

CalOptima
DHCS Audits and Investigations Medical Performance Audit
Corrective Action Plan

Audit Section	Audit Area	DHCS Recommendation	Plan of Action/Completed Actions	CalOptima Submission Date	CAP Status	Operational Evidence submitted	DHCS Notes	Date of CAP Close
1.1	Utilization Management Program	Develop and implement mechanisms to systematically detect under-utilization.	Not Applicable		Closed	This finding was closed with the submission of an audit tool, UM work plan and a monitoring policy.	This item is closed.	8/29/2014
1.2	Prior Authorization Review Requirements	Ensure that the Prior Authorization determination tool is implemented by the Plan and the Delegated Networks.	Not Applicable		Closed	This finding was closed	This finding overlapped with a finding in the 2013 Focused Review. This item is closed.	8/30/2014
1.2	Prior Authorization Review Requirements	Ensure that Members are notified of a decision to deny, defer, or modify requests for Prior Authorization by providing written Notice of Action letters to Members in a timely manner as required by the Contract.	Not Applicable		Closed	This finding was closed	This finding overlapped with a finding in the 2013 Focused Review. This item is closed.	8/30/2014
1.2	Prior Authorization Review Requirements	Ensure that the medical and pharmacy Prior Authorizations are resolved in a timely manner.	CalOptima policy GG.1401 discusses the Pharmacy timeliness standards for Prior Authorizations and on a weekly basis the Pharmacy Manager conducts a random sample audit of 8 internal and 8 external PA's which includes timeliness standards(column L).	1/12/2015	Closed	CalOptima COHS contract; Exhibit A, Attachment 5, 2A	1-12-15: The MCP submitted Policy GG.1401 which discusses pharmacy timeliness standards for prior authorization. The Pharmacy manager conducts an audit pf pharmacy authorizations on a weekly basis. The MCP submitted a completed audit tool which includes timeliness standards. This item is closed.	1/13/2015
1.3	Referral Tracking System	Ensure that Delegated-level open and unused Prior Authorizations are being reported to the responsible committees.	CALOPTIMA and DELEGATED HEALTH NETWORKS: QI currently reviews the delegates UM Committee Meeting Minutes on a quarterly basis to identify gaps in measuring unused Prior Authorizations. Semi-Annually Quality Analytics will validate the Audit/Oversight Pre-Service Authorization data with Encounter data to determine gross number of unused authorizations. Further analysis will include Grievance and Appeals, Quality of Care complaints and Access & Availability. Findings, as well as recommended actions for improvement, will be reported Annually at the Quality Improvement Committee in the 3rd Quarter. All findings will be reported to the Quality Improvement Committee and the Delegation Oversight Committee if a Corrective Action is warranted. The Monitoring Open and Unused Prior Authorizations desktop has been attached for review.	1/15/2015	Provisionally Closed	CalOptima COHS contract; Exhibit A, Attachment 5, 1F 1.3_Referral Tracking System - Monitoring Open & Unused Pas	1/15/15: The MCP submitted Desktop Procedure QI-113 with the objective of ensuring that delegated level open and unused Prior Authorizations (PAs) are being reported to the Quality Improvement Committee (QIC) and deficiencies are addressed by the Delegation Oversight Committee (DOC). This item is provisionally closed. Please submit meeting minutes from the QIC and DOC meeting as further operational evidence when they are available.	

CalOptima
DHCS Audits and Investigations Medical Performance Audit
Corrective Action Plan

Audit Section	Audit Area	DHCS Recommendation	Plan of Action/Completed Actions	CalOptima Submission Date	CAP Status	Operational Evidence submitted	DHCS Notes	Date of CAP Close
1.3	Referral Tracking System	Ensure that the Plan has written policies that reflect the referral tracking mechanisms that are in place, including the tracking of open and unused referrals, and how to address identified deficiencies with the Plan level or Delegated level providers.	Not Applicable		Closed	This finding was closed	This finding overlapped with a finding in the 2013 Focused Review. This item is closed.	8/22/2014
1.4	Prior Authorization Appeal Process	Ensure that expedited appeals are resolved within contractual timeframes.	Not Applicable		Closed	This finding was closed	This finding overlapped with a finding in the 2013 Focused Review. This item is closed.	6/30/2014
1.4	Prior Authorization Appeal Process	Ensure that Members are provided written Notification of Action letters in their preferred language.	Not Applicable		Closed	This finding was closed	This finding overlapped with a finding in the 2013 Focused Review. This item is closed.	10/21/2014
2.1	Case Management and Coordination of Care: Within and Out of Plan	Develop a monitoring system to ensure that Members who are eligible for Case Management receive these services and that coordination of care occurs between the Primary Care Providers and the specialty providers.	<p>CalOptima's Policy GG.1301 Case Management Process outlines the following:</p> <ul style="list-style-type: none"> • Eligibility for case management, • Accessing and referrals to case management, • Case management process, and • Coordination of care between members of the health care team. <p>On a monthly basis:</p> <ul style="list-style-type: none"> • CalOptima reviews and audits a random sample of complex case management files, utilizing an audit tool that is derived from the National Committee of Quality Assurance's QI 7 Standards, to ensure provision of quality case management services and coordination of care. • CalOptima reviews the monthly case management logs to assess for the numbers of members in all levels of case management, the sources (data or referral), any add on programs which the members are accessing. • Additionally, for members who contact CalOptima directly the HN Liaison team oversights the cases for resolution of issues on an individual basis. 	1/15/2015	Closed	Evidence of the submitted Medical Records 2.1_CM and COC within and Out of Plan - GG 1301 Case Management Process 2.1_CM and COC within and Out of Plan - HN Monthly Case Review _Per Member Report_2014 Template 2.1_CM and COC within and Out of Plan - 2014 HN CCM review results_Monarch	1/15/15: The MCP submitted Policy GG.1301 Complex Case Management Process, the results of the 2014 Case Management and Coordination of Care review of Monarch as well as the Complex Case Management and Coordination of Care Monthly Case Review Template. The MCP reviews and audits a random sample of complex case management files and reviews the monthly case management logs. This item is closed.	1/21/2015

