Delegation Oversight Policy 1.5.1G AAH Delegation CAP Report 11_24_15 1.5.3A CHCN CAP 4_16_15 1.1.1F HCQC Minutes 10_22_15 1.1.1H HCQC Packet 12_17_15 1.5.1E Compliance Committee Minutes 8_4_15 1.5.1F Compliance Committee Meeting Agenda 11_24_15	12/17/15	2/02/16 MCP submitted the supporting documents to show evidence of MCP's compliance with finding 1.5.3: - Delegation Oversight Policy to show evidence of revised processes; -Delegation CAP Report and Audit Reports to support the evidence for documentation of monitoring of the results. This finding is closed.

Deficiency Number and Finding	Action Taken	Implementation Documentation	Completion/ Expected Completion Date	DHCS Comments
Category 2 – Case Management and Coordination of Care				
2.2.1 The Plan did not fully execute its MOU with the local CCS program	AAH executed its MOU with Alameda County’s CCS program effective May 2015. AAH reinstated conducting quarterly meetings with CCS local program to ensure there’s coordination in care for members.	2.2.1A AAH CCS MOU May 2015 2.2.1B AAH-CCS Quarterly Meeting Minutes 9_24_15	12/17/15	2/02/16 MCP submitted the supporting documents to show evidence of MCP’s compliance with finding 2.2.1: - Executed MOU with Alameda County’s CCS program effective May 2015; and - AAH-CCS Quarterly Meeting Minutes 9_24_15 to support the evidence for documentation of implementation of revised processes. This finding is closed.
2.3.1 The Plan did not monitor and coordinate care for Members receiving Early Intervention Services and Services for Persons with Developmental Disabilities	AAH’s UM department monitor reporting of members from the Regional Center of the East Bay (RCEB) for Early Intervention Services and Developmental Disabilities. AAH and RCEB re-instated quarterly MOU meetings as of November 2015. Staff involved in Utilization Management and Case Management will identify needs of	2.3.1A Early Start Coordination with RCEB Policy 2015 2.3.1B Developmental Disabilities Policy 2015 2.3.1C AAH-RCEB Meeting Minutes	3/31/2016	2/02/16 MCP submitted the supporting documents to show evidence of MCP’s compliance with finding 2.3.1: - Early Start Coordination with RCEB Policy revised

Deficiency Number and Finding	Action Taken	Implementation Documentation	Completion/ Expected Completion Date	DHCS Comments
	<p>these members identified during authorization review and case management. All care coordination issues will be triaged to a designated UM staff to be forwarded to the RCEB. Quarterly reports of members who could potentially qualify for the RCEB based on past diagnosis but who are not yet enrolled will be reviewed. AAH UM staff will coordinate with the RCEB and provider to ensure referral and enrollment. UM Case managers will continue to monitor and assist with coordination of care for these members.</p>			<p>5/1/15; and - Developmental Disabilities Policy revised 5/1/15 to support the evidence of revised processes.</p> <p>2/16/2016 MCP submitted AAH-RCEB meeting minutes and updated expected completion date. The Plan is still working on this item and anticipating having it fully implemented by 3/31/16.</p> <p>In order to close this finding MCP must provide evidence for documentation of monitoring and coordination of care for Members receiving Early Intervention services and Services for</p>

Deficiency Number and Finding	Action Taken	Implementation Documentation	Completion/ Expected Completion Date	DHCS Comments
				<p>Persons with Developmental Disabilities.</p> <p>This finding is provisionally closed.</p>
<p>2.3.2 The Plan did not fully execute the terms of its MOU with the Regional Center (RC)</p>	<p>AAH fully executed its MOU with the Regional Center of East Bay as of 12/16/2015. AAH and RCEB re-instated quarterly MOU meetings as of November 2015. Staff involved in Utilization Management and Case Management will identify needs of these members identified during authorization review and case management. All care coordination issues will be triaged to a designated UM staff to be forwarded to the RCEB. Quarterly reports of members who could potentially qualify for the RCEB based on past diagnosis but who are not yet enrolled will be reviewed. AAH UM staff will coordinate with the RCEB and provider to ensure referral and enrollment. UM Case managers will continue to monitor and assist with coordination of care for these members.</p>	<p>2.3.2A AAH-RC MOU 12_16_15 2.3.1C AAH-RCEB Meeting Minutes</p>	<p>12/17/15</p>	<p>2/02/16 MCP submitted the supporting documents to show evidence of MCP's compliance with finding 2.3.2: -Fully Executed AAH-MOU with the Regional Center of East Bay as of 12/16/2015; and -AAH-RCEB Meeting Minutes to support the evidence of fully executed MOU with the Regional Center of East Bay.</p> <p>This finding is closed.</p>

Deficiency Number and Finding	Action Taken	Implementation Documentation	Completion/ Expected Completion Date	DHCS Comments
2.4.1 The Plan did not ensure the provision of an Initial Health Assessment (IHA) to each new Member within the required timelines	AAH's revised its IHA policy to include procedure for monitoring all new members IHA completion within required timeframe. AAH's IHA workgroup reviews IHA completion data reports quarterly and discuss improvement interventions and activities.	2.4.1A MED-QM-0041 Initial Health Assessment 12_17_15 2.4.1B AAH IHA Work Flow 9_24_15 2.4.1C, 2.4.1D, 2.4.1E IHA Work Group Minutes 2.4.1F IHA Monitoring Report July 2015 2.4.1G IHA Monitoring Report Oct 2015 2.4.1H Kaiser IHA Report 2015	12/17/15	2/03/16 MCP submitted the supporting documents to show evidence of MCP's compliance with finding 2.4.1: - MED-QM-0041 Initial Health Assessment P&P; - AAH IHA Work Flow; - IHA Work Group Minutes to show evidence of revised processes including PCP's training to improve IHA completion; and - IHA Monitoring Reports to show evidence for documentation of implementation of revised processes. This finding is closed.

Deficiency Number and Finding	Action Taken	Implementation Documentation	Completion/Expected Completion Date	DHCS Comments
2.4.2 The Plan had not validated its methodology for monitoring IHA completion	AAH's revised its IHA policy to include procedure for monitoring all new members IHA completion within required timeframe. AAH's IHA workgroup reviews IHA completion data reports quarterly and discuss improvement interventions and activities.	2.4.1A MED-QM-0041 Initial Health Assessment 12_17_15 2.4.1B AAH IHA Work Flow 9_24_15 2.4.1C, 2.4.1D, 2.4.1E IHA Work Group Minutes 2.4.1F IHA Monitoring Report July 2015 2.4.1G IHA Monitoring Report Oct 2015 2.4.1H Kaiser IHA Report 2015	12/17/15	2/03/16 MCP submitted the supporting documents to show evidence of MCP's compliance with finding 2.4.2: - MED-QM-0041 Initial Health Assessment P&P; - AAH IHA Work Flow; - IHA Work Group Minutes to show evidence of revised processes including PCP's training to improve IHA completion; and - IHA Monitoring Reports to show evidence for documentation of implementation of revised processes and monitoring of the results. This finding is closed.

