

## ATTACHMENT A

Plan Name: Care 1<sup>st</sup> Partner Plan LLC

Review/Audit Type: Medical Audit Review Period: October 1, 2012 – September 30, 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.

Deficiency Number and Finding	Action Taken	Implementation Documentation	Completion/ Expected Completion Date	DHCS Comments
<b>2.1 Case Management and Coordination of Care</b>				
2.1 Although the MCP has written policies for the provision of Case Management and coordination of care, the MCP lacks internal	Care1st UM Department is in the process of developing a monitoring and tracking system in the current Medical Management System – MckessonCareEnhance Clinical Management Software (CCMS) to	See attached Workflow Process for CCS (See attachment A)	CCMS Development to be completed by October 27, 2014	9/30/14 The MCP submitted substantial evidence of actions currently underway to address this finding, including: <ul style="list-style-type: none"> <li>• A description of clinical management software being implemented for monitoring and tracking case management and care coordination</li> </ul>

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documentation for monitoring and tracking Members who receive these services. .	<p>ensure that Case Management and Coordination of Care activities are documented for each member who receives these services.</p> <p>New policy has been created for the new process - Policy# 10.2.100.9A</p> <p>New policy will be presented to the next ad hoc Medical Services Committee Members for approval.</p> <p>Care1st will create a new job function for Nurse Case Manager and Coordinator to support this new process.</p> <p>VP of Medical Services will conduct staff training.</p> <p>The Nurse Case Manager will open Case Management cases for all CCS eligible members in the Medical Management System - CCMS. CCMS is member centric and the Nurse Case Manager will document:</p> <ol style="list-style-type: none"> <li>All Case Management activities, i.e. CCS notification letter sent to PCP, outreach calls to members' CCS specialist office to confirm</li> </ol>	<p>See attached Policy#10.2.100.9A (See attachment B)</p> <p>See attached CCMS Screen Shots (See attachment C)</p>	<p>Completed on September 18, 2014</p> <p>To be completed by October 15, 2014</p> <p>Expected completion date will be by the end of October 2014</p> <p>Staff training will be by the end of October 2014 or early November 2014</p> <p>CCMS Development to be completed by October 27, 2014</p>	<ul style="list-style-type: none"> <li>A workflow process for CCS case management</li> <li>A draft of a new P&amp;P, # 10.2.100.9A, to implement the processes</li> <li>Information that a staff training, conducted by the VP of Medical Services, is scheduled</li> <li>Samples of case management tracking reports</li> </ul> <p>To close this item please submit a copy of the approved/signed policy and evidence of the completion of the referenced training.</p> <p><b>This item remains open.</b></p> <p><b>10/16/14</b> The MCP submitted the requested, signed P&amp;P and evidence of training, including sign-in sheet and agenda.</p> <p><b>This item is closed.</b></p>

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	<p>appointment for parent, arrangement of transportation as needed and obtain available records from the specialist's office.</p> <p>2. Coordination of Care services with CCS specialty providers and CCS Program.</p> <p>3. Care coordination activities between the PCP, specialty and/or ancillary providers to ensure that medically necessary services and preventive services that are not authorized by CCS are being provided to the members by Care1st through its contracted network.</p> <p>The Nurse Case Manager sends a reminder to himself/herself for any follow-up activities as needed.</p> <p>The Nurse Case Manager will attach medical records and generate communication letters in CCMS to members and providers to ensure that preventive services are provided.</p> <p>A Case Management Report tracks and monitors all CCS eligible cases that are case managed.</p> <p><b>Care1st Response 10-15-14</b></p>	<p>See attached Samples of Member and Provider Communication Letters (See attachment D)</p> <p>See attached CCS Case Management Report 2.2 (See attachment E)</p>		

