



August 23, 2024

Heidi Arndt, Senior Compliance and Fraud Prevention Officer
Community Health Group Partnership Plan
2420 Fenton Street, Suite 100
Chula Vista, CA 91914

Via E-mail

RE: Department of Health Care Services Medical Audit

Dear Ms. Arndt:

The Department of Health Care Services (DHCS), Audits and Investigations Division conducted an on-site Medical Audit of Community Health Group Partnership Plan, a Managed Care Plan (MCP), from July 10, 2023 through July 21, 2023. The audit covered the period from June 1, 2022, through May 31, 2023.

The items were evaluated, and DHCS accepted the MCP's submitted Corrective Action Plan (CAP). The CAP is hereby closed. The enclosed documents will serve as DHCS' final response to the MCP's CAP. Closure of this CAP does not halt any other processes in place between DHCS and the MCP regarding the deficiencies in the audit report or elsewhere, nor does it preclude the DHCS from taking additional actions it deems necessary regarding these deficiencies.

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

If you have any questions, please reach out to CAP Compliance personnel.

Sincerely,

[Signature on file]

Lyubov Poonka, Chief
Audit Monitoring Unit
Process Compliance Section
DHCS - Managed Care Quality and Monitoring Division (MCQMD)

Enclosures: Attachment A (CAP Response Form)

cc: Stacy Nguyen, Chief *Via E-mail*
Managed Care Monitoring Branch
DHCS - Managed Care Quality and Monitoring Division (MCQMD)

Grace McGeough, Chief *Via E-mail*
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Christina Viernes, Lead Analyst *Via E-mail*
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Aldo Flores, Unit Chief *Via E-mail*
Managed Care Contract Oversight Branch
DHCS – Managed Care Operations Division (MCOD)

Rebeca Cabiedes, Contract Manager *Via E-mail*
Managed Care Contract Oversight Branch
DHCS – Managed Care Operations Division (MCOD)

ATTACHMENT A

Corrective Action Plan Response Form



Plan: Community Health Group Partnership Plan
Audit Type: Medical Audit

Review Period: 06/01/22 - 05/31/23
On-site Review: 07/10/23 - 07/21/23

MCPs are required to provide a Corrective Action Plan (CAP) and respond to all documented deficiencies included in the medical audit report 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, which will reduce the turnaround time for DHCS to complete its review. According to ADA requirements, 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, as well as the operational results of that action. The MCP shall directly address each deficiency component by completing the following columns provided for MCP response: 1. Finding Number and Summary, 2. Action Taken, 3. Supporting Documentation, and 4. Completion/Expected Completion Date. The MCP must include a project timeline with milestones in a separate document for each finding. Supporting documentation should accompany each Action Taken. If supporting documentation is missing, the MCP submission will not be accepted. For policies and other documentation that have been revised, please highlight the new relevant text and include additional details, such as the title of the document, page number, revision date, etc., in the column "Supporting Documentation" to assist DHCS in identifying any updates that were made by the plan. Implementing deficiencies requiring short-term corrective action 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 remedy or operationalize completely, the MCP is to indicate that it has initiated remedial action and is on the way toward achieving an acceptable level of compliance. In those instances, the MCP must include the date when full compliance will be completed in addition to the above steps. Policies and procedures submitted during the CAP process must still be sent to the MCP's Contract Manager for review and approval, as applicable, according to existing requirements.

Please note that DHCS expects the plan to take swift action to implement improvement interventions as proposed in the CAP; therefore, DHCS encourages all remediation efforts to be in place no later than month 6 of the CAP unless DHCS grants prior approval for an extended implementation effort.

DHCS will communicate closely with the MCP throughout the CAP process and provide technical assistance to confirm that the MCP offers sufficient documentation to correct deficiencies. Depending on the number and complexity of deficiencies identified, DHCS may require the MCP to provide weekly updates.

