ATTACHMENT A
CAP Response Form

Plan Name: Anthem Blue Cross of California

Review/Audit Type: DMHC SPD Survey **Review Period: September 1, 2012 – August 31, 2013**

MCPs are required to provide a CAP and respond to all documented deficiencies within 30 calendar days of receiving a medical audit, survey, or any other special reviews requiring a CAP. 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.

CORRECTIVE ACTION PLAN FORMAT

Deficiency Number and Finding	Action Taken	Implementation Documentation	Completion/ Expected Completion Date	DHCS Comments
1. Utilization Management				
1.1 Of 20 files reviewed, 45% have Denial, Modification and Delay Letters that do not contain a clear and concise explanation, a description of criteria or guidelines used, or the clinical reasons for the decision.	**11/12/14** The plan disputes the Department's use of the initial denial letter contained in the files prepared for the grievance process review as a UM process review. The initial denial letter was only provided to demonstrate the same or a subordinate physician was not used for the grievance review. The plan had no opportunity to prepare any additional documentation that may have supported the UM initial denial process review. However, the Plan did identified areas for improvement with the PMG denial letters. Notification addressing the specific deficiencies will be developed and distributed to non-compliant Provider Medical Groups (PMGs) during the 1st quarter of 2015. Anthem Blue Cross will require non- compliant PMGs to conduct education, training and provide evidence specific to the identified NOA deficiencies: • A clear and concise explanation of the reasons for the decision; • A description of the criteria or guidelines used;			**11/13/14** The actions detailed in the MCP's response will satisfactorily address the deficiency cited in the finding. **This item is closed.**

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	• The clinical reasons for decisions regarding medical necessity; and • The name and telephone number of the health care professional responsible for the decision. In addition, Anthem Blue Cross conducts an annual assessment to review and evaluate the PMGs performance. Correction Action Plan Requests (CAPR) are required for scores that do not meet the plan minimum standard or fail any individual audit critical indicators. Focus reviews will be scheduled, as needed, to assure compliance with the CAPR.			
1.2 The Denial, Modification and Delay Letters do not Consistently contain the name and telephone number of the health care professional responsible for the decision. Forty percent non-compliance rate for denial letters overall; 100% non-compliance rate for denial letter from delegates	**11/12/14** The plan disputes the Department's use of the initial denial letter contained in the files prepared for the grievance process review as a UM process review. The initial denial letter was only provided to demonstrate the same or a subordinate physician was not used for the grievance review. The plan had no opportunity to prepare any additional documentation that may have supported the UM initial denial process review. However, the Plan did identified areas for improvement with the PMG denial			**11/13/14** The actions detailed in the MCP's response will satisfactorily address the deficiency cited in the finding. **This item is closed.**

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	Focus reviews will be scheduled, as needed, to assure compliance with the CAPR.			
2. Availability and Accessibility				
2.1 The MCP does not implement prompt investigation and corrective action when compliance monitoring discloses that the MCP's provider network is not sufficient to ensure timely access to care.	The Plan identified areas for improvement in the April 2014 Timely Access filing for calendar year 2013, and has begun implementing comprehensive policies for our contracted providers to address this deficiency as described below: The Plan has recently finalized comprehensive policies and procedures specific to provider outreach and education for deficiencies identified from the annual Timely Access and After-Hours Surveys. The Plan is in the process of implementing the components outlined below. Highlights of the provider outreach and education process are described below: *Newsletter* Anthem's Medicaid Provider Newsletter will include a survey results segment and provide education about timely access and	CA_PNXX_033.doc	~~8/1/15~~ 3/31/15	**11/12/14** The MCP provided information about steps it is taking to monitor and improve timely access results from its contracted providers. The MCP's response to DMHC's finding includes a reference to amended P&P #CA_PNXX_033. To close this finding the MCP must submit a copy of the final approved P&P. This item remains open. **Update 1/7/15** - The CMP has informed DHCS that the P&P will be approved by the end of the first quarter of 2015. **This item is provisionally closed.** **Update 1/27/15** The MCP submitted a copy of the P&P, showing an approval date of 1/8/15. **This item is closed.**

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	after hour contractual requirements. *Provider Notification* When the 2014 survey results are available providers with deficient scores will be issued a customized letter that includes the individual provider's scores and education about contractual requirements. Providers with deficient scores will also receive a follow-up call from Anthem to confirm receipt of the letter and discuss the results. *Provider Group Notification* A customized report will be sent to Provider Groups, which will include their network providers whom have deficient survey scores. Education about contractual requirements will be included. *Provider Corrective Action Plans* Providers who remain out of compliance in next year's 2015 survey results will be required to submit a corrective action plan to Anthem for monitoring. Providers that fail to remediate non-compliant survey results will be reviewed for			