Deficiency Number and Finding	Action Taken	Implementation Documentation	Completion/ Expected Completion Date	DHCS Comments
2.5.1 The Plan did not ensure the provision of Complex Case Management	AAH expanded the criteria of members who qualify for Complex Case Management and perform member assessment. AAH's UM department identified members with utilization in the following categories: emergency admissions, facility admissions, home health, outpatient behavioral health, and radiology. The Alliance Case Management staff has been reaching out to these members to perform the initial assessment for case management. This comprehensive outreach project ensures the plan is able to assess and enroll members that were previously missed for Case Management. Additionally, AAH is in the process for developing a new care coordination program to target Seniors and Persons with Disability (SPD) and Medi-Cal Expansion (MCE) members newly enrolled to the plan.	2.5.1A Case Management Workflow	12/31/2016	<p>12/23/15 MCP submitted the supporting document to show evidence of MCP's compliance with finding 2.5.1: - Case Management Workflow to show evidence of revised processes of ensuring the provision of Complex Case Management.</p> <p>2/03/16 This item is provisionally closed pending the submission of evidence of full implementation of the process.</p> <p>This finding is provisionally closed.</p>
2.5.2 The Plan did not provide Complex Case Management services to eligible Members	AAH expanded the criteria of members who qualify for Complex Case Management and perform member assessment. AAH's UM department identified members with utilization in	2.5.1A Case Management Workflow	12/31/2016	<p>12/23/15 MCP submitted the supporting document to show evidence of MCP's compliance with</p>

Deficiency Number and Finding	Action Taken	Implementation Documentation	Completion/ Expected Completion Date	DHCS Comments
	<p>the following categories: emergency admissions, facility admissions, home health, outpatient behavioral health, and radiology. The Alliance Case Management staff has been reaching out to these members to perform the initial assessment for case management. This comprehensive outreach project ensures the plan is able to assess and enroll members that were previously missed for Case Management. Additionally, AAH is in the process for developing a new care coordination program to target Seniors and Persons with Disability (SPD) and Medi-Cal Expansion (MCE) members newly enrolled to the plan.</p>			<p>finding 2.5.1: - Case Management Workflow to show evidence of revised processes of ensuring the provision of Complex Case Management services to eligible Members.</p> <p>2/03/16 This item is provisionally closed pending the submission of evidence of full implementation of the process.</p> <p>This finding is provisionally closed.</p>
<p>3.1.1 The Plan did not ensure Providers met timely access requirements</p>	<p>AAH revised its Timely Access policies. AAH's Access Sub-Committee monitors providers' compliance with timely access standards quarterly through various monitoring reports such as out-of-network authorizations, grievances and appeals related to access,</p>	<p>3.1.1A MED-DEL-0025 Appointment Access & Availability 12_17_15 3.1.1B AAH-CMP-0024 Monitoring of Access & Availability Standards 12_17_15 3.1.1C MED-DEL-0024 Access</p>	<p>12/17/15</p>	<p>2/03/16 The Plan submitted its revised timely access policies, Appointment Availability Tool, and minutes from two Access Committee</p>

Deficiency Number and Finding	Action Taken	Implementation Documentation	Completion/Expected Completion Date	DHCS Comments
	<p>provider capacity levels, geographic access reports, and annual appointment access & availability provider survey results. Access committee reports all monitoring activities to the HCQC.</p>	<p>to Behavioral Health Services 12_17_15 3.1.1D MED-QM-0023 Provider Access and Availability Survey 12_17_15 3.1.1E AAH-CMP-0028 Access & Availability Sub-Committee Policy 12_17_15 3.1.1F 2015 ICE DMHC Appointment Availability Survey Tool 3.1.1G AAH Access Committee Minutes 9_17_15 3.1.1H AAH Access Committee Minutes 11_19_15 1.1.1G HCQC Minutes 11_23_15 1.1.1H HCQC Packet 12_17_15</p>		<p>meetings showing that timely access and monitoring reports are being reviewed.</p> <p>This finding is closed.</p>
<p>3.1.2 No Correction Action Plan for Providers who were non-compliant with timely access standards</p>	<p>AAH revised its Timely Access policies to update the corrective action process for providers found to be non-compliant with timely access standards. Providers found non-compliant from the appointment access & availability 2015 survey will be issued a corrective action plan and monitored in 2016. AAH has issued corrective action plans to delegates found non-compliant with timely access standards.</p>	<p>3.1.1A MED-DEL-0025 Appointment Access & Availability 12_17_15 3.1.1B AAH-CMP-0024 Monitoring of Access & Availability Standards 12_17_15 3.1.1E AAH-CMP-0028 Access & Availability Sub-Committee Policy 12_17_15 1.5.1G AAH Delegation CAP Report 11_24_15 3.1.2A CHCN Timely Access</p>	<p>12/17/15</p>	<p>2/03/16 The Plan submitted revised polices to update the corrective action process for providers who are not compliant with timely access standards. The Plan submitted examples of three corrective action plans issued to delegates that were out of</p>

Deficiency Number and Finding	Action Taken	Implementation Documentation	Completion/ Expected Completion Date	DHCS Comments
		CAP 4_16_15 3.1.2B Beacon Timely Access CAP 2_18_15 3.1.2C AHS Timely Access CAP 8_21_15 3.1.1G AAH Access Committee Minutes 9_17_15 3.1.1H AAH Access Committee Minutes 11_19_15 1.1.1G HCQC Minutes 11_23_15 1.1.1H HCQC Packet 12_17_15		compliance with timely access standards. The CAPs were discussed in the Access Committee meetings. This finding is closed.
3.1.3 The Plan did not ensure Providers answered or returned Member telephone calls in a timely manner	AAH revised its Timely Access policies. AAH's Access Sub-Committee monitors providers' compliance with timely access standards quarterly through various monitoring reports. Provider wait times and telephone calls returned monitored by AAH through the Provider appointment survey and filed grievances and appeals.	3.1.1A MED-DEL-0025 Appointment Access & Availability 12_17_15 3.1.1B AAH-CMP-0024 Monitoring of Access & Availability Standards 12_17_15 3.1.1C MED-DEL-0024 Access to Behavioral Health Services 12_17_15 3.1.1D MED-QM-0023 Provider Access and Availability Survey 12_17_15 3.1.1E AAH-CMP-0028 Access & Availability Sub-Committee Policy 12_17_15 3.1.1F 2015 ICE DMHC Appointment Availability Survey Tool	12/17/15	2/03/16 The Plan revised its Timely Access policies. The Plan also reviews returned telephone calls through member grievances and the Provider appointment survey. This finding is closed.

Deficiency Number and Finding	Action Taken	Implementation Documentation	Completion/Expected Completion Date	DHCS Comments
		3.1.1G AAH Access Committee Minutes 9_17_15 3.1.1H AAH Access Committee Minutes 11_19_15		
3.1.4 The Plan did not ensure Members were able to speak with a Plan representative in a timely manner	AAH revised its policy for Quality Monitoring Member/Plan Interactions. Monthly Member Services Performance Dashboards reported to Senior Leadership and the Governing Board. For the last three months, member calls answered within 30 seconds have been 89.6% (September 2015), 86.9% (October 2015) and 92.7% (November 2015). Member Services staff monitored routinely for call performance measures and call center timeliness.	3.1.4A MEM GEN 003 Quality Monitor Member Plan Interaction Dec_2015 3.1.4B AAH Member Services Staff Performance Evaluation Tool 3.1.4C Member Services Performance Dashboard Nov 2015	12/17/15	2/03/16 The Plan revised its policy for Quality Monitoring Member/Plan Interactions. The Plan submitted its Member Services Performance Dashboard which shows that the Plan met the goal of answering member calls within 30 seconds 80% of the time and having an abandonment rate of less than 5% for the months of September 2015, October 2015 and November 2015. This finding is closed.
3.1.5 The Plan did not ensure accurate Provider listings in its Provider directory	AAH established policy for maintaining accurate provider data and directories. AAH provider directory reviewed and approved by DHCS on 7/28/15.	3.1.5A PRO-GEN-0005 Provider Data & Directories Policy 3.1.5B AAH 2015 Provider Directory 7_28_15	12/17/15	2/04/16 The Plan submitted its policy for maintaining accurate provider data

