



JENNIFER KENT
DIRECTOR

State of California—Health and Human Services Agency
Department of Health Care Services



EDMUND G. BROWN JR.
GOVERNOR

July 26, 2016

Alejandra Clyde, Compliance Officer
Health Plan San Joaquin
7751 S. Manthey Road
French Camp, CA 95231

RE: Department of Health Care Services Medical Audit

Dear Ms. Clyde:

The Department of Health Care Services (DHCS), Audits and Investigations Division conducted an on-site Medical Audit of Health Plan San Joaquin, a Managed Care Plan (MCP), from July 13, 2015 through July 24, 2015. The survey covered the period of July 1, 2014 through June 30, 2015.

On July 22, 2016, the MCP provided DHCS with additional information to its Corrective Action Plan (CAP) in response to the report originally issued on March 23, 2016.

All items have been reviewed and found to be in compliance. The CAP is hereby closed. The enclosed report will serve as DHCS' final response to the MCP's CAP.

Please be advised that in accordance with Health & Safety Code Section 1380(h) and the Public Records Act, the final report will become a public document and will be made available on the DHCS website and to the public upon request.

If you have any questions, feel free to contact Michael Pank, Analyst, Compliance Unit, at (916) 449-5097 or CAPMonitoring@dhcs.ca.gov.

Sincerely,

Jeanette Fong, Chief
Compliance Unit

Enclosures: Attachment A CAP Response Form

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cc: Yvonne Harden, Contract Manager
Department of Health Care Services
Medi-Cal Managed Care Division
P.O. Box 997413, MS 4408
Sacramento, CA 95899-7413



**ATTACHMENT A
Corrective Action Plan Response Form**

**Plan Name: Health Plan of San Joaquin
Contract: DHCS A&I Medical Review Audit**

Review/Audit Type: DHCS Medical Review Audit Review Period: July 1, 2014 through June 30, 2015

MCPs are required to provide a CAP and respond to all documented deficiencies within 30 calendar days, unless an alternative timeframe is indicated in the letter. MCPs are required to submit the CAP via email in word format which will reduce turnaround time for DHCS to complete its review.

The CAP submission must include a written statement identifying the deficiency and describing the plan of action taken to correct the deficiency, and the operational results of that action. For deficiencies that require long term corrective action or a period of time longer than 30 days to remedy or operationalize, the MCP must demonstrate it has taken remedial action and is making progress toward achieving an acceptable level of compliance. The MCP will be required to include the date when full compliance is expected to be achieved.

DHCS will maintain close communication with the MCP throughout the CAP process and provide technical assistance to ensure the MCP provides sufficient documentation to correct deficiencies. Depending on the volume and complexity of deficiencies identified, DHCS may require the MCP to provide weekly updates, as applicable.

CORRECTIVE ACTION PLAN FORMAT

Deficiency Number and Finding	Action Taken	Implementation Documentation	Completion/ Expected Completion Date	DHCS Comments
1. Utilization Management				
1.1.1 Develop and implement UM program mechanisms to detect and track underutilization of health care services.	HPSJ utilizes multiple data sources and discussions within internal teams and the committees to identify and address potential over and underutilization of services.	<ol style="list-style-type: none"> 1. 1.1.1_Response 2. HEDIS Utilization of Preventive Services Report 	January 2016	<p>4/28/16: The Plan submitted a written description of areas that are monitored for potential underutilization including IHA, preventive dental care, and the nurse advice line.</p> <p>5/3/16: DHCS requested documented verification that the issues identified have been discussed in</p>

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	<p>A comprehensive discussion of all the identified areas of potential underutilization and overutilization are discussed at the QM/UM meeting at least annually.</p> <p>Through the above process, the following areas (see attached 1.1.1_Response) of potential underutilization were identified and improvement plans implemented during the last several months.</p>	<ol style="list-style-type: none"> 3. Dental Varnish Rates 4. UM Work Plan 5. HPSJ Nurse Advice Line Annual Report 		<p>the QM/UM committee meeting minutes.</p> <p>6/21/16: HPSJ submitted approved May 18, 2016 QM/UM meeting minutes. SPD utilization was discussed relating to bed days and admission rates which were within the Plan's established goals. The nurse advice line continues to be under-utilized. HPSJ is currently negotiating to add "MD Call" component to add on-call physician access. Over and underutilization is to be presented in fourth quarter.</p> <p>This deficiency is closed.</p>
<p>1.2.1 Ensure that complete appeal instructions are included in the NOA letter</p>	<p>HPSJ includes complete appeal instructions in each Medical and Pharmacy NOA letter to members, including IMR and Fair Hearings information. This appeals section is attached to every NOA letter by a fulfillment vendor responsible for printing and mailing.</p> <p>When the files were printed for the audit the staff did not print and include the appeals section of the NOA for some files.</p> <p>While the auditors were on site in July, evidence was presented to show that the appeals section was included in all NOAs.</p> <p>It has been confirmed through an audit that all the NOA letters have the appeals section attached to it Periodic audits conducted by the UM/QM team</p>	<ol style="list-style-type: none"> 1. 1.2.1 Attachment A- "Rights Under Medi-Cal Managed Care" 2. 1.2.1 Attachment B- Fulfillment Vendor Audit completed 	<p>April 2016</p>	<p>4/28/16: HPSJ submitted a written document titled, "Audit Report on Denial Letters" (4/14/16). The document indicates that HPSJ employs a fulfillment vendor, K.P., Inc., for the printing and mailing of UM NOA letters which the vendor receives electronically through the Medical Management System. To ensure that letters are issued with the appeal attachments, an auditing process has been implemented. Every six (6) months, 30 randomly selected NOAs are reviewed by the HPSJ UM Director designer.</p> <p>The 4/14/16 internal audit findings indicated that each of the 30 NOAs reviewed had the "Your Rights under Medi-Cal Managed Care appeal document attached demonstrating compliance with the requirement.</p> <p>This deficiency is closed.</p>

