



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



EDMUND G. BROWN JR.
GOVERNOR

Amy Shin, CEO
Health Plan of San Joaquin
7751 S. Manthey Rd.
French Camp, CA 95231

RE: CAP Close out Letter for 1115 Waiver SPD Enrollment Survey of 2012

Dear Ms. Shin:

The Department of Managed Health Care (DMHC) conducted an onsite 1115 Medicaid Waiver Seniors and Persons with Disabilities (SPD) Enrollment Survey of Health Plan of San Joaquin, a Managed Care Plan (MCP), from February 21, 2012 through February 23, 2012. The audit covered the review period of November 1, 2010 through October 31, 2011.

On September 2, 2014, the MCP provided DHCS with its final response to its Corrective Action Plan (CAP) originally issued on August 15, 2012.

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

Sincerely,

Original Signed by Nathan Nau

Nathan Nau, Chief
Medical Monitoring and Program Integrity Section

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cc: Stephanie Issertell, Contract Manager
Department of Health Care Services
Medi-Cal Managed Care Division
P.O. Box 997413, MS 4400
Sacramento, CA 95899-7413

Summary of Findings

DMHC identified four potential survey deficiencies relating to access and availability and member rights. They are described below.

Potential Deficiency 1:

DMHC found that HPSJ's online searchable Provider Directory does not incorporate the required level of access information (Basic Access or Limited Access) or the accessibility indicators per provider site as required by MMCD Policy Letters 11-013 and 11-009. In addition, while HPSJ's Medi-Cal Provider Directory (PDF Version, August 2011) identifies the accessibility indicators, it does not include the level of access information at each provider site. Lastly, DMHC recommended HPSJ consider making the online printable version of its Provider Directory available in the "Member Corner" section for easier access.

DHCS Response:

As required by DHCS MMCD Policy Letters 11-013 and 11-009, HPSJ must ensure that the required level of access and accessibility indicator information is included in the printed versions and the online searchable Provider Directory. The Department notes that as of August 8, 2012, the printable version of HPSJ's Provider Directory can be found in both the "Our Plans" and "Member Corner" sections of HPSJ's Website.

HPSJ CAP Submission:

HPSJ submitted an updated version of their Medi-Cal Provider Directory (PDF Version, September 2012) for review.

DHCS CAP Response:

DHCS MMCD Policy Letter 11-013 requires, "Health plans to make the results of the FSR Attachment C available to members through their websites and provider directories. The information provided must, at a minimum, display the level of access results met per provider site as either Basic Access or Limited Access." On 9/2/14 the MCP provided its final CAP to address this deficiency by November, 2014. This deficiency will be look for at the next audit. This item is closed.

Potential Deficiency 2:

A review of HPSJ's "Monitoring Provider to Member Ratios" policy revealed the absence of an established written standard for the ratio of enrollees to Physicians within HPSJ's provider network.

DHCS Response:

While HPSJ monitors and evaluates its access standards, the absence of a formal standard for enrollee to Physician ratio may hinder HPSJ's ability to quantitatively evaluate the scope of its network. HPSJ does not have the requisite numerical standard established in its policy for enrollee to Physician ratios, specifically specialty providers. HPSJ should establish and publish the network access standard in its policies so staff can evaluate the ratios and geographic dispersion of available specialist providers. This will allow HPSJ to identify possible access issues and make appropriate adjustments to its network, if necessary.

HPSJ CAP Submission:

HPSJ submitted revised Policy and Procedure QA 04 – Appointment, Availability and Access Standards that incorporates the provider/enrollee ratio standards.

DHCS CAP Response:

Title 28 CCR Section 1300.67.2 (d) states in part, "There shall be at least one full-time equivalent physician to each one thousand two hundred (1,200) enrollees..."

In a review of HPSJ's updated Policy and Procedure QA 04 – Appointment, Availability and Access Standards the availability standard of primary care physicians to members is depicted. On 9/2/14 the MCP provided its final CAP to address this deficiency by November, 2014. This deficiency will be look for at the next audit. This item is closed.

Potential Deficiency 3:

DMHC identified grievance case files in which HPSJ prematurely closed the enrollee's grievance and sent a combined "acknowledgement and resolution" letter. In these cases, HPSJ's investigation went beyond five days. However, the combined closing letter had already been sent to the enrollee. HPSJ should not close out the issue by combining the acknowledgement and resolution letter until the issue has been fully investigated and HPSJ has finalized a resolution to the complaint.

DHCS Response:

This deficiency will require HPSJ to restructure their grievance process to issue an acknowledgement letter within five calendar days of receipt of the grievance. However, if issues raised in the grievance require an investigation that will take longer than five days, HPSJ must issue two separate letters: 1) a grievance acknowledgment letter, and 2) a grievance resolution letter at the completion of the investigation on or before the 30-day required timeframe.

HPSJ CAP Submission:

HPSJ submitted revised Policy and Procedure GRV 02 – Member Grievance Procedures to address deficiencies found in their grievance process.

DHCS CAP Response:

HPSJ's revised policy and procedure now reflects that the Grievance Coordinator will acknowledge all quality related grievances within 5 days of receipt of the grievance. Further, once the Quality Improvement Department completes its investigation of the grievance, the Grievance Coordinator will issue a resolution letter within the required 30-day timeframe. DHCS has verified these changes to HPSJ's grievance process. This item is closed.

Potential Deficiency 4:

HPSJ's cultural and linguistic policy is consistent with regulations and requires that notice be provided to SPD enrollees regarding the availability of language assistance. All Medi-Cal grievance case files lacked notice of available assistance for language services, while the Healthy Families grievance case files included a language assistance notice.

DHCS Response:

DHCS recognizes that HPSJ's cultural and linguistic policies are in compliance with both regulations and contractual requirements; therefore, no CAP is required. However, presented with an opportunity to increase enrollee awareness of the availability of language assistance services, DHCS recommends including a statement regarding the availability of language assistance services on all enrollee grievance correspondence.

HPSJ CAP Submission:

HPSJ submitted for review a two page notice of language assistance that is included with all grievance resolution letters.

DHCS CAP Response:

The two page notice not only includes a statement about the availability of language assistance, but also includes member informing information about HPSJ's appeal process, how to request an independent medical review, a State Fair Hearing and the applicable time frames associated with each. DHCS however, does require HPSJ to update the Mail Stop for the Department of Social Services to reflect the correct Mail Stop 9-17-37. This item is closed.