

CORRECTIVE ACTION PLAN
CalViva Health

REVIEW TYPE: DEPARTMENT OF MANAGED HEALTH CARE 1115 WAIVER SURVEY

REVIEW PERIOD: JANUARY 1, 2011 - DECEMBER 31, 2012

DEFICIENCIES IDENTIFIED	PLAN OF ACTION	DESCRIPTION AND VERIFICATION OF MONITORING PROCESS	DATE OF COMPLETION	DHCS COMMENTS
1. The Plan is not conducting sufficient monitoring of its delegated exempt grievance process	The exempt grievance section of the monthly Appeals & Grievances dashboard was revised to include number of exempt grievances by type (Plan wide, SPD, etc.) and category (access, attitude/services, etc.). The dashboard was revised to include data starting from January 2013. See the attachment labeled "CalViva A&G Dashboard - July 2013".	Since July 2013, the revised dashboard is reviewed monthly at Q /UM Operational Workgroup meetings, Oversight Management meetings and at Q /UM Committee and Commission meetings. See the attachment labeled "CalViva Oversight of Delegated Exempt Grievance Process" for a description of the oversight process.	7/12/13	1.The Plan provided supporting documentation indicating it took the necessary steps to correct this deficiency with the revision of the Monthly Appeals and Grievances Dashboard, the revision of the quarterly Appeals and Grievances Executive Summary and the creation of Policy and Procedure AG-006. This finding is closed.

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	<p>Monthly logs of exempt grievances are received with dashboard and are reviewed. The Plan has received and reviewed logs monthly logs starting with January 2013.</p>	<p>Since July 2013, the logs are reviewed on an ongoing basis by the CalViva Chief Medical Officer, Director of Medical Management and Chief Compliance Officer for any trends, outliers, or patterns. See the attachment labeled "CalViva Oversight of Delegated Exempt Grievance Process" for a description of the oversight process.</p>	<p>7/12/13</p>	
	<p>The quarterly Appeals and Grievances analysis report has been revised to include a section addressing exempt grievance activity. The analysis includes a description of the types of exempt grievances received and notes any</p>	<p>Since July 2013, the A&G Executive Summary is reviewed at Q /UM Operational Workgroup meetings and at Q /UM Committee meetings. See the attachment labeled "Q -UM Committee Agenda 7.18.13". See the attachment labeled</p>	<p>7/18/13</p>	

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	trends or patterns involved. See the attachment labeled "Q1 2013 A&G Executive Summary".	"CalViva Oversight of Delegated Exempt Grievance Process" for a description of the oversight process.		
	The Plan has created a policy & procedure describing the oversight for exempt grievance processes delegated to other contracted organizations. See the attachment labeled "CalViva Oversight of Delegated Exempt Grievance Process".		9/3/13	
2. The Plan's Quality Improvement/Utilization Management committee lacks an appropriate	Appointed three (3) specialists as described in the narrative above		Mar. 2013 - July 2013	2. CalViva provided supporting documentation demonstrating it has taken the necessary steps to address this

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<p>range of specialist providers and is not representative of the composition of the Plan's contracted provider network.</p>				<p>deficiency by adding three specialists to QI/UM Committee. CalViva must continue its efforts to add specialists to its QI/UM Committee in order to remain in compliance with the above requirement. This finding is closed.</p>
	<p>Continue efforts to recruit specialists reflecting an appropriate geographic and specialty mix of participating practitioners including practitioners that serve the SPD population.</p>		<p>Ongoing</p>	
	<p>If additional specialized input is needed on a particular topic under review by the QI/UM Committee, then efforts</p>		<p>As needed</p>	

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	will be made to retain a specialty provider with expertise on that specific topic to address the issue with the Committee.			