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	potential contractual action, such as panel blocks for Primary Care Providers. *Quality Check Provider Network Data* Prior to provider network data being submitted to vendors conducting surveys on behalf of Anthem, a comprehensive quality check of the data will be performed by Anthem to ensure accuracy of the final survey results. **Action Plan Update 12/29/14** Changes have been made to the P&P and it is currently in the review process. Anthem expects final approval and submission to DHCS by the end of Q1 2015. Anthem's previous response targeted 8/1/2015 for completion, this has been revised to 3/31/2015. **Action Plan Update 1/23/15** See attached approved policy.			
2.2 The MCP's provider directory does not, at minimum, display the level of access available at each provider site as either "Basic Access" or "Limited Access" for provider sites that service	Anthem currently includes the various Accessibility Indicators in both the Print and Internet directories. Anthem will implement adding Basic Access and Limited Access indicators to both its Print and Internet directories.		05/30/15	**11/12/14** To close this finding the MCP must submit a sample of the finalized printed material and a link to the internet based material which contain the access indicators cited in the finding. **This item remains open**. **Update 1/7/15 –** The MCP must submit a sample of the finalized printed material and a link to the internet based material which contain the access

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a high volume of SPDs where a Physical Accessibility Review was conducted.	**Action Plan Update 12/29/14** A work group has been created and met on 12/9/14 to identify action steps and implementation responsibility. This group is scheduled to meet again on 1/12/15. This CAP is on target to complete the implementation of the required fields in the directories (Basic, Limited, Advanced) by 5/30/15. **Action Plan Update 1/23/15** Communications with the team and management are ongoing. Anthem is scheduled to implement and deploy by 5/1/15.			indicators cited in the finding. Follow up will be conducted to ensure MCP corrective action processes are operationalized. **This item is provisionally closed.** **Update 10/28/15–** The MCP has submitted finalized printed material which contain the access indicators. **This item is closed.**
3. Members Rights				
3.1 Of 29 standard grievances/appeals files reviewed 14% did not contain documentation to substantiate that members' complaints were fully addressed by the MCP. Of 29 exempt grievance files 48% showed evidence that members' grievances were not fully addressed	The Grievance and Appeals (G&A) department will implement a new process to ensure all of the issues of a grievance are addressed. Additionally, the process will ensure that follow-up is made even after a grievance is closed if applicable. A job aide and tracking tool are being created that will allow tracking on follow up of grievances. Once the job aide and the tracking tool have been developed there will be a meeting with appropriate G&A	Follow-Up Action Report 12 19 14 rev 1 CA Follow-Up Action Report Job Aide.msg	12/31/14	**11/12/14** The MCP indicated that its developing/enhancing processes, tools, and training it will implement to address this finding. To close this finding the MCP must submit copies of P&Ps, tools, and evidence of meetings/trainings related to efforts to address the deficiency. **This item remains open**. **Update 1/7/15 -** To close this finding the MCP must submit copies of P&Ps, tools, and evidence of meetings/trainings related to efforts to address the deficiency. **This item remains open.**

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	team members to present it and to provide continued training on the importance of following up on grievances. **Action Plan Update 12/29/14** The reporting tracking tool is under development to make modifications to an existing report template. As soon as the template is updated the attached job aid will go out to the team. This CAP is on target to complete by 12/31/14. **Action Plan Update 1/23/15** Training was conducted via a communication email and the job aide was attached for reference. See attached email and job aide sent on 12/31/14.			**Update 1/27/15** The MCP submitted a copy of the training email, with an attached job-aide to be used to identify and follow-up on grievances to ensure the issues are fully addressed. This submission satisfies this finding. **This item is closed.**
3.2 Examination of grievance receipt and closure dates in the Exempt Grievance log revealed that 20% of 69 cases reviewed were not resolved by the close of the following business day.	Anthem reviewed the files and found in both cases, the associates did not follow proper protocol. Both associates no longer work for the organization. Attached is Anthem's normal protocol for handling these types of calls. New associates are trained with this process.			**11/12/14** The MCP's explanation of the reason for the deficiency, together with the submission of policies and tools related to processes for grievance and complaint handling satisfactorily demonstrates the MCP's efforts to address this finding. **This item is closed.**