1. Utilization Management

Finding Number and Summary	Action Taken	Supporting Documentation	Implementation Date * (*Short-Term, Long-Term)	DHCS Comments
1.2.1 Notification of Modified Prior Authorizations The Plan did not ensure that providers and members were sent written notifications of a decision to modify prior authorization requests.	<ul style="list-style-type: none">CHG revised:<ul style="list-style-type: none">Policy 7251.8a "Review of Requests for Health Care Services "Page 2, Definitions, Page 2-3, section (Procedure 5 and 5a)Utilization Management Desktop process: "Guidelines for Level 1 and IPSS scope of service review" Page 1, Section (General criteria for Level 1 and IPSS).Staff training scheduled for 2/9/2024CHG will develop a report to capture all cases where changes were made to the codes and/or units. This report will be reviewed to	<p>Policy 7251.8a "Review of Requests for Health Care Services</p> <p>Utilization Management Desktop process: "Guidelines for Level 1 and IPSS scope of service review"</p> <p>N/A</p> <p>N/A</p>	<p>2/9/2024</p> <p>2/9/2024</p> <p>2/9/2024</p> <p>3/29/2024</p>	<p>The following documentation supports the MCP’s efforts to correct this finding:</p> <p>POLICIES AND PROCEDURES</p> <ul style="list-style-type: none">Policy 7251.8a Review of Requests revised 12-21-2023 updated to define modifications as a change in the services originally requested on a prior authorization and that a letter will be sent to the member. Modification decisions will be made by the Chief Medical or their designee. (UM Policy 7251.8a - Review of Requests RLV 12-21-2023)Utilization Management Desktop process updated to define modifications as a change in the services originally requested on a prior authorization and that a letter will be sent to the member. Modification decisions will be made by the Chief Medical or their designee. (Guidelines for Level 1 and IPSS Scope of service review RLV 12-21-2023) <p>TRAINING</p> <ul style="list-style-type: none">Modifications Training and Sign-in sheet from 2/1/24 demonstrates the MCP has trained its staff on the proper use and sending of

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	<p>identify appropriateness of modifications.</p> <ul style="list-style-type: none"> CHG's UM management & auditors will review the report to confirm the appropriateness of modification and substitution activity on a monthly basis. The results will be shared with the CMO and reported at the UM & New Technology Committee. 	N/A	5/23/2024	<p>modification notifications to members whose services are changed from the original prior authorization. (1.2.1_Training_modifications)</p> <p>OVERSIGHT AND MONITORING</p> <ul style="list-style-type: none"> Modification Monitoring Report demonstrates the MCPs monitoring process for modified authorization are being monitored to identify appropriateness of modifications. (DHCS Audit CAP 2023_1.2.1_Modification Monitoring Report_ Mar-Apr 2024) Written procedure for self-monitoring/internal auditing process demonstrates the MCP has written procedures on the review of modified cases to verify they are not modified without physician review. (6a-1. DHCS 2023 CAP 1.2.1 Written Procedure for Self-monitoring 04-30-2024) UM Management Modification Oversight Report signed 5/1/24 demonstrates the MCP' UM management reviews the results of the Modification Monitoring report for appropriateness and necessary follow-up. (6a. Q1 2024_UM Modification Oversight Report) UM & New Technology Committee minutes from 5/9/23 demonstrate the MCP is actively reporting the results of the modification oversight to the committee. (2. UM Minutes - Draft of Meeting 5.9.2024)

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				The corrective action plan for finding 1.2.1 is accepted.
<p>1.2.2 Prior Authorization Timeframes</p> <p>The Plan did not process routine and expedited prior authorization requests within the required timeframes.</p>	<ul style="list-style-type: none"> CHG revised: <ul style="list-style-type: none"> CHG revised Policy 7259a "Out-Of-Network (OON) Services" Page 1, Section (Policy Statement) & Page 2, Section (Procedure - Outpatient) CHG revised DTP "Letter of Agreement Process" Page 1, Section (Health Care Services Department Responsibilities) & Page 3, Section (Contracting Department Responsibilities). Staff training scheduled for 2/9/2024 	<p>Policy 7259a "Out-Of-Network (OON) Services"</p> <p>"Letter of Agreement Process"</p> <p>N/A</p> <p>N/A</p> <p>N/A</p>	<p>2/9/2024</p> <p>2/9/2024</p> <p>2/9/2024</p> <p>5/23/2024</p>	<p>The following documentation supports the MCP's efforts to correct this finding:</p> <p>POLICIES AND PROCEDURES</p> <ul style="list-style-type: none"> Policy 7529a updated to approve requests once medical necessity is established and mail the member and provider the approval letter. The letter will also notify the member that the MCP's contracting department is currently working with the doctor or other provider of service who may not agree to a LOA in which event CHG will find another doctor or provider of service who can provide services that is needed. (UM Policy 7259a - Out-of-Network Services RLV 01-08-2024) Letter of Agreement Desktop Procedure was updated to approve requests once medical necessity is established and mail the member and provider the approval letter. The letter will also notify the member that the MCP's contracting department is currently working with the doctor or other provider of service who may not agree to a LOA in which event CHG will find another doctor or provider of service who can provide services that is needed. (LOA BPG 12-26-2023 YF conversion)