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	will include auditing for compliance with this requirement.			
<p>1.3.1 Develop and implement a referral tracking system.</p>	<p>This was a finding in the 2014 DHCS audit and a corrective action plan was submitted to the state. At the time of the 2015 audit, we explained to the auditors that the health plan did not require prior authorizations for in-network referrals. The referrals were tracked for patterns of utilization and grievances and appeals were monitored for access issues to specialists. The access and availability reports were also monitored for issues and addressed.</p> <p>In addition the specialty referrals for out of network and out of county services requires prior authorization and these referrals are monitored. At the time of the audit, reports of in network and out of network specialty claims being monitored were submitted. The plan to run this monthly and to compare this with the authorizations for out of network services to identify unused authorizations was explained. The members with the unused</p>	<ol style="list-style-type: none"> 1. Specialty referral tracking for in-network specialties 2. Specialty referral tracking for out of network specialties 3. Detailed review and analysis of denials of authorizations 4. Unused authorizations intervention-calls to members and lessons learned. 	<p>July 2015</p>	<p>4/28/16: HPSJ submitted:</p> <p>-“Specialty referral tracking for in-network specialties” report which shows evidence that in-network referrals were tracked from July 2014 through April 2016.</p> <p>-“Specialty referral tracking for out of network specialties” which cross-references authorization status with claims status.</p> <p>-“Outpatient Authorization Denial Analysis for FY 2014-15” as indication the Plan is tracking and trending approval and denial authorization patterns. The report discusses analyses for denial reasons.</p> <p>-“QM/UM Presentation – Unused Authorization Outreach Project” which describes the Plan’s process for conducting a random audit of 100 unused authorizations.</p> <p>5/24/16: HPSJ submitted copy of March QM/UM meeting minutes that documents discussion of the Plan’s referral tracking report (page 12).</p> <p>This deficiency is closed.</p>

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	<p>authorizations for specialty referrals and other services are being outreached through phone calls to understand why the authorizations were not utilized and interventions made as appropriate. This part of the 2014 CAP was planned and responded to but too early to implement prior to the 2015 audit as the results of the previous audit were made available to the plan only a couple of weeks prior the 2015 audit submission.</p>			
<p>1.5.1 Ensure continuous monitoring and oversight of delegated entities through timely receipt of oversight reports</p>	<p>HPSJ has a process in place for continuous monitoring and oversight of delegated entities through the timely receipt and review of the oversight reports. UM Delegation has been provided to Beacon, an NCQA accredited Behavioral Health Vendor and Kaiser for Medical Utilization. Both entities provide secured online reports quarterly on UM activities which are reviewed and provided with CAP's if indicated. Documentation of Oversight Review and findings are found on secured spreadsheets. Oversight reports are made at the Delegation Oversight Committee.</p>	<ol style="list-style-type: none"> 1. Delegation Oversight Spreadsheet, 2. Delegation Oversight Committee minutes 	<p>April 2016</p>	<p>4/28/16: The Plan submitted:</p> <ul style="list-style-type: none"> - A written response which indicates that a process for continuous monitoring and oversight was implemented in November 2014. UM delegation has been provided for Beacon and Kaiser. Delegated entities provide secure online reports quarterly/monthly which are reviewed and provided with CAPs if indicated. Oversight reports are discussed with the Delegation Oversight Committee and QM/UM Committee. - "Delegation Oversight Spreadsheet" which contained the scheduled reporting requirements for Beacon and receipt dates of all required reports as indication of timely reporting. - "Delegation Oversight Committee" meeting minutes (10/26/15) which includes a description

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				<p>of the Delegation Oversight Committee (DOC) and evidence of review of the delegated oversight reporting grid.</p> <p>This deficiency is closed.</p>
2. Case Management and Coordination of Care				
<p>2.2.1 A) Ensure continued provision of all medically necessary covered services to the member until CCS eligibility is confirmed. B) Ensure all medically necessary authorizations are approved within the required time frame. C) Ensure policy reflects contractual requirements.</p>	<p>HPSJ has developed a process that ensures the provision of medically necessary covered services to members until CCS eligibility is confirmed. Authorizations are approved within required time frames and the policy UM 41 has been amended to reflect this change. MOU's with Stanislaus and San Joaquin CCS Agencies have been executed. Quarterly meetings are held between HPSJ Staff and CCS staff at CCS offices to ensure coordination of care, timely approval of requests and transition of patients who are "aging out" from CCS to HPSJ and to collaborate on other issues.</p>	<ol style="list-style-type: none"> 1. Attachment A- Revised Policy UM 41- CCS 2. Attachment B - CCS Log 3. Attachment C- Stanislaus CCS MOU 4. Attachment D- San Joaquin CCS MOU 	<p>April 2016</p>	<p>4/28/16: HPSJ submitted:</p> <p>-Revised Policy UM41 – California Children Services (revised 04/2016) that ensures the provision of all medically necessary covered services until CCS eligibility is determined (page 9).</p> <p>-"CAP CCS OP Log 2016" which provides evidence of authorization turn-around-times ranging from 0-14 days for members with CCS eligibility pending (April 2016 data).</p> <p>-Copies of two MOUs with Stanislaus and San Joaquin counties which indicate that the Plan will continue to be responsible for all medically necessary care for any client referral to CCS until CCS completes all eligibility determinations.</p> <p>This deficiency is closed.</p>

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<p>2.3.1 Ensure the MOU is fully executed with Regional Center</p>	<p>This was a CAP during the 2014 audit. HPSJ has worked diligently to get this issue resolved by having quarterly meetings with VMRC and discussions with their leadership. We have also requested assistance from DHCS since DHCS has to address VMRC's issues and concerns. Attached are extracts from 2 VMRC/HPSJ meetings that highlights HPSJs diligence in addressing this issue and VMRCs concerns which are all related to contract and oversight issues between the DHCS agencies and the VMRC. HPSJ has worked with VMRC and escalated to the state accordingly. We are unable to resolve issues between the state and the VMRC which they are working on. HPSJ sends a letter to the member identified as receiving VMRC services letting them know to call Case Management if they need any assistance with care or coordination. Attached are some excerpts from the VMRC/HPSJ meetings that outline VMRC's challenges that need to be addressed by DHCS and not by HPSJ. VMRC is holding this meeting with multiple Northern County plans and their</p>	<ol style="list-style-type: none"> 1. Meeting minutes between VMRC and HPSJ for 7/15 and 8/15 2. Letter from HPSJ to our new VMRC clients. 	<p>August 2015</p>	<p>4/28/16: The Plan submitted:</p> <ul style="list-style-type: none"> -Sample letter that is sent to the members which provides information on the Case Management Program. <p>6/4/16: The Plan submitted the following additional documentation to support efforts to correct this deficiency:</p> <ul style="list-style-type: none"> -Another sample letter that is sent to the member providing information on Case Management. In this version, the PCP is cc'd on the letter. -A sample letter informing the provider of a list of members that receive RC services as evidence that the Plan is attempting to coordinating with PCPs. <p>This deficiency is closed.</p>

