

**ATTACHMENT A  
Corrective Action Plan Response Form**

**Kaiser Foundation Health Plan**



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

**Review Period:** 9/1/2014 – 8/31/2015

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**

<b>Deficiency Number and Finding</b>	<b>Action Taken</b>	<b>Implementation Documentation</b>	<b>Completion/ Expected Completion Date</b>	<b>DHCS Comments</b>
<b>1. Utilization Management</b>				
Sacramento (1.2.1) Prior Authorization Decisions and Utilization Criteria:  The Plan's prior authorization decisions for Durable Medical	1. For compression stockings: The Regional Service Director of DME and P&O reviewed the P&O Clinical Criteria for Elastic stockings with the DME RN Supervisors to remind them that Medi-Cal patients are approved	Implementation for Item #1 done with DME RN Supervisors by the Regional Service Director of DME and P&O	December 23, 2015	<b>02/08/16</b> - MCP has described its processes to be used in DME authorizations going forward. MCP provided a copy of emailed instructions sent to the authorization reviewers, detailing the procedures to be followed to ensure DME authorization reviews are consistent with the MCP's utilization criteria.

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Equipment (DME) requests were not consistent with its utilization criteria.	<p>for compression stockings for “venous insufficiency” and instructed them to use this criteria for new Medi-Cal requests that do not include lymphedema diagnosis.</p> <p>2. DME Champions (UM physician reviewer) will deny the requests based on their review of the chart for evidence that supports the denial, and will not solely rely on the DME RN Supervisors’ review.</p> <p>3. Documentation of denial by DME Champion will need to reflect that they have reviewed the chart and that the denial was based on UM criteria/guideline. The CDSU (health plan denial unit) will not accept medical necessity denials from the DME RN Supervisor(s).</p> <p>4. If documentation does not support the denial or if there is insufficient evidence to support the denial, there should be a</p>	<p>Email/instructions distributed to DME Champions and CDSU on 1/22/16.</p> <p>DME Champions email instructions.pdf</p> <p>Implementation of action items #2-4 effective on 2/1/16.</p> <p>A follow up WebEx has been scheduled with DME</p>	<p>January 22, 2016</p> <p>February 1, 2016</p> <p>February 17, 2016</p>	<p><b>This finding is closed.</b></p>

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	<p>conversation between the ordering MD and the DME champion. Documentation of the conversation should be documented of the denial if appropriate.</p> <p><b>Accountable persons:</b> DME Medical Director; Regional Compliance Director of Resource/Utilization Management</p>	Champions to review the CAP.		
<b>2. Case Management and Coordination of Care</b>				
<p>Sacramento (2.4.1) Initial Health Assessment:</p> <p>The Plan did not develop and implement initial health assessment (IHA) policies and procedures to guide compliance with requirements to monitor IHA completion, train providers, inform members, and promote IHA completion through quality improvement strategies</p>	<p>The Kaiser Geographic Managed Care (GMC)-Sacramento department's policy 1035, GMC Initial Health Assessment and Initial Health Education and Behavioral Assessment (IHA/IHEBA), has been revised to include information cited in the DHCS deficiency finding and submitted to the approving Committee.</p> <p><b>KFHP Comments 4/18/16:</b> "Kaiser Geographic Managed Care (GMC)-Sacramento Initial Health Assessment and Initial Health Education and Behavioral Assessment (IHA/IHEBA) policy has been revised and approved as of February 2016."</p>	Policy #1035	March 2016	<p><b>03/25/16</b> - MCP submitted an approved final copy of Policy # 1035, GMC Initial Health Assessment and Initial Health Education and Behavioral Assessment (IHA/IHEBA) which contains the policies and procedures to ensure new members are contacted regarding IHA/IHBA appointment scheduling, monitoring of completion rates through monthly audit reports, and staff training requirements.</p> <p><b>This finding is closed.</b></p>

