



**ATTACHMENT A  
Corrective Action Plan Response Form**



**Plan Name: Partnership HealthPlan of California**

**Review/Audit Type:** DMHC SPD and Rural Expansion Medical Survey **Review Period:** 12/1/2013 - 11/30/2014

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
<b>Availability and Accessibility</b>				
#1 <b>The Plan does not ensure its network of primary care physicians are located within 30 minutes or ten miles of a member's residence.</b>	#1 The Plan has applied for alternate access standards on 07/30/2015 for Del Norte, Humboldt, Lassen, Modoc, Shasta, Siskiyou and Trinity counties. DHCS has neither approved, nor denied, the Plan's	See "Alternative Access Request.pdf"  See "PHC Network Adequacy_Q2_201	Currently unable to project completion date until alternative access request	1/26/2016 Plan has submitted: Alternative Access Request and PHC Network Adequacy_Q2_2015. These documents were reviewed. <b>This finding is provisionally closed.</b>

Deficiency Number and Finding	Action Taken	Implementation Documentation	Completion/ Expected Completion Date	DHCS Comments
	<p>request to date.</p> <p>DHCS notified the Plan on 12/30/2015 they are in the final stages of developing a process for handling alternate access standards and will be sending our proposed process to the MCPs for review and comments. DHCS will be implementing the process for approving alternate access standards after consideration and input from the MCPs. To streamline the process, DHCS plans to post an alternate access request form on their public website that the MCPs can complete and submit. DHCS will be communicating with the MCPs shortly about the proposed new process.</p>	5.pdf”	process is finalized by DHCS.	
<b>Member Rights</b>				
<p>#2</p> <p><b>The Plan’s responses to grievances involving a determination that the requested service is not a covered benefit do not consistently specify the provision in the contract, evidence of coverage, or member</b></p>	<p>#2</p> <p>The Plan conducted training for all Grievance personnel. Resolution letters for non-Medi-Cal benefit denials are updated to include the required statement. Personnel are trained to identify the appropriate denial in the Evidence of Coverage/Member Handbook when</p>	See “Non-Covered Benefit Denial Letter – Pharmacy Template.docx”	1/11/2016	<p>1/26/2016 Plan has submitted: Non-Covered Benefit Denial Letter – Pharmacy Template. This document is reviewed.</p> <p><b>This finding is closed.</b></p>

Deficiency Number and Finding	Action Taken	Implementation Documentation	Completion/ Expected Completion Date	DHCS Comments
handbook that excludes the service.	drafting up the denial letter.			
#3 <b>The Plan does not consistently document that a reasonable effort was made to provide oral notice of resolution for expedited appeals.</b>	#3 The Plan conducted training for all Grievance personnel. After the resolution of expedited appeals, Grievance staffs are directed to attempt three calls, no more than two in a single day. After the first two failed attempts to reach the member, a “Please Call Letter” is mailed. 24 hours after the letter is mailed out a third attempt to reach the member is made.	See “Grievance Please Call Letter – Template.docx”	1/11/2016	1/26/2016 Plan has submitted: Grievance Please Call Letter – Template. This document is reviewed. <b>This finding is closed.</b>
#4 <b>The Plan’s grievance acknowledgment letters do not consistently advise members of the grievance receipt date.</b>	#4 The Plan’s grievance acknowledgment letter template was modified to include the date the grievance was received. Additional training conducted to review the requirement and updated letter template.	See “Grievance Acknowledgement Letter – Template.docx”	1/11/2016	1/26/2016 Plan has submitted: Grievance Acknowledgement Letter – Template. This document is reviewed. <b>This finding is closed.</b>

**Submitted by:** David Gill  
**Title:** Compliance Oversight Manager

**Date:** 1/20/2016



JENNIFER KENT  
DIRECTOR

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



EDMUND G. BROWN JR.  
GOVERNOR

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RE: Department of Managed Health Care 1115 Medicaid Waiver Seniors and Persons  
with Disabilities (SPD) Enrollment and AB 1467 Rural Expansion Medical Survey

Dear Ms. Gibboney:

The Department of Managed Health Care (DMHC) conducted an on-site 1115 Medicaid Waiver Seniors and Persons with Disabilities (SPD) Enrollment and AB 1467 Rural Expansion Medical Survey of Partnership HealthPlan of California, a Managed Care Plan (MCP), from February 23, 2015 through February 27, 2015. The audit covered the review period of December 1, 2013, through November 30, 2014.

On January 26, 2016 the MCP provided DHCS with their response to the Corrective Action Plan (CAP) originally issued on December 7, 2015. At this time, all deficiencies have been reviewed and either closed or provisionally closed.

Provisionally closed deficiencies indicate that DHCS has conditionally accepted the MCP's plan of action being proposed and/or implemented in order to bring a deficiency into compliance. For this CAP, one (1) deficiency has been provisionally closed. The DHCS will continue to monitor and/or follow up on the deficiency that has been provisionally closed.

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

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If you have any questions, contact Farzaneh Aflatooni, Analyst, Compliance Unit, at (916) 319-7914 or [CAPMonitoring@dhcs.ca.gov](mailto:CAPMonitoring@dhcs.ca.gov).

Sincerely,

Dana Durham, Chief  
Contract Compliance Section

Enclosures

cc: David Mora, Contract Manager  
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