Deficiency Number and Finding	Action Taken	Implementation Documentation	Completion/ Expected Completion Date	DHCS Comments
				<p>and directories. The policy details the methods used for making changes to the provider data, delegated oversight of provider data and provider data discrepancy resolution.</p> <p>This finding is closed.</p>
<p>3.2.1 The Plan does not have or maintain protocols for communicating and interacting with Emergency Departments (EDs)</p>	<p>AAH updated its policy for Emergency Services & Post Stabilization. AAH plan to fully implement the process by Q1 2016.</p> <p>2/16/2016 AAH hired a new CMO on 1/29/16. The CMO is implementing the ED communication.</p>	<p>3.2.1A MED-UM-0015 Emergency Services & Post Stabilization Policy 2015</p>	<p>1/30/2016</p>	<p>2/04/16 The Plan updated its policy for Emergency Services and Post Stabilization. The policy states that a PCP will be available 24/7 to communicate with Emergency Room personnel.</p> <p>2/18/2016 AAH hired a new CMO on 1/29/16. The CMO is implementing the ED communication.</p> <p>This finding is closed.</p>

Deficiency Number and Finding	Action Taken	Implementation Documentation	Completion/ Expected Completion Date	DHCS Comments
3.3.1 The Plan did not ensure that a physician or an appropriate licensed professional was available for after hour calls	AAH expanded its Nurse Advise Line services to its Medi-Cal line of business effective 7/01/15. AAH provided Providers and member the Nurse Line updates through the AAH website and provider trainings. AAH conducted the 2015 Provider After Hours Survey.	3.3.1A MED-UM-0048 Triage and Screening Services 12_17_15 3.3.1B AAH Website Nurse Line Info 3.3.1C Provider Nurse Advice Line Flyer Aug 2015 3.3.1D Nurse Line Utilization Report Q3 2015 3.3.1E AAH 2015 Provider Access After Hours Audit Results	12/17/15	2/04/16 AAH expanded its Nurse Advise Line services to its Medi-Cal line of business. The Nurse Advice Line has been provided to providers and members through the AAH website and provider trainings. AAH conducted the 2015 Provider After Hours Survey. This finding is closed.
3.3.2 The Plan did not maintain knowledgeable Member Services staff, and did not take corrective action when deficiencies were identified	AAH revised its Quality Monitoring Member/Plan Interactions. Policy includes Member Services Staff Performance Monitoring tools. Complaints or deficiencies found involving Member Service Staff are documented and monitored by the Member Services Director using the AAH Human Resources Form. HR documentation of corrective action for staff retained in the staff's personnel record.	3.1.4A MEM GEN 003 Quality Monitor Member Plan Interaction Dec_2015 3.1.4B AAH Member Services Staff Performance Evaluation Tool 3.3.2A AAH HR Staff Written Notification Form	12/17/15	2/04/16 The Plan submitted Policy MEM GEN 003 which was modified to include the use of monitoring tools to monitor Member Plan Staff interaction. The Plan submitted Member Services Staff Performance Evaluation Tool and Staff Written Notification Form for

Deficiency Number and Finding	Action Taken	Implementation Documentation	Completion/Expected Completion Date	DHCS Comments
				<p>identifying and correcting deficiencies with Member Services Staff.</p> <p>This finding is closed.</p>
<p>3.4.1 The Plan did not ensure an adequate number of specialists were available within its network</p>	<p>AAH's Access Sub-Committee monitors specialty capacity levels within network. Sub-committee members review specialty monitoring reports such as out of network referrals. The Access committee members report on access data and determine any deficiencies found with access and actions needed to address the issues.</p>	<p>3.1.1E AAH-CMP-0028 Access & Availability Sub-Committee Policy 12_17_15 3.4.1A Specialist Monitoring Report 12_10_15 3.4.1B AAH Detailed Provider Network Report_Specialists Q3 2015 1.3.1B AAH Out-of-Network Referrals Tracking Report</p>	<p>12/17/15</p>	<p>2/04/16 The Plan monitors the adequacy of specialists in its network through the review of reports submitted to the Access Sub-Committee. The Access Sub-Committee determines if any deficiencies related to access, including access to specialist within its network require corrective action.</p> <p>This finding is closed.</p>
<p>3.5.1 The Plan did not process claims within 45 working days</p>	<p>AAH revised its policy for claims processing to include correct timeframes. Claims performance measures are reported to the Governing Board.</p>	<p>3.5.3A BOP-CLM-0005 Claims Processing Policy 3.5.1A AAH Board Meeting Claims Audit Results 10_9_15 3.5.1B AAH Board Meeting Claims Report 11_13_15</p>	<p>12/17/15</p>	<p>2/5/16 The Plan updated its Claims Processing policy to include the correct timeframes. The Plan submitted an example of Claims</p>

Deficiency Number and Finding	Action Taken	Implementation Documentation	Completion/ Expected Completion Date	DHCS Comments
				<p>Audit Results and a Claims Report showing that The Plan processed 99.4% of its claims within 45 days for the month of October 2015.</p> <p>This finding is closed</p>
<p>3.5.2 Claims incorrectly sent to the Plan were not forwarded to responsible entity timely</p>	<p>AAH revised its policy for claims processing to include correct timeframe for forwarding misdirected claims within 10 working days.</p>	<p>3.5.3A BOP-CLM-0005 Claims Processing Policy 3.5.1A AAH Board Meeting Claims Audit Results 10_9_15 3.5.1B AAH Board Meeting Claims Report 11_13_15 3.5.2 Misdirected Claims Monthly Monitoring Report</p>	<p>12/17/15</p>	<p>2/05/16 The Plan revised its policy to include the correct timeframe for forwarding misdirected claims. 2/12/16 The Plan submitted documentation that shows that misdirected claims are being forwarded within 10 days. This finding is closed.</p>
<p>3.5.3 The Plan did not pay interest on seven claims processed in excess of 45 working days after receipt</p>	<p>AAH revised its policy for claims processing to include correct timeframes. Interest paid on claims is monitored through monthly claims processing reports.</p>	<p>3.5.3A BOP-CLM-0005 Claims Processing Policy 3.5.3B Claims Interest Paid Monitoring Report Nov 2015 3.5.1A AAH Board Meeting Claims Audit Results 10_9_15 3.5.1B AAH Board Meeting</p>	<p>12/17/15</p>	<p>2/05/16 The Plan revised its policy for claims processing to include correct timeframes. The Plan submitted Claims Interest Paid Monitoring</p>

Deficiency Number and Finding	Action Taken	Implementation Documentation	Completion/ Expected Completion Date	DHCS Comments
		Claims Report 11_13_15		Report showing interest paid on claims. This finding is closed.
3.5.4 The Plan improperly denied an emergency service claim due to Member's CCS status	AAH revised its Claims CCS workflow process. CCS Claims workflow step includes reviewing member CCS status for all claims processed.	3.5.4A CCS Claims Workflow 2015	12/17/15	2/05/16 The Plan revised its Claims CCS workflow to include a step to review the member CCS status for all claims processed. This finding is closed.
3.5.5 The Plan did not identify all reasons for denial in written notification to Provider	AAH implemented new claims processing system (HealthSuite) as of 9/01/15. Claims codes were updated with new system for including all possible messages to providers. All reasons for denial are included in the provider remittance notices.	3.5.5A AAH HealthSuite Claims Code Messages List 11_18_15 3.5.5B Provider Remittance Denial Code Example	12/17/15	2/05/16 The Plan implemented a new claims processing system as of 9-1-15 which allows all reasons for denials to be included in the provider remittance notice. An example of a Provider Remittance with multiple denial reasons was submitted. This finding is closed.