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3.3 The MCP's responses to grievances involving a determination that the requested service is not a covered benefit do not consistently specify the provision in the contract, evidence of coverage, or member handbook that excludes the service.	The G&A department will educate the team on the appropriate references available to them when a statement in the resolution letter is not a covered service or benefit. A job aide is being created and will include training on the need to consistently disclose why a service is not covered. **Action Plan Update 12/29/14** Please see the attached job aide. Training will occur with the Grievance and Appeals team before 12/31/2014. **Action Plan Update 1/23/15** Training was conducted via a communication email and the job aide was attached for reference. See attached email and job aide sent on 12/31/14.	CA MC EOC Non Covered Services Ma CA MC EOC Non Covered Services Ma	12/31/14	**11/12/14** To close this finding the MCP must submit a copy of the referenced job aid and evidence of staff training. This item remains open. **Update 1/7/15** – The MCP has submitted a copy of its job aid for Non-Covered Services. In order to close this item, the MCP must submit a copy of G&A Training attendees' signup sheet. **This item remains open.** **Update 1/27/15** The MCP submitted a copy of training information that was distributed via email. The email has a job-aide attached, which provides EOC references to be used to inform members of the reason/reference for the determination that a service is not a covered benefit, in response to grievances. **This item is closed.**
3.4 The MCP identified four expedited appeals processed during the survey review period. All four cases lacked documentation of a phone	At the time of the audit, this issue had already been identified by Anthem. An email was sent to Intake on 7/7/14, which included an updated job aide for the expedited grievance and appeal process. On		7/7/14 7/11/14	11/12/14 The MCP submitted information regarding steps it has taken to address this deficiency and included copies of a meeting agenda and expedited appeal/grievance process. The MCP has satisfactorily demonstrated actions taken to address this finding. **This item is**

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call to the member to immediately notify them of the right to contact the Department of Managed Health Care (DMHC) for assistance.	7/11/14, a meeting occurred with Intake to go over the job aide and the verbiage that needs to be relayed to the member. Attached are the updated job aide and the agenda from the monthly Intake meeting that included the training.			**closed.**
3.5 DMHC's evaluation of the MCP's grievance resolution letters for members, who speak identified threshold languages, revealed that the cover letter template and attachments were fully translated, however, the case resolution details were not.	Anthem's G&A Department implemented a translation process using a vendor to translate the inserted English verbiage into the appropriate threshold language. This process has been implemented since February 3, 2014. The job aide is attached.	Translation Process for CA Member Griev AIM HF MRMIP Main Medi-Cal Translation	2/3/14	**11/12/14** The MCP submitted information regarding steps it has taken to address this deficiency and included copies of job aides to facilitate the necessary translation of member informing documents. The MCP has satisfactorily demonstrated actions taken to address this finding. **This item is closed.**
3.6 The officer of the MCP who is designated as having primary responsibility for the grievance system does not continuously monitor and review the operation of the system to identify emerging patterns for quality improvement.	Anthem Blue Cross has a grievance system management structure in place, including a designated person who has primary responsibility for the grievance system. This responsibility includes continuous oversight of the grievance system with monitoring and routine review of the operation to identify emerging patterns and systemic issues for quality improvement opportunities. **11/12/14** UPDATE: Toni Schiavo, Staff VP Grievances and Appeals, is the filed Grievance officer for Blue Cross of California. Toni is	Copy of Revised - Admin Griev Coord Au Copy of Revised - Clinical Grievance Auc ABC COMMITTEES 1214.pptx		**11/12/14** The DMHC survey identified a MCP policy which describes an internal audit process for the monitoring and oversight of the grievance and appeals processes. The MCP's Director of Grievance and Appeals stated that the audit process has not been implemented. To close this finding the MCP must provide evidence of the implementation and operationalization of the audit process, or other processes which address the finding that "systemic problems are not being identified". This item remains open. **Update 12/14/14** The MCP provided information on the current Grievance Officer. To close this item the MCP must provide the

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	the chair of the Service Committee which receives periodic reporting on Grievances including Medi-Cal. Ms. Schiavo is responsible for the monthly grievance statistical reports filed with the DMHC related to grievances over 30 days and she reviews other grievance Medicaid data indicators reported quarterly to the PRC (Physician Relations Committee). Anthem will be addressing the organizational structure to formalize other avenues of oversight. **Action Plan Update 12/29/14** The attached audit result spreadsheets demonstrate Anthem's internal audit process for the monitoring and oversight of the grievance and appeals process. Starting with cases closed by the team in January, team members handling member and provider grievances and appeals, including intake, have been audited using our standardized auditing tools. The team members are audited on 5 cases per month, or 15 cases per quarter. The individual results are used to			cited organizational structure to formalize other avenues of oversight, as well as evidence of the operationalization of the audit, or other processes, cited in the 11/12/14 DHCS Comments. This item remains open. **Update 1/7/15** – The MCP submitted the audit result spreadsheets demonstrate Anthem's internal audit process for the monitoring and oversight of the grievance and appeals process. **This item is closed.**