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	<p>position is the same for all plans.</p> <p>7/15 meeting minutes:</p> <ul style="list-style-type: none"> <input type="checkbox"/> “DDS does not require VMRC to have MOU with the MCPs <input type="checkbox"/> However, MCPs are required to Have MOU with VMRC. <p>Requires Quarterly meeting with MCP, to facilitate this VMRC will host the Quarterly meeting and invite all MCPs in their jurisdiction area. VMRC will not take minutes.”</p> <p>8/15 meeting minutes</p> <p>VMRC said they have been directed not to negotiate an MOU with the MCPs by the DDS and ARCA, and that they were informed that currently the MOU will only be for Mental Health Services and that the DHCS will provide them with the template for the limited MOU.HPSJ was able to discuss certain provisions of the general MOU template and did concur on certain parts of the MOU</p> <ul style="list-style-type: none"> _ 1. Overview of Services: both agencies are currently doing this. _ 2. Primary Liaison: Mary Sheehan for VMRC / Christina Varela for HPSJ _ 3. Care Manager Liaison: Zoemia Jewel Aguilar for HPSJ _ 4. Technical Assistance and Consultation both agencies agree _ 5. Developmental Assessment: This is not an area of agreement. <p>Discussion concerning the</p>			

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	<p>transmission of this amount of PHI and is not necessary to provide services.</p> <p>_ 6. Referrals: Both agencies are currently doing this.”</p> <p>Detailed meeting minutes are attached. HPSJ has an excellent working relationship with the VMRC for several years and the problems as highlighted are issues that need to be addressed between DHCS and VMRC. HPSJ has demonstrated that all actions possible have been taken from HPSJ’s area of responsibility.</p>			
<p>2.4.1 Develop and implement quality improvement strategies to address low IHA compliance rate.</p>	<p>HPSJ has sponsored ongoing education sessions for the providers and their office staff about IHA monitoring and requirements. The provider in-service training session is completed at time of contracting and annually, which includes the IHA requirements. (Slide 10 of New PCP orientation)</p> <p>Additional educational sessions were held March 17, 2016 in San Joaquin (French Camp) and March 24th, 2016 Stanislaus (Modesto) Counties. Documented attendance for the two sessions for 2016 are 32 in Modesto and 75 in French Camp for total of over 100 participants.</p> <p>Currently HPSJ is in the process of</p>	<ol style="list-style-type: none"> 1. New provider education packet 2. IHA agenda 3. IHA training slides 4. IHA Training Participation List 5. Provider incentive brochure 	<p>May 2016</p>	<p>4/28/16: HPSP submitted the following documentation as evidence that efforts have been taken to boost IHA completion rates:</p> <ul style="list-style-type: none"> -New PCP orientation power point which provides information regarding IHA requirement. -“Primary Care Provider 2016 Quality Incentives” which notifies providers of a \$25 incentive for completing the IHA. -QM/UM Committee meeting minutes (05/18/16) which documents discussion of the IHA incentive program (page 6). -HPSJ indicated in a written response describing the following additional efforts, including but not limited to:

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	<p>reviewing 472 member medical records for the documentation of the IHA, IHEBA, and appropriate follow up activities. The medical records for 472 members were requested from the PCP offices and reviewed by the HEDIS Medical Record Abstractors. The results of the survey will be completed by May 15, 2016. The results will be reviewed by an interdepartmental team who will report the results along with any recommendations to the QM / UM Committee and Commission. Appropriate individual providers will also be given feedback of results. A sample of these records are reviewed for follow up actions or identified recommendations from the results of the IHA.</p> <p>An annual review will be conducted by the Quality Management Team, with reporting results and recommendations to the QM / UM Committee.</p> <p>Facility Site Reviews continue to routinely address the IHA completion, specifically requiring the providers to use the Staying Healthy Assessment (SHA) tool, as outlined by DMHC/ DHCS. This tool also includes the follow up plan to the SHA on the back of the document. Those ongoing reviews include education to the providers for use of the appropriate</p>			<p>-An internal audit of 472 member records to monitor for documentation of IHA, IHEBA, and appropriate follow up activities. Results will be complete by May 15, 2016 and reviewed by an interdepartmental team.</p> <p>-FSRs continue to routinely address IHA completion and completeness with an appropriate tool.</p> <p>-Members receive information regarding importance of the IHA in the new member packet.</p> <p>This deficiency is closed.</p>

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	<p>tool with follow up and Corrective Action Plans for those sites that are not in compliance. This process is ongoing.</p> <p>Provider Incentives to increase IHA compliance Provider's incentives have been included for each IHA completed for CY 2016. The target is to increase completion rates and awareness of the importance for the providers. The provider incentives are paid quarterly.</p> <p>Provider Reports to Increase IHA compliance</p> <p>The providers receive the new member list in DRE (provider portal) of members that are new to their practice and therefore eligible for an IHA</p> <p>New members receive information regarding the importance of IHA in the new member packet. We plan for them to receive an automated reminder text promoting compliance with IHA.</p> <p>Noted in July 15, 2015 QMUM Committee as addition to program description</p> <p>Commission Presentation of the 3/16/2016 QM/UM Update includes IHA review update.</p> <p>Commission Presentation of the 2/10/2016 QM/UM Update Includes</p>			

