

**ATTACHMENT A
Corrective Action Plan Response Form**

Plan Name: CalOptima



Review/Audit Type: DMHC SPD Medical Survey

Review Period: January 1, 2014 through July 31, 2014

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.

CORRECTIVE ACTION PLAN FORMAT

Deficiency Number and Finding	Action Taken	Implementation Documentation	Completion/ Expected Completion Date	DHCS Comments
Utilization Management				
1. The Plan does not have effective mechanisms in place to detect and correct		Supporting Documentation: UM.1_Dear Reviewer Letter		This item overlaps with a finding from the 2014 A&I Medical Audit. The Plan submitted Policy GG.1532 Over and Under Utilization Monitoring and the

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under- and over-utilization of health care services.		<p>UM.1_GG.1532 Over and Under Utilization Monitoring</p> <p>UM.1_UMC Minutes July 17, 2014 UM Workpland Over-Under</p> <p>UM.1_Cal Optima 2015 UM WORKPLAN-Over-Under UM from 7-29-15</p> <p>UM.1_Pages from eBinder - QIC Meeting 3 10 2015</p> <p>UM.1_03 10 2015 QIC Meeting Minutes_signed</p> <p>UM.1_Pages from QIC</p>		minutes from the UM Work Plan presentation. This item is closed.

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		Powerpoint 08 25 14 FINAL UM.1_QIC 8-25-14 MINUTES UM.1_NEW O-U UM DASHBOARD 9-15 PROD		
2. The Plan does not hold its delegated entities accountable for the submission of required reports.		UM.2_Dear Reviewer Letter UM.2_2013 HN Annual Report Submission UM.2_2014 HN Annual Report Submission UM.2_Arta DENIAL CAP 0214- MC-Rc'd 5-1-14- resubmitted 7-22- second		The Plan submitted multiple reporting logs from different health networks showing that the Plan is holding its health networks accountable for the submission of required reports. This item is closed.

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		UM.2_Arta UM.2_Arta_HealthPlanAssessment_UM_2013 UM.2_HN CM Reporting log 2013 UM.2_HN Credentialing Reporting log 2013 UM.2_HN DENIAL Reporting log 2013 UM.2_HN UM Committee Mtg review		
3. For decisions to deny, delay, or modify health care service requests by providers based in whole or in part on medical		UM.3_Denial Letter Review 2014		This item overlaps with a finding from the 2014 A&I Focused Review. This item is closed based on the Denial Letter Review Training that was submitted with the 2014 Focused Review CAP as well for this CAP. This item is closed.

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<p>necessity, the Plan does not consistently include in its written response:</p> <ul style="list-style-type: none"> • A clear and concise explanation of the reason for the decision; • A description of the criteria or guidelines used; • The clinical reasons for the decision; and • The name and telephone number of the health care professional responsible for the denial, delay, or modification. 				

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Availability and Accessibility of Services				
<p>4. The Plan does not have an effective mechanism to continuously review, evaluate, and improve access to and availability of services.</p>	<p>Quality Analytics implemented the following actions:</p> <p>1.) CalOptima contracts with a vendor to annually conduct a timely access study to monitor wait times against CalOptima standards. The vendor along with our provider representatives field appointment wait time surveys. The vendor also conducts telephone outreach to determine whether providers are compliant with business and after-hours phone standards. The vendor collects all the survey data, analyzes the data and provides CalOptima with a report that indicates whether the provider is compliant with CalOptima access standards. For 2015, CalOptima is currently fielding the timely access study. Fielding takes</p>	<p>1.) AA.4_Timely Access HN Only Paper Mail Survey</p> <p>2.) AA.4_Timely Access CCN Paper Survey</p> <p>3.) AA.4_Timely Access Scripts_Business Hours</p> <p>4.) AA.4_Timely Access Scripts_After Hours</p> <p>5.) AA.4_Timely Access Standard Grid</p>	<p>Survey Tools and Scripts approved on June 17, 2015.</p> <p>2015 Timely Access Fielding: July to November 2015.</p>	<p>The Plan contracts with a vendor to conduct timely access studies on an annual basis. The vendor collects survey data and analyzes the data, providing the Plan with a report indicating whether providers are compliant with the Plan's access standards. The Plan is currently fielding its Timely Access Study which will generate a report to be presented to the Access and Availability Quality Improvement (QI) Team as well as CalOptima Quality Improvement Committee (QIC). The Timely Access Tool has been revised to capture the date the survey was completed and the date of the next available appointment to calculate the wait time rather than list answer options in ranges and to ensure that the tool collects data on wait times for urgent and routine specialty visits after the referral is approved. This item is closed.</p>