Deficiency Number and Finding	Action Taken	Implementation Documentation	Completion/ Expected Completion Date	DHCS Comments
3.6.1 The Plan did not properly monitor or ensure the provision of sufficient amounts of drugs prescribed in emergency situations	AAH's revised its emergency room discharge medication program. AAH Pharmacy department performed outreach to all contracted emergency hospitals with pharmacy listing of those nearby for members to utilize. Pharmacy department staff will continue to coordinate with emergency hospitals to monitor medications prescribed to members.	3.6.1A ER Medication Program Description	Q1 2016	2/05/16 The Plan submitted its revised emergency room discharge medication program which includes the Emergency Department Monitoring: Patient Survey Pilot. The Plan performed outreach to all contracted emergency hospitals with pharmacy listing of those nearby for members to utilize. AAH Pharmacy department staff continues to monitor medications prescribed to members in coordination with contracted emergency hospitals. This finding is closed.
4.1.1 Improper reporting of grievances	AAH's Grievance & Appeals (G&A) department staff trained to respond and document all grievances received timely. Staff trained on intake process to	4.1.1A Grievance System Staff Training Materials 4.1.1B Grievance System Staff Training Roster 12_15_15	12/17/15	1/14/2016 MCP submitted the supporting documents to show evidence of

Deficiency Number and Finding	Action Taken	Implementation Documentation	Completion/ Expected Completion Date	DHCS Comments
	include all grievances and staff notifying clinics that all complaints required to be referred to AAH for resolution.			MCP's compliance with finding 4.1.1: -Grievance System Staff Training Materials; and -Grievance System Staff Training Roster to show evidence of implementation of revised processes. This finding is closed.
4.1.2 Inadequate monitoring and oversight of the grievance system	AAH plans to update a grievance work plan to include clinical review of all grievances by Q1 2016. AAH hired a Medical Director on 12/16/15. AAH is currently recruiting for a Chief Medical Officer. These two positions will provide adequate monitoring and oversight of the grievance system. 2/12/16 AAH hired a new CMO on 1/29/16; and a Director of Complaints & Resolutions on 1/11/16. The grievance desktop procedure for clinical review of grievances will be reviewed with the CMO on 2/17/16. AAH will be interviewing candidates for the G&A Nurse position the week of 2/15/16.	4.1.2A Clinical Review of Grievances Desktop Procedure	3/31/2016	1/14/2016 MCP submitted the supporting documents to show evidence of MCP's compliance with finding 4.1.2: -MCP provided a plan of action to correct this deficiency. 2/12/16 MCP submitted: - Clinical Review of Grievances Desktop Procedure to show proposed solution, specific milestones to be met, timeline for each

Deficiency Number and Finding	Action Taken	Implementation Documentation	Completion/ Expected Completion Date	DHCS Comments
	G&A staff training will be conducted to implement the new clinical review process by 3/31/16.			<p>milestone and personnel required to implement the proposed plan.</p> <p>This finding is provisionally closed pending MCP/s submitting evidence of monitoring and oversight of the grievance system.</p> <p>This finding is provisionally closed.</p>
4.1.3 Quality of care grievances were not processed adequately, timely or consistently reviewed	<p>AAH plans to update a grievance work plan to include clinical review of all grievances by Q1 2016. AAH hired a Medical Director on 12/16/15. AAH is currently recruiting for a Chief Medical Officer. These two positions will ensure that quality of care grievances are processed adequately, timely, and are consistently reviewed.</p> <p>2/12/16 AAH hired a new CMO on 1/29/16; and a Director of Complaints & Resolutions on 1/11/16. The grievance desktop</p>	4.1.2A Clinical Review of Grievances Desktop Procedure	3/31/2016	<p>1/14/2016 MCP must submit evidence that demonstrates the quality of care grievances are reviewed and processed adequately by the appropriate staff.</p> <p>2/12/16 MCP submitted the supporting documents to show evidence of MCP's compliance with</p>

Deficiency Number and Finding	Action Taken	Implementation Documentation	Completion/ Expected Completion Date	DHCS Comments
	<p>procedure for clinical review of grievances will be reviewed with the CMO on 2/17/16. AAH will be interviewing candidates for the G&A Nurse position the week of 2/15/16. G&A staff training will be conducted to implement the new clinical review process by 3/31/16.</p>			<p>finding 4.1.3: - Clinical Review of Grievances Desktop Procedure to show proposed solution, specific milestones to be met, timeline for each milestone and personnel required to implement the proposed plan.</p> <p>This finding is provisionally closed pending MCP/s submitting evidence of monitoring and oversight of the grievance system.</p> <p>This finding is provisionally closed.</p>
<p>4.1.4 Unresolved grievances were closed and final resolution not communicated to the Member</p>	<p>AAH's G&A department staff trained on updated process and regulatory timeframes.</p>	<p>4.1.1A Grievance System Staff Training Materials 4.1.1B Grievance System Staff Training Roster 12_15_15</p>	<p>12/17/15</p>	<p>1/14/2016 MCP submitted the supporting documents to show evidence of MCP's compliance with finding 4.1.4: -Grievance System Staff</p>

Deficiency Number and Finding	Action Taken	Implementation Documentation	Completion/ Expected Completion Date	DHCS Comments
				Training Materials; and -Grievance System Staff Training Roster to show evidence of staff training on updated processes. This finding is closed.
4.1.5 Grievance status notification letters were not sent to Members when a resolution was not reached within 30 days	AAH's G&A department staff trained on updated process and regulatory timeframes.	4.1.1A Grievance System Staff Training Materials 4.1.1B Grievance System Staff Training Roster 12_15_15	12/17/15	1/15/2016 MCP submitted the supporting documents to show evidence of MCP's compliance with finding 4.1.5: -Grievance System Staff Training Materials; and -Grievance System Staff Training Roster to show evidence of staff training on updated processes. This finding is closed.
4.1.6 The Plan incorrectly reported grievance status to DHCS	AAH's Grievance & Appeals (G&A) department staff trained to respond and document all grievances received timely.	4.1.1A Grievance System Staff Training Materials 4.1.1B Grievance System Staff Training Roster 12_15_15	12/17/15	1/19/2016 MCP submitted the supporting documents to show evidence of MCP's compliance with finding 4.1.6: -Grievance System Staff

Deficiency Number and Finding	Action Taken	Implementation Documentation	Completion/Expected Completion Date	DHCS Comments
				<p>Training Materials; and -Grievance System Staff Training Roster to show evidence of staff training on updated processes.</p> <p>This finding is closed</p>
<p>4.1.7 Three acknowledgement and resolution letters were not translated to the Plan's threshold languages</p>	<p>AAH's Grievance & Appeal (G&A) department trained on updated process and regulatory timeframes. Compliance department conducted internal audit on G&A case files to ensure acknowledgement and resolution letters are sent in member's threshold language. Corrective action plan issued to G&A department to address areas of non-compliance.</p>	<p>1.2.5B MED-CL-0003 Language Assistance Services 12_17_15 4.1.1A Grievance System Staff Training Materials 4.1.1B Grievance System Staff Training Roster 12_15_15 1.4.5A Compliance Internal Audit Report G&A Q2 2015 1.4.5B Compliance Internal Audit Report G&A July 2015</p>	<p>12/17/15</p>	<p>1/19/2016 MCP submitted the supporting documents to show evidence of MCP's compliance with finding 4.1.7: -MED-CL-0003 Language Assistance Services 12_17_15; -Grievance System Staff Training Materials; -Grievance System Staff Training Roster 12_15_15; - Compliance Internal Audit Report G&A Q2 2015; and -Compliance Internal Audit Report G&A July 2015 to show evidence of staff training on</p>

Deficiency Number and Finding	Action Taken	Implementation Documentation	Completion/ Expected Completion Date	DHCS Comments
				<p>updated processes and for documentation of monitoring of used processes.</p> <p>This finding is closed.</p>
<p>4.1.8 The Plan did not specify whether resolved grievances were in favor of the Member or the Plan</p>	<p>AAH's G&A department will be including grievance decision in favor of the member or the Plan in letters starting Q1 2016.</p> <p>2/12/16 AAH is updating its G&A System Application for processing grievances. The system updates include adding a drop down option for the resolution of the grievance to capture whether the grievance was in favor of the member or the Plan. The G&A application updates for stating the grievance is in favor of member or the Plan will go live on 4/1/16.</p>	<p>4.1.8A G&A Application Work Plan</p>	<p>4/01/2016</p>	<p>1/19/2016 MCP must provide evidence that all the resolution letters sent to the members have clearly indicated whether the resolved grievances were in the favor of member or the plan.</p> <p>2/12/2016 This finding is provisionally closed pending MCP/s submitting evidence of tracking classification of resolved grievances in favor of the Member or the Plan.</p> <p>This finding is provisionally closed.</p>