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	the Provider incentives for CY 2016 which includes IHA.			
3. Access and Availability of Care				
<p>3.1.1 Ensure availability of First Prenatal Visit within 2 weeks upon request</p>	<p>HPSJ monitors the compliance with the required timeframe of enrollee's first pre-natal visit through the following methods: HPSJ initiated a modified Access survey using the DMHC methodology for OB visits, both urgent (within 48 hours) and routine within two weeks. This survey was conducted the first 2 weeks of April, 2016. The results of the survey are to be reviewed at the next QM/UM committee meeting.</p> <p>Routine Office visits within 2 weeks = 100% compliant Limitations of survey:</p> <ul style="list-style-type: none"> Denominator of those Offices that were willing to answer the survey was low. About half of the offices' scheduling staff or administrative personnel refused to answer the Access survey. This is obviously a source of irritation with the office staff by comments that were received 	<ol style="list-style-type: none"> DMHC methodology Spreadsheet Script 	<p>June 2016</p>	<p>4/26/16: The Plan submitted the following documentation:</p> <p>-In a written response, the Plan indicated that it conducted a survey in April 2016 to measure timely access to prenatal appointments. Survey results indicated 100% compliance.</p> <p>-The Plan also analyzed grievances related to OB access.</p> <p>-The Plan also submitted the revised DMHC Provider Appointment Availability Survey which incorporates measurement of timely access to prenatal appointments.</p> <p>5/25/16: The Plan submitted the following additional documentation:</p> <p>-The QM/UM Committee meeting minutes which document discussion of the Plan's Access Survey results including timeliness with OB appointments (page 12).</p> <p>This deficiency is closed.</p>

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	<p>at the time of survey. However, those that participated were very helpful.</p> <ul style="list-style-type: none"> Many of the OB specialists listed for the sample are no longer taking primary responsibility of routine patients for delivery, however have oversight responsibilities for office visits or office administrative functions. Therefore the office staff did not answer the survey for that practitioners. Total denominator for those completing survey was 32 out of the sample of 53. <p>Additional supporting information: DMHC Grievance Access Report – 2015 This report was submitted to DMHC 4/15/2016 for Calendar Year 2015. Analysis of the 234 access issues showed only 12 (5.1%) were related to OB practices in any way. The breakdown of the grievances is the following:</p> <ul style="list-style-type: none"> 2 issues with insurance verification or EMR 			

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	<p>systems in the provider office</p> <ul style="list-style-type: none"> • 1 OB referral of patient to high risk OB due to comorbid conditions • 4 Appointment timeliness for routine visit <ul style="list-style-type: none"> ○ 1 in 13 days ○ 1 in 3 days ○ 1 in 4 days and ○ 1 post-visit in 10 days (grievance after appointment) • 2 Requested non contracted facility as personal preference • 1 Request to change OB provider • 2 Referrals from OB provider for patient PCP (no PCP) <p>(Please note that in all cases the appointment was within the required</p>			

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	<p>timeframe of 14 days for a routine visit)</p> <p>Summary: All aspects of HPSJ's current measurement systems has demonstrated that it meets the contractual requirement for initial prenatal appointments within two (2) weeks.</p> <p>Review of the Survey, the DMHC 2015 Grievance Access report, and the Access Performance Standards report all confirm that HPSJ meets the requirement.</p>			
<p>3.1.2 Ensure the monitoring of timeliness access standards for specialist providers</p>	<p>HPSJ completed and reported the 2015 Timely Access Survey and the required documentation within the 3/31/2016 required time line. The results of the survey are scheduled to be reviewed at the next QMUM Committee. The Survey included PCPs, Specialists, Ancillary and Behavioral Health providers, as outlined in the DMHC methodology. The attached analysis outlines the specifics for that report. The survey included questions using the verbiage of authorization requirements or no authorization required by the provider IPA or group or the MCO. HPSJ does not require prior authorization of urgent or routine in network office visit for PCPs or specialist. The mention of</p>	<ol style="list-style-type: none"> 1. DMHC methodology 2. Each of the detail and summary files for PCP, Specialist, Ancillary, and Behavioral Health 3. Analysis of Access Results 	<p>June 2016</p>	<p>4/26/16: HPSJ submitted the following documentation:</p> <p>-A written response which indicates that the Plan completed the 2015 Timely Access Survey which did include measurement of timely access to specialist appointments.</p> <p>-“Analysis of Access Results” (03/28/16) as evidence that timely access to specialist appointments was measured in the 2015 Timely Access Survey (reported 70.45% compliance rate).</p> <p>6/21/15: The Plan submitted the following additional information:</p> <p>-The QM/UM meeting minutes (5/18/16) which document review of the timely access survey, including specialist results (page 12).</p>

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	<p>authorization may have set the respondents on an alternate method for scheduling, therefore, since it is N/A for HPSJ, there is the belief that these specific questions have the ability to skew the results. HPSJ also does direct contracting with providers rather than an IPA model. HPSJ used the vendor, CareCall, Inc for the survey. The vendor was not able to accurately explain to the office staff that prior authorization is not required by HPSJ.</p>			<p>6/28/16: HPSJ submitted the following written response stating, "HPSJ will send a provider communication summarizing the access survey results and reminding providers of the appointment availability requirements. HPSJ is going to conduct another timely access survey this fall. HPSJ's provider network department continues to ensure network adequacy by contracting with ample providers to service our membership. HPSJ also monitors over and under utilization as well as grievances for patterns or issues relating to access."</p> <p>7/25/16: The following additional documentation submitted supports HPSJ's efforts to correct this deficiency:</p> <ul style="list-style-type: none"> -Provider bulletin (07/15/16) reminding scheduling staff of the appointment access standards and the results of the timely access survey -Timeline for Appointment Access Survey (07/20/16) which will include PCPs, specialists, ancillary and OB/GYN. Next survey will start in September 2016 and be completed by end of November 2016. Analysis is expected to be completed by mid-February 2017, establishing acceptable thresholds and overall interpretation. <p>Overall results will be sent to all providers in a general communication and follow up letters will be sent to providers that do not meet the threshold (routine and/or urgent) resulting in</p>