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	<p>place between July to November 2015. A report deliverable will be received by the vendor in November 2015. Results will be presented to CalOptima Access and Availability Quality Improvement (QI) Team as well as CalOptima Quality Improvement Committee (QIC). The timely access study data will be analyzed and the Access and Availability QI Team along with recommendations from QIC will identify barriers, brainstorm initiatives and implement interventions. CalOptima will issue corrective action plans (CAPS) to delegated health networks that are deemed non-compliant with CalOptima's access and availability standards.</p> <p>2.) Revised the Timely Access Survey tool to:</p> <ul style="list-style-type: none"> •capture the date the 			

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	<p>survey was completed and the date of the next available appointment to calculate the wait time rather than list answer options in ranges.</p> <ul style="list-style-type: none"> •ensure that the tool collects data on wait times for urgent and routine specialty visits after the referral is approved. <p>3.) CalOptima uses 14 calendar days as a proxy for 10 business days and a 21 calendar days as a proxy for 15 business days (also seen in DMHCs Provider Appointment Audit Methodology) to calculate compliance. A grid using the proxies was created and used to ensure that CalOptima is able to determine whether the answer to each access question was compliant or non-compliant with CalOptima's standards.</p>			

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Member Rights				
<p>5. The Plan does not consistently ensure adequate consideration of member grievances.</p>	<p>Customer Service implemented the following actions:</p> <p>1.) Implemented and trained staff on a new Grievance Documentation Template (attached) in September 19, 2014, that requires the staff to explain a members grievance rights when the member express dissatisfaction.</p> <p>2.) September 19, 2014, implemented a monthly audit of cases to ensure member inquiries and complaints are categorized, routed correct and resolved appropriately.</p> <p>3.) August 28, 2015, implemented and trained staff on a revised Grievance Documentation Template that allows the staff to capture the nature and cause of the grievance in detail.</p>	<p>1.) MR.5_Customer Service Staff Meeting_9.19.14</p> <p>2.) MR.5_Desktop_Customer Service Call Flow - Appeals & Grievance</p> <p>3.) Exempt Grievance Documentation Template 9.19.14</p> <p>4.) MR.5_Exempt Grievance Documentation Template 8.28.15</p> <p>5.) MR.5_Customer</p>	<p>Training Completed on: 9/19/14, 8/28/2015</p>	<p>The Plan implemented and trained staff on the use of a new Grievance Documentation Template. The training was conducted on August 28, 2015. The Plan implemented a monthly audit of cases to ensure member inquiries and complaints are categorized, routed correct and resolved appropriately. This item is closed.</p>

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		Service Audit Tool 6.) MR.5_Customer Service Staff Meeting_9.19.14		
6. The Plan does not consistently forward urgent grievances to its Grievance and Appeals Resolution Services unit.	Customer Service implemented the following actions: 1.) August 28, 2015, additional training was completed by the staff on the proper classification of grievances and inquiry cases. The training included: <ul style="list-style-type: none"> • Clarification on proper routing and categorization of cases involving an imminent and serious threat to the health of a Member. • Clarification on explaining the member's rights to file a grievance as well as routing case/inquiry for assistance. • Clarification of members 	1.) MR.6_Customer Service Staff Meeting_9.19.14 2.) MR.6_Desktop_Customer Service Department Call Flow_Appeals & Grievance 3.) MR.6_Customer Service Audit Tool 4.) Customer Service Staff Meeting_8.28.15	Training Completed on: 9/19/14, 8/28/2015	The Plan conducted training for on the proper classification of grievances which included the proper routing and categorizing of cases involving an imminent and serious threat to the health of a Member. The Plan also instituted a monthly audit of cases to ensure member inquiries and complaints are categorized, routed correct and resolved appropriately. This item is closed.