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	<p>The policy was reviewed and approved in the Medical Services meeting. The meeting agenda and sign in sheet are attached, as is the signed P&amp;P. Training was held 10-14-14, conducted by the Vice President of Medical Services. Attached please find the agenda and sign in sheet from the training.</p>	<p><u>10-15-14</u> See Medical Services 10-8-14 Meeting Agenda, Minutes and Attendee Sign in Sheet Attachment 2.1 P&amp;P See 10-14-14 Training Agenda, Minutes and Attendee Sign in Sheet</p>		
<b>2.2 California Children's Services (CCS)</b>				
<p><b>2.2-1</b> A review of Case Management notes and medical records for three CCS-eligible Members revealed one did not contain Case Management notes for review.</p>	<p>CAP response to 2.1-1 applies. Please see 2.1-1.</p>			<p><b>9/30/14</b> Implementation of the case management software system and related process will resolve this finding. Note: future audits should confirm the successful implementation and operationalization of the systems. <b>This item is closed.</b></p>
<p><b>2.2-2</b> A review of 15 medical records disclosed a lack of documentation which includes: Medically necessary covered services, preventive services, specialty and/or ancillary services.</p>	<p>CAP response to 2.1-1 applies. Please see 2.1-1</p>			<p><b>9/30/14</b> Implementation of the case management software system and related process will resolve this finding. Note: future audits should confirm the successful implementation and operationalization of the systems. <b>This item is closed.</b></p>

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<p>Coordination of care with CCS specialty providers and the CCS Program. Encounters in three medical records after their enrollment as Care 1<sup>st</sup> Members.</p>				
<p><b>2.3 Early Intervention Services / Developmental Disabilities</b></p>				
<p><b>2.3-1</b> Review of Case Management notes for three EI/DD-eligible Members revealed the following: All three did not document that a IHA was performed. Lacked documentation for Case Management notes. No encounter visits documented because one Member was a no show, one Member was unable to be contacted, and one Member had in-patient notes only.</p>	<p>Care1st UM staff has been working closely with PCPs to identify EI/DD members by sending notification letters to parents and copies of the letters are faxed to PCPs to provide assistance to parents in making appointments with Regional Centers.</p> <p>To strengthen the current process for identification of EI/DD members and ensure Coordination of Care with the Regional Center, Care1st UM Department is in the process of developing a monitoring and tracking system in the current Medical Management System – MckessonCareEnhance Clinical Management Software (CCMS) to ensure that Case Management notes and Coordination of Care activities with Regional Centers are documented.</p>	<p>See attached Sample Letters to Parents and PCPs (see attachment F).</p> <p>See attached Workflow Process for EI/DD (see attachment G).</p> <p>See attached Policy</p>	<p>Letters were last mailed in February 2014</p> <p>CCMS Development to be completed by October 27, 2014</p> <p>Completed on</p>	<p><b>9/30/14</b> The MCP submitted substantial evidence of actions currently underway to address this finding, including:</p> <ul style="list-style-type: none"> <li>• Samples of informational correspondence to PCP's and the parents of EI/DD service eligible members</li> <li>• A description of clinical management software being implemented for monitoring and tracking case management and care coordination</li> <li>• A workflow process for EI/DD case management</li> <li>• A draft of a new P&amp;P, # 10.2.100.9A, to implement the processes</li> <li>• Information that a staff training, conducted by the VP of Medical Services, is scheduled</li> <li>• Samples of case management tracking reports</li> </ul> <p>To close this item please submit a copy of the approved/signed policy and evidence of the completion of the referenced training. <b>This item remains open.</b></p>

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	<p>New policy has been created for the new process - Policy# 10.2.100.9A</p> <p>New policy will be presented to the next ad hoc Medical Services Committee Members for approval.</p> <p>Care1st will create a new job function for Nurse Case Manager and Coordinator to support this new process.</p> <p>VP of Medical Services will conduct staff training.</p> <p>The Nurse Case Manager will open Case Management cases for all EI/DD eligible members in the Medical Management System – CCMS. CCMS is member centric and the Nurse Case Manager will document:</p> <p>All referral activities for members with developmental disabilities to Regional Centers for evaluation and access non-medical services that are provided through the Regional Centers:</p> <ol style="list-style-type: none"> <li>1. Confirm appointment with</li> </ol>	<p># 10.2.100.9A (see attachment B)</p>	<p>September 18, 2014</p> <p>To be completed by October 15, 2014</p> <p>Expected completion date will be by the end of October 2014</p> <p>Staff training will be by the end of October 2014 or early November 2014</p>	<p><b>10/16/14</b> The MCP submitted the requested, signed P&amp;P and evidence of training, including sign-in sheet and agenda. <b>This item is closed.</b></p>