CalOptima
DHCS Audits and Investigations Medical Performance Audit
Corrective Action Plan

Audit Section	Audit Area	DHCS Recommendation	Plan of Action/Completed Actions	CalOptima Submission Date	CAP Status	Operational Evidence submitted	DHCS Notes	Date of CAP Close
2.2	California Children's Services	Ensure that CCS-eligible Members are monitored and tracked for Case Management and that Coordination of Care between Primary Care Providers and specialty providers occurs and is documented.	Case Management will be incorporating all CCS members in the same process being used for the SPD CCS HRA process- this includes the Health Network's submission of an ICT and ICP that includes all attendees. CalOptima has met with the Orange County CCS office and it has been decided that CCS will be sending a monthly report to Caloptima of all eligible CCS members. This will be shared with Health Networks and focused reviews will be done for these members. CalOptima has developed a Health Network profile that reflects CCS member tracking. At the February CalOptima board meeting CalOptima will be proposing to expand the scope of the personal care coordinators to include the non SPD population in RCOC and CCS.	12/31/2014	Closed	2.2_California Children's Services - HN_Profile_10_7_IHAs - DRAFT	1/6/15 The MCP submitted a draft of a report it is planning to implement to enable the MCP to track and ensure appropriate services are provided to CCS eligible members. The MCP also states it has collaborated with the local CCS agency on processes to identify CCS eligible members for focus review purposes. The actions demonstrate that the MCP is initiating processes to address this deficiency. Note: Future audits should review the MCP's operationalization of the processes for satisfactory outcome. This item is closed.	1/8/2015
2.3	Early Intervention services/ Developmental Disabilities	Develop a monitoring system to ensure that the EI/DD eligible Members receive primary care services and coordination of care occurs between Primary Care Providers and EI/DD specialists.	Case Management will be incorporating all Regional Center members in the same process being used for the SPD HRA process- this includes the Health Network's submission of an ICT and ICP that includes all attendees. CalOptima has developed a Health Network profile that reflects RCOC member tracking. At the February CalOptima board meeting CalOptima will be proposing to expand the scope of the personal care coordinators to include the non SPD population in RCOC and CCS.	12/31/2014	Closed	2.3_Early Intervention Services Developmental Disabilities - HN_Profile_10_7_IHAs - DRAFT	1/6/15 The MCP submitted a draft of a report it is planning to implement to enable the MCP to identify and track members who meet EI/DD criteria. The MCP also states it plans on expanding the scope of personal care coordinators to include services for the EI/DD population. The actions demonstrate that the MCP is initiating processes to address this deficiency. Note: Future audits should review the MCP's operationalization of the processes for satisfactory outcome. This item is closed.	1/8/2015

CalOptima
DHCS Audits and Investigations Medical Performance Audit
Corrective Action Plan

Audit Section	Audit Area	DHCS Recommendation	Plan of Action/Completed Actions	CalOptima Submission Date	CAP Status	Operational Evidence submitted	DHCS Notes	Date of CAP Close
2.3	Early Intervention services/ Developmental Disabilities	Review and strengthen procedures for the identification of EI/DD eligible Members and ensure coordination of care with the regional center.	Case Management will be incorporating all Regional Center members in the same process being used for the SPD HRA process- this includes the Health Network's submission of an ICT and ICP that includes all attendees. CalOptima will be notifying all Health Networks and CCN providers on a monthly basis of their current and new RCOC members status. CalOptima will be conducting a yearly analysis of their assessments. This information will be tracked on the CalOptima dashboard. CalOptima has also developed a pediatric SPD HRA tool. It will identify all new members who are receiving services through RCOC and CCS.	12/31/2014	Closed	2.3_Early Intervention Services Developmental Disabilities - HN_Profile_10_7_IHAs - DRAFT 2.3_Early Intervention Services Developmental Disabilities - SPD_PedsHRA_Pilot_Rev_12-11-2014 - DRAFT	1/6/15 The MCP submitted a draft copy of a tracking report and a form tool it will use to aid in the identification of EI/DD members, with the aim to notifying providers on a monthly basis as to the status of their current and new members' care service needs. The actions demonstrate that the MCP is initiating processes to address this deficiency. Note: Future audits should review the MCP's operationalization of the processes for satisfactory outcome. This item is closed.	1/8/2015
2.4	Initial Health Assessment	Develop a process to effectively monitor completion of Initial Health Assessments within the required timeframe.	Providers have been educated to use non-billable codes on encounters to report IHA and SHA activity to CalOptima. The information collected will be used to compare eligibility information which will identify gaps or missing information as well as verify activity during tri-annual Full Scope FSR. CalOptima is aggregating activity data by health network and used as an incentive parameter with CalOptima's new pay for performance program. CalOptima's case management department will provide their results from the receipt of the IHA/IHEBA (SHA) during the HRA process. A sample report from the 2014 Q3 is attached from the FSR data results. Audit & Oversight will incorporate the IHA completion review in the annual audit of the Health Networks, to ensure timely completion of the assessments.	12/30/2014	Closed	2.4_Initial Health Assessment - 12.18.14_Medical Management Quarterly Agenda 2.4_Initial Health Assessment - MMR Roundtable PPT 12 18 2014 2.4_Initial Health Assessment - SHA QTR III 2014 2.4_Initial Health Assessment - CalOptima Audit Tool - QI (IHA page 2) 2.4_Initial Health Assessment - DTP IHA scheduling documentation - Monitoring 2.4_Initial Health Assessment - 12.18.14 MMR Roundtable Sign-in sheets	12/31/14 The MCP submitted evidence of its tracking, monitoring, and reporting processes including a copy of desktop procedure QI 112 which describes the procedures and the steps the MCP will take to improve provider compliance with IHA requirements. The evidence submitted satisfies this deficiency. This item is closed Future audits should verify operationalization of the processes and improvement in meeting timeframe requirements.	1/8/2015