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	<p><b>KFHP Comments 4/22/16:</b> “Please find attached a copy of the revised policy  <b>Accountable person:</b> Kaiser Geographic Managed Care (GMC)- Sacramento Department Director”</p>			
<p>San Diego (2.4.1) Initial Health Assessment:</p> <p>The Plan did not develop and implement initial health assessment (IHA) policies and procedures to guide compliance with requirements to monitor IHA completion, train providers, inform members, and promote IHA completion through quality improvement strategies</p>	<p>Develop regional IHA policy that outlines Kaiser Foundation Health Plan’s (KFHPs) approach to compliance with the DHCS APL.  <b>Accountable Person:</b> SCAL Medi-Cal and State Programs</p> <p><b>KFHP Comments 4/18/16:</b> “GMC San Diego is currently working with key stakeholders in New Member Entry, Southern California Permanente Medical Group (SCPMG), and Business Systems&amp; Reporting to develop and refine the SCAL KP IHA/IHEBA policy. The policy will be finalized once all compliance and reporting elements are implemented.</p> <p>Develop Initial Tracking/Monitoring of IHA Appointment No Shows to ensure member outreach and follow</p>		<p>2/19/16: 1st draft of Policy completed</p> <p>By 6/30/16: Policy finalized/ approved (projected)</p>	<p><b>04/22/16</b> - The MCP submitted copies of a report being utilized to track appointment no-show rates, a screen-shot from the New Member contact system which documents member outreach attempts and two samples of outreach letters.</p> <p><b>06/06/16</b> - Per MCP IHA/IHEBA policy is undergoing final review/approval. Per MCP policy is in line to be finalized and approved by 6/30/16.</p> <p><b>06/24/16</b> - MCP submitted the following documentation:  -A finalized version of its policy titled, “Southern California (SCAL) Initial Health Assessment and Initial Health Education and Behavioral Assessment (IHA/IHEBA).”</p> <p><b>07/20/16</b> - MCP submitted an email response indicating that the policy is scheduled to be</p>

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	<p>up is conducted at least three (3) times.”</p> <p><b>KFHP Comments 4/18/16:</b> “GMC San Diego worked with SCPMG Business Systems and Reporting to develop a report that demonstrates appointment no-show rates by Medical Center. GMC San Diego is working on enhancements to reporting capabilities to demonstrate IHA compliance.</p> <p>KP’s New Member Entry team currently conducts three outreach attempts (intro letter, phone call, follow-up letter) to contact new Medi-Cal members to schedule the IHA visit. Outreach attempts are documented in KP’s New Member Contact system.”</p> <p><b>KFHP Comments 04/22/16:</b> “Please find attached a copy of the report demonstrating appointment no-show rates. Also attached is an excerpt from the New Member Contact System used to document outreach attempts as well as sample letters for the two mailings that occur.”</p>	<p>KP_Appt Status Report_Sample_2015 Data.pdf</p> <p>MEDI-CAL LETTER (1).pdf</p> <p>MEDI-CAL LETTER (2).pdf</p> <p>Screenshot_KP New Member Contact System_IHA Outreach_2016.pdf</p>	<p>03/31/16</p>	<p>reviewed/approved by the MCP’s Policy and Legislative Oversight &amp; Tracking (PLOT) Committee on 7/21/16.</p> <p><b>07/28/16</b> - MCP submitted an email response indicating that the policy was sent for review on 07/21/16 to the PLOT Steering Committee but recommendations were made for revision. MCP is awaiting feedback on edits.</p> <p><b>09/02/16</b> – MCP submitted finalized copy of P&amp;P “Southern California (SCAL) Initial Health Assessment and Initial Health Education and Behavioral Assessment” (effective 09/15/16).</p> <p><b>09/15/16</b> – MCP submitted signed copy of P&amp;P “Southern California (SCAL) Initial Health Assessment and Initial Health Education and Behavioral Assessment” (effective 09/15/16).</p> <p><b>This finding is closed.</b></p>

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	<p><b>Accountable Person:</b> Regional Care Experience and Access Leaders</p> <p>Develop an IHA Compliance Tracking Tool to monitor IHA completion rates</p> <p><b>Accountable Persons:</b> Regional Care Experience and Access Leaders</p> <p>Implement IHA tracking/monitoring report at minimum on a quarterly basis</p> <p><b>Accountable Person:</b> Regional Business Systems and Reporting</p> <p>Implement PCP IHA Policy Refresher/In-service</p> <p><b>Accountable:</b> SCAL Medi-Cal and State Program, Associate Medical Director, Quality</p> <p><b>KFHP Comments, 6/3/16:</b> “The SCAL IHA/IHEBA policy is currently undergoing final review/approval at this time. KFHP is on target to provide the finalized/approved policy to DHCS by 6/30/16 as outlined in our original CAP submission.”</p>			

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	<p><b>KFHP Comments 07/20/16:</b> “The SCAL IHA/IHEBA Policy is scheduled to be reviewed/approved by the Policy &amp; Legislative Oversight &amp; Tracking Committee (PLOT) on Thursday, July 21, 2016.”</p> <p><b>KFHP Comments 07/28/16:</b> The IHA/IHEBA policy was sent to the PLOT Steering Committee for review/approval on 7/21. The Committee made several recommendations for revisions; therefore, was not approved. Currently awaiting feedback on when the edits will be made and policy sent back to the Committee for approval.</p>			
<b>3. Access and Availability of Care</b>				
<p>Sacramento (3.1.1) First Prenatal Visit Access Standard and Monitoring:</p> <p>The Plan did not establish the first prenatal visit access standard.</p>	<p>Kaiser Foundation Health Plan (KFHP) meets American Congress of Obstetrics and Gynecologists (ACOG) and Comprehensive Perinatal Services Program (CPSP) guidelines.</p> <p>In Northern California, data on 1290 patients (see: GMC-Request to Intake</p>			<p><b>02/08/16</b> - The following documentation supports the MCP’s efforts to correct this deficiency:</p> <p>- “Request to Intake Appt” which showed monitoring of prenatal appointments from September 2014 through August 2015. 99.1% of appointments were offered within 10 business days (average 2.4 days).</p>

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<p>The Plan did not monitor the completion rate for the first prenatal visit. The Plan's policy describes oversight and monitoring of access standards but did not include monitoring of the first prenatal visit.</p>	<p>Appointment.doc) who were seen from September 2014 - August 2015 shows the mean days between initial request and initial intake visit (TAV) was 2.4 days and 99.1% had their intake TAV within 10 business days of request.</p> <p>Northern California is currently working to amend its policy regarding the first prenatal visit access standard.</p> <p><b>Accountable Person:</b> Regional Executive Director, Medi-Cal Strategy and Operations, N CA</p> <p><b>KFHP Comments 07/20/16:</b> "KP NCAL Health Plan Quality has drafted a Medi-Cal specific policy on Prenatal Access standards. This policy will be submitted to the appropriate oversight committee for review and approval in August 2016. The Prenatal Access standard policy will be shared with DHCS upon final approval by the appropriate KP oversight committee."</p>	<p>Request to Intake Appt.pdf</p>	<p>August 2016</p>	<p>- MCP also submitted drafted P&amp;P "Oversight &amp; Monitoring for Access and Availability" (02/01/16), which adds the prenatal appointment standard. However, it indicates 10 business days rather than 2 weeks (page 3).</p> <p><b>07/20/16</b> - MCP submitted a written response indicating that KP NCAL Health Plan Quality is currently in the process of drafting a Medi-Cal specific policy on prenatal access standards which will address the discrepancy and reflect the required 2-week standard. This policy will be submitted to the appropriate oversight committee for review and approval in August.</p> <p><b>08/12/16</b> – MCP submitted "Access to Care-Medical Prenatal Visit/Encounter Access Standard" policy approved 08/10/16. §4.2 has required 2-week standard.</p> <p><b>This finding is closed.</b></p>

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<p>San Diego (3.1.1) First Prenatal Visit Access Standard:</p> <p>The Plan did not set the access standard for the first prenatal visit. The Plan’s Policy describes oversight and monitoring of access standards but did not include the standard for the first prenatal visit.</p>	<p>The Southern California policy “Oversight and Monitoring of Access and Availability” will be amended to include the standard for first prenatal visit with this language to address the DHCS contract requirements.</p> <p><b>KFHP Comments 4/22/16:</b> “GMC San Diego is in the process of drafting a policy for the Prenatal first visit access standard. The policy will be reviewed for approval by the Regional Access Committee on Monday April 25th.</p> <p>As this is a statewide policy which will need to be approved by both Northern and Southern California Access Committees and Regional Quality Committees, a draft policy is provided at this time. A final signed copy will be available as soon as practicable.</p> <p><b>Accountable Persons:</b> Regional Access Leaders”</p> <p><b>KFHP Comments 06/03/16:</b> “Upon further review by the SCAL Regional Access Committee it was determined</p>	<p>Oversight &amp; Monitoring Draft P&amp;P.pdf</p>	<p>Q1 2016</p> <p>4/25/16</p>	<p><b>06/06/16</b> The MCP developed the “Prenatal First Visit Policy” which establishes monitoring and oversight of first prenatal visits are available within 14 calendar days upon request. Network capacity and availability is also monitored and corrective action is required when providers or the network is insufficient to ensure timely access. Policy was approved 4/25/16.</p> <p><b>This finding is closed.</b></p>



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	<p><b>Accountable Person:</b> Managing Director, Regional Health Plan Quality.”</p> <p><b>KFHP Comments 6/3/16:</b> “KFHP is in the process of finalizing report parameters for a provider office wait time report that will replace the reporting procedure described in the original CAP submission. The implementation date will be set after employees have been trained. KFHP is revising the implementation date to early Q3 2016; and will provide evidence of implementation at that time.”</p>			<p>submitted to Quality Committee on a bi-annual basis.</p> <p><b>This finding is closed.</b></p>
San Diego (3.1.2) The Plan did not monitor wait times in the providers' offices	<p>Member wait time in provider offices is monitored and delays in service addressed at the point of service in all ambulatory locations.</p> <p>Each Medical Center has a policy and practice consistent with the attached policy from Panorama Medical Center, Southern California Region.</p>	P&P SCPNC.DPT.AMB.007.pdf	Q1 2016	<p><b>2/8/16</b> MCP submitted a sample P&amp;P from one of its medical centers indicating that each medical center has a P&amp;P to monitor wait times in providers’ offices. The wait time standard is 15 minutes.</p> <p><b>4/22/16</b> The MCP submitted a description of wait time monitoring procedures being implemented. To close this finding the MCP must submit evidence of the implementation of</p>

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	<p>Kaiser Foundation Health Plan (KFHP) will develop and implement a procedure to monitor wait times in providers' offices.</p> <p>The Access Committee will receive and review monthly provider wait time reports.</p> <p><b>KFHP Comments 4/18/16:</b> "KP has developed and is implementing a procedure to monitor wait times in providers' offices by the end of Quarter 1, 2016. KP Regional Access worked with Business Systems and Reporting to develop a "clinic wait time report." Data for Jan-Mar 2016 will be shared with the Regional Access Committee on Monday April 25th; planned monthly reporting of this data to the Regional Access Committee going forward.</p> <p><b>Accountable Persons:</b> Regional Access Leaders"</p> <p><b>KFHP Comments 06/03/16:</b> "Please find attached the Clinic Wait Time Report reviewed during the Regional Access Committee on 4/25/16. Data</p>		Q2 2016	<p>the procedures and associated referenced reporting.</p> <p><b>6/6/16</b> MCP submitted it's "Clinic Wait Times Report – March 2016" which documents monitoring of appointment wait times for the first quarter of 2016. MCP encourages members to arrive 15 minutes prior to their appointment and measures both the wait time from:</p> <ol style="list-style-type: none"> <li>1) Check-in time to vitals</li> <li>2) Appointment time to vitals.</li> </ol> <p><b>This finding is closed.</b></p>

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	is reflective of Q1 2016 and will be presented to the Access Committee on a monthly basis.			
<p>Sacramento (3.5.1 and 3.5.2) Emergency and Family Planning Claims:</p> <p>The Plan's claims processing timeliness standards differed from, and do not ensure compliance with those in the contract.</p> <p>The Plan incorrectly denied some out-of-network family planning claims.</p>	<p>The immediate action taken to prevent family planning claims from being denied in error was to systematically program family planning claims to pend in prepayment status for review in order to prevent them from being denied erroneously. All claims sent to prepay are reviewed for accuracy prior to finalization. As a secondary control, a control report was created in November 2015 to identify family planning services with zero paid amount. The report is used to identify and correct any family planning claim that gets denied in error. Claims identified in this control report are reviewed by a supervisor and/or lead to make appropriate corrections if any. This report is also used for feedback and training purposes for claim adjusters. This process was implemented in Q4 2015.</p>		December 31, 2015	<p><b>2/8/16</b> The MCP has updated document SCCA-1443 Medi-Cal Reference Guide to include claims processing guidelines that comply with contract requirements, for GMC Sacramento and San Diego as well as its contracted Plans. The MCP describes in detail the actions taken to ensure out-of-network family planning claims for Medi-Cal beneficiaries are not improperly denied.</p> <p><b>This finding is closed.</b></p>

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	<p>With regards to the Plan’s claims processing timeliness standards, the Medi-Cal Reference Guide was updated to reflect the consistent processing standards for both GMC Sacramento and San Diego.</p> <p><b>Accountable Person:</b> Sr. Operations Leader, National Claims Administration – California Regions”</p>	SCCA-1443 Medi-Cal Reference Guide_NCAL_January 2015.pdf	February 1, 2016	
<b>4. Members’ Rights</b>				
<p>Sacramento and San Diego (4.3.1) Breach Incident Reporting Timeframes:</p> <p>The Plan did not report breaches of Personal Health Information (PHI) to the DHCS within the required timeframes.</p>	<p>Upon confirmation that Medi-Cal patients (in the Sacramento and San Diego service areas) are involved in a breach of PHI, KFHP will immediately notify DHCS and follow-up with a written report of initial findings within 24 hours. Please refer to attached Incident Response Overview.</p> <p><b>Responsible Persons:</b> NCAL and SCAL Regional Privacy &amp; Security Officers</p>	KP Incident Response - Breach Notification Process (2).pdf	January 12, 2016	<p><b>2/8/16</b> The MCP submitted a PHI breach workflow overview that contains the contract requirements for timely reporting, and a description of the steps it will take to report breaches within required timeframes.</p> <p><b>This finding is closed.</b></p>
<p>Sacramento and San Diego (4.3.2) Breach Incident Investigation and Reporting:</p>	<p>Regional Privacy &amp; Security Officers in both NCAL and SCAL have reviewed Kaiser Foundation Health Plan’s (KFHPs) breach notification processes and related procedures and validated the correct DHCS</p>	HIPAA and Fraud Contract Reference Grid.pdf	January 12, 2016	<p><b>2/8/16</b> The MCP submitted a description of actions taken to ensure PHI incidents are reported to all required DHCS entities, however, the DHCS Contract Manager is not listed as one of the required entities to be notified.</p>

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<p>The Plan did not report breach of PHI incidents and investigations to all required DHCS entities.</p>	<p>notification entities. Appropriate actions have been reinforced with staff and notifications for both regions will occur as contractually required.</p> <p><b>San Diego</b>  SCAL has updated procedures to ensure that upon confirmation of impacted San Diego Medi-Cal enrollees, SCAL Privacy &amp; Security will provide immediate notification to:</p> <p>Privacy Officer  Tel.: (916) 440-4646  Fax: (916) 440-7680  E: <a href="mailto:privacyofficer@dhcs.ca.gov">privacyofficer@dhcs.ca.gov</a></p> <p>Chief Information Protection Unit  Phone: (916) 449-5195  Fax: (916) 449-5090  E: <a href="mailto:Ernie.Ruoff@dhcs.ca.gov">Ernie.Ruoff@dhcs.ca.gov</a></p> <p>Security Officer  Phone: (916) 440-7000  Fax: (916) 440-5537  E: <a href="mailto:iso@dhcs.ca.gov">iso@dhcs.ca.gov</a></p> <p>Within 24 hours an initial written report will be sent to those listed above.</p>			<p>Please provide copies of the referenced processes and procedures which cite the appropriate DHCS entities for contact.</p> <p><b>4/22/16</b> The MCP submitted the approved desktop procedure containing instructions for contacting DHCS regarding PHI incidents and investigations which include all the required DHCS entities: Privacy Officer, Security Officer, and Contract Manager.</p> <p><b>This finding is closed.</b></p>

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	<p><b>Accountable Person:</b> SCAL Regional Privacy &amp; Security Officer</p> <p><b>Sacramento</b>  NCAL has updated procedures to ensure that upon confirmation of impacted Sacramento Medi-Cal enrollees, NCAL Privacy &amp; Security will provide immediate notification to:</p> <p>Privacy Officer  Tel.: (916) 440-4646  Fax: (916) 440-7680  E: <a href="mailto:privacyofficer@dhcs.ca.gov">privacyofficer@dhcs.ca.gov</a></p> <p>Chief Information Protection Unit  Phone: (916) 449-5195  Fax: (916) 449-5090  E: <a href="mailto:Ernie.Ruoff@dhcs.ca.gov">Ernie.Ruoff@dhcs.ca.gov</a></p> <p>Security Officer  Phone: (916) 440-7000  Fax: (916) 440-5537  E: <a href="mailto:iso@dhcs.ca.gov">iso@dhcs.ca.gov</a></p> <p>Within 24 hours an initial written report will be sent to those listed above.</p>			

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	<p><b>KFHP Comments 4/22/16:</b> "Please find attached KFHP's updated breach notification process with corrected notification entities.</p> <p><b>Accountable Person:</b> NCAL Regional Privacy &amp; Security Officer"</p>			
<p>Sacramento (4.3.3) Subcontractor Breach Reporting:</p> <p>The Plan's subcontractor business associate agreement breach reporting timeframe requirements exceed those of the contract which precluded the Plan from meeting the contract requirements.</p>	<p>Kaiser Foundation Health Plan (KFHP) has reviewed the language in the BAA for The Outsource Group that was applicable for the DHCS reported incident. Sections 2.13 and 2.14 define the notification expectation as 'immediate, but no later than 5 days'. Notification of the incident (Date of Discovery - January 5, 2015) by the BA to the Plan (January 8, 2015) occurred within 3 days.</p> <p>Upon confirmation of impacted Sacramento Medi-Cal enrollees, Notification was made by the Plan to DHCS on January 22, 2015 and again on February 4, 2015, when additional impacted enrollees were confirmed:</p> <p>The Plan recognizes its failure to notify DHCS per the contract requirements.</p>	<p>The Outsource Group BAA eff 02-13-2012.pdf</p> <p>The Outsource Group 2014 UA (2).pdf</p>	<p>January 12, 2016</p>	<p><b>2/10/16</b> The MCP submitted copies of the amended Business Associate Agreement which contains reporting requirements that comply with contract requirements. The MCP advises that the Privacy Officer has reviewed breach notification requirements with the staff responsible for breach reporting.</p> <p><b>This finding is closed.</b></p>

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	<p>The Privacy Officer has reviewed the DHCS breach notification requirements with the Privacy staff.</p> <p><b>Accountable Person:</b> NCAL Regional Privacy &amp; Security Officer</p>			
<b>5. Quality Management</b>				
<p>Sacramento (5.2.1) Credentialing and Recredentialing:</p> <p>The Plan did not conduct Medi-Cal Managed Care training for all new providers.</p>	<p>The new provider training is undergoing revision for presentation to all newly hired physicians and will be submitted for final edits.</p> <p><b>Accountable person:</b> Director, The Permanente Medical Group, HR</p> <p>Upon final approval, the revised document will be distributed to new physicians.</p> <p>The new physician training was approved March 2016. Kaiser Permanente (KP) physician Human Resources (HR) staff include the new provider orientation training in their local physician on-boarding process and retain the signed attestation in the physician's personnel file. The training will be available to physician HR staff on the The Permanente</p>	<p>FormsChecklist v2doc.doc</p> <p>Physician Orientation_Letter Form_Final.docx</p> <p>Medi-Cal Physician Training</p>	<p>March 2016</p> <p>May 2016</p>	<p><b>4/22/16</b> KFPH submitted the following documents:  “New Hire Physician Benefits/Forms Checklist”  “Physician Orientation Letter” which includes a signed attestation on the bottom  “Medi-Cal Provider Training Attestation Form Guideline”</p> <p><b>6/24/16</b> MCP submitted a written response indicating that the complexity of administering training to non-physician providers requires that MCP takes a phased approach to implementation, which remains in development.</p> <p><b>8/12/16</b> MCP submitted a written response indicating that the MCP implemented the new hire process for physicians in Q2 2016 which includes use of the orientation and attestation forms. The MCP is currently working on a process for non-physicians and this will be completed by Q1 2017.</p>

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	<p>Medical Group (TPMG) Human Resources (HR) intranet site. Attestations can be pulled as needed.</p> <p><b>KFHP Comments 04/22/16:</b>  “Attached as evidence of progress towards correcting this deficiency are the following documents:  1. FormsChecklist v2doc.doc: A checklist of required forms for KP physician new-hire orientation. The Medi-Cal training is indicated in red.  2. Physician Orientation_Letter Form_Final.docx: A copy of the physician training attestation that will be saved in the physicians' file. Please scroll to bottom of document for attestation portion.  3. Medi-Cal Physician Training Attestation_guide.docx; A Human Resources guide that outlines the training attestation requirements, including distribution and filing methodology.</p> <p><b>Accountable person:</b>  Director, The Permanente Medical Group, HR</p> <p>Kaiser Foundation Health Plan (KFHP) will develop a non-physician provider</p>	<p>Attestation_guide.docx</p>	<p>Q2 2016  Q1 2017</p>	<p><b>This finding is provisionally closed.</b></p> <p>To close this finding, the MCP must demonstrate full implementation of its process.</p>

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	<p>Medi-Cal orientation and begin implementing the new orientation by the end of Q2 2016.</p> <p><b>Accountable person:</b> Regional Executive Director, Medi-Cal Strategy and Operations, Northern California and Director, Compliance Program and Operations, Northern California Regional Compliance Department”</p> <p><b>KFHP Comments 06/03/16:</b> “KFHP continues work surrounding the development/implementation of non-physician provider training. We are on target to provide additional details to DHCS on our implementation efforts by 6/30/16 as outlined in the original CAP submission.”</p>			
<p>San Diego (5.2.1) Credentialing and Recredentialing:</p> <p>The Plan did not conduct Medi-Cal Managed Care training for all new providers.</p>	<p>Kaiser Foundation Health Plan (KFHP) will develop a new Medi-Cal Managed Care training program for SCPMG and KFHP newly contracted providers that address DHCS contract requirements.</p>		<p>March 2016</p>	<p><b>8/12/16</b> MCP submitted a written response indicating the MCP’s steps taken to implement training for all providers including use of a “Medi-Cal Managed Care Quick Reference Guide” and “Attestation form.” While the MCP has finalized both the “Quick Reference Guide” and “Attestation form,” the description indicates the MCP’s intent to implement the Medi-Cal</p>

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	<p><b>Accountable:</b> SCAL Medi-Cal and State Program</p> <p>Upon approval of the training program, a process will be implemented to ensure Medi-Cal Managed Care training is provided to all SCPMG and KFHP contracted providers.</p> <p><b>Accountable:</b> Associate Medical Director Quality, Health Plan Advisor and SCPMG HR Team</p> <p>Develop new Medi-Cal Managed Care training materials for new contracted providers – professional, institutional and ancillary that addresses DHCS contract requirements.</p> <p><b>KFHP Comments 04/18/16:</b> “GMC San Diego developed a "Quick Reference Guide" for new providers, highlighting unique requirements of Medi-Cal. Draft currently with stakeholders for final review.</p> <p>GMC San Diego has plans to add a mandatory training module to KP's enterprise wide learning management system (KP Learn). This training module will be added as a compliance component to the new</p>		<p>Q2 2016 Q1 2017</p>	<p>training and attestation process for physicians by Q4 2016 and non-physician providers by Q1 2017.</p> <p><b>This finding is provisionally closed.</b></p> <p>To close this finding, the MCP must demonstrate full implementation of its process.</p>

Deficiency Number and Finding	Action Taken	Implementation Documentation	Completion/ Expected Completion Date	DHCS Comments
	<p>hire process for physicians, with a mandatory completion date within 10 days of onboarding with KP.</p> <p><b>Accountable:</b> SCAL Medi-Cal and State Program, SCPMG Provider Contracting and Network Development</p> <p>Begin dissemination of Medi-Cal Managed Care training materials to newly contracted SCPMG and KFH providers.</p> <p><b>Accountable:</b> SCPMG Provider Contracting and Network Development”</p> <p><b>KFHP Comments 06/03/16:</b> “Please find attached a draft copy of the “Quick Reference Guide” that will be used to train new providers. The Guide is currently in the process of being finalized/branded and will be submitted to DHCS again once complete. KFHP continues work surrounding the deployment of the training module on KP’s enterprise wide learning management system (KP Learn). We are on target to</p>			