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	<p>Regional Center and Parent,</p> <ol style="list-style-type: none"> <li>2. Arrange transportation as needed,</li> <li>3. Assist in scheduling a follow-up appointment with PCP to identify and coordinate medically necessary covered diagnostic, preventive and treatment services needed for members.</li> </ol> <p>The Nurse Case Manager will document the Coordination of Care activities between PCPs and EI/DD specialists in CCMS.</p> <p>The Nurse Case Manager sends a reminder to himself/herself for any follow-up activities as needed.</p> <p>The Nurse Case Manager will attach medical records and generate communication letters in CCMS to members and providers to ensure that preventive services are provided.</p> <p>The coordinator will request a copy of IHA from PCP and attached the IHA in CCMS.</p> <p>A Case Management Report can be generated via CCMS to track and monitor all the EI/DD cases that are being case managed.</p>	<p>See attached Samples of Member and Provider Communication Letters (See attachment D)</p> <p>See attached EI/DD Case Management Report 2.3 (see attachment H)</p> <p><b>10-15-14</b></p>		

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	<p><u>Care1st Response 10-15-14</u></p> <p>The policy was reviewed and approved in the Medical Services meeting. The meeting agenda and sign in sheet are attached, as is the signed P&amp;P. Training was held 10-14-14, conducted by the Vice President of Medical Services. Attached please find the agenda and sign in sheet from the training.</p>	<p>See Medical Services 10-8-14 Meeting Agenda, Minutes and Attendee Sign in Sheet Attachment 2.1 P&amp;P See 10-14-14 Training Agenda, Minutes and Attendee Sign in Sheet</p>		
<p><b>2.3-2</b> Review of 10 medical records disclosed that Members with EI/DD conditions were lacking documentation for coordination of care and provision of medically necessary covered diagnostic, preventive and treatment services.</p>	<p>CAP response to 2.3-1 applies. Please see 2.3-1.</p>			<p><b>9/30/14</b> Implementation of the case management software system and related process will resolve this finding. Note: future audits should confirm the successful implementation and operationalization of the systems. <b>This item is closed.</b></p>
<b>2.4 Initial Health Assessment</b>				
<p><b>2.4-1</b> Facility Site Reviews and the Outreach Call Reports documented the number of Members referred, appointments arranged, invalid phone numbers, declined, and Members</p>	<p><b>CATEGORY 2 – CASE MANAGEMENT AND COORDINATION OF CARE</b> <b>2.4 Initial Health Assessment</b></p> <p>Care1st's policy 70.1.1.14 has been revised to address the member's 0-18</p>	<p>Attachment 2.4-1. 1 Attachment 2.4-1. 2</p>		<p><b>9/30/14</b> The MCP submitted revised P&amp;P 70.1.1.14 which contains the requirement of an IHA for members 0-18 months of age to be completed within 60 days of enrollment. The documents submitted demonstrate that the MCP is actively tracking IHA phone contacts. <b>This item is closed.</b></p>

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<p>reached/not reached. There was no evidence of a tracking log in some of the Primary Care Provider offices included in the onsite review.</p>	<p>months old Initial Health Assessments. Please note the attached policy Page 1 under Purpose and also 2 Section B Health Assessments for Members under 21 years of age Bullet point 1 under B (see Attachment 2.4-1.1).</p> <p>The attempts to contact members are tracked in the automated call system as well as with the written reminders in the form of letters to members asking them to contact their primary care physicians to schedule the Initial Health Assessment. Please note the attached report for 10/2012 – 9/2013 which identifies all members that were eligible for IHA (see Attachment 2.4-1.2).</p> <ul style="list-style-type: none"> <li>• Column B represents all members eligible for IHA</li> <li>• Column C represents all members reached and reminded to contact PCP to schedule their IHA</li> <li>• Column D identifies all members that were not reached despite two call attempts</li> </ul>			
<p><b>2.4-2</b> MCP did not follow its policy of tracking the current business locations for all Providers enrolled in the Plan.</p>	<p>Care1st currently has a system of tracking business locations for Providers enrolled in the plan. Please see response on page 24 under Category 5.5 QM Medical Records. In addition, we are developing a</p>			<p><b>9/30/14</b> To close this item please submit information on the processes used to generate the provider address report cited in the response. <b>This item remains open.</b></p> <p><b>10/16/14</b> The MCP submitted an explanation of the processes it currently uses, and will</p>