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				<p>corrective action. Individual provider CAPs will be followed up in 6 weeks.</p> <p>-Timely Access Follow Up Plan (07/20/16) HPSJ will review survey responses from each provider and determine the scores for each. At the completion of the survey analysis, a threshold for compliance score will be established. Communication will be sent to all providers, outlining overall survey results by specialty and a review of appointment access standards. Those providers that score below the threshold, will receive individualized letters from HPSJ regarding their survey results. The communication will require a corrective action plan to meet requirements and follow up with each provider will be conducted.</p> <p>This deficiency is closed.</p>
<p>3.5.1 Pay the correct amount of interest on emergency claims that take longer than 45 days to pay</p>	<p>Desk level procedure updated to reflect appropriate process for paying interest correctly. Training provided to staff on DLP process and Interest Calculator tool added.</p>	<ol style="list-style-type: none"> 1. Interest Calculator Tool, 2. Interest Calculation Payment Guideline, 3. Signed Acknowledgements for staff training 	<p>April 2016</p>	<p>5/25/16: HPSJ submitted the following documentation:</p> <p>-A desk level procedure "Interest Payment" which provides guidance on how to process interest payments correctly. The document indicates interest starts at 63 calendar days.</p> <p>-Signed attestation forms indicating that staff who process claims received the desktop procedure/guidelines.</p> <p>-An excel spreadsheet of the interest calculator.</p>

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				This deficiency is closed.
<p>3.5.2 Develop policy that requires the Plan to forward misdirected claims to appropriate provider within ten working days of receipt</p>	<p>Developed Policy CLMS12 that requires the Plan to forward misdirected claims to the appropriate provider within ten working days</p>	<p>1. CLMS12</p>	<p>April 2016</p>	<p>5/25/16: HPSJ submitted the following documentation:</p> <p>- An approved copy of the Policy CLMS12 (04/2016) which includes language indicating that the Plan will forward misdirected claims within 10 business days of receipt of the claim.</p> <p>This deficiency is closed.</p>
4. Members' Rights				
<p>4.1.1 Ensure medical director reviews all medical quality of care issues</p>	<p>Health Plan of San Joaquin's grievance department receives, reviews, and categorizes all member grievances. In July 2015 after receiving recommendations following the DHCS audit the Quality Management revised, and updated its grievance policies, and procedures. This including providing separation of Clinical vs. Non Clinical grievances. All Clinical grievances are investigated by the Quality Management Nurse, but now forwarded to the Medical Director for review and determination. The</p>	<p>1. GRV 02 Member Grievance Process 2. GRV04 Grievance Committee 3. Grievance Process Update – Power Point Presentation</p>	<p>April 2016</p>	<p>5/25/16: HPSJ submitted the following documentation:</p> <p>-Revised P&P #GRV02: "Member Grievance Procedures" (04/2016) which requires the Plan to distinguish clinical from non-clinical grievances (page 4) and ensures that all clinical cases are forwarded to the Medical Director for review, leveling, and scoring.</p> <p>-A power point training that indicates a determination will be made as to whether a case is clinical or non-clinical by a quality management nurse (slide 14). The training also includes guidance that explains the difference</p>

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	<p>Medical Director scores, and levels each clinical case using the updates scoring methodology. Non Clinical Grievances can be investigated scored, and closed by either a Grievance Coordinator or the Quality Management Nurse who may level and score the case. All cases with any known aspect or questions regarding quality of care are included in the clinical track. The Grievance Staff has continued to receive training to ensure that all aspects of an enrollee grievance are investigated and addressed. All case designations are now assigned after a thorough investigation has occurred rather than assigning the case designation at the beginning of the case. This allows all cases to be investigated and closed appropriately. Following the above steps helps to ensure that enrollee grievances are given every consideration to bring about the most appropriate resolution, and ensure that all grievances regarding quality of care issues are reviewed by the medical director. Effective 4/1/2016 the grievance case audit was updated to capture if a case was elevated to the Medical Director appropriately. In preparation for HPSJ grievance monthly, and quarterly reporting grievance cases are reviewed to ensure appropriate designation timely</p>			<p>between clinical and non-clinical grievances (15-16).</p> <p>This deficiency is closed.</p>

Deficiency Number and Finding	Action Taken	Implementation Documentation	Completion/ Expected Completion Date	DHCS Comments
	<p>acknowledgment and resolution in a timely manner.</p> <p>The Quality Management Department have also developed and implemented a point system to score grievances. This allows for a better method of tracking, trending, and developing interventions for provider grievances. This allows for better monitoring of providers between recertifying cycles. Revisions were made to policy GRV02 to capture these changes. HPSJ has implemented multiple steps to ensure enrollee grievances are given adequate consideration, and any grievance regarding quality of care is reviewed by the Medical director.</p>			
<p>4.1.2 Ensure aggregation and analysis of 24 hour grievances for quality improvement</p>	<p>Based on feedback received during the 2015 DHCS audit the Grievance department implemented procedures to adequately aggregate and analyze 24 hour or exempt grievances. On a monthly basis the HPSJ grievance committee meets to discuss all grievances categories including those that are closed as exempt or within 24 hours. While these grievances are included in the overall total number, they are looked at separately as well. On a daily basis the HPSJ Grievance team reviews daily call log sheets from the Customer Service</p>	<ol style="list-style-type: none"> 1. GRV02 2. GRV04 3. Grievance Process PowerPoint 	<p>January 2016</p>	<p>4/22/16: HPSJ submitted the following documentation:</p> <p>-A written response indicating that on a monthly basis, the grievance committee meets to discuss all grievance categories including exempt grievances. The response included documentation of 41 exempt grievances broken down by category/outcome.</p> <p>-Policy GRV04 – Grievance Committee” (01/2015) which indicates that exempt grievances are presented at the Grievance Committee to ensure correct processing and closure (page 1).</p>

Deficiency Number and Finding	Action Taken	Implementation Documentation	Completion/ Expected Completion Date	DHCS Comments
	<p>department to ensure that no grievance has been closed as exempt. This case designation is only applied after a case is reviewed and determined to not contain any quality of care component. Please see the chart review from the Health Plan of San Joaquin January 2016 Grievance Committee. Reflected in the chart are Exempt Grievances which are grievances resolved within hours. Below the chart is a summary of the grievance totals.</p> <p style="padding-left: 40px;">Total number of grievances= 41 15 Quality of Care concerns, 14 Access to Care issues, 11 Attitude and Service issues, 6 grievances were processed as "Exempt grievances"</p> <p>The Health Plan of San Joaquin Grievance process training was also updated to include the explanation and of exempt grievances. This PowerPoint training is used to provide education on the grievance process to several departments within the HPSJ. There were also updates made to grievance policies to accurately reflect the handling of exempt grievance.</p>			<p>5/18/16: HPSJ submitted the following documentation:</p> <p>-Quarterly Grievance Committee meeting minutes and reports (February 26, 2016; March 22, 2016) that indicates grievances are addressed by category.</p> <p>This deficiency is closed.</p>