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	<ul style="list-style-type: none"> CHG developed the Referral Pending Aging Report CHG's UM management will review the report on daily basis. The results will be shared with the CMO and reported at the UM & New Technology Committee. 			<ul style="list-style-type: none"> Written procedure for self-monitoring/internal auditing process demonstrates the MCP has trained its staff on the separation of process of review and approval of the referral and LAO process as the creation of an auditing process. (6b-1. DHCS 2023 CAP 1.2.2 Written Procedure for Self-monitoring 04-30-2024) <p>TRAINING</p> <ul style="list-style-type: none"> Prior Authorization Timeframes & Letter Of Agreement (LOA) Request Process Update trains MCP staff on the processing of prior authorizations that require letters of agreements and meeting the appropriate timeframes. (1.2.2_Training_LOA) <p>OVERSIGHT AND MONITORING</p> <ul style="list-style-type: none"> Referral Pending Ageing Report demonstrates the MCP is monitoring the timeframes for both routine and expedited authorizations. (1.2.2_Aging Report) UM PA Timeliness Oversight Report signed 5/3/24 demonstrates the MCP' UM management reviews the results of the PA timeliness report for compliance with PA timeline requirements and pursue follow-up actions when necessary. (6b. April 2024 - UM PA Timeliness Oversight Report)

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				<ul style="list-style-type: none"> UM & New Technology Committee minutes from 5/9/23 demonstrate the MCP is actively reporting the results of the Timeliness Oversight Report to the committee. (2. UM Minutes - Draft of Meeting 5.9.2024) <p>The corrective action plan for finding 1.2.2 is accepted.</p>
<p>1.2.3 Medical Necessity Determination</p> <p>The Plan did not ensure that prior authorization decisions were based on medical necessity for requested services.</p>	<ul style="list-style-type: none"> CHG revised Policy 7251a, "Referral and Prior Authorization System" Page1, Section (Purpose). CHG will develop a new report to capture paid claims for in-office procedures for auditing purposes as stated in policy 7251a. CHG's UM auditors will review annually and work with Chief Medical Officer to track providers reviewed. 	<p>Policy 7251a, "Referral and Prior Authorization System"</p> <p>N/A</p> <p>N/A</p>	<p>2/9/2024</p> <p>3/29/2024</p> <p>5/23/2024</p>	<p>The following documentation supports the MCP's efforts to correct this finding:</p> <p>POLICIES AND PROCEDURES</p> <ul style="list-style-type: none"> CHG No Authorization Required List updated 5/22/24 demonstrate the MCP modified the list to require office-based invasive services to require prior authorization. Minor invasive procedures, screenings, and other diagnostic tests do not require prior authorization. (DHCS Audit CAP 2023_1.2.3_CHG No Auth required list 05-22-2024 Final) <p>OVERSIGHT AND MONITORING</p> <ul style="list-style-type: none"> Policy 7251a Referral and Prior Authorization was updated to include a procedure for monitoring in-office specialty visits and procedures that do not require prior authorization. All in-office specialty visits and procedures that do not require prior authorization currently will be audited for medical necessity at least annually. Providers that are rendering services that were deemed to be not medically necessary

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				<p>will be required to submit authorization requests for all services. Policy also updated to include a review of services that do not require prior authorization on at least an annual basis. (UM Policy 7251a - Referral and Prior Authorization System updated 07-01-2024)</p> <ul style="list-style-type: none">• UM & Technology Committee Approval email and UM Committee Approvals demonstrate the MCP reviewed and approved the No Authorization Required List prior to implementation as part of its monitoring and oversight. (Original Email for Approval from UM Committee, UM committee approval 1, UM committee approval 2, UM committee approval 3) <p>TRAINING</p> <ul style="list-style-type: none">• Provider Alert 7/3/24 and Screenshot of MPC website demonstrate the MCP has notified providers where to access the new list of services that do not require prior authorization and provided the list of services on its public website. (Providers alert updated No authorization required list 07-03-2024 Final, Screenshots of CHG Public Website 07-09-2024) <p>The corrective action plan for finding 1.2.3 is accepted.</p>