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	<p>report that will be completed by January 31, 2015 that will give accurate addresses for all contracted providers.</p> <p><b><u>Care1st Response 10-15-14:</u></b></p> <p>The plan has a database of addresses and FSR/PARS scores for each address. There is also a list of contracted or to be contracted PCP locations and high volume specialist locations. The new report will synchronize and compare these two lists on a monthly basis by January 31, 2015.</p>			<p>implement by 1/31/15 to ensure compliance with this finding.</p> <p>Note: future audits should confirm the successful implementation and operationalization of the reporting/monitoring measures described.</p> <p><b>This item is closed.</b></p>
<p><b>2.4-3</b> Documentation was lacking to evidence follow-up attempts to improve completion of the IHA in the time required by the contract. Of 83 sample records 24 showed IHA completion outside the required time frame.</p>	<p>The IHA Coordinator now makes a reminder phone call to the member for whom the appointment has been made to confirm the appointment.</p> <p>We have reports using encounter data to confirm whether IHA visits have occurred or not and will add these reports to our monitoring system by January 31, 2015.</p> <p><b><u>Care1st Response 10-15-14</u></b></p> <p>The attached report shows the percent of new members with documented IHAs from encounter data lag by Medical Group. It has</p>	<p><b><u>10-15-14</u></b></p> <p>Attachment 2.4-3</p>		<p><b>9/30/14</b> To close this item please submit a copy of the encounter data report cited in the response, and include any explanation necessary for us to interpret the report.</p> <p><b>This item remains open.</b></p> <p><b>10/16/14</b> The MCP submitted a copy of the encounter data report, and a description of the measures it will take to monitor and correct future IHA completion rates.</p> <p><b>This item is closed.</b></p>

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	<p>limitations due to encounter data lag time and coding issues by the PCP offices. Care1st will require Medical Groups in the lowest quartile among all Medical Groups to submit a corrective action plan or provide new data showing that the IHAs were done. Care1st will run this report every six months, effective January 31, 2015.</p>			
<p><b>2.4-4</b> The IHA call report had insufficient data to substantiate all three contacts were attempted.</p>	<p>We realize this report does not adequately illustrate that 3 attempts to contact the member were complete. In fact, we have the data to show that each member receives at least three attempts, so we will create a new report by January 31, 2015 to show this.</p> <p>All members in column D are identified in a report that automatically generates letters (see Attachment 2.4-4.1). Additionally, we have attached a sample IHA member letter (Unable to Reach), that directs member to contact their doctor (See Attachment 2.4-4.2).</p> <p><b><u>Care1st Response 10-15-14</u></b></p> <p>The attached reports show the number of members in the IHA</p>	<p><b><u>10-15-14</u></b></p> <p>Attachment 2.4-4.1 Attachment 2.4-4.2</p>		<p><b>9/30/14</b> The MCP cites two attachments, 2.4-4.1 and 2.4-4.2, however the attachments do not appear to have been included in the submissions. To close this item please submit the attachments and a copy of the cited report, which illustrates the member contact attempts. <b>This item remains open.</b></p> <p><b>10/16/14</b> The MCP submitted copies of the referenced correspondence templates and a copy of the requested report. <b>This item is closed.</b></p>

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	<p>outreach program by month of call. For example, in October, 2012, 27 members out of 3,291 were not reached but at least three calls were made.</p>			
<b>3.1 Appointment Procedures and Monitoring Waiting Times</b>				
<p><b>3.1-1</b> The MCP does not have a procedure to monitor waiting times in providers' offices as required by the Contract.</p>	<p>Care1st has revised policy 70.1.1.8 Access to Care Standards and Monitoring, see page 2 under methodology section, # 5: to reflect current process regarding the monitoring of "wait times in the clinic", see attached policy (Attachment 3.1-1.1).</p> <p>In addition, we have re-submitted for your review, a copy of the survey we are currently using through our vendor titled, Provider Access Medical Access Availability Survey, refer to Question Summaries Q8 which addresses wait time in the clinic see attached report. (Attachment 3.1-1.2</p> <p>To further ensure compliance for the monitoring of wait time in provider offices, Care1st QI's FSR department has revised policy 70.1.4.1 to include a request at each site visit for 3 weeks of sign in sheets which shows the time the patient arrived and the</p>	<p>Attachment 3.1-1.1 Attachment 3.1-1.2 Attachment 3.1-1.3</p>		<p><b>9/30/14</b> The MCP submitted revised P&amp;Ps 70.1.18 and 70.1.4.1, and a copy of a survey performed by a contracted vendor. The submissions evidence the MCP's efforts at monitoring waiting time in providers' offices. <b>This item is closed.</b></p>