Deficiency Number and Finding	Action Taken	Implementation Documentation	Completion/ Expected Completion Date	DHCS Comments
	<p>provide additional details to DHCS by 6/30/16 as outlined in the original CAP submission.”</p> <p><b>KFHP Comments 06/24/16:</b> “The SCAL Region has encountered significant opposition to implementing the mandatory Medical training module within Kaiser's enterprise wide learning management system, KP Learn. Therefore, SCAL intends to mirror the NCAL process by coordinating implementation of the training and attestation through Physician HR/Total Compensation. The training and attestation will be sent to new physicians within their new hire packet. Similar to NCAL, the complexity of administering a training to non-physician providers requires that we take a phased approach to implementation, which remains in development.”</p>			

Deficiency Number and Finding	Action Taken	Implementation Documentation	Completion/ Expected Completion Date	DHCS Comments
<b>6. Administrative and Organizational Capacity</b>				
<p>Sacramento and San Diego (6.3.1) Fraud &amp; Abuse Reporting:</p> <p>The Plan did not report suspected fraud and abuse cases to the DHCS within the required time frame.</p>	<p>Kaiser Foundation Health Plan (KFHP) updated all procedures for reporting suspected Medi-Cal fraud and/or abuse to the DHCS, Program Integrity Unit.</p> <p>In response to the audit findings that Form 609s were not submitted in accordance with the Contract, the following process improvements have been implemented:</p> <p>All National Special Investigations Unit (NSIU) investigators have been instructed about the 10 day reporting requirement, as well as the requirement to send a final Form 609 to DHCS within 10 days of completion of the investigation (email dated 10/09/2015).</p> <p>Immediately upon case assignment, but no later than 10 days after allegation is received, the assigned investigator will complete and submit the Initial Medi-Cal Complaint Report, Form 609.</p> <p>The 609 reporting form has been</p>	<p>Email to NSIU Investigators.doc</p> <p>Updated 609.docx</p>	<p>October 9, 2015</p> <p>October 9, 2015</p>	<p><b>2/16/16</b> The MCP submitted updated workflow and desktop procedures for reporting suspected fraud and abuse cases to DHCS which contain the 10-day reporting requirements to comply with contract provisions. The MCP also submitted a copy of an email message sent to investigative unit staff which advises of the 10-day reporting requirement. The MCP states the reporting requirements will be added to the investigative unit's meeting agenda for the April meeting.</p> <p><b>This finding is closed.</b></p>



Deficiency Number and Finding	Action Taken	Implementation Documentation	Completion/ Expected Completion Date	DHCS Comments
<p>(SSS.1) State Supported Services Contract Requirements:</p> <p>Member Handbook states members age 12 or older do not need parental consent for sensitive services including sexually transmitted diseases and abortion services. This is incorrect; although minors 12 years or older do not require parental consent for sexually transmitted disease treatment, minors of any age do not need parental consent for pregnancy related services.</p>	<p>Kaiser Foundation Health Plan (KFHP) is submitting the proposed change in language to our Evidence of Coverage (EOC), which is synonymous with Member Handbook (see 1.28.16-2Att_Excerpt of EOC lang redlined).</p> <p>Upon receiving DHCS' written approval indicating that KFHP's proposed changes to the EOC sufficiently meets contractual requirements, KFHP will draft an amendment to the EOC and submit it to DHCS for review and approval. Upon DHCS' approval of the amendment, the amendment will be disseminated to members.</p> <p><b>Accountable persons:</b> Director Health Plan Licensing, Health Plan Regulatory Services; Director, California Medi-Cal &amp; State Sponsored Programs</p>	<p>EOC Amendment.docx</p>	<p>One month following DHCS' approval of the EOC amendment.</p>	<p><b>06/01/16</b> - MCP submitted an updated EOC to MCODE contract manager for approval. Per the contract manager, the correction hasn't been approved yet. A request for additional information was submitted to MCP on 5/25/16 with a due date of 6/27/16.</p> <p><b>6/24/16</b> - MCP submitted the following documentation:</p> <p>For purposes of this audit, MCP submitted revised language to their EOC indicating minors under 18 may not need parent/legal guardian consent to obtain pregnancy related services. DHCS contract manager approved the revised language.</p> <p>Revised amendment to be translated in all threshold languages and mailed to all members. The process will take approximately 6 weeks to complete; expected completion date is 8/5/16. The amendment will also be incorporated into the welcome version of the EOC, so that new members will have this document when they receive their EOC.</p> <p><b>This finding is closed.</b></p>

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

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