CalOptima
DHCS Audits and Investigations Medical Performance Audit
Corrective Action Plan

Audit Section	Audit Area	DHCS Recommendation	Plan of Action/Completed Actions	CalOptima Submission Date	CAP Status	Operational Evidence submitted	DHCS Notes	Date of CAP Close
2.4	Initial Health Assessment	Develop a system to document the 3 attempted contacts with Members to schedule their Initial Health Assessment required by the Contract.	CalOptima has modified their current process to perform quarterly monitoring of PCP offices documentation of 3 attempts to schedule members for their IHA. Audit & Oversight will monitor the Health Networks through annual audits, the documented attempts to reach members for completion of the IHA.	12/30/2014	Closed	2.4_Initial Health Assessment - CalOptima Audit Tool - QI (IHA page 2) 2.4_Initial Health Assessment - DTP IHA scheduling documentation - Monitoring	12/31/14 The MCP submitted a sample of its revised audit tool and desktop procedure QI 112 and a statement that it is increasing the frequency of monitoring in an effort to increase PCP compliance with IHA timeframe requirements. This item is closed Future audits should verify operationalization of the processes and improvement in meeting timeframe requirements.	1/8/2015
3.1	Appointment Procedures and Waiting Times	Update Policy GG 1600, Access and Availability Standards, Provider Manual and Member Handbooks to indicate that a Members first prenatal should be with 10 business days upon request.		1/12/2015	Closed	GG.1600 3.1_Appt. Procedures and Waiting Times - GG 1600 Access and Availability Standards 3.1_Appt. Procedures and Waiting Times - English_HN_MemberHandbook_NC 12-01-14_Not Released 3.1_Appt. Procedures and Waiting Times - English_COD_MemberHandbook_NC 12-02-14_Not Released	1-9-14: The MCP submitted Policy GG.1600, and Member Handbook which contained the correct language regarding a Member's first prenatal visit. Please submit the Provider Manual with the updated language to close this item. This item is open. Update 1-12-14: The MCP submitted the Provider Manual section that had the correct language regarding first prenatal visit timeframe. This item is closed.	1/13/2015

CalOptima
DHCS Audits and Investigations Medical Performance Audit
Corrective Action Plan

Audit Section	Audit Area	DHCS Recommendation	Plan of Action/Completed Actions	CalOptima Submission Date	CAP Status	Operational Evidence submitted	DHCS Notes	Date of CAP Close
3.1	Appointment Procedures and Waiting Times	Update Policy GG 1600, Access and Availability Standards, to specify the language for specialty services and ancillary services standards so that the timeframe for an appointment is 15 days after a request for the service. In addition, update Policy GG 1600, to include in-office wait time standards.	Audit & Oversight will monitor the Health Networks through annual audits, the documented attempts to reach members for completion of the IHA.	1/13/2015	Closed	GG.1600 GG.1110 3.1_Appt. Procedures and Waiting Times - GG 1600 Access and Availability Standards	<p>1-9-15: The MCP submitted Policy GG.1600 and which contains the correct language for appointment timeframes for specialty and ancillary care. To close this item, please correct the Member Handbook's language regarding timeframes for specialty care appointments. This item is open.</p> <p>Update 1-13-15: The MCP submitted the Member Handbook with the correct language regarding timeframes for specialty care appointments. This item is closed.</p>	1/14/2015
3.1	Appointment Procedures and Waiting Times	Develop procedures to ensure the monitoring of Member wait times in the providers' offices.		1/9/2015	Closed	GG.1600 2013 Office Wait Times 3.1_Appt. Procedures and Waiting Times - GG 1600 Access and Availability Standards 3.1_Appt. Procedures and Waiting Times - 2013 In-Office Wait Time	<p>1-9-15: The MCP submitted Policy GG.1600 and the Appointment Procedures and Waiting Times Document that state that in-office wait time shall not exceed 45 minutes before a member is seen by a provider. This item is closed.</p>	1/13/2015
3.2	Urgent Care/ Emergency Care	Update the Policy dated 1/1/13 GG.1600, Access and Availability Standards, to include that there has to be a designated emergency service facility within the Service Area and the designated emergency service facility to ensure that there is one or more Physicians and one (1) Nurse on duty in the facility at all times as required by the Contract.	Update the Policy dated 1/1/13 GG.1600, Access and Availability Standards, to include that there has to be a designated emergency service facility within the Service Area and the designated emergency service facility to ensure that there is one or more Physicians and one (1) Nurse on duty in the facility at all times as required by the Contract and submit to Regulatory Affairs for approval by 12/26/2014.	12/29/2014	Closed	3.2_Urgent Care Emergency Care - GG.1600_Access and Availability Standards Policy to be approved through internal CalOptima committee by 1/5/2015. Prior policy version was submitted to DHCS in response to an AIR in 10/2014.	CalOptima submitted the updated draft policy GG.1600 which contains added the language that there has to be a designated emergency service facility within the Service Area and the designated emergency service facility to ensure that there is one or more Physicians and one (1) Nurse on duty in the facility at all times. This item is closed. Please contact DHCS if the policy is not approved.	1/8/2015

CalOptima
DHCS Audits and Investigations Medical Performance Audit
Corrective Action Plan

Audit Section	Audit Area	DHCS Recommendation	Plan of Action/Completed Actions	CalOptima Submission Date	CAP Status	Operational Evidence submitted	DHCS Notes	Date of CAP Close
3.2	Urgent Care/ Emergency Care	Update the Member Handbooks to inform Member needing Urgent Care services that they should be seen within 24 hours upon request as required by the Contract.	Member handbooks have been updated, translated and sent to DHCS for approval.	12/24/2014	Withdrawn/Closed	<p>CCN_MemberHandbook_English_NC 12-02-14_Not Released English_COD_MemberHandbook_NC 12-02-14_Not Released English_HN_MemberHandbook_NC 12-01-14_Not Released Handbook Revisions Overview</p> <p>12/22- CalOptima only contracts with hospitals that have valid and current licenses in the State of California. Licensing requires compliance with Title 22, section 74015(d), which requires that a registered nurse trained and experienced in emergency nursing care be on duty at all times.</p>	<p>12/26/14 The MCP submitted a copy of the Member Handbook with the appointment timeframe for Urgent Care not requiring preauthorization to be 24 hrs. This item is closed. Status may change pending contract language interpretation from PMB.</p> <p>Update 12/29/14 Information was provided that the 24 hour requirement unintentionally remained in the contract language following an amendment revision. The 24 hour requirement is no longer the standard and will be removed from the contract at a future date. The MCP will be advised that the citation of 48 hours for urgent care appointments which do not require pre-authorization complies with the contract. This item is closed as Not Applicable.</p>	12/31/2014 N/A
3.3	Telephone Procedures and After Call Hours	Update the Policy dated 1/1/13 GG.1600, Access and Availability Standards, to ensure that access to an appropriate licensed professional is available if the physician is not available for after-hour calls as required by the Contract.		1/9/2015	Closed	<p>GG.1110</p> <p>3.3_Telephone Procedure and After Call Hours - GG.1110 Primary Care Practitioner Defintion, Role, and Responsibilities</p>	<p>1-9-15: The MCP submitted Policy GG 1110 that states The PCP shall designate a back-up Practitioner and provide a mechanism for the Member to access the back-up Practitioner when he or she is unavailable to provide coverage to assigned Members. This item is closed.</p>	1/13/2015

CalOptima
DHCS Audits and Investigations Medical Performance Audit
Corrective Action Plan

Audit Section	Audit Area	DHCS Recommendation	Plan of Action/Completed Actions	CalOptima Submission Date	CAP Status	Operational Evidence submitted	DHCS Notes	Date of CAP Close
3.3	Telephone Procedures and After Call Hours	Implement a system to ensure that providers are triaging Members' telephone calls as required by the Contract.	<p>As part of CalOptima's annual Accessibility Study, CalOptima identified providers who were non-compliant with CalOptima's standards in GG.1600 Access and Availability for 2014. The following steps will occur to remediate the findings:</p> <p>1. In Quarter 1 of 2015, CalOptima's provider relations staff will outreach and educate providers who were non-complaint with CalOptima's triage and screening standards in GG.1600 Access and Availability. Upon, completion of the outreach CalOptima will conduct business and after-hour calls after to determine if the provider meets the triage and screening standard. Follow-up outreach and education to providers will be conducted, if necessary.</p> <p>2. In Quarter 1 of 2015, CalOptima will issue Corrective Action Plans to health networks who did not meet the triage and screening standards and provide the networks with a list of their providers who are non-compliant with the triage and screening standards.</p> <p>CalOptima also plans to contract with a vendor who will provide members with a health information/nurse advice line that will be staffed by licensed nurses or clinicians and available 24 hours a day by telephone. CalOptima has issued an RFP and will select a vendor in January 2015. Implementation of services are expected to begin March 2015 with targeted full implementation complete by early June, 2015.</p>	12/30/2014	Closed	<p>3.3_Telephone Procedures and After Call Hours - Access Report by Health Network Results</p> <p>3.3_Telephone Procedures and After Call Hours - Sample CAP Letter template</p> <p>3.3_Telephone Procedures and After Call Hours - CAP Template</p> <p>3.3_Telephone Procedures and After Call Hours - Vendor Implementation Timeline</p>	<p>12/31/14 The MCP submitted samples of reports and CAP processes which focus on improving provider compliance with telephone access for members requirements. The MCP also states that it plans to contract with a vendor that will provide 24/7 telephone access to licensed medical professionals for members. The MCP submitted a timeline document for the implementation of the referenced contracted service that shows the system to be operational by June 2015.</p> <p>This item is closed</p> <p>Future audits should verify improvement in PCP telephone access and the operationalization of the cited vendor based system.</p>	1/8/2015
3.3	Telephone Procedures and After Call Hours	Ensure that the Plan follow their Policy which requires a Corrective Action Plan from the Health Networks for deficiencies or non-compliance.	In Quarter 1 of 2015, CalOptima will issue Corrective Action Plans to health networks who did not meet the triage and screening standards and provide the networks with a list of their providers who are non-compliant with the triage and screening standards.	12/30/2014	Closed	<p>3.3_Telephone Procedures and After Call Hours - Access Report by Health Network Results</p> <p>3.3_Telephone Procedures and After Call Hours - Sample CAP Letter template</p> <p>3.3_Telephone Procedures and After Call Hours - CAP Template</p>	<p>12/31/14 The MCP submitted samples of a telephone access report used to identify providers who are out of compliance with telephone access standards. The MCP also submitted samples of CAP process documents it will use to ensure providers meet telephone access standards.</p> <p>This item is closed.</p> <p>Future audits should verify operationalization of the reporting process and CAP implementation for providers who are out of compliance.</p>	1/8/2015

CalOptima
DHCS Audits and Investigations Medical Performance Audit
Corrective Action Plan

Audit Section	Audit Area	DHCS Recommendation	Plan of Action/Completed Actions	CalOptima Submission Date	CAP Status	Operational Evidence submitted	DHCS Notes	Date of CAP Close
3.5	Emergency Services Providers (Claims)	Update Policy FF 2001, Claims Processing for Covered Services Rendered to Cal Optima Direct Members or Members Enrolled in a Shared Risk Group, to indicate that emergency services are included in the Covered Services provided to the Members as required by the Contract.	FF.2001 has been updated and submitted to PRC for review and consideration.	12/24/2014	Closed	FF.2001_Claims Processing for Cvd Svcs_DHCS Cap Draft_12.22.14	12/24/14 The MCP submitted a copy of revised P&P FF.2001 which includes the required language that emergency services are included in the Covered Services provided to Members, however, if the P&P is not approved by the PRC the MCP is to notify DHCS immediately. This item is closed.	12/31/2014
3.6	Family Planning (Payments)	Update Policy FF 2001, Claims Processing for Covered Services Rendered to Cal Optima Direct Members or Members Enrolled in a Shared Risk Group, to indicate that Family Planning services are included in the Covered Services provided to the Members as required by the Contract.	FF.2001 has been updated and submitted to PRC for review and consideration.	12/24/2014	Closed	FF.2001_Claims Processing for Cvd Svcs_DHCS Cap Draft_12.22.14	12/24/14 The MCP submitted a copy of revised P&P FF.2001 which includes the required language that family planning services are included in the Covered Services provided to Members, however, if the P&P is not approved by the PRC the MCP is to notify DHCS immediately. This item is closed.	12/31/2014
3.6	Family Planning (Payments)	Update the language in Policy FF 2001, Claims Processing for Covered Services Rendered to Cal Optima Direct Members or Members Enrolled in a Shared Risk Group, to ensure that misdirected Family Planning services claims are forwarded to the appropriate payer within ten (10) working days of receipt.	FF.2001 has been updated and submitted to PRC for review and consideration.	12/24/2014	Closed	FF.2001_Claims Processing for Cvd Svcs_DHCS Cap Draft_12.22.14	12/24/14 The MCP submitted a copy of revised P&P FF.2001 which includes the required language that family planning services are included in the Covered Services provided to Members, however, if the P&P is not approved by the PRC the MCP is to notify DHCS immediately. This item is closed.	12/31/2014

CalOptima
DHCS Audits and Investigations Medical Performance Audit
Corrective Action Plan

Audit Section	Audit Area	DHCS Recommendation	Plan of Action/Completed Actions	CalOptima Submission Date	CAP Status	Operational Evidence submitted	DHCS Notes	Date of CAP Close
3.7	Access to Pharmaceutical Services	Update Policy GG.1403, Member Medication Reimbursement Process and Provision of Emergency, Disaster, Replacement, and Vacation Medication Supplies, to include the language of providing a 72-hour supply of drugs to a Member, or an initial dose of medication and a prescription for additional medication, which together covers the Member for the 72-hour period and or other methods for ensuring compliance with the 72-hour requirement.	<p>Policy GG.1403 was updated to include the language requirement of providing a 72-hour supply of drugs to a Member.</p> <p>The provision of an initial dose of medication and a prescription for additional medications is covered on GG. Policy GG.1639: Hospital Oversight policy and is crossed referenced in Policy GG.1403.</p>	12/19/2014	Closed	3.7_Access to Pharm Svs - GG.1403 Mbr Med Reimbursement_DHCS CAP Draft_12.19.14	<p>12/22/14 The MCP submitted a revised P&P, GG1403, which includes the required language regarding the provision of a 72-hour supply of prescribed medication(s) to members. The submission is deemed to satisfy this deficiency , however, if the P&P is not approved by the MCP's PRC at the 12/26/14 review the MCP must immediately notify DHCS</p> <p>This item is closed.</p>	12/24/2014
3.7	Access to Pharmaceutical Services	Develop policies and procedures for Hospital Oversight to include specific language to ensure the provision of prescribed drugs in emergency situations.	<p>CalOptima has developed a policy (GG.1639) describing how CalOptima will monitor compliance with its ER medication dispensing requirements.</p> <p>PRC Approval: 12/17/2014</p>	12/19/2014	Closed	3.7_Access to Pharm - GG.1639_Hospital Oversight_DHCS Draft_12.19.14	<p>12/22/14 The MCP submitted P&P GG.1639 which contains the required language regarding the provision of a 72 hour supply of prescribed medication in emergency situations. The P&P also contains a description of the MCP's monitoring processes to ensure hospitals comply with the provision of the 72 hour emergency medication supply.</p> <p>This item is closed.</p>	12/24/2014
3.7	Access to Pharmaceutical Services	Develop effective monitoring procedures to ensure the provision of drugs prescribed in emergency situations.	CalOptima has begun the implementation of policy GG.1639. CalOptima expects to begin receiving Medication Dispensing Logs from contracted hospitals in January 2015.	12/19/2014	Closed	3.7_Access to Pharm - GG.1639_Hospital Oversight_DHCS Draft_12.19.14	<p>12/22/14 The MCP submitted P&P GG.1639 which contains a description of the MCP's monitoring processes to ensure hospitals comply with the provision of the 72 hour emergency medication supply.</p> <p>This item is closed.</p>	12/24/2014

CalOptima
DHCS Audits and Investigations Medical Performance Audit
Corrective Action Plan

Audit Section	Audit Area	DHCS Recommendation	Plan of Action/Completed Actions	CalOptima Submission Date	CAP Status	Operational Evidence submitted	DHCS Notes	Date of CAP Close
4.1	Grievance System	Ensure that the Plan follows its Policy HH.1102, CalOptima Member Complaint, which requires the Plan to maintain and process grievances in a timely manner.	The Director of GARs has updated the desktop for timely referral to QI and will complete a training/reminder at a staff meeting on 12/31. Additionally, the Director of GARs has updated the Grievance Resolution letter template to include language notifying member of the investigation timeframe by QI, the resolution letter template has been submitted to DHCS for approval. In addition to the actions above, to ensure the grievance logs are complete, Audit & Oversight will include monitoring of the logs for completion in the monthly monitoring of the grievance files.	12/30/2014	Closed	4.1_Grievance System - Medi-Cal Member Grievance and QI Resolution 4.1_Grievance System - DTP QI referral from GARS 4.1_Grievance System - QI Referral List rev 12-29-14 4.1_Grievance System - Medi-Cal_AuditTool_GrievancesAppeals 4.1_Grievance System - GARS Staff Meeting Agenda 12.31.2014 4.1_Grievance System - Sign in Sheet _12.31.2014	CalOptima submitted an updated desktop procedure, updated resolution letter template and has stated that the oversight of grievance logs will be monitored monthly. Based on CalOptima's submissions and future monitoring plans this item is closed. Please ensure that the plan monitoring of logs for completion is in place prior to the next Medical Audit.	1/8/2015
4.3	Confidentiality Rights	Update the Plan's Policy dated (5/1/14) HH.3020, Reporting a Breach of Data Security, Intrusion, or Unauthorized Use or Disclosure of Protected Health Information, to include the contractual stipulation that: 1) The investigation of security incident of a HIPAA breach (72 hours) be submitted to the DHCS Program Contract Manager, the DHCS Privacy Officer, and the DHCS Information Security Officer 2) To provide a complete report of the investigation to the DHCS Program Contract Manager, the DHCS Privacy Officer and the DHCS Information Security Officer within ten (10) working days of the discovery of the breach.	CalOptima has updated HH.3020 to incorporate these changes, including the additional reporting timelines and steps.	12/19/2014	Closed	4.3_Confidentiality Rights - HH.3020_Reporting a Breach of Data Security_DHCS CAP Draft_12.19.14	12/22/14 The MCP submitted a revised P&P, HH.3020, which contains the required DHCS contract language regarding the reporting of security incidents to DHCS, including appropriate reporting timeframes, however, if the P&P is not approved by the MCP's PRC at the cited review the MCP must immediately notify DHCS. This item is closed.	12/24/2014

CalOptima
DHCS Audits and Investigations Medical Performance Audit
Corrective Action Plan

Audit Section	Audit Area	DHCS Recommendation	Plan of Action/Completed Actions	CalOptima Submission Date	CAP Status	Operational Evidence submitted	DHCS Notes	Date of CAP Close
4.3	Confidentiality Rights	Ensure that the 24 hour DHCS Initial Notification of Breach is submitted to the required DHCS personnel within the required timeframe.	CalOptima has updated HH.3020 to incorporate these reporting timelines. Immediate notification to DHCS personnel has been implemented.	12/19/2014	Closed	4.3_Confidentiality Rights - HH.3020_Reporting a Breach of Data Security_DHCS CAP Draft_12.19.14	12/22/14 The MCP submitted a revised P&P, HH.3020, which contains the required DHCS contract language regarding the reporting of security incidents to DHCS, including appropriate reporting timeframes, however, if the P&P is not approved by the MCP's PRC at the cited review the MCP must immediately notify DHCS. This item is closed.	12/24/2014
4.3	Confidentiality Rights	Ensure that the contact information of the DHCS Privacy Officer and the DHCS Information Security Officer is indicated in Policy, HH. 3000, Notice of Privacy Practices.	HH.3000 has been updated and submitted to PRC and DHCS for approval.	12/29/2014	Closed	4.3_Confidentiality Rights - HH 3000_Notice of Privacy Practice	CalOptima submitted revised policy HH. 3000 which includes the contact information of the DHCS Privacy and Information Security Officer. This item is closed.	1/8/2015
4.3	Confidentiality Rights	Update the Notice of Privacy Practices on the Cal Optima website to ensure that the correct contact information for the DHCS Privacy Officer is indicated and to include the contact information of the DHCS Information Security Officer in the Notice of Privacy Practices.	CalOptima will update the Notice of Privacy Practices amending the contact information for the DHCS Privacy Officer and Security Officer, as per the CalOptima/DHCS contract. The NPP will need to be translated into the threshold languages and reposted to the CalOptima website.	12/29/2014	Closed	4.3_Confidentiality Rights - Notice of Privacy Practice	CalOptima updated its Notice of Privacy Practices to include the correct contact information for the DHCS Privacy and Information Security Officer. This item is closed.	1/8/2015

CalOptima
DHCS Audits and Investigations Medical Performance Audit
Corrective Action Plan

Audit Section	Audit Area	DHCS Recommendation	Plan of Action/Completed Actions	CalOptima Submission Date	CAP Status	Operational Evidence submitted	DHCS Notes	Date of CAP Close
5.5	Quality Management	Ensure that complete medical records are maintained for each Member.	CalOptima shall comply with DHCS contract Exhibit A, Attachment 4.13.D Member Medical Record, by adhering to Policies & Procedures in the FSR/MRR series GG.1608 and GG.1608a-f, which includes an initial and tri-annual FSR/MRR. This will include continued monitoring of MRR CAPs for 6 months or longer which will include closing panel until CAP is satisfied. If CAP is not addressed the PCP will be discussed at Peer Review for determination of current contract. All complaints filed with GARS and QI in reference to medical record keeping will be track and trended for reoccurrence of complaints.	12/29/2014	Closed	5.5_Quality Management - GG.1608_Full Scope Site Reviews 5.5_Quality Management - GG.1608a_Facility Site Review Process 5.5_Quality Management - GG.1608b_Global Medical Record Review Process 5.5_Quality Management - GG.1608c_Global Facility Site Review and MRR Collab Process 5.5_Quality Management - GG.1608d_Global Scoring Process for FSR and MRR 5.5_Quality Management - GG.1608e_Global Facility Site Review and MRR CAP 5.5_Quality Management - GG.1608f_Global Review Personnel, Training and Certification	CalOptima submitted Policies GG.1608 a-f which details the FSR/MMR process. CalOptima will continue to conduct monitoring of MRR CAPs for 6 months or longer which will include closing panel until CAP is satisfied. This item is closed.	1/8/2015
5.5	Quality Management	Continue to monitor compliance with Facility Site Reviews including medical record reviews.	CalOptima shall comply with DHCS contract Exhibit A, Attachment 4.13.D Member Medical Record by adhering to Policies & Procedures in the FSR/MRR series GG.1608 and GG.1608a-f, which includes an initial and tri-annual FSR/MRR. This will include continued monitoring of MRR CAPs for 6 months or longer which will include closing panel until CAP is satisfied. If CAP is not addressed the PCP will be discussed at Peer Review for determination of current contract. All complaints filed with GARS and QI in reference to medical record keeping will be track and trended for reoccurrence of complaints.	12/29/2014	Closed	5.5_Quality Management - GG.1608_Full Scope Site Reviews 5.5_Quality Management - GG.1608a_Facility Site Review Process 5.5_Quality Management - GG.1608b_Global Medical Record Review Process 5.5_Quality Management - GG.1608c_Global Facility Site Review and MRR Collab Process 5.5_Quality Management - GG.1608d_Global Scoring Process for FSR and MRR 5.5_Quality Management - GG.1608e_Global Facility Site Review and MRR CAP 5.5_Quality Management - GG.1608f_Global Review Personnel, Training and Certification	CalOptima submitted Policies GG.1608 a-f which details the FSR/MMR process. CalOptima will continue to conduct monitoring of MRR CAPs for 6 months or longer which will include closing panel until CAP is satisfied. This item is closed.	1/8/2015

CalOptima
DHCS Audits and Investigations Medical Performance Audit
Corrective Action Plan

Audit Section	Audit Area	DHCS Recommendation	Plan of Action/Completed Actions	CalOptima Submission Date	CAP Status	Operational Evidence submitted	DHCS Notes	Date of CAP Close
5.5	Quality Management	Ensure that the system of monitoring record keeping is maintained.	CalOptima shall comply with DHCS contract Exhibit A, Attachment 4.13.D Member Medical Record by adhering to Policies & Procedures in the FSR/MRR series GG.1608 and GG.1608a-f, which includes an initial and tri-annual FSR/MRR. This will include continued monitoring of MRR CAPs for 6 months or longer which will include closing panel until CAP is satisfied. If CAP is not addressed the PCP will be discussed at Peer Review for determination of current contract. All complaints filed with GARS and QI in reference to medical record keeping will be track and trended for reoccurrence of complaints.	12/29/2014	Closed	5.5_Quality Management - GG.1608_Full Scope Site Reviews 5.5_Quality Management - GG.1608a_Facility Site Review Process 5.5_Quality Management - GG.1608b_Global Medical Record Review Process 5.5_Quality Management - GG.1608c_Global Facility Site Review and MRR Collab Process 5.5_Quality Management - GG.1608d_Global Scoring Process for FSR and MRR 5.5_Quality Management - GG.1608e_Global Facility Site Review and MRR CAP 5.5_Quality Management - GG.1608f_Global Review Personnel, Training and Certification	CalOptima submitted Policies GG.1608 a-f which details the FSR/MMR process. CalOptima will continue to conduct monitoring of MRR CAPs for 6 months or longer which will include closing panel until CAP is satisfied. This item is closed.	1/8/2015
5.6	Informed Consent	Ensure that each Member has access to sterilization procedures including alternative methods of family planning and birth control without Prior Authorization.	Attached MC64 Sterilization Services desktop	12/24/2014	Closed	MC64 Sterilization Services	12/26/14 The MCP submitted a copy of desktop reference document MC64 which contains the directions that claims for sterilization must contain a completed approved informed consent form PM330. This item is closed.	12/31/2014

CalOptima
DHCS Audits and Investigations Medical Performance Audit
Corrective Action Plan

Audit Section	Audit Area	DHCS Recommendation	Plan of Action/Completed Actions	CalOptima Submission Date	CAP Status	Operational Evidence submitted	DHCS Notes	Date of CAP Close
5.6	Informed Consent	Educate providers and the Claims Department on the proper completion of PM 330 and develop a system to monitor compliance with the training.	Attached Sterilization Consent process training materials. I have also attached the desktop for Sterilization Consent Monitoring.	12/24/2014	Closed	Desktop_Sterilization Consent Monitoring MediCal Sterilization Consent Process - Training 14-08-27 Health Network Forum_Sign in Sheet 14-08-27 Health Network Forum Agenda	12/26/14 The MCP submitted evidence of provider and claims department training on proper documentation for sterilization procedures. The MCP states a system to monitor compliance with the requirements regarding sterilization consent forms has been created and will be implemented beginning in January 2015. Note, future audits should verify the monitoring implementation. This item is closed.	12/31/2014
6.4	Provider Training	Update Policy EE 1103, Primary Care Practitioner (PCP), Provider, and Health Network Education and Training, to indicate that Cal Optima shall conduct training for all providers no later than 10 (ten) working days after a newly contracted provider's placement on active status.	Update EE.1103 to include the required items.	2/6/2015	Closed	EE.1103 CalOptima COHS Contract; Exhibit A, Attachment 7, 5 6.4_Provider Training - EE.1103 Primary Care Practitioner Provider, and Health Network Education 6.4_Provider Training - CalOptima Response 6.4_Provider Training - EE.1103 Primary Care Practitioner Provider, and Health Network Education... 6.4_Provider Training - Provider Training Attestations 6.4_Provider Training - EE 1103 update	1/21/15: DHCS is still discussing CalOptima's request for reconsideration for 6.4. The MCP submitted a request for reconsideration for finding 6.4. While the MCP is correct that the provider has 30 days to complete the training, the finding states that the provider must initiate the training within 10 days of being placed on active status. To close this item, please amend policy EE.1103 to indicate that Cal Optima shall conduct training for all providers no later than 10 (ten) working days after a newly contracted provider's placement on active status. This item is open. Update 2/6/15: The MCP made the necessary changes to Policy EE.1103. This item is closed.	2/6/2015

CalOptima
DHCS Audits and Investigations Medical Performance Audit
Corrective Action Plan

Audit Section	Audit Area	DHCS Recommendation	Plan of Action/Completed Actions	CalOptima Submission Date	CAP Status	Operational Evidence submitted	DHCS Notes	Date of CAP Close
6.4	Provider Training	Ensure that newly contracted providers are provided training within the required timeframe of 10 working days after the provider is placed on active status.	Update EE.1103 to include the required items.	2/6/2015	Closed	EE.1103 CalOptima COHS Contract; Exhibit A, Attachment 7, 5 6.4_Provider Training - CalOptima Response 6.4_Provider Training - EE.1103 Primary Care Practitioner Provider, and Health Network Education... 6.4_Provider Training - Provider Training Attestations 6.4_Provider Training - EE 1103 update	<p>1/21/15: DHCS is still discussing CalOptima's request for reconsideration for 6.4.</p> <p>The MCP submitted a request for reconsideration for finding 6.4. While the MCP is correct that the provider has 30 days to complete the training, the finding states that the provider must initiate the training within 10 days of being placed on active status. To close this item, please amend policy EE.1103 to indicate that Cal Optima shall conduct training for all providers no later than 10 (ten) working days after a newly contracted provider's placement on active status and develop a plan of action to verify that providers are beginning their training within 10 days of being placed on active status. This item is open.</p> <p>Update 2/6/15: The MCP made the necessary changes to Policy EE.1103. The MCP will conduct training training for all providers within 10 days and shall complete the training within 30 days. This item is closed. Future audits should verify operationalization of this policy.</p>	2/6/2015
6.5	Fraud and Abuse	Update Policy HH 1107A, Fraud, Waste and Abuse Investigation and Reporting, to include procedures for tracking Suspended Providers.		1/9/2015	Closed	HH.2021 6.5_Fraud and Abuse - HH 2021_Vendor Exclusion Monitoring and Audits	<p>1-9-15: The MCP submitted Policy HH.2021 which details the monitoring and verification of an individual's or vendor's eligibility through State and Federal exclusion lists. This item is closed.</p>	1/13/2015

CalOptima
DHCS Audits and Investigations Medical Performance Audit
Corrective Action Plan

Audit Section	Audit Area	DHCS Recommendation	Plan of Action/Completed Actions	CalOptima Submission Date	CAP Status	Operational Evidence submitted	DHCS Notes	Date of CAP Close
6.5	Fraud and Abuse	Ensure that all the cases of suspected Fraud or Abuse are reported to the Department of Health Care Services within the required timeframe of ten (10) working days.	Not Applicable		Closed	This finding was closed	This finding overlapped with a finding in the 2013 Focused Review. This item is closed.	10/21/2014