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	time the patient was seen. See attached policy, refer to page 4, #11 highlighted text. (Attachment 3.1-1.3)			
<p><b>3.1-2</b> The MCP's policies do not meet the geographic accessibility standard of 10 miles or 30 minutes from a Member's residence as required by the Contract.</p>	<p><b>We recognize the following revisions were made outside the review period; however we are restating that these changes have been made.</b></p> <ol style="list-style-type: none"> <li>1. Care1st has revised policy 70.1.1.29 Availability of Primary Care Practitioner, (ATT 3.1-2.1) See page 2 in the Procedure section, see highlights that evidences compliance with DHCS' requirement to adhere to the 10 miles accessibility.</li> <li>2. To address the Specialist accessibility recommendation; per our DHCS contract, it does not have a specific access requirement for Specialists of 15 miles/30 minutes; therefore a policy revision should not be required. If there is a specific requirement in the contract language, please provide so we can comply with standard.</li> </ol>	Attachment 3.1-2.1		<p><b>9/30/14</b> The MCP P&amp;P 70.1.1.29 complies with geographic accessibility standards, no further action is required. <b>This item is closed.</b></p>
<b>3.7 Access to Pharmaceutical Services</b>				
<b>3.7-1</b>				<b>9/30/14</b> The MCP submitted revised P&P

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<p>The MCP's personnel indicated that the MCP does not have specific monitoring procedures in place to ensure the provision of drugs prescribed in emergency circumstances as required by the Contract.</p>	<p>Care1st will work with PNO Department to ensure that that all hospital contracts contain a provision for furnishing drugs or prescription under emergency circumstances. Care1st Health Plan updated its policy on requirement for hospital emergency rooms to furnish emergency drugs. Care1st will review 5% of ER claims every quarter to identify relevant prescription activity within 48 hours of the ER event. If deficiencies are identified, Care1st will investigate further and work with the hospital to rectify the issue. Further non-compliance will lead to CAP and possible QM involvement</p>	<p>P&amp;P 70.11.2.3 Updated</p>	<p>This will be implemented starting with the review of the ER claims of October 1, 2014.</p>	<p>70.11.2.3 which contains a review process, including remedy steps for identified deficiencies, to monitor the provision of prescribed medication in ER services. <b>This item is closed.</b></p>
<p><b>3.7-2</b> The Hospital Service Agreement does not address how the Members receive an emergency supply of drugs if the hospital is unable to provide the needed medications. The Hospital Service Agreement does not include specific language for the provision of emergency supply of drugs as required by the Contract.</p>	<p>Care1st PNO Department will reach out to ensure contract compliance to furnishing emergency medications. If the hospital is unable to provide the needed medications, Care1st has a wide network of pharmacies that are open after hours, on holidays and week-ends. This allows members to fill their after hour prescriptions. In addition, there is an emergency supply of drugs agreement with the PBM, which allows the dispensing of 72 hours supply of an emergency medication including non-formulary medications (except excluded by law) upon being contacted by a retail</p>	<p>P&amp;P 70.11.2.2 <b>10-15-14</b> Hospital Agreement</p>	<p>Already in place</p>	<p><b>9/30/14</b> The MCP submitted P&amp;P 70.11.2.2 for this finding. The audit cites The Hospital Services Agreement as lacking the language regarding the provision of emergency supply of drugs, as required by the contract. To close this item please submit a copy of The Hospital Services Agreement with the required language highlighted. <b>This item remains open.</b></p> <p><b>10/16/14</b> The MCP submitted a copy of the Hospital Services Agreement template. Section 3.4 requires the hospital to ensure members receive the necessary emergency medication supply. <b>This item is closed.</b></p>

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	<p>pharmacy. This process is outlined in P&amp;P 70.11.2.2.                      Care1st lists its network pharmacies hours of operation on its website; this is searchable by zip code or pharmacy name.                      Members will be reminded of the availability of after-hours pharmacies Member Newsletter at least annually.</p> <p><b><u>Care1st Response 10-15-14</u></b></p> <p>The hospital contract is attached for review. Please reference Section 3.4</p>			
<b>4.1 Grievance System</b>				
<p><b>4.1-1</b>                      The MCP's policy #80.19.7 does not include the requirement that grievances related to medical quality of care issues shall be referred to the Plan's Medical Director as required by the Contract.</p>	<p><b>CATEGORY 4 – MEMBER'S RIGHTS</b>  <b>We recognize the following revisions were made outside the review period; however we are restating that these changes have been made.</b></p> <p><b>4.1 Grievance System</b>                      Care1st's policy # 80.19.7 that was previously provided was not the correct policy. Please see the policies that address how clinical grievances are overseen by our Chief Medical Officer and/or Medical Directors. To evidence compliance with DHCS requirements regarding Medical Director oversight, please</p>	<p>Attachment 4.1-1.1                      Attachment 4.1-1.2                      Attachment 4.1-1.3</p>		<p><b>9/30/14</b> The MCP submitted P&amp;Ps 70.1.1.7, 70.1.1.5, and 70.1.1.9. The P&amp;Ps were revised after the review period, however the revisions satisfy the requirement—no further action is required.  <b>This item is closed.</b></p>