4. Member’s Rights

Finding Number and Summary	Action Taken	Supporting Documentation	Implementation Date * (*Short-Term, Long-Term)	DHCS Comments
<p>4.1.1 Timely Resolution of Quality of Care Grievances</p> <p>The Plan did not fully resolve QOC grievances within the required timeframes.</p>	<p>4.1.1-1, The Plan has updated GA Policy 5510a, Member Grievance and Appeal Policy.</p> <p>The Plan updated its process to reflect obtaining information from the provider of concern regarding QOC grievances. This had previously been part of the PQI discovery process. This allows the Plan to provide the member with a more comprehensive explanation regarding the resolution of the grievance.</p> <p>4.1.1-3, Grievance and Appeals (G&A) and Quality staff were instructed on the revised process.</p> <p>4.1.1-4a, The Plan has revised its internal file review protocols to reflect the revised process.</p>	<p>4.1.1-1-GA Policy 5510a-RL</p> <p>4.1.1-2-CQ Desk Reference-Grievance Process Revised 8.2023 REDLINED</p> <p>4.1.1-3 Discussion During Huddle on 8/1/2023</p>	<p>1/9/2024</p> <p>8/1/2023</p> <p>8/1/2023</p> <p>1/5/2024</p>	<p>The following documentation supports the MCP’s efforts to correct this finding:</p> <p>POLICIES AND PROCEDURES</p> <ul style="list-style-type: none">Updated Policy 5510as-RL, “Member Grievance and Appeal Policy”, (01/09/24) updated to include the definition of “Resolved which means that the grievance has reached a final conclusion with the respect to the member’s submitted grievance as delineated in existing state regulations.”Desk Reference 2-CQ, “Desk Reference Grievance Process”, (Redlined revised 01/31/24) was revised to include the following:<ol style="list-style-type: none">Obtaining information from the provider of concern regarding QOC grievances. This had previously been part of the PQI discovery process. This allows the Plan to provide the member with a more comprehensive explanation regarding the resolution of the grievance.Include statement, "All grievances that involve a medical quality of care (QOC) will be submitted to the medical director or Chief Medical Officer for immediate action."

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	4.1.1-4b, The Plan will begin monthly monitoring using the new file review protocol beginning January 2024.	4.2.2-4a-b Grievance Quarterly File Review Audit Sheet	1/5/2024	<p>3. Include the statements regarding sending a written response to the complainant within thirty (30) calendar days of receipt and that the written response shall contain a clear and concise explanation of the plan's decision without disclosing information to the grievant that is otherwise confidential or privileged by law.</p> <p>OVERSIGHT AND MONITORING</p> <ul style="list-style-type: none"> Revised, Quarterly Report – Blank Templet, (Implementation Date 05/31/24) demonstrates the Plan has a process to monitor QOC grievance cases on a quarterly basis. QOC grievance cases are reviewed for timeliness and full resolution. For those G&A staff who did not meet the established standard, will be receiving coaching, training, or corrective action. The Quarterly Grievance and Appeals Department Audit reports containing a summary of the file review activity will be presented to and reviewed by the Compliance Committee beginning first quarter, 2024. The report is also presented to the COO, on a quarterly basis. The COO is the designated Officer responsible for overseeing the Plan's Grievance Program.
	4.1.1-4c, Summary reports of the file review activity will be incorporated in the quarterly Grievance and Appeals Department Audit reports beginning first quarter, 2024.	4.2.2-4a-b Grievance Quarterly File Review Audit Sheet	5/31/2024	
	4.1.5, The quarterly Grievance and Appeals Department Audit reports containing a summary of the file review activity will be presented to and reviewed by the Compliance Committee beginning first quarter, 2024. The report is also presented to the COO, on a quarterly basis. The COO is the designated Officer responsible for overseeing the Plan's Grievance Program.	4.1.1-4c&5 Quarterly Report - BLANK Template 1.8.23	5/31/2024	
		4.1.1-4c&5-Quarterly Report - BLANK Template 1.8.23	5/31/2024	

Finding Number and Summary	Action Taken	Supporting Documentation	Implementation Date * (*Short-Term, Long-Term)	DHCS Comments
				<ul style="list-style-type: none">Quarterly Report, "Sampled QOC Grievance case files" (January and February 2024) demonstrates the Plan conducts an internal review of QOC grievance files closed within each quarter. Files are reviewed for the following elements:<ol style="list-style-type: none">1. Timely acknowledgement Letter2. Timely Resolution Letter3. Timeliness of Case Closure4. Chief Complaint Addressed5. Case Completion with Root Cause6. Appropriate Case Documentation (Issue Statement)7. Appropriate Case Documentation (Resolution Statement) <p>The audit involves reviewing an initial sample of eight files, then reviewing an additional sample of 22 files if any of the original eight fails the audit (a total of 30 records) for each element that fails.</p> <ul style="list-style-type: none">Quarterly Report, "Completed Audit with results" (January and February 2024) demonstrates the Plan finalized the audit results of QOC grievance files. All 16 QOC grievance audited met the timeframe requirement of timely resolution.