Deficiency Number and Finding	Action Taken	Implementation Documentation	Completion/ Expected Completion Date	DHCS Comments
<p>4.3.1 Report all breaches and security incidents to DHCS within the required time frames</p>	<p>Compliance now reports all suspected breaches and security incidents to DHCS within the required timeframe. Internal Policy HPA07 has been updated to reflect this correction</p>	<p>1. HPA07- Privacy Complaints</p>	<p>April 2016</p>	<p>4/22/16: HPSJ submitted the following documentation:</p> <p>-Revised Policy HPA07 – “Reporting Suspected Privacy and Security Breaches” (04/2016) still indicates use of the Privacy Incident Report (PIR), but specifies process changes indicating that breaches involving Medi-Cal members are to be reported to DHCS within the required timeframes. It states, “For breaches involving Medi-Cal member PHI, the Compliance Department notifies DHCS immediately by telephone call plus e-mail or fax upon discovery of a privacy breach involving oral or written PHI or breach of security of PHI in computerized form if the PHI was, or is reasonably believed to have been, acquired by an unauthorized person; or within 24 hours by e-mail or fax of any suspected privacy breach, security incident, intrusion, or unauthorized use or disclosure of PHI in violation of HPSJ’s contract with DHCS, or potential loss of confidential data affecting the contract between HPSJ and DHCS. The Compliance Department makes notification to the DHCS Managed Care Project Management & Operation Department Contracting Officer and the Office of HIPAA Compliance” (page 4).</p> <p>This deficiency is closed.</p>

5. Quality Management

Deficiency Number and Finding	Action Taken	Implementation Documentation	Completion/ Expected Completion Date	DHCS Comments
<p>5.1.1 Ensure the board receives documentation of interventions for the grievance and PQI process from QM/UM</p>	<p>The San Joaquin County Health Commission meets Monthly for review of HPSJ business and updates. Bimonthly agendas, falling after dates with QMUM Committee, includes the update from the CMO, which includes updates from the Quality Improvement activities as noted below:</p> <ul style="list-style-type: none"> • July 15, 2015 QM/UM Committee meeting Key Highlights CMO Presentation <ul style="list-style-type: none"> ○ Approval of new QM documents with work plan, including Section 3 for Grievances and appeals, and PQI tracking as well as PQI resolution within 180 days. • September 16, 2015 QMUM Committee presentation <ul style="list-style-type: none"> ○ Grievance and Appeals Committee review • February 10, 2016 QMUM Committee presentation <ul style="list-style-type: none"> ○ Slide 6 Trends for Grievances and 	<ol style="list-style-type: none"> 1. Appropriate sections/slides for each of the QMUM Presentation for <ul style="list-style-type: none"> ○ July 15, 2015 ○ September 16, 2015 ○ February 10, 2016 ○ March 16, 2016 2. FY 2016 QM work Plan, Section 3 	<p>March 2016</p>	<p>4/22/16: HPSJ submitted the following documentation:</p> <p>-A written response indicating that QM/UM Commitee meeting highlights and updates (07/15/15; 09/16/15; 02/10/16; 03/16/16) are provided by the CMO at the monthly Commission meetings.</p> <p>5/25/16: HPSJ subsequently submitted the following documentation per DHCS' request:</p> <p>-Copy of the of Health Commission monthly meeting minutes (08/26/15; 09/30/15; 10/28/15; 12/9/15) which include documented discussion of quality improvement activities.</p> <p>This deficiency is closed.</p>

Deficiency Number and Finding	Action Taken	Implementation Documentation	Completion/ Expected Completion Date	DHCS Comments
	<p>Appeals reviewed – overall compliance met.</p> <ul style="list-style-type: none"> • March 16, 2016 QMUM Committee presentation <ul style="list-style-type: none"> ○ Grievance Committee Report <ul style="list-style-type: none"> ▪ Incidence and trend by county ▪ Provider threshold ▪ Overall trend and turnaround time 			

Deficiency Number and Finding	Action Taken	Implementation Documentation	Completion/ Expected Completion Date	DHCS Comments
<p>5.1.2 Ensure the board receives and reviews documentation of interventions for underutilization of services</p>	<p>The San Joaquin County Health Commission meets Monthly for review of HPSJ business and updates. Bimonthly agendas, falling after dates with QMUM Committee, includes the update from the CMO, which includes updates or documentation of interventions or follow-up actions as noted below:</p> <ul style="list-style-type: none"> • July 15, 2015 QM/UM Committee meeting Key Highlights CMO Presentation <ul style="list-style-type: none"> ○ Approval of new QM-UM documents with work plan, which includes trending for improvements and follow up measures for the year. ○ UM Reports review • September 16, 2015 QMUM Committee presentation <ul style="list-style-type: none"> ○ UM Work Plan Update and UM Utilization report • November 18, 2015 <ul style="list-style-type: none"> ○ Disease Management Program: 	<ol style="list-style-type: none"> 1. Appropriate sections/slides for each of the QMUM Presentation for <ul style="list-style-type: none"> ○ July 15, 2015 ○ September 16, 2015 ○ February 10, 2016 ○ March 16, 2016 2. FY 2016 QM work Plan, Section 3 	<p>March 2016</p>	<p>4/22/16: HPSJ submitted a written response indicating that the CMO provides updates at the monthly Commission meetings regarding follow-up actions noted in the QM/UM Committee.</p> <p>5/25/16: HPSJ subsequently submitted the following documentation per DHCS' request:</p> <p>-Copy of Health Commission monthly meeting minutes (08/26/15; 09/30/15; 10/28/15; 12/9/15). The 09/30/15 minutes substantiated documented review and discussion of the corresponding 09/16/15 QM/UM meeting minutes, including discussion of the UM Work Plan, admission and bed day metrics, and UM and Pharmacy utilization reports.</p> <p>This deficiency is closed.</p>