Deficiency Number and Finding	Action Taken	Implementation Documentation	Completion/ Expected Completion Date	DHCS Comments
4.1.9 The Plan did not consistently inform Members of expedited grievances criteria determination	AAH's G&A department staff trained on updated process and regulatory timeframes.	4.1.1A Grievance System Staff Training Materials 4.1.1B Grievance System Staff Training Roster 12_15_15	12/17/15	1/19/2016 MCP submitted the supporting documents to show evidence of MCP's compliance with finding 4.1.9: -Grievance System Staff Training Materials; and -Grievance System Staff Training Roster 12_15_15 to show evidence of staff training on updated processes and regulatory timeframes. This finding is closed.
4.1.10 Grievance data was not appropriately reported, monitored or used for Quality Improvement	AAH' grievance data is reported at the AAH's Quality Improvement, Language Assistance, and Access sub-committees. All sub-committees report quality monitoring activities to the HCQC.	3.1.1H AAH Access Committee Minutes 11_19_15 4.1.10A Language Assistance Subcommittee Minutes 7_23_15 3.1.1E AAH-CMP-0028 Access & Availability Committee Policy 12_17_15 5.1.1A AAH Committee Structure Aug 2015 1.1.1E HCQC Minutes 8_20_15	12/17/15	1/19/2016 MCP submitted the supporting documents to show evidence of MCP's compliance with finding 4.1.10: -AAH Access Committee Minutes 11_19_15; -Language Assistance Subcommittee Minutes 7_23_15;

Deficiency Number and Finding	Action Taken	Implementation Documentation	Completion/ Expected Completion Date	DHCS Comments
				<p>- AAH-CMP-0028 Access & Availability Committee Policy 12_17_15; - AAH Committee Structure Aug 2015; and - HCQC Minutes 8_20_15 to show evidence of implementation of revised processes to communicate grievance data to the appropriate departments at the Plan and utilization of grievance data for QI.</p> <p>This finding is closed.</p>
<p>4.2.1 The Plan did not ensure that Members and potential Members receive 24 hour oral interpreter services at all key points of contact</p>	<p>AAH distributed "Point to Your Language" signage and contact information for AAH interpreter services to all providers in Q3 and Q4 provider office visits.</p>	<p>1.2.5B MED-CL-0003 Language Assistance Services 12_17_15 4.2.1A Point to Your Language Signage 4.2.1B Interpreter Services Quick Guide 4.2.1C AAH C&L Work Plan 2015-2016 5.2.1B Provider Training Log 5.2.1C Provider Training Attestations 2015</p>	<p>12/17/15</p>	<p>1/19/2016 MCP submitted the supporting documents to show evidence of MCP's compliance with finding 4.2.1: -MED-CL-0003 Language Assistance Services 12_17_15; - Point to Your Language Signage;</p>

Deficiency Number and Finding	Action Taken	Implementation Documentation	Completion/ Expected Completion Date	DHCS Comments
				<ul style="list-style-type: none"> - Interpreter Services Quick Guide; - AAH C&L Work Plan 2015-2016' - Provider Training Log; and - Provider Training Attestations 2015 to show evidence of implementation of revised processes and of staff training on updated processes to ensure that Members receive interpreter services at all key points of contact. <p>This finding is closed.</p>
4.2.2 The Plan did not monitor the quality of linguistic services provided by employees	AAH revised its Quality Monitoring Member/Plan Interactions Policy. Policy includes Staff Cultural & Linguistic Performance Monitoring tool. Complaints or deficiencies found involving Member Service Staff are documented and monitored by the Member Services Director using the AAH Human Resources (HR) Form. HR documentation of corrective action for staff retained in the staff's personnel	3.1.4A MEM GEN 003 Quality Monitor Member Plan Interaction Dec_2015 3.1.4B AAH Member Services Staff Performance Evaluation Tool 3.3.2A AAH HR Staff Written Notification Form 4.2.1C AAH C&L Work Plan 2015-2016 4.2.2A MED-CL-0010-Cultural	12/17/15	1/20/2016 MCP submitted the supporting documents to show evidence of MCP's compliance with finding 4.2.2: -MEM GEN 003 Quality Monitor Member Plan Interaction Dec_2015; -AAH Member Services

Deficiency Number and Finding	Action Taken	Implementation Documentation	Completion/ Expected Completion Date	DHCS Comments
	record. HR department completes bilingual proficiency assessment upon new hire process.	and Linguistic Services Program Staff Training 2_13_15		Staff Performance Evaluation Tool; and -AAH HR Staff Written Notification Form to show evidence of revised processes, of staff training on updated processes and evidence of monitoring of the results. This finding is closed.
4.2.3 The Plan did not conduct oversight reviews of PBM, Interpretation Service, and Call Center vendors' staff qualifications and quality of linguistic services provided	AAH conducted oversight of interpreter services by reviewing staff qualifications and certifications. Interpreter services vendor (IEC) and call center vendor (Ansafone) staff documentation of qualifications monitored and reviewed.	4.2.1C AAH C&L Work Plan 2015-2016 4.2.3A IEC Interpreter Certifications 4.2.3B Ansafone Interpreter Certifications 1.5.1A CMP-0042 Delegation Oversight Policy 1.5.1B MED-QM-0040 Delegation of Quality Management 12_17_15 4.2.3C AAH Audit Notification Letter to PBM	12/17/15	1/20/2016 MCP submitted the supporting documents to show evidence of MCP's compliance with finding 4.2.3: -AAH C&L Work Plan 2015-2016; - IEC Interpreter Certifications; -Ansafone Interpreter Certifications; -CMP-0042 Delegation Oversight Policy; -MED-QM-0040 Delegation of Quality Management 12_17_15;

Deficiency Number and Finding	Action Taken	Implementation Documentation	Completion/ Expected Completion Date	DHCS Comments
				&-Audit Notification Letter to PBM to show evidence for documentation of monitoring of PBM and Call Center vendors. This finding is closed.
4.3.1 The Plan did not report an actual breach of PHI, and did not report a suspected security incident to DHCS	AAH updated its HIPAA Investigation procedure to include regulatory timeframes for reporting incidents. Staff trained on updated timeframes and procedures.	4.3.1A HIPAA Privacy Investigations Desktop Procedure 12_11_15 4.3.1B FWA-HIPAA Reporting Training Material 12_11_15 4.3.1C Compliance Staff Training Sign In Sheet 12_11_15	12/17/15	1/20/216 MCP submitted the supporting documents to show evidence of MCP's compliance with finding 4.3.1: -HIPAA Privacy Investigations Desktop Procedure 12_11_15; -FWA-HIPAA Reporting Training Material 12_11_15; and -Compliance Staff Training Sign In Sheet 12_11_15 to show evidence of revised processes and of staff training on updated processes. This finding is closed.