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	<p>see the appropriate policies listed below.</p> <p><b>Attachment 4.1-1.1: # 70.1.1.7.</b> Clinical Grievance Process (see pages 2 -3, 5 -8 highlighted text)</p> <p><b>Attachment 4.1-1.2: # 70.1.1.5.</b> Assigning a Quality Improvement Severity Level, (see page 1 highlighted text)</p> <p><b>Attachment 4.1-1.3: # 70.1.1.9.</b> Potential Quality of Care and Quality of Care Issues, (see pages 3- 5 highlighted text)</p>			
<p><b>4.1-2</b> The MCP does not have a systematic process through which all quality of care grievances are resolved under the supervision of a Medical Director or designated qualified health care professional as required by the Contract.</p>	<p><b>CATEGORY 4 – MEMBER’S RIGHTS</b> <b>We recognize the following revisions were made outside the review period; however we are restating that these changes have been made.</b></p> <p><b>4.1 Grievance System</b> Care1st’s policy # 80.19.7 that was previously provided was not the correct policy. Please see the policies that address how clinical grievances are overseen by our Chief Medical Officer and/or Medical Directors. To evidence compliance with DHCS requirements regarding Medical Director oversight, please see the appropriate policies listed</p>	<p>Attachment 4.1-1.1 Attachment 4.1-1.2 Attachment 4.1-1.3</p>		<p><b>9/30/14</b> The MCP submitted P&amp;Ps 70.1.1.7, 70.1.1.5, and 70.1.1.9. The P&amp;Ps were revised after the review period, however the revisions satisfy the requirement—no further action is required. <b>This item is closed.</b></p>

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	below.  <b>Attachment 4.1-1.1:</b> # 70.1.1.7. Clinical Grievance Process (see pages 2 -3, 5 -8 highlighted text) <b>Attachment 4.1-1.2:</b> # 70.1.1.5. Assigning a Quality Improvement Severity Level, (see page 1 highlighted text) <b>Attachment 4.1-1.3:</b> # 70.1.1.9. Potential Quality of Care and Quality of Care Issues, (see pages 3- 5 highlighted text)			
<b>4.3 Confidentiality Rights</b>				
<b>4.3-1</b> The MCP's policy #70.17.36 does not include information that notification of a breach or investigation be submitted to the DHCS Medi-Cal Managed Care Division Contracting Officer as required by the Contract.	The policies 70.17.36 and 70.17.2.1 have been updated to reflect accurate information on reporting to DHCS' various divisions.	P&P 70.17.36 P&P 70.17.2.1 Sample Cases Listing	December 2013	<b>9/30/14</b> The MCP submitted revised P&Ps 70.17.36 and 70.17.2.1 which contain the information of breach notification to DHCS, as required by the contract. <b>This item is closed.</b>
<b>4.3-2</b> The MCP's Notice of Privacy Practices posted on the Plan's website contains incorrect DHCS Privacy Officer's address.	The revised NPP for San Diego reflecting the correct DHCS Privacy Officer's address is attached.	NPP attached	June 2014	<b>9/30/14</b> The MCP submitted the NPP containing the correct contact information for DHCS Privacy Office. <b>This item is closed.</b>
<b>4.3-3</b> Review of 13 HIPAA breach cases reveals that 2 cases were only	Policy & Procedure 70.17.2.1 has been updated to reflect proper timelines & reporting protocols. All	P&P 70.17.2.1 Sample Cases Listing	December 2013	<b>9/30/14</b> The MCP submitted the revised P&P 70.17.2.1 which contains correct information regarding timelines and reporting protocols for reporting potential HIPAA breaches to DHCS, as