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				<ul style="list-style-type: none">Quarterly Report, "CHG Quarter One Report" (May 2024) demonstrates the Plan audited a larger amount of standard/QOC grievance cases. A total of 307 standard/QOC cases were received and resolved within the 30-calendar day requirement. <p>TRAINING</p> <ul style="list-style-type: none">Meeting with the Grievance and Appeal Staff and Quality Staff, (8/1/2023) the Plan instructed staff on the revised process of grievances that involve a quality of care (QOC) issue, the G&A Analysts will make reasonable attempts to obtain clinical records related to the grievance and work in tandem with a clinical staff to review for appropriate action and resolution. This demonstrates all QOC grievances are fully resolved.Training on the revised CQ Desk Reference (02/01/24) demonstrates the G&A Quality staff received training on the revised desk reference procedures. Sign-in- sheets and attestations provided. <p>The corrective action plan for finding 4.1.1 is accepted.</p>

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4.1.2 Grievance Classification and Processing The Plan did not ensure inquiries were considered as grievances when such inquiries were related to member dissatisfaction.	4.1.2-1, The Plan has updated Policy #6107a, Inquiry and Grievance Identification.	4.1.2-1-2-Policy 6107a,-Inquiry and Grievance Identification	1/5/2024	The following documentation supports the MCP's efforts to correct this finding: POLICIES AND PROCEDURES <ul style="list-style-type: none"> Revised Policy, "6107, Inquiry & Grievance Identification" (01/05/24) which has been revised to include the definition of a QOC grievance. In addition, this policy provides guidance to distinguish inquiries from grievances. (4.1.2-1-2-Policy 6107-Inquiry & Grievance identification) Desktop Procedures, "Customer Service Best Practice Guide and Inquiry & Grievance Identification" (Implementation Date, 01/31/24) demonstrates the Plan has a guide for G&A staff to identify key words to capture expressions of dissatisfaction. (4.1.2-CS BPG- Inquiry vs Grievances- Redlined 1.8.24) Desk Top Procedures, "Inquiry Log and Member Billing" (Implementation Date, 01/31/24) which demonstrates the Plan has a daily review of the inquiry phone log and member billing, if a review finds a potential grievance an email is sent to the G&A Supervisor for follow-up and documentation. Per Plan response, "One-on-one training will be provided and if patterns of non-compliance arise, training will be
	4.1.2-2, The Plan has updated Policy #6107a, Inquiry and Grievance Identification.	4.1.2-1-2-Policy 6107a,-Inquiry and Grievance Identification	1/5/2024	
	4.1.2-3, The Plan updated its internal staff references. Training on the revised references will be conducted.	4.1.2-3-Inquiry vs. Grievances Guide	1/31/2024	
	4.1.2-4a, The Plan has revised its monitoring protocols of the daily inquiry log to reflect increased oversight of the proper and timely identification of grievances, including members receiving bills, member being held liable for payments for covered services, and billing complaints.	4.1.2-4a-b-Inquiry Log Monitoring Template	2/1/2024	
	4.1.2-4b, The Plan will begin daily monitoring using the revised protocols beginning January 2024			

Finding Number and Summary	Action Taken	Supporting Documentation	Implementation Date * (*Short-Term, Long-Term)	DHCS Comments
	4.1.2-4c, Summary reports of daily inquiry log monitoring will be incorporated in the quarterly Grievance and Appeals Department Audit reports beginning first quarter, 2024.	4.1.2-4a-b-Inquiry Log Monitoring Template	2/1/2024	conducted among all staff. Incidents of non-compliance are tracked per each representative and may affect the representative's performance appraisal." (4.1.2-Inquiry Log and Member billing 1.31.24)
	4.1.2-5, The quarterly Grievance and Appeals Department Audit reports containing a summary of the daily monitoring activity will be presented and reviewed by to the Compliance Committee beginning first quarter, 2024. The report is also presented to the COO, on a quarterly basis. The COO is the designated Officer responsible for overseeing the Plan's Grievance Program	4.1.2-4c&5-Quarterly Report - BLANK Template 1.8.23	5/31/2024	OVERSIGHT AND MONITORING <ul style="list-style-type: none"> • Template, "Inquiry Log Template" (02/01/24) demonstrates the Plan has a daily inquiry log to reflect increased oversight of the proper and timely identification of grievances. In addition, the Plan has a daily review of the inquiry phone log and member billing, if a review finds a potential grievance an email is sent to the G&A Supervisor for follow-up and documentation.
		4.1.2-4c&5-Quarterly Report - BLANK Template 1.8.23	5/31/2024	<ul style="list-style-type: none"> • Monitoring Audit, "Daily Inquiry Log Monitoring" (02/2024) demonstrates the Plan is monitoring the daily inquiry log on a daily basis. Out of 23,871 inquiry calls, there were a total of 12 cases that were not identified as grievances. The rate of misidentified grievances for the month of February was actually 0.05% for a compliance rate of 99.95%. • Quarterly Report, "CHG Quarter One Report" (May 2024) as evidence the Plan has created a Quality Report containing a summary of the daily monitoring activity that will be