Deficiency Number and Finding	Action Taken	Implementation Documentation	Completion/ Expected Completion Date	DHCS Comments
	<ul style="list-style-type: none"> ▪ Asthma Management Program Description ▪ QMUM Evaluation for FY 2015 reviewed • February 10, 2016 QMUM Committee presentation <ul style="list-style-type: none"> ○ Slide 6 Utilization Metrics reviewed ○ Advice Nurse Calls utilization remains low • March 16, 2016 QMUM Committee presentation <ul style="list-style-type: none"> ○ Referral Tracking for Unused authorization Report ○ UM Quarterly Work Plan Report 			

Deficiency Number and Finding	Action Taken	Implementation Documentation	Completion/ Expected Completion Date	DHCS Comments
<p>5.2.1 A) Ensure Plan conducts training for all newly credentialed providers within 10 working days on active status. B) Ensure documentation with the full signatures of the providers trained.</p>	<p>Updated Policy and Procedure PRO20 and newly developed CONT 02 to address meeting the 10 working days to complete the new provider trainings. Also included in CONT 02, Contracting Department has added steps to address not placing retroactive dates on new contracts, since this practice was previously causing non-compliance for the 10 working days to perform the new provider trainings.</p> <p>The Provider Services Department added steps to the current processes (PRO20), which includes capturing full provider signatures in addition to the provider staff signatures during the new provider trainings.</p> <p>Using Webinar to perform new provider trainings, Provider Services Representatives fax the sign-in sheet to the Webinar attendees and the have it faxed back for our records, which was not currently being done.</p>	<ol style="list-style-type: none"> 1. CONT 02 2. PRO20 	<p>April 2016</p>	<p>4/25/16; HPSJ submitted the following documents:</p> <p>-HPSJ revised Policy PRO20, "New Provider Training," (04/2016) to emphasize initial training to be completed within 10 working days of the contract effective date. The policy indicates the Contracting Dept will notify the Provider Services Dept by email the same day the new provider contract is executed and provider contracts must not contain retroactive dates (page 1).</p> <p>-The policy also indicates that documentation of training and delivery of materials will be made using the Provider Visit Sign-In Sheet and/or the New Provider in-service Check-off List (page 2).</p> <p>This deficiency is closed.</p>
<p>5.3.1 Ensure the Governing Body routinely receives and follows up on written progress reports from the Quality Improvement Committee regarding its delegated entities.</p>	<p>The San Joaquin County Health Commission meets Monthly for review of HPSJ business and updates. Bimonthly agendas, falling after dates with QMUM Committee, includes the update from the CMO, which includes updates or documentation of Delegated entities and oversight:</p>	<ol style="list-style-type: none"> 1. Appropriate sections/slides for each of the QMUM Presentation for <ul style="list-style-type: none"> o July 15, 	<p>March 2016</p>	<p>4/25/16; HPSJ submitting the following documentation:</p> <p>-QM/UM Committee meeting minutes that document discussion of delegation oversight.</p> <p>5/25/16; HPSJ submitted the following documentation:</p>

Deficiency Number and Finding	Action Taken	Implementation Documentation	Completion/ Expected Completion Date	DHCS Comments
	<ul style="list-style-type: none"> • July 15, 2015 QM/UM Committee meeting Key Highlights CMO Presentation <ul style="list-style-type: none"> ○ Delegation Oversight Committee Report • September 16, 2015 QMUM Committee presentation <ul style="list-style-type: none"> ○ Delegation Oversight Committee with reviews and evaluation of Kaiser, Beacon and VSP • November 18, 2015 <ul style="list-style-type: none"> ○ Delegation Oversight Committee ○ Specific delegates review • February 10, 2016 QMUM Committee presentation <ul style="list-style-type: none"> ○ Slide 6 Utilization Metrics reviewed ○ Advice Nurse Calls utilization remains low • March 16, 2016 QMUM 	<p>2015</p> <ul style="list-style-type: none"> ○ September 16, 2015 ○ November 18, 2016 ○ February 10, 2016 ○ March 16, 2016 		<p>-Copies of Health Commission monthly meetings (8/26/15 through 3/30/16) which verify interventions and quality improvements regarding delegated entities are being discussed at the Commission meetings.</p> <p>This deficiency is closed.</p>

Deficiency Number and Finding	Action Taken	Implementation Documentation	Completion/ Expected Completion Date	DHCS Comments
	Committee presentation <ul style="list-style-type: none"> ○ Delegation Oversight Committee Report <ul style="list-style-type: none"> ▪ Reviews for 3 vendors for requests for ongoing oversight 			
6. Administrative and Organizational Capacity				
6.2.1 Develop and monitor health education programs, functions, and services	Health Education System consisting of a Health Education Program, Disease Management & Case Management program, will develop, monitor, and implement Health Education Programs for Asthma, Diabetes, Congestive Heart Failure, Tobacco Cessation, Prenatal/Postpartum Health, SBIRT and Preventive Health Guidelines. These programs will be provided through telephonic case management, Educational materials/mailings (Channing Bete, NO BUTTS.com, Milliman Care Guidelines, Health Plan of San Joaquin Health Education Materials, etc.), Health Plan of San Joaquin website, Community Resource/Educational Classes Calendar, CareNet Audio Health	<ol style="list-style-type: none"> 1. HE01: Health Education Policy 2. Health Education Program Description 	May 2016	4/25/16: HPSJ submitted the following documentation: -A revised Policy HE 01 Health Education. The monitoring component includes monitoring of referral forms and survey results, the nurse advice line reports to determine potential health education topics, and monthly monitoring of participation results and inventory results. -Health Education and Wellness Program Description. 6/21/16: HPSJ submitted the following documentation: -A fully executed MOU with Delta Health Care and Management Services as it relates to HPSJ's health education referral program. Objective: To implement and maintain a health education system that provides organized