Deficiency Number and Finding	Action Taken	Implementation Documentation	Completion/Expected Completion Date	DHCS Comments
4.3.2 The Plan did not notify DHCS upon discovery of a security incident, breach, or unauthorized use or disclosure of PHI within the required timeframes	AAH updated its HIPAA Investigation procedure to include regulatory timeframes for reporting incidents. Staff trained on updated timeframes and procedures.	4.3.1A HIPAA Privacy Investigations Desktop Procedure 12_11_15 4.3.1B FWA-HIPAA Reporting Training Material 12_11_15 4.3.1C Compliance Staff Training Sign In Sheet 12_11_15	12/17/15	1/26/2016 MCP submitted the supporting documents to show evidence of MCP's compliance with finding 4.3.2: -HIPAA Privacy Investigations Desktop Procedure 12_11_15; -FWA-HIPAA Reporting Training Material 12_11_15; and -Compliance Staff Training Sign In Sheet 12_11_15 to show evidence of revised processes and of staff training on updated processes. This finding is closed.
4.3.3 The Plan did not ensure network Providers had safeguards to protect PHI	AAH revised its delegation oversight polices. AAH conducted all annual delegation audits in 2015. HIPAA policies and procedures were reviewed for all delegates, and corrective action plans were issued to address any areas found non-compliant.	1.5.1A CMP-0042 Delegation Oversight Policy 1.5.1B MED-QM-0040 Delegation of Quality Management 12_17_15 1.5.1B AAH Delegation Grid_ June 2015 1.5.1C 2015 Delegation Audit	12/17/15	1/21/2016 MCP submitted the supporting documents to show evidence of MCP's compliance with finding 4.3.3:-CMP-0042 Delegation Oversight Policy;

Deficiency Number and Finding	Action Taken	Implementation Documentation	Completion/ Expected Completion Date	DHCS Comments
		Schedule 10_1_15 4.3.3A Delegation Audits Compliance monitoring 4.3.3B 2015 Beacon Compliance Audit Results 4.3.3C 2015 Kaiser Audit CAP Compliance Program		-MED-QM-0040 Delegation of Quality Management 12_17_15; -AAH Delegation Grid_ June 2015; - 2015 Delegation Audit Schedule 10_1_15; - Delegation Audits Compliance monitoring; -2015 Beacon Compliance Audit Result; and -2015 Kaiser Audit CAP Compliance Program to show evidence of revised processes, of staff training on updated processes and evidence of monitoring of the results. This finding is closed.
Category 5 – Quality Management				
5.1.1 There was inadequate oversight of UM and QI by the Governing Board and the Health Care Quality Committee (HCQC)	AAH implemented Quality Management (QM) and UM Sub-Committee structure in August 2015 to increase oversight activities through internal cross-departmental collaboration. All sub-committees report to the Health Care Quality Committee	5.1.1A AAH Committee Structure Aug 2015 5.1.1B QM Sub-Committee Minutes 8_6_15 5.1.1C QM Sub-Committee Minutes 10_29_15 1.1.1B MED-UM-0047 UM	12/17/15	1/22/16 The AAH plan has submitted evidence of the implementation of the QM and UM Sub-Committees that report to HCQC. The main

Deficiency Number and Finding	Action Taken	Implementation Documentation	Completion/ Expected Completion Date	DHCS Comments
	(HCQC).	Committee Policy 10_22_15 1.1.1E HCQC Minutes 8_20_15 1.1.1F HCQC Minutes 10_22_15 1.1.1G HCQC Minutes 11_23_15 1.1.1H HCQC Packet 12_17_15		scope and goals is to objectively monitor and evaluate the quality, appropriateness and outcome of care and services delivered to the Alliance beneficiaries. This finding is closed.
5.1.2 The Plan did not monitor, evaluate and take effective actions to address needed improvements in the quality of care delivered by all Providers in all settings	AAH updated its QI program to include all quality of care provider monitoring activities. AAH implemented UM and QM Sub-Committee structure in August 2015 to increase oversight activities through internal cross-departmental collaboration. All sub-committees report to HCQC, which reports to the Board.	5.1.2A AAH 2015 QI Program 7_29_15 5.1.1A AAH Committee Structure Aug 2015 5.1.1B QM Sub-Committee Minutes 8_6_15 5.1.1C QM Sub-Committee Minutes 10_29_15 5.1.2A AAH 2015 QI Program 7_29_15/5.1.1A AAH Committee Structure Aug 2015 1.1.1E HCQC Minutes 8_20_15 1.1.1F HCQC Minutes 10_22_15 1.1.1G HCQC Minutes 11_23_15 1.1.1H HCQC Packet 12_17_15	12/17/15	1/22/16 The AAH has submitted evidence of the updated QI program, of New Provider Orientation, and Attestation of Provider Training. The implementation of the QM and UM Sub-Committees that report to HCQC, which reports to the Board. This finding is closed.

Deficiency Number and Finding	Action Taken	Implementation Documentation	Completion/ Expected Completion Date	DHCS Comments
5.1.3 The Plan did not document metric data demonstrating whether or not all QI initiatives resulted in improved health outcomes	AAH's QI Sub-Committee approved new quality measures adopted as of 8/6/15.	5.1.3A QM Metrics Report 8.25.15 5.1.2B QM Sub-Committee Minutes 8_6_15 1.1.1E HCQC Minutes 8_20_15 1.1.1F HCQC Minutes 10_22_15	12/17/15	1/22/16 The AAH has submitted evidence of the implemented new quality measures for the QI Sub-Committee. This finding is closed.
5.1.4 Information from overturned appeals was not incorporated into the Quality Improvement System (QIS)	AAH's UM Sub-Committee monitors and reviews overturned appeals. Sub-committee reports all monitoring activities to the HCQC. 2/16/2016 Overturned appeals volumes are currently reported. Details of overturned appeal categories will be reported to QIS this quarter.	5.1.2A AAH 2015 QI Program 7_29_15 1.1.1B MED-UM-0047 UM Committee Policy 10_22_15 1.1.1F HCQC Minutes 10_22_15 1.1.1G HCQC Minutes 11_23_15 1.1.1H HCQC Packet 12_17_15 1.1.1C AAH UM Sub-Committee Report 10_6_15 5.1.4A August UM Committee report 5.1.4B July UM Committee report 5.1.4C UM Committee Minutes Oct 2015	3/31/2015	2/18/2016 MCP submitted the supporting documents to show evidence of MCP's compliance with finding 5.1.4: -AAH UM Sub-Committee Report 10_6_15; - August UM Committee report; - July UM Committee report; and - UM Committee Minutes Oct 2015 to show evidence of monitoring and reviewing of overturned appeals.

Deficiency Number and Finding	Action Taken	Implementation Documentation	Completion/ Expected Completion Date	DHCS Comments
				<p>Overturned appeals volumes are currently reported. This finding is provisionally closed pending the submission of evidence of overturned appeals incorporated into the Quality Improvement System (QIS).</p> <p>This finding is provisionally closed.</p>
<p>5.1.5 Not all Potential Quality Issues (PQIs) were resolved within acceptable time frames</p>	<p>AAH revised its policy for Potential Quality Issues (PQIs) to include appropriate and acceptable resolution timeframes.</p>	<p>5.1.5A MED-QM-0002 Potential Quality Issues 12_17_15</p>	<p>12/17/15</p>	<p>1/22/16 MCP has submitted evidence of the updated PQI policy that ensures that each PQI is identified and resolved in a timely manner.</p> <p>This finding is closed.</p>
<p>5.2.1 The Plan did not conduct Provider Training</p>	<p>AAH has reinstated conducting provider training as of 8/1/15. All new providers contracted with AAH are trained within 10 working days from date contracted. Completed provider trainings are documented in the provider training log.</p>	<p>5.2.1A New Provider Contracting & Credentialing Work Flow 5.2.1B AAH Provider Training Packet 2015 5.2.1C AAH Provider Training Tracking Log 2015</p>	<p>12/17/15</p>	<p>1/22/16 MCP has submitted evidence of New Provider Training, Summary of Key Information for</p>

Deficiency Number and Finding	Action Taken	Implementation Documentation	Completion/ Expected Completion Date	DHCS Comments
	Providers are required to sign an attestation once the training is completed, which are retained with the provider training log documentation.	5.2.1D Provider Training Attestations 2015		Providers, new provider orientation scheduled between August-December 2015, and Attestation of Provider Training. This finding is closed.
5.3.1 The Plan did not perform annual QI delegation oversight audits for entities with delegated QI activities	AAH revised its Delegation Oversight policies. AAH conducted annual audits for all delegated entities with delegated QI functions in 2015. All delegated entities are audited annually by AAH.	1.5.1A CMP-0042 Delegation Oversight Policy 1.5.1B MED-QM-0040 Delegation of Quality Management 12_17_15 1.5.1B AAH Delegation Grid_ June 2015 1.5.1C 2015 Delegation Audit Schedule 10_1_15 1.5.1F Compliance Committee Meeting Agenda 11_24_15 5.3.1A 2015 Beacon Audit Report 5.3.1B 2015 Kaiser Audit Report	12/17/15	1/22/16 The AAH has submitted evidence of their policies, delegated oversight audits schedules, meeting agendas, and 2 audits reports. This finding is closed.
5.3.2 The Plan did not maintain a system for ensuring the accountability of delegated QI activities, including continuous monitoring, evaluation, and approval of delegated	AAH revised its Delegation Oversight policies. All delegated entities are continuously monitored and evaluated year around through annual auditing and reporting. Reporting is reviewed and evaluated through the UM and QI sub-committees and reported to HCQC.	1.5.1A CMP-0042 Delegation Oversight Policy 1.5.1B MED-QM-0040 Delegation of Quality Management 12_17_15 1.5.1B AAH Delegation Grid_ June 2015	12/17/15	1/22/16 The AAH has submitted evidence of continuous monitoring and evaluation of the audits and reports on a yearly basis.