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reported to the DHCS Privacy Officer and were not submitted within the required 24 hour time frame. In addition 11 were not reported the DHCS personnel with 24 hours as required by the Contract.	potential HIPAA cases are now being reported to the appropriate DHCS divisions. The staff has been informed/apprised of new protocols. Sample case files are being provided for references.			required by the contract. <b>This item is closed.</b>
<b>5.5 Medical Records</b>				
<b>5.5-1</b> The MCP does not follow its policy #70.1.4.1 requirement to track enrolled provider's current practice address.	<b>CATEGORY 5 – QUALITY MANAGEMENT:</b> <b>5.5 Medical Records</b> We again want to state the following: Care1st's current tracking system for retrieval of patient's medical records is outlined in the Office Relocation instructions in the provider manual, see section 12.8.3 ( <b>see Attachment 5.1-1.2</b> ). There is a requirement of a 90 day prior written notification of all office relocations to their appointed Provider Network Administrator or their Participating Provider Group. In addition, this 90 day prior written notice must be provided to Care1st's Provider Network Operations. Care1st Provider network operations will notify QI/FSR and QI/Credentialing for all PCP and Specialists change of addresses as noted in attached policy 70.5.4.4, ( <b>see Attachment 5.1-1.3</b> ). We are currently developing a report	<b>10-15-14</b>  Attachment 5.1-1.4		<b>9/30/14</b> To close this item please submit information on the processes used to generate the provider address report cited in the response. <b>This item remains open.</b>  <b>10/16/14</b> The MCP submitted a copy of the Provider address change report, and a description of the processes it will use going forward to ensure compliance with this finding. Note: future audits should ensure operationalization of the MCP's processes. <b>This item is closed.</b>

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	<p>that will be completed by January 31, 2015, that will track all moving provider offices.</p> <p><b><u>Care1st Response 10-15-14</u></b></p> <p>There is a central database used for member notification of physician changes of address. The provider office gives up to ninety days notice. The plan will run the report monthly to update the appropriate databases.</p>			
<p><b>5.5-2</b> A verification study of 83 medical records revealed the following discrepancies: Missing personal/biographical information in 27 records Missing complete record of immunizations in 77 records Documentation of whether the Member (18 years of age and older) has been provided information about, or executed, an Advance Health Care Directive in 12 records.</p>	<p>Medical Record Reviews are conducted at all initial and triennial periodic reviews. These reviews specifically evaluate that an Individual medical record is established for <b><u>each member</u></b>. The member identification is on each page as is the individual personal biographical information is documented as noted in the attached <u>Full Scope Medical Record Review Tool Survey 2012</u> on page 3 Items A, B, and C (<b>see Attachment 5.1-1.1</b>).</p> <p>Pediatric Immunizations are specifically evaluated for all 3 criteria on page 7 of the attached tool, Item J (<b>see Attachment 5.1-1.1</b>). Adult immunizations are specifically evaluated for all 3 criteria on page 9 of the attached tool, item L (<b>see</b></p>	Attachment 5.1-1.1		<p><b>9/30/14</b> The MCP submitted a Medical Record Review Tool. The tool contains sufficient monitoring criteria to address, and potentially prevent, the deficiencies noted in the finding. We are closing this finding; however, we are recommending the MCP increase the diligence in the use of the tool. Future audits should expect to find significant improvement in the deficient items noted in the findings. <b>This item is closed.</b></p>

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	<p><b>Attachment 5.1-1.1).</b> Any of these items that do not meet criteria are scored a 0 and a corrective action plan is developed and presented to the provider and staff along with education on the importance of keeping these items up to date and accurate.</p>			
<b>5.6 Informed Consent</b>				
<p><b>5.6</b> Twenty-six Sterilization claims medical records reviewed revealed the following: PM 330 forms were completed incorrectly for 11 records. Paid claims lacked the Informed Consent form PM 330 for 4 records. Male Sterilizations performed lacked the accepted PM 330 Form for 5 records.</p>	<p><b>CATEGORY 5 – QUALITY MANAGEMENT</b> <b>5.6 Informed Consent</b></p> <p>The QI Facility Site Review Department monitors and educates the PCP offices, specifically the OB/GYN offices for the use of the PM330 under our Documentation Criteria. On page 4 of the attached DHCS MRR Tool, in Section D Signed Informed Consents, the DHCS Guidelines. In addition on page 4, Documentation Reviewer Guidelines specifically notes the need for the PM 330 for Human Sterilization <b>(Attachments 5.6-1 &amp; 5.6-2)</b></p> <p>In addition, Care1st will send an annual Provider education fax blast to our PCPs, OB/GYNs and Urologists</p>	<p><b><u>10-15-14</u></b></p> <p>Attachment 5.6-3 Attachment 5.6.4 Attendee Sign in Sheet Materials Distributed</p>		<p><b>9/30/14</b> To close this item please submit:</p> <ul style="list-style-type: none"> <li>• A copy of the referenced “fax blast” regarding the completion of PM330</li> <li>• Evidence of the referenced training for claims staff</li> </ul> <p><b>This item remains open.</b></p> <p><b>10/16/14</b> The MCP submitted a copy of the “fax blast” and training materials, agenda, and sign-in sheet from a training conducted 10/8/14. <b>This item is closed.</b></p>

