ATTACHMENT A Corrective Action Plan Response Form



Plan: Gold Coast Health Plan

Review Period: 04/01/2019 - 05/31/2021

Audit Type: Medical Audit and State Supported Services

Onsite Review: 08/02/2021 - 08/06/2021

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 CAP Request letter. MCPs are required to submit the CAP in word format that will reduce turnaround time for DHCS to complete its review. According to ADA requirement, the document should be at least 12 pt.

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. The MCP shall directly address each deficiency component by completing the following columns provided for MCP response: 2. Action Taken, 3. Implementation Documentation, and 4. Completion/Expected Completion Date. The MCP will be required to include project timeline with milestones in a separate document for each finding. Supporting documentation should accompany each Action Taken. For policies and other documentation that have been revised, please highlight the new relevant text. For deficiencies that require short-term corrective action, implementation should be completed within 30 calendar days. For deficiencies that may be reasonably determined to require long-term corrective action for a period longer than 30 days to completely remedy or operationalize, the MCP is to indicate that it has initiated remedial action and is on the way towards achieving an acceptable level of compliance. In those instances, the MCP will be required in addition to the above steps, to include the date when full compliance will be achieved. **Policies and procedures submitted during the CAP process must still be sent to the MCP's Contract Manager for review and approval, as applicable in accordance with existing requirements.**

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

Deficiency Number and Finding	Actions Taken	Supporting Documentation (Please correspond to each Action Taken)	Implementation Date* (*Short-Term, Long-Term)	DHCS Comments		
4. Member Rights						
GRIEVANCE SYSTEM 4.1.1 Oversight of Subcontractor	1. GCHP Operations revised and rescheduled the Annual Grievance and Appeals training to Quarterly, with the first training conducted on September 1 & 2, 2021.	1. Attachment 1 – Quarterly Grievance and Appeals Training. Attachment 2 – Quarterly Grievance and Appeals Training Sign-in Sheet.	1. 9/01/2021 and 9/02/2021	The following documentation supports the MCP's efforts to correct this finding: Grievance and Appeals training schedule has been updated from annually to quarterly. Training		
The Plan did not maintain a system to ensure accountability for delegated activities that includes the continuous	2. The GCHP Member Services team has assigned a team member to perform at least fifteen (15) quality audits every week on calls handled by the call center.	2. Attachment 3 - Calibration log.	2. 07/09/2021	 addresses the following: Grievance classification Grievance routing Delegate responsibilities MCP to hold Calibration meetings with delegate to review quality audit		
monitoring, evaluation, and approval of delegated functions. The Plan did not monitor its subcontractor's	3. The MS-013 Call Center Service Level Agreement Oversight policy has been updated to include monitoring of the grievance process.	 Attachment 4 - MS- 013 Call Center Service Level Agreement Oversight policy. 	3. Pending DHCS approval (11/15/2021)	results, discrepancies, and determine what actions may improve the quality service level. A calibration log will be used to capture audit discrepancies and action items to be reviewed weekly.		
classification and routing of member grievances. The Plan did not monitor its subcontractor's call center for compliancein classifying and routing member's grievances.	4. The call center quality audit score card has been updated to include a couple audit elements. The firs element is to identify and classify a call as a grievance. The second element is for routing grievances to the appropriate grievance queue.	4. Attachment 5 – Call center standard quality audit score card.	4. 11/15/2021	Revised Policy MS-013 Call Center Service Level Agreement Oversight Policy. Policy requires Call Center team to send daily SLA reports to MCP. MCP will review and confirm if SLA is being met and identify any issues. Call Center Manager and MCP will identify necessary actions to ensure SLA remains in compliance. Daily meetings will take place to discuss progress of action		

The service level agreement did not include procedures onhow the Plan will monitor the subcontractor's compliance in classifying and routingmember grievances.		plans and identify other solutions. Failure to meet monthly SLA will result in financial penalties being assessed on the delegate. Call Center team will perform at least three call audits on each agent weekly. A quality scorecard will include if the following elements dissatisfaction are being identified, addressed, classified, and routed appropriately. The MCP will also perform at least 15 random call audits weekly in order to monitor quality service levels are being met and ensure proper classification and routing of grievances to the MCP's Grievance and Appeals Department.
		This finding is closed.

Submitted by: Margaret Tatar [Signature on File] Date: December 2, 2021 | 16:31:06 PST Title:

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