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	<p>right to choose to file a grievance for investigation and open a case/inquiry for further assistance without delay to the resolution of their grievance.</p> <p>2.) September 19, 2014, implemented a monthly audit of cases to ensure member inquiries and complaints are categorized, routed correct and resolved appropriately.</p>			
<p>7. The Plan does not consistently process all expressions of dissatisfaction by members as grievances.</p>	<p>Customer Service implemented the following actions:</p> <p>1.) August 28, 2015, additional training was completed by the staff on the proper classification of grievances and inquiry cases. The training included:</p> <ul style="list-style-type: none"> • Clarification on proper routing and categorization of case. • Clarification on explaining the member's 	<p>1.) MR.7_Desktop_Customer Service Department Call Flow_Appeals & Grievance</p> <p>2.) MR.7_Customer Service Staff Meeting_9.19.14</p> <p>3.) MR.7_Customer</p>		<p>The Plan trained staff on the proper classification of grievances and inquiry cases. The Plan implemented a monthly audit of cases to ensure member inquiries and complaints are categorized, routed correct and resolved appropriately. This item is closed.</p>

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	<p>rights to file a grievance as well as routing case/inquiry for assistance.</p> <ul style="list-style-type: none"> •Members may choose to file a grievance for investigation and open a case/inquiry for further assistance without any delay to the resolution of their grievance. <p>2.) September 19, 2014, implemented a monthly audit of cases to ensure member inquiries and complaints are categorized, routed correct and resolved appropriately.</p>	<p>Service Audit Tool</p> <p>4.) MR.7_Customer Service Training_8.28.15</p>		
Quality Management				
<p>8. The Plan does not adequately monitor, evaluate, and take effective action when potential quality issues are identified.</p>	<p>DMHC noted our policy and procedures were adequate; however, application of the process needed improvement. CalOptima's Quality Improvement department has a scheduled training on 9/21/2015. The training will reinforce the requirements and process.</p>	<p>Evidence of training, scheduled to occur on 9/21/2015, will follow.</p>	<p>9/21/15: Planned training and discussion on improvements</p> <p>1) 15-09-21 PQI In-service Sign-in Sheet</p>	<p>The Plan's Quality Improvement department scheduled a training to reinforce the requirements and process for action on potential quality issues. This item is provisionally closed. Please provide evidence of training.</p> <p>11-4-15</p> <p>The Plan submitted PQI agenda and</p>

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	<p>Evidence of training will follow the completion of the training.</p> <p>#8 - File #32 – The nurse reviewer failed to request the Health Network's and the urgent care's policy and procedure on what is accepted as proof of membership. The nurse reviewer should have asked the urgent care if they were aware that they could verify eligibility from the CalOptima website.</p> <p>The case was reviewed with the nurse reviewer. It was pointed out what should have been requested in order to assist the Health Network with educating the urgent care on verifying eligibility. The Health Network should have been issued a corrective action plan to provide proof of education by submitting a sign-sheet and materials used to educate staff on verifying eligibility.</p>		2) 15-09-17 PQI Agenda.	sign-in sheet as evidence of training. This item is closed.

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	<p>#8 - File #37 – The nurse reviewer failed to include in review that the CURES report did not show any filled prescriptions for Norco, which a prescription is noted to have been written in January and February 2014. The nurse reviewer failed to check if the member had followed through the TENS unit and Physical Therapy in order to assess if member's pain was subsiding. There is no indication if the member was referred a different Pain Management specialist. The nurse reviewer is no longer in the department. The Quality Improvement department has scheduled to educate all nurse reviewers on the need to capture all information on MD recommendations or orders. Training will occur on 9/21/2015.</p>			

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	Medical Director's meet monthly to discuss quality of care (QOC) open cases and needs for improvement.			
9. The Plan does not consistently report serious quality deficiencies that result in the termination of a practitioner to the appropriate authorities.	<p>CalOptima has updated its policies and procedures to reflect 805 requirements and is currently reviewing Minimum Practitioner Standards in order to assess potential candidates for credentialing.</p> <p>CalOptima has two providers currently in review for potential termination.</p>	1.) GG.1609 Credentialing and Re-credentialing	1.) In Review: GG. 1643Δ: Minimum Practitioner Standards	The Plan updated its procedures to reflect 805 requirements. This item is closed.

Submitted by:
Title:

Date: