

**ATTACHMENT A  
Corrective Action Plan Response Form**

**Plan Name: CalViva**



**Review/Audit Type:** DHCS A&I Medical Review Audit

**Review Period:** November 1, 2013-  
October 21, 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**

<b>Deficiency Number and Finding</b>	<b>Action Taken</b>	<b>Implementation Documentation</b>	<b>Completion/ Expected Completion Date</b>	<b>DHCS Comments</b>
<b>2. Case Management and Coordination of Care</b>				
2.4.1 The requirement for ensuring the provision of an IHA within required timelines for each	1. The Plan will introduce enhanced quality control measures to ensure providers complete the Initial Health Assessment	Sample IHA Audit Report Table	10/2015	In a verification study, seventeen (17) medical records were reviewed. Two (2) of 17 medical records exceeded the timeframe to perform the IHA.

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<p>new Member was not met.</p>	<p>for new members within the timelines stipulated in the Contract.</p> <p>2. Medical Record Review (MRR) audits completed by FSR staff for newly enrolled pediatric and adult CalViva members will be reported on a quarterly basis. Reviews will comply with the Facility Site Review policy, using established audit tools per Medical Record Review Guidelines PL 14-004.</p> <ul style="list-style-type: none"> <li>• Based upon the audit results, the Plan's QI Department will develop a provider site specific quarterly Initial Health Assessment (IHA) Audit report.</li> </ul> <p>3. The IHA Report will be reviewed quarterly at the</p>	<p>Quarterly IHA Provider Site Specific Audit Report.</p> <p>Agendas from the QI/UM</p>	<p>1/2016</p> <p>2/2016</p>	<p><u>Recommendation</u></p> <p>Enhance quality controls to ensure Providers complete the Initial Health Assessment for all new Members within the timelines stipulated in the Contract.</p> <p>The Plan submitted a Sample IHA Audit Tablet which will be reviewed on a quarterly basis by the QI/UM Workgroup and Committee. Sites found to have IHAs completed outside the timeframe or no evidence of an IHA will receive a corrective action plan. <b>This item is provisionally closed.</b> Please submit an example of a completed Quarterly IHA Provider Site Specific Audit Report and agendas for QI/UM Workgroup and QI/UM Committee which show that the IHA Report will be discussed.</p>

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	<p>QI/UM Workgroup and the QI/UM Committee.</p> <ul style="list-style-type: none"> <li>• The IHA completion goal will be 100% of peds/adult assessments completed timely per DHCS requirements.</li> <li>• Sites found to have IHAs completed outside the timeframe or no evidence of an IHA will receive a corrective action plan (CAP).</li> <li>• Providers persistently failing to score 100% will be subject to escalating corrective actions per the recommendations of the QI/UM Committee.</li> </ul>	<p>Workgroup &amp; QI/UM Committee</p>		

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<b>3. Access and Availability of Care</b>				
<p>3.3.1 Standards for after-hours accessibility to care were not met. The Provider network failed to constantly have clear instructions for emergency situations and comprehensive instructions on how to contact the on-call physician for after hours.</p>	<ol style="list-style-type: none"> <li>1. The Measurement Year (MY) 2014 results showed Fresno, Kings, and Madera Counties all met the 90% compliance rate for after-hours access for Emergency Care Instructions. Fresno, Kings, and Madera Counties however did not meet the standard for Urgent Care.</li> <li>2. Provider Relations (PR) staff were trained on After Hours Access standards and the process for provider CAP completion including use of updated scripts. All providers not meeting the Urgent Care standard received notification and Corrective Action Plan instructions and forms to be completed outlining actions taken to bring their site into compliance. CAP materials were hand-delivered by</li> </ol>	<p>15-444 Provider Update MY-2014 Results</p> <p>CAP Improvement Plan Materials</p>	<p>8/2015</p> <p>9/2015 – PR staff training completed</p> <p>9/2015 – PR staff will complete training of non-compliant providers.</p>	<p>Results from the Provider Appointment Availability and After-Hour Access survey, indicate a significant need for improvement in the ability to contact a physician after-hours, and a need for improvement in appropriate instructions given for accessing emergency care. All three counties had low compliance rates.</p> <p><u>Recommendation</u></p> <p>Continue to improve on the availability to contact physician after-hours and provide appropriate instructions for accessing emergency care.</p> <p><b>This item is provisionally closed.</b> Please submit CAP Improvement Plan Materials and sign-in sheet.</p> <p><b>11-16-15</b> The Plan submitted Provider Access Training – Improvement Plans training presentation and sign-in sheet. <b>This item is closed.</b></p>







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	<p>3. The Plan has increased its focus on the monthly claims timeliness submitted by HNCS. Any issues of non-compliance will be discussed at the monthly management oversight meeting with HNCS and corrective actions or explanations will be requested as needed.</p> <ul style="list-style-type: none"> <li>• In addition, the Plan will continue to conduct an annual oversight audit of the claims functions handled by HNCS on the Plan's behalf.</li> <li>• The annual oversight audit evaluates compliance with the Plan's policies, contractual obligations, performance metrics, and regulatory</li> </ul>		11/1/15	<p>migrated to a new system that will improve quality controls to ensure the claims adjudication process is completed in a timely manner. HealthNet also hired additional personnel to ensure claims are processed timely. The Plan will continue to conduct annual oversight audits of the claims functions handled by HealthNet. <b>This item is closed.</b></p>

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	<p>requirements where as part of the audit a sample of claims is selected and audited to ensure timeliness, accuracy, and appropriateness of claims processing.</p>			
<p>3.5.2 The Plan's reimbursement system incorrectly denied claims, causing a delay in payments.</p>	<ol style="list-style-type: none"> <li>1. The Plan discovered there was an error in our claims adjudication process, which caused a delay in payment for cases beyond the required 45-working day processing period. The error has been corrected and should not occur with the migration to the new claims processing system as noted above.</li> <li>2. On a regular basis, our Administrator meets daily with claims processing staff to review or take specific actions to improve performance. These</li> </ol>		<p>7/1/15</p> <p>Ongoing</p>	<p>Errors in the Plan's claims adjudication process were noted, in which some claims were incorrectly denied for pending disenrollment. This caused a delay in payment, which in some cases went beyond the required 45-working day processing period.</p> <p><u>Recommendation</u></p> <p>Enhance the claims department staff training to ensure consistent application of the Plan's claims Policies and procedures; ensure system edits for claim denials are appropriately applied.</p> <p>The Plan discovered and corrected an error in its claims adjudication process which caused the delay in payment. The</p>

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	<p>informal meetings enhance the claims department ability to ensure consistent application of the Plan's claims policies and procedures; ensuring system edits for claims denials are appropriately applied.</p> <p>3. As noted above, the Plan monitors monthly timeliness reports and conducts annual oversight audits. The Plan will continue to monitor and review any payment delays as part of these activities.</p>		Ongoing	Plan's Administrator meets with claims processing staff on a regular basis to review or take specific actions to improve performance. The Plan also monitors monthly timeliness reports and conducts annual oversight audits. <b>This item is closed.</b>
3.5.3 The Plan's Policy failed to include language to ensure interest will be paid as applicable for any family planning claims not paid within required	1. The Plan updated the Policy PH-104 to clarify claims processing deadlines and to include language ensuring interest will be paid as applicable for any family planning claims not paid within required timeframes.	PH-104 Family Planning (Clean)  PH-104 Family Planning (Redline)	9/2015	<p><u>Recommendation</u></p> <p>Update the language in Policy PH-104 to clarify claims processing deadlines and to ensure interest will be paid as applicable for any claims not paid within required timeframes.</p> <p>The Plan updated its Policy to include</p>

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timeframes.				language ensuring interest will be paid as applicable for any family planning claims not paid within required timeframes. <b>This item is closed.</b>
<b>4. Members' Rights</b>				
4.1.1 Plan did not meet the contractual timeframe for sending an acknowledgement letter to a Member within 5 calendar days of receipt of the grievance. In another instance, the Plan did not send a <i>resolution letter</i> to a Member within 30 calendar days of receipt of the grievance.	1. The Plan acknowledged the deficiency and took the necessary steps to ensure in the future grievance acknowledgement and resolution letters are sent out within the timeframes specified in the contract.		7/2015	Note: This deficiency involves only one Acknowledgement Letter and one Resolution Letter of 50 grievance cases reviewed. The Plan is encouraged to take the necessary steps to ensure grievance acknowledgement and grievance resolution letters are sent out within the timeframes specified in the contract. <b>This item is closed.</b>



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	<p>reports.</p> <p>3. These results will be submitted on an ongoing basis through quarterly reports to the Plan's QI/UM Committee and the Access Workgroup. The observations and findings will be used to assess overall network adequacy. Follow up actions will be recommended based upon the number and types of cases that fall outside established standards.</p> <p>4. The Plan will also continue to monitor specialty access and availability as outlined in the Plan's Policies and Procedures and the DMHC Annual Access and Availability Survey process.</p>	<p>Access Workgroup agendas</p>	<p>11/2015</p> <p>11/2015</p>	<p>Specialty Referral Report and Agendas from the Access Workgroup and QI/UM Committee that show that the Plan is monitoring timely provision to specialty care.</p> <p><b>11-16-15</b> The Plan submitted the Q3 Specialty Referral Report as well as agendas for QIUM Committee and the Access Workgroup which show that the Specialty Referral Report is being discussed. <b>This item is closed.</b></p>

A handwritten signature in black ink, appearing to read "A. Stahl". The signature is written in a cursive style with a large, stylized initial "A" and the name "Stahl" written in a more legible but still cursive hand.

**Submitted by:** \_\_\_\_\_

**Date:** September 14, 2015

**Title:** Chief Executive Officer