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				<p>presented and reviewed by the Compliance Committee and Chief Operating Officer who oversees the Plan’s grievance program. Therefore, the inquiry log is reviewed on a daily basis and rotated among the G&A staff on a monthly basis. Each G&A staff assigned to the month reviews the daily inquiry log for any call documentation that demonstrates an expression of dissatisfaction. This monitoring was implemented in February 2024; therefore, January 2024 was not reviewed. During Q1, excluding the month of January, 43,993 calls of the inquiry log were reviewed for any potential grievances. Twenty-eight (28) of the inquiry calls were flagged for further review to determine if the inquiry represented a grievance. Out of all the calls reviewed, 0.04% were opened as grievances. The remaining 99.96% were inquiries.</p> <p>TRAINING</p> <ul style="list-style-type: none">• Training Materials, Desktop Process: Inquiry Log & Member Billing, Desk Reference: Corporate Quality Desktop Reference Grievance Process, Customer Service Best Practice Guide: Inquiry and Grievance Identification, and Desktop Process: Member Received Bill, which demonstrates the Plan provided training on 02/01/24 and 02/02/24, on the revised desk reference procedures which addresses the G&A

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				<p>Analysts will make reasonable attempts to obtain clinical records related to the grievance and work in tandem with a clinical staff to review for appropriate action and resolution. This demonstrates all QOC grievances are fully resolved and closing the loop. In addition, the Plan added additional expressions of dissatisfaction such as:</p> <ol style="list-style-type: none">1. "My bill was sent to collections"2. "You're taking too long to resolve my bill I sent a month ago"3. "I should not be receiving a bill. You should have taken care of this"4. "I have been waiting to receive follow-up care with my specialist and I don't understand why it's taking them so long to help me"5. "I need to change my primary doctor. I dislike my current one."6. "I want to second opinion with a different doctor because I don't like the treatment plan of my current doctor" <ul style="list-style-type: none">• Training attestations provided. (4.1.2-G&A sign-in Sheet and Attestations- Updated Grievance Procedures Training 2.1.2024 and 4.1.2-QI sign-in Sheet and Attestations- Updated Grievance Procedures Training 2.2.2024)

Finding Number and Summary	Action Taken	Supporting Documentation	Implementation Date * (*Short-Term, Long-Term)	DHCS Comments
				The corrective action plan for finding 4.1.2 is accepted.
4.1.3 Billing Medi-Cal Members The Plan members were incorrectly held liable for payments for covered services.	<p>4.1.3-1, The Plan has updated Policy #6107a, Inquiry and Grievance Identification. The Plan has submitting Policy #7837a, Prohibited Claims. (Note: this policy was not submitted as evidence during the 2023 audit under Category 4, Member Rights.)</p> <p>4.1.3-2, The Plan has updated its desktop process, "Member Received Bill" to handle and resolve member billing issues, including the identification and handling of billing complaints.</p> <p>4.1.3-3, Providers were reminded that they cannot charge and/or collect payment from CHG Members for covered services.</p>	<p>4.1.3-1-Policy 6107-Inquiry & Grievance identification</p> <p>4.1.3-2-Member Bills BPG - 12.29.23</p> <p>4.1.3-3-Provider Q3 2023 Newsletter</p>	<p>01/05/2024</p> <p>12/29/2023</p> <p>11/3/2023 1/31/2024</p>	<p>The following documentation supports the MCP's efforts to correct this finding:</p> <p>POLICIES AND PROCEDURES</p> <ul style="list-style-type: none"> Updated P&P, "6107a: Inquiry & Grievance Identification Policy" which states that the MCP will monitor inquiries to identify potential cases with indications of dissatisfaction which could be potentially misclassified inquiries. (Policy 6107-Inquiry & Grievance identification, Page 2). P&P, "7837a: Prohibited Claims" which states that the MCP as well as its vendors, affiliates, subcontractors, and downstream subcontractors shall not balance bill members for unpaid claims and will comply with 22 CCR sections 53866, 53220, and 53222. (Policy 7837a Prohibited Claims, Page 1). Updated Desktop Procedures, "Member Received Bill" (12/29/23) in which the MCP has a process to investigate and resolve issues associated with members receiving bills from providers. The Member Services Department will work jointly with the Claims Department to resolve bill issues for