Deficiency Number and Finding	Action Taken	Implementation Documentation	Completion/ Expected Completion Date	DHCS Comments
functions	Annual delegation audit reports are reported to the Compliance Committee.	1.5.1C 2015 Delegation Audit Schedule 10_1_15 1.5.1F Compliance Committee Meeting Agenda 11_24_15 5.3.1A 2015 Beacon Audit Report 11_24_15 5.3.1B 2015 Kaiser Audit Report 12_4_15 5.1.1B QM Sub-Committee Minutes 8_6_15 5.1.1C QM Sub-Committee Minutes 10_29_15 1.1.1F HCQC Minutes 10_22_15 1.1.1G HCQC Minutes 11_23_15 1.1.1H HCQC Packet 12_17_15		This finding is closed.
Category 6 – Administrative and Organizational Capacity				
6.1.1 The Plan did not ensure that medical care met acceptable standards in four instances	AAH pharmacy and medical prior authorizations audited routinely to ensure Medical Director review and medical criteria applied for prior authorization decision is included in the documentation. Grievance and appeals staff trained on maintaining completed documentation of professional review and medical criteria applied.	1.2.1A UM Authorization Daily Audit Sample Report 1.2.1B Pharmacy Authorization Weekly Audit Report Nov 2015 1.4.1D PA Appeals Staff Training Materials 12_15_15 1.4.1E PA Appeals Staff Training Roster 12_15_15 4.1.1A Grievance System Staff	12/17/15	2/3/16 MCP submitted the supporting documents to show evidence of MCP's compliance with finding 6.1.1: - Authorization Daily Audit Sample Report; -Pharmacy

Deficiency Number and Finding	Action Taken	Implementation Documentation	Completion/ Expected Completion Date	DHCS Comments
		Training Materials 4.1.1B Grievance System Staff Training Roster 12_15_15		Authorization Weekly Audit Report; -PA Appeals Staff Training Materials; - PA Appeals Staff Training Roster; - Grievance System Staff Training Materials; and - Grievance System Staff Training Roster to support evidence of implementation of revised processes and monitoring of the results. This finding is closed.
6.1.2 There was insufficient Medical Director action in four cases of questionable Provider behavior	AAH pharmacy and medical prior authorizations audited routinely to ensure Medical Director review and medical criteria applied for prior authorization decision is included in the documentation. Grievance and appeals staff trained on maintaining completed documentation of professional review and medical criteria applied.	1.2.1A UM Authorization Daily Audit Sample Report 1.2.1B Pharmacy Authorization Weekly Audit Report Nov 2015 1.4.1D PA Appeals Staff Training Materials 12_15_15 1.4.1E PA Appeals Staff Training Roster 12_15_15 4.1.1A Grievance System Staff Training Materials 4.1.1B Grievance System Staff Training Roster 12_15_15	12/17/15	2/3/16 MCP submitted the supporting documents to show evidence of MCP's compliance with finding 6.1.2: - Authorization Daily Audit Sample Report; -Pharmacy Authorization Weekly Audit Report; -PA Appeals Staff

Deficiency Number and Finding	Action Taken	Implementation Documentation	Completion/ Expected Completion Date	DHCS Comments
				Training Materials; - PA Appeals Staff Training Roster; - Grievance System Staff Training Materials; and - Grievance System Staff Training Roster to support evidence of implementation of revised processes and monitoring of the results including staff training. This finding is closed.
6.3.1 The Plan did not conduct investigation and did not report to DHCS all suspected cases of fraud and/or abuse	AAH updated its Fraud, Waste, and Abuse Investigation procedure to include regulatory timeframes for reporting incidents. Staff trained on updated timeframes and procedures.	6.3.1A FWA Investigations Desktop Procedure 12_11_15 4.3.1B FWA-HIPAA Reporting Training Material 12_11_15 4.3.1C Compliance Staff Training Sign In Sheet 12_11_15	12/17/15	2/3/16 MCP submitted the supporting documents to show evidence of MCP's compliance with finding 6.3.1: - FWA Investigations Desktop Procedure to show evidence of revised processes to include regulatory timeframes for reporting incidents; - FWA-HIPAA Reporting Training

Deficiency Number and Finding	Action Taken	Implementation Documentation	Completion/ Expected Completion Date	DHCS Comments
				Materia; and - Compliance Staff Training Sign In Sheet to support the evidence of implementation of revised processes on updated timeframes and procedures. This finding is closed.
6.3.2 The Plan did not report to DHCS results of three preliminary investigations within 10 working days	AAH updated its Fraud, Waste, and Abuse Investigation procedure to include regulatory timeframes for reporting incidents. Staff trained on updated timeframes and procedures.	6.3.1A FWA Investigations Desktop Procedure 12_11_15 4.3.1B FWA-HIPAA Reporting Training Material 12_11_15 4.3.1C Compliance Staff Training Sign In Sheet 12_11_15	12/17/15	2/3/16 MCP submitted the supporting documents to show evidence of MCP's compliance with finding 6.3.1: - FWA Investigations Desktop Procedure to show evidence of revised processes to include regulatory timeframes for reporting incidents; - FWA-HIPAA Reporting Training Materia; and - Compliance Staff Training Sign In Sheet to support the evidence

Deficiency Number and Finding	Action Taken	Implementation Documentation	Completion/ Expected Completion Date	DHCS Comments
				<p>of implementation of revised processes on updated timeframes and procedures.</p> <p>This finding is closed.</p>
<p>6.3.3 The Plan did not ensure all affiliated Providers were not excluded from Medi-Cal/Medicare</p>	<p>AAH revised its Credentialing ongoing monitoring of practitioners policy to include the process for reporting any providers excluded or suspended from State or Federal programs to the Compliance department. Compliance workflow created for reporting all suspended or excluded providers to DHCS within 10 working days as required.</p>	<p>6.3.3A MED-CRE-0009 Ongoing Monitoring of Practitioners 6.3.3B Suspended Provider Reporting Desktop Procedure</p>	<p>12/17/15</p>	<p>2/12/16 MCP submitted the supporting documents to show evidence of MCP's compliance with finding 6.3.3: -6.3.3B Compliance Suspended Provider Reporting Workflow and - 6.3.3A MED-CRE-0009 Ongoing Monitoring of Practitioners to show evidence of revised processes to verify affiliated Provider's Medi-Cal/Medicare status.</p> <p>This finding is closed.</p>