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	determine the associate's individual as well as the overall team performance for the quarter. All associates have scored overall above 90% in their monthly audits, but some individual case files have scored below 90%. Overall team audit scores for Q1 – Q3 were 97.87% (Q1), 96% (Q2), and 97.4% (Q3). The team quality review score is now being reported on a quarterly basis on two different reports. The attached flow chart represents the reporting structure of the Grievance and Appeals data sets up through the Grievance officer and to the appropriate committees, including Medi-Cal Health Plan leadership.			
4. Quality Management				
4 Twenty four percent of 34 files reviewed showed evidence that the MCP did not consistently investigate concerns to identify underlying system problems, assign appropriate severity levels, and take effective action	Anthem monitors and trends cases for potential issues of substandard care which includes a review by Anthem's medical director. In the cases identified, Anthem's medical director's assessment did not result in the same severity level assignment as the DMHC. Please provide the criteria utilized by the			**Update 1/7/15 –** In order to close this item, the MCP must submit criteria as how it assign appropriate severity levels. **Update 1/7/15**. To close this finding, the MCP should implement a methodology that includes scheduled on-going monitoring of the director's assessment, note and take action on trends identified as applicable consistency). This item remains open pending further DHCS Survey

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when indicated.	DMHC reviewer to assess severity level, in order for Anthem to analyze further. **Action Plan Update 1/23/15** Until Anthem can assess how the Department is assigning criteria and processing the review, it is not feasible to make process changes that may or may not address the issue. Anthem will respectfully wait for the DHCS response before proceeding with further action on this item. **Action Plan Update 10/21/15** Please see attached grid with line by line discussion of the leveling cases included in the finding Summary Report. Anthem respectfully disagrees with the Department's interpretation of Anthem's leveling process. Anthem requests a more detailed discussion on this issue in order to gain understanding of the Department's reasoning. **Action Plan Update 10/26/15** Anthem is confident in its established program around review of clinical severity for potential quality concerns. Anthem asserts there is validity to the severity levels assigned during the initial review of the clinical files by Anthem's physician team; those files	DMHC PQI Cases with Issues.xlsx		team clarification. **Update 9/3/15** – Per DMHC: The surveyors (MHU – Managed Healthcare Unlimited) used the Plan's severity leveling system. In the discussion of the QM deficiency (re PQIs), MHU referred to the Plan's own system for severity leveling. MHU also referred to the Plan's policies and procedures on activities to be conducted to ensure the Plan has thoroughly followed its policies to investigate each case prior to assigning a final severity level designation. Several examples were given in the report. The report revealed what was deficient in the PQI process and leveling system, e.g., lack of documentation on how Anthem nurse reviewers and medical directors arrived at the assigned severity level; the seriousness of the case did not correspond to the assigned severity level, which affected the quality of the CAP; no documentation of adequate investigation prior to assigning a severity level. **Update 9/24/15** – Per DMHC: The information we have provided you is the same information we would have provided to a health plan to whom we directly issued the report. Page 32 of the summary report lists all eight of the deficient files numbers in the first paragraph of the "Assessment" section. While we provided examples of only four cases, a review of each of the cases identified in the report may help to shed light on the DMHC's findings. As the report

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	were ultimately deemed to have an incorrect severity level during the DMHC onsite audit. Anthem has identified opportunity for the clinical physician team to more aggressively defend Anthem's position on leveling during the onsite audit, and will ensure that future audits allow for staff prepared to provide sufficient and timely defense of the leveling rationale. Anthem will also train physician team on the proper path for escalation if it becomes necessary during the onsite audit.			mentioned, the issues were not isolated to only the severity level, but also included the finding that file review revealed that the plan does not consistently investigate concerns to identify underlying systems problems, and take effective action when indicated. This deficiency is **provisionally closed.** In reviewing case files, the MCP needs to explain and disclose their process on how the MCP arrives at the assigned severity level. Follow up and verification will be conducted to ensure the MCP demonstrates consistent investigative concerns to identify underlying systematic problems and take effective action when indicated.

Submitted by: _____ Date: 1/23/15

Title: Stephen L. Melody, President

Blue Cross of California Partnership Plan, Inc.