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	Send out a reminder Provider Alert to all providers that billing members for covered services is not allowed.	4.1.3-4a-b-Inquiry Log Monitoring Template	2/1/2024	CHG members. The Member Services Representative is responsible for documenting the bill issue, obtaining a copy of the bill, and forwarding it to the Claims Department for proper follow-up. If the member expressed dissatisfaction, the MSR will route the case to the Grievance & Appeals Department. (Member Bills BPG, Page 2).
	4.1.3-4a, The Plan has revised its monitoring protocols of the daily inquiry log to reflect increased oversight of the proper and timely identification of grievances, including members receiving bills, member being held liable for payments for covered services, and billing complaints.	4.1.3-4a-b-Inquiry Log Monitoring Template	2/1/2024	TRAINING <ul style="list-style-type: none"> “Provider Update – Fall 2023” as evidence that the MCP has sent out a reminder Provider Alert to all providers that billing members for covered services is not allowed. Providers were reminded that they cannot charge and/or collect payment from CHG Members for covered services. (Provider Q3 2023 Newsletter, Page 16).
	4.1.3-4b, The Plan will begin daily monitoring using the revised protocols beginning January 2024.	4.1.3-4c&5-Quarterly Report - BLANK Template 1.8.23	5/31/2024	OVERSIGHT AND MONITORING <ul style="list-style-type: none"> Excel Spreadsheet, “Daily Inquiry Log Monitoring” (February 2024) as evidence that the MCP has implemented a monitoring process to track timely identification of grievances, including members receiving bills, member being held liable for payments for covered services, and billing complaints. The SSRS Inquiry Log is reviewed on a daily basis. After review, the Grievance and Appeals Analyst
	4.1.3-4c, Summary reports of daily inquiry log monitoring will be incorporated in the quarterly Grievance and Appeals Department Audit reports beginning first quarter, 2024	4.1.3-4c&5-Quarterly Report - BLANK Template 1.8.23	5/31/2024	

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	4.1.3-5, The quarterly Grievance and Appeals Department Audit reports containing a summary of the daily monitoring activity will be presented and reviewed by to the Compliance Committee beginning first quarter, 2024. The report is also presented to the COO, on a quarterly basis. The COO is the designated Officer responsible for overseeing the Plan's Grievance Program.			<p>will note the date, highlight potential grievances identified, and date sent to the department group email. These cases will be added to the next day huddle agenda. (Inquiry Log Monitoring Template - February 2024).</p> <p>The corrective action plan for finding 4.1.3 is accepted.</p>
<p>4.1.4 Processing Billing Grievances</p> <p>The Plan did not classify and process billing complaints as grievances.</p>	<p>4.1.4-1, The Plan has updated Policy #6107a, Inquiry and Grievance Identification. The Plan is submitting Policy #7837a, Prohibited Claims. (Note: this policy was not submitted as evidence during the 2023 audit under Category 4, Member Rights.)</p> <p>4.1.4-2, The Plan has updated its desktop process, "Member Received Bill" to handle and resolve member billing issues, including the</p>	<p>4.1.4-1-Policy 6107-Inquiry & Grievance identification</p> <p>4.1.4-2-Member Bills BPG - 12.29.23</p>	<p>1/5/2024</p> <p>12/29/2023</p>	<p>The following documentation supports the MCP's efforts to correct this finding:</p> <p>POLICIES AND PROCEDURES</p> <ul style="list-style-type: none"> Plan policy "6107a, Inquiry and Grievance Identification" was revised to include that the Plan "will monitor inquiries to identify potential cases with indications of dissatisfaction which could be potentially misclassified inquiries." (6107-Inquiry & Grievance identification, Procedure, page 2) <p>OVERSIGHT AND MONITORING</p>

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	<p>incorporated in the quarterly Grievance and Appeals Department Audit reports beginning first quarter, 2024.</p> <p>4.1.4-5, The quarterly Grievance and Appeals Department Audit reports containing a summary of the daily monitoring activity will be presented and reviewed by to the Compliance Committee beginning first quarter, 2024. The report is also presented to the COO, on a quarterly basis. The COO is the designated Officer responsible for overseeing the Plan's Grievance Program.</p>	4.1.4-4c&5-Quarterly Report - BLANK Template 1.8.23	5/31/2024	<p>TRAINING</p> <ul style="list-style-type: none"> “Provider Q3 2023 Newsletter” demonstrates the Plan has sent out a reminder Provider Alert to all providers that billing members for covered services is not allowed. Providers were reminded that they cannot charge and/or collect payment from members for covered services. (Provider Update Fall 2023, Page 16). <p>The corrective action plan for finding 4.1.4 is accepted.</p>
<p>4.1.5 Grievance Records Oversight</p> <p>The Plan did not ensure its Governing Body and Public Policy Body periodically reviewed</p>	<p>4.1.5-1, The Plan has updated Policy #5510a, Member Grievance and Appeal Policy.</p> <p>4.1.5-2, The Plan has updated Policy #5510a, Member Grievance and Appeal Policy.</p>	<p>4.1.5-1&2 GA 5510a GA Policy-RL</p> <p>4.1.5-1&2 GA 5510a GA Policy-RL</p>	<p>1/9/2024</p> <p>1/9/2024</p>	<p>The following documentation supports the MCP's efforts to correct this finding:</p> <p>POLICIES AND PROCEDURES</p> <ul style="list-style-type: none"> Updated P&P, “Policy 5510as-RL, Member Grievance and Appeal Policy”, (01/09/24) updated to include language with the requirement of written record of grievances and appeals to be reviewed periodically by the Plan’s governing body,