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	<p>with specific instructions to complete a PM 330 and reminding them that without a completed PM330 a claim will not be paid.</p> <p>QI-Facility Site Review staff will work with the Claims department to train claims staff in the review of the PM 330 for completion. We will collaboratively develop a monitoring program for the PM 330 to determine any trends.</p> <p>In addition, our FSR Master Trainer has scheduled training with the claims department regarding proper completion of the PM330. This training will occur on October 8, 2014.</p> <p><b><u>Care1st Response 10-15-14</u></b></p> <p>Care1st annually sends out a blast fax on sterilization (see ATT 5.6-3). The last date sent was December 23, 2013. The claims training was held October 8, 2014, which was a "Train the Trainer", was attended by the Vice President and Director of Claims. See ATT 5.6-4 PM330 Training Agenda, attendee sign in sheet and materials distributed.</p>			
6.1 Medical Director				9/30/14 The MCP submitted P&Ps 70.1.1.7,
6.1				

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<p>The Verification Study on clinical grievances found that the MCP does not have a systematic process through which all quality of care grievances are resolved under the supervision of a Medical Director or designated qualified health care professional as required by the Contract.</p>	<p><b>CATEGORY 6 – ADMINISTRATIVE AND ORGANIZATIONAL CAPACITY</b></p> <p><i>We recognize the following revisions were made outside the review period, however we are restating that these changes have been made.</i></p> <p><b>6.1 Medical Director</b> Care1st's policy # 80.19.7 that was previously provided did not address how clinical grievances are overseen by our Chief Medical Officer and/or Medical Directors. To evidence compliance with DHCS requirements regarding Medical Director oversight, <b>please see Attachments 1, 2 and 3 listed below:</b></p> <p><b>ATT 6.1-1</b> 70.1.1.7. Clinical Grievance Process (see pages 2 -3, 5 -8 highlighted text) <b>ATT 6.1-2</b> 70.1.1.5. Assigning a Quality Improvement Severity Level, (see page 1 highlighted text) <b>ATT 6.1-3</b> 70.1.1.9. Potential Quality of Care and Quality of Care Issues, (see pages 3- 5 highlighted text)</p>	<p>Attachment 6.1-1 Attachment 6.1-2 Attachment 6.1-3</p>		<p>70.1.1.5, and 70.1.1.9. The P&amp;Ps were revised after the review period, however the revisions satisfy the requirement—no further action is required. <b>This item is closed.</b></p>
<b>6.4 Provider Training</b>				
<p><b>6.4</b> Two of the 10 providers sampled did not receive</p>	<p>Additional resources have been added to the Provider Network Operations (PNO) department and</p>		<p>May 2014</p>	<p><b>9/30/14</b> The MCP attests that additional resources have been added to address the deficiency. Future audits should review for</p>

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the contractually required training within ten working days of being placed on active status.	providers are assigned geographically to the PNO staff. This will ensure newly contracted providers are trained within the required timeframe of 10 working days after the provider is placed on active status.			improvement. <b>This item is closed.</b>
<b>6.5 Fraud and Abuse</b>				
<b>6.5</b> Of the three cases of potential Fraud and Abuse submitted by the MCP during the audit period, one was not reported within the 10 working days as required by the Contract.	Effective (late) December 2013, the Plan began to report all fraud and abuse cases to DHCS/PIU. Also, Policy & Procedure 70.17.2.1 has been updated to reflect accurate protocols in reporting to DHCS/PIU. Staff has been informed/apprised of the changes in protocol reporting.	P&P 70.17.2.1	December 2013	<b>9/30/14</b> The MCP submitted revised P&P 70.17.2.1 which contains the information of fraud and abuse notification to DHCS, as required by the contract. <b>This item is closed.</b>

**Submitted by:**  
**Title:**

**Date:**