Deficiency Number and Finding	Action Taken	Implementation Documentation	Completion/ Expected Completion Date	DHCS Comments
	<p>Library, Health Education Committee and Community Outreach.</p> <p>Health Education Program policies and procedures will be updated and evaluated annually.</p> <p>Subcontracts for the provision of Health Education has been initiated by Health Promotions currently in the process of obtaining MOU's with outside organizations.</p>			<p>programs, services functions and resources necessary to deliver health education, health promotion, and patient education to HPSJ members.</p> <p>Program interventions will be designed to assist members to modify personal health behavior, achieve and maintain healthy lifestyles and promote positive health outcomes.</p> <p>Health education is optional for members to attend, so sign-in sheets are not used to track health education events.</p> <p>This deficiency is closed.</p>
<p>6.2.2 Ensure the periodic review the health education system for the appropriate allocation of health education resources.</p>	<p>Maintain: Policies and procedures have been written, updated (i.e. Disease Management, Comprehensive Tobacco Services, Prenatal Program). Program descriptions include detailed procedures.</p> <p>Standards/Guidelines: Programs are written in compliance with guidelines such as American Academy of Pediatrics, Milliman Guidelines, etc.</p> <p>Program Evaluation: Formative evaluation processes and outcome assessment have been built into health education program procedures.</p>	<ol style="list-style-type: none"> 1. HE01 Health Education Policy 2. HE Work Plan 	<p>May 2016</p>	<p>4/25/16: HPSJ submitted the following documentation:</p> <p>-Policy HE 01 Health Education and HPSJ's work plan outlining their objectives for 2016</p> <p>6/21/16: HPSJ submitted the following documents:</p> <p>-A fully executed MOU with Delta Health Care and Management Services as it relates to HPSJ's health education referral program.</p> <p>Objective: To implement and maintain a health education system that provides organized programs, services functions and resources necessary to deliver health education, health promotion, and patient education to HPSJ</p>

Deficiency Number and Finding	Action Taken	Implementation Documentation	Completion/ Expected Completion Date	DHCS Comments
	<p>Provider Evaluation: Health Promotion Initiative - Evaluation of providers</p> <ul style="list-style-type: none"> • All Health Education programs include process evaluation/post assessment indicators to allow for measurement of outcomes and efficacy as follows: Annual evaluation of Health Education programs will be conducted • Health Education is monitoring and tracking health education programs and materials implementation • QM/UM Committee will review programs as implemented • Monitoring of provider performance is an external piece requires staffing to personally attend and review classes, offer post assessment surveys, and meet with community health educators. <p>Health Education Committee (HEC) was reinstated in September 2015</p> <ul style="list-style-type: none"> • Now includes measures to ensure accountability, collaboration, and 			<p>members.</p> <p>Program interventions will be designed to assist members to modify personal health behavior, achieve and maintain healthy lifestyles and promote positive health outcomes.</p> <p>This deficiency is closed.</p>

Deficiency Number and Finding	Action Taken	Implementation Documentation	Completion/ Expected Completion Date	DHCS Comments
	<p>encouraging continued partnership between HPSJ, CBO's, FQHC's, and all other community stakeholders</p> <ul style="list-style-type: none"> • HEC members were able to discuss their current programs and upcoming programs • Organizations have provided input, suggestions, and recommendation for evaluation • This is primary venue for collaboration of health education programs between Stanislaus and San Joaquin Counties • Example: St. Joe's/Dignity health was connected with GVHC in Stanislaus County in discussion of diabetes management classes and methods for reaching their public. They were also able to discuss upcoming work with the Community Health Worker program. After further discussion it was made clear that the HEC meeting was the only committee many of these programs have in common. 			

**ATTACHMENT A
Corrective Action Plan Response Form**

**Plan Name: Health Plan of San Joaquin
Contract: State Supported Services**



Review/Audit Type: DHCS Medical Review Audit

Review Period: July 1, 2014 through June 30, 2015

MCPs are required to provide a CAP and respond to all documented deficiencies within 30 calendar days, unless an alternative timeframe is indicated in the letter. MCPs are required to submit the CAP via email in word format which will reduce turnaround time for DHCS to complete its review.

The CAP submission must include a written statement identifying the deficiency and describing the plan of action taken to correct the deficiency, and the operational results of that action. For deficiencies that require long term corrective action or a period of time longer than 30 days to remedy or operationalize, the MCP must demonstrate it has taken remedial action and is making progress toward achieving an acceptable level of compliance. The MCP will be required to include the date when full compliance is expected to be achieved.

DHCS will maintain close communication with the MCP throughout the CAP process and provide technical assistance to ensure the MCP provides sufficient documentation to correct deficiencies. Depending on the volume and complexity of deficiencies identified, DHCS may require the MCP to provide weekly updates, as applicable.

CORRECTIVE ACTION PLAN FORMAT

Deficiency Number and Finding	Action Taken	Implementation Documentation	Completion/ Expected Completion Date	DHCS Comments
State Supported Services				
SSS.1 Plan inaccurately states on its EOC and policies that children above the age of 12 can receive abortion services without parental	Plan submitted EOC errata on (insert date). Plan corrected policy HPA06 to properly define sensitive services.	1. Errata, corrected EOC 2. HPA06	04/07/16 04/14/16	5/2/16: DHCS requested verification of revision to P&P HPA06 and confirmation of update to EOC language at next printing. 5/26/16: HPSJ submitted a revised Policy HPA06 and an approved EOC errata that addresses the

Deficiency Number and Finding	Action Taken	Implementation Documentation	Completion/ Expected Completion Date	DHCS Comments
consent.				<p>removal of the age requirement for sensitive services. Per HPAJ, the errata was scheduled to be mailed to all members the week of May 9, 2016. The errata will be rolled into next year's EOC.</p> <p>This deficiency is closed.</p>

Submitted by: _____

Date: _____

Title: _____

Deficiency Number and Finding	Action Taken	Implementation Documentation	Completion/ Expected Completion Date	DHCS Comments
<p>6.2.3 Ensure Readability and Suitability Checklists, including field testing, are completed and signed off by a full-time health educator for each plan approved written education material.</p>	<p>Updated HE 02: Readability and Suitability of Health Education Material</p>	<p>1. HE02 Readability and Suitability of Written Health Education Materials</p>	<p>April 2016</p>	<p>4/21/16: HPSJ submitted the following documentation:</p> <p>-Revised Policy HE02 – Readability and Suitability of Written Health Education Materials that outlines the following requirements: Readability/Suitability checklists Field testing, if applicable Approval and sign off by qualified health educator.</p> <p>5/25/16: HPSJ submitted the following documentation:</p> <p>-An example of a Readability and Suitability Checklist relating to case management. Reading level assessed, content, layout, visuals, cultural appropriateness and field testing. Approval/sign off by Health Educator verified.</p> <p>This deficiency is closed.</p>

Submitted by: _____ **Date:** _____

Title: _____