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the written record of grievances.	<p>4.1.5-3, The Plan has created a grievance log template that will be used for review by the BQIHEC and by the Community Advisory and Public Policy Committee (CA&PPC).</p> <p>4.1.5-4a, The Plan has revised its internal audit process to verify that the grievance log was reviewed at the BQIHEC and CA&PPC on a quarterly basis by verifying the discussion in committee minutes.</p> <p>4.1.5-4b, The Plan has revised its internal audit process to verify that the grievance log was reviewed at the BQIHEC and CA&PPC on a quarterly basis by verifying the discussion in committee minutes.</p> <p>4.1.5-4c, The Plan has revised its internal audit process to verify that the grievance log was reviewed at the BQIHEC and CA&PPC on a quarterly</p>	<p>4.1.5-3 Medi-Cal Grievance Log Template</p> <p>Please see "4.1.5-1&2 GA 5510a GA Policy-RL"</p> <p>Please see "4.1.5-1&2 GA 5510a GA Policy-RL"</p>	<p>4/30/2024</p> <p>5/31/2024</p> <p>5/31/2024</p>	<p>the public policy committee, and a Chief or designee, "in accordance to APL 21-011, or any subsequent update." (4.1.5-1&2-GA 5510a GA Policy RL 1-08-2024)</p> <ul style="list-style-type: none"> Desktop Procedure, "Grievance Records Oversight" (02/06/24) demonstrates the Plan's various monitoring activities, requiring a quarterly review of the written record of grievances by the Board's Quality Improvement and Health Equity Committee (BQIHEC)(Governing Body) and Community Advisory and Public Committee (CA&PPC) (Public Policy Body) and by the Chief Executive Officer (CEO) and Chief Medical Officer (CMO). In addition, the minutes of both the BQIHEC and the CA&PPC will serve to document that the review of the written record of grievances has occurred. Any issues regarding compliance will be addressed by the Compliance Committee and appropriate corrective action will be determined by the COO and Compliance Committee. <p>IMPLEMENTATION</p> <ul style="list-style-type: none"> Meeting Minutes, "BQIHEC Minutes" (04/19/24 Q4 2023 reviewed) and "BQIHEC Minutes" (01/19/24 Q3 2023 reviewed) demonstrates the Plan's Governing Body periodically reviews the written record of grievances.

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	<p>basis by verifying the discussion in committee minutes.</p> <p>4.1.5-5, The Plan has revised its internal audit process to verify that the grievance log was reviewed at the BQIHEC and CA&PPC on a quarterly basis by verifying the discussion in committee minutes</p>	<p>Please see "4.1.5-1&2 GA 5510a GA Policy-RL"</p> <p>4.1.5-5-Quarterly Report - BLANK Template 1.8.23</p>	<p>5/31/2024</p> <p>5/31/2024</p>	<ul style="list-style-type: none"> Meeting Minutes, "CA and PPC" (02/26/24 Q3 2023 reviewed) demonstrates the Plan's Public Policy Body periodically reviews the written record of grievances. <p>OVERSIGHT AND MONITORING</p> <ul style="list-style-type: none"> Log, "Medi-Cal Grievance Log" (10/2023) newly created written grievance log that will be shared in the 04/2024 Governing Body and Public Policy Body Committee meetings. Quarterly Report, "CHG Quarter One Report" (May 2024) demonstrates the Plan reviewed with the Board Quality Improvement and Health Equity Committee (BQIHEC) the written record of grievances (grievance log) for Q3 2023 and reflected in BQIHEC meeting minutes on 01/19/2024. The grievance log for Q4 2023 was reviewed and reflected in the BQIHEC meeting minutes on 04/19/2024. In addition, During Q1, a written record of grievances (grievance log) for Q3 2023 was reviewed and reflected in the Committee Advisory and Public Policy Committee (CA&PPC) meeting minutes on 02/26/2024. The grievance

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				log for Q4 2023 was reviewed and reflected in CA&PPC meeting minutes on 05/20/2024. The corrective action plan for finding 4.1.5 is accepted.

Submitted by: Community Health Group Partnership Plan
Title: Senior Compliance and Fraud Prevention Officer, and Director of DEI
Chief Medical Officer

Signed by: [Signature on File]
Date: 1/9/2024