Deficiency Number and Finding	Action Taken	Implementation Documentation	Completion/ Expected Completion Date	DHCS Comments
<p>6.3.4 The Plan did not notify Medi-Cal Managed Care Program/Program Integrity Unit of removing a suspended, excluded, or terminated Provider from its network</p>	<p>AAH revised its Credentialing ongoing monitoring of practitioners policy to include the process for reporting any providers excluded or suspended from State or Federal programs to the Compliance department. Compliance workflow created for reporting all suspended or excluded providers to DHCS within 10 working days as required.</p>	<p>6.3.3A MED-CRE-0009 Ongoing Monitoring of Practitioners 6.3.3B Suspended Provider Reporting Desktop Procedure</p>	<p>12/17/15</p>	<p>2/12/16 MCP submitted the supporting documents to show evidence of MCP's compliance with finding 6.3.4: -Compliance Suspended Provider Reporting Workflow and - MED-CRE-0009 Ongoing Monitoring of Practitioners to show evidence of revised procedure to include the process for reporting any providers excluded or suspended from State or Federal programs to the Compliance department. Compliance workflow created for reporting all suspended or excluded providers to DHCS within 10 working days as required.</p> <p>This finding is closed.</p>

Deficiency Number and Finding	Action Taken	Implementation Documentation	Completion/Expected Completion Date	DHCS Comments
6.3.5 The Plan did not conduct monitoring and auditing of all delegated entities' compliance with the Plan's Anti-Fraud and Abuse Program	AAH revised its Delegation Oversight policies. All delegated entities were audited in 2015 for its compliance with AAH's Fraud, Waste, and Abuse (FWA) program. Corrective action plan for areas found to be non-compliant with AAH's FWA program standards are issued to the delegate.	1.5.1A CMP-0042 Delegation Oversight Policy 1.5.1B MED-QM-0040 Delegation of Quality Management 12_17_15 1.5.1B AAH Delegation Grid_ June 2015 1.5.1C 2015 Delegation Audit Schedule 10_1_15 4.3.3A Delegation Audits_Compliance monitoring 4.3.3B 2015 Beacon Compliance Audit Results 4.3.3C 2015 Kaiser Audit CAP Compliance Program	12/17/15	2/3/16 MCP submitted the supporting documents to show evidence of MCP's compliance with finding 6.3.5: - CMP-0042 Delegation Oversight Policy; -MED-QM-0040 Delegation of Quality Management 12_17_15 to show evidence of revised processes; -Delegation Grid_ June 2015; - 2015 Delegation Audit Schedule; -Delegation Audits Compliance monitoring; - 2015 Beacon Compliance Audit Results; and -2015 Kaiser Audit CAP Compliance Program to show evidence of implementation of monitoring and auditing

Deficiency Number and Finding	Action Taken	Implementation Documentation	Completion/ Expected Completion Date	DHCS Comments
				<p>of all delegated entities' compliance with the Plan's Anti-Fraud and Abuse Program.</p> <p>This finding is closed.</p>
STATE SUPPORTED SERVICES CONTRACT REQUIREMENTS				
<p>SSS.1 The Plan did not process state supported services claims within 45 working days</p>	<p>AAH revised its policy for claims processing. AAH implemented new claims processing system (HealthSuite) as of 9/01/15 that ensures turnaround timeframes are monitored daily for processing claims within the 45 day timeframe.</p>	<p>3.5.3A BOP-CLM-0005 Claims Processing Policy. 3.5.1A AAH Board Meeting Claims Audit Results 10_9_15 3.5.1B AAH Board Meeting Claims Report 11_13_15</p>	<p>12/17/15</p>	<p>2/3/16 MCP submitted the supporting documents to show evidence of MCP's compliance with finding SSS.1: - BOP-CLM-0005 Claims Processing Policy to show evidence of revised process for claims processing; - AAH Board Meeting Claims Audit Results 10_9_15; and -AAH Board Meeting Claims Report 11_13_15 to show evidence of monitoring of implemented process to ensure that the claims are processed within the</p>

Deficiency Number and Finding	Action Taken	Implementation Documentation	Completion/ Expected Completion Date	DHCS Comments
				45 day timeframe. This finding is closed.
SSS.2 The Plan did not redirect state supported services claims received in error to the appropriate entity within 10 working days	AAH revised its policy for claims processing to include correct timeframe for forwarding misdirected claims within 10 working days.	3.5.3A BOP-CLM-0005 Claims Processing Policy. 3.5.1A AAH Board Meeting Claims Audit Results 10_9_15 3.5.1B AAH Board Meeting Claims Report 11_13_15	12/17/15	2/4/16 MCP submitted the supporting documents to show evidence of MCP's compliance with finding SSS.2: - BOP-CLM-0005 Claims Processing Policy; - Board Meeting Claims Audit Results 10_9_15; and - Board Meeting Claims Report 11_13_15 to show evidence of implementation of revised processes and monitoring of the results. This finding is closed.
SSS.3 The Plan did not implement its established Abortion Claims Processing Guidelines consistently	AAH revised its policy for claims processing. AAH implemented new claims processing system (HealthSuite) as of 9/01/15 that ensures AAH's	3.5.3A BOP-CLM-0005 Claims Processing Policy SSS.3A AAH Abortion Claims Processing Guidelines	12/17/15	2/4/16 MCP submitted the supporting documents to show evidence of

Deficiency Number and Finding	Action Taken	Implementation Documentation	Completion/ Expected Completion Date	DHCS Comments
	<p>abortion claims processing guidelines are held consistently for all claims processed.</p>			<p>MCP's compliance with finding SSS.3: - BOP-CLM-0005 Claims Processing Policy; - AAH Abortion Claims Processing Guidelines to show evidence of revised process for claims processing; - AAH Board Meeting Claims Audit Results 10_9_15; and -AAH Board Meeting Claims Report 11_13_15 claims processing system (HealthSuite) to show evidence of monitoring of implemented process to ensure that abortion claims processing guidelines are held consistently for all claims processed.</p> <p>This finding is closed.</p>

Deficiency Number and Finding	Action Taken	Implementation Documentation	Completion/ Expected Completion Date	DHCS Comments
SSS.4 The Plan did not identify all reasons for denial of a claim in its written notification to provider	AAH implemented new claims processing system (HealthSuite) as of 9/01/15. Claims codes were updated with new system for including all possible messages to providers. All reasons for denial are included in the provider remittance notices.	3.5.5A AAH HealthSuite Claims Code Messages List 11_18_15 3.5.5B Provider Remittance Denial Code Example	12/17/15	2/4/16 MCP submitted the supporting documents to show evidence of MCP's compliance with finding SSS.4: -AAH HealthSuite Claims Code Messages List 11_18_15; and - Provider Remittance Denial Code Example to show evidence of implementation of revised processes to include steps for identifying and including all reasons for denial in the provider remittance notices. This finding is closed.
SSS.5 The Plan did not ensure information regarding state supported services distributed by delegated entities' to providers is in accordance with the Plan's policies and procedures	AAH revised its delegation oversight policies. Delegation annual audits were all completed within 2015. AAH reviewed delegates' state supported services provider materials and claims case files to ensure claims processed appropriately.	1.5.1A CMP-0042 Delegation Oversight Policy 1.5.1B MED-QM-0040 Delegation of Quality Management 12_17_15 1.5.1B AAH Delegation Grid_ June 2015 1.5.1C 2015 Delegation Audit	12/17/15	2/4/16 MCP submitted the supporting documents: -- CMP-0042 Delegation Oversight Policy; -MED-QM-0040 Delegation of Quality

Deficiency Number and Finding	Action Taken	Implementation Documentation	Completion/ Expected Completion Date	DHCS Comments
		Schedule 10_1_15 SSS.5A CHCN Provider Manual Sensitive Services SSS.5B Kaiser Adolescent Confidential Services SSS.5C CFMG Provider Training Materials		Management 12_17_15 to show evidence of revised processes; -Delegation Grid_ June 2015; - 2015 Delegation Audit Schedule; - CHCN Provider Manual Sensitive Services; - Kaiser Adolescent Confidential Services P&P; and - CFMG Provider Training Materials to show evidence of implementation of revised processes to ensure information regarding state supported services distributed by delegated entities' to providers is in accordance with the Plan's policies and procedures. This finding is closed.

Submitted by: Matt Levin, Esq.
Title: Chief Compliance Officer/General Counsel

Date: 12/17/2015

Scott Coffin, CEO

Matt Levin, Chief Compliance Officer/General Counsel