



December 6, 2024

Danielle Ogren, Director of Regulatory Affairs/ Program Development *Via E-mail*
Partnership Health Plan of California
4665 Business Center Drive.
Fairfield, CA 94534

RE: Department of Health Care Services Medical Audit

Dear Ms. Ogren:

The Department of Health Care Services (DHCS), Audits and Investigations Division conducted an on-site Medical Audit of Partnership Health Plan of California, a Managed Care Plan (MCP), from December 4, 2023 through December 15, 2023. The audit covered the period from July 1, 2022, through June 30, 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*
Process Compliance Section
Managed Care Monitoring Branch
DHCS - Managed Care Quality and Monitoring Division (MCQMD)

Maria Angel, Lead Analyst *Via E-mail*
Audit Monitoring Unit
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Aldo Flores, Unit Chief *Via E-mail*
Managed Care Contract Oversight Branch
DHCS – Managed Care Operations Division (MCOD)

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

ATTACHMENT A

Corrective Action Plan Response Form



Plan: Partnership Health Plan
Audit Type: Medical Audit

Review Period: 7/1/2022 – 6/30/2023
On-site Review: 12/4/2023 – 12/15/2023

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.

4. Member’s Rights

Finding Number and Summary	Action Taken	Supporting Documentation	Implementation Date * (*Short-Term, Long-Term)	DHCS Comments
<p>4.1.1 Grievance Resolution Timeframe</p> <p>The Plan did not complete all levels of grievance resolution or appeal within 30 days of receiving the grievance.</p>	<p>1. Revised P&P CGA024: Member Grievance System This policy was revised to remove the second-level grievance process and add in language that members will have the right to appeal an adverse decision made as the result of a grievance. Additionally, the policy was updated to remove grievance extension language as directed by operational readiness and approved by DHCS in December 2023.</p> <p>2. Revised Desktop: Standard Grievance Process This internal document was revised to remove guidance to instruct staff to offer members a second-level grievance if the grievance resolution results in an adverse decision. Instead, staff are instructed to offer the member the right to appeal and include the “Your Rights” attachment with the resolution letter.</p> <p>3. Monitoring and evaluating effectiveness Partnership’s G&A department will</p>	<p>1. CGA024: Member Grievance System</p> <p>2. Desktop: Standard Grievance Process</p>	<p>1. Long-Term, staff will be trained on new process within 1 month after DHCS approval of CAP response</p> <p>2. Long-Term, staff will be trained on new process within 1 month after DHCS approval of CAP response</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: CGA024 Member Grievance System was revised on 4/22/24 to remove the MCP’s second level grievance process and remove grievance extension language and that members will have the right to appeal an adverse decision made as the result of a grievance. (CGA024 Revised 4.22.24 for DHCS CAP).G&A Desktop Procedure was updated to remove instructions for the second level grievance process and instead direct staff to offer the member the right to appeal and include the “Your Rights” attachment. (G&A Desktop - Standard Grievance Process). <p>MONITORING AND OVERSIGHT</p> <ul style="list-style-type: none">G&A Internal Auditing Desktop Procedure and G&A Audit Form Definitions have been updated to remove references of the MCP’s second level grievance.

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	utilize a revised audit scorecard to evaluate various aspects of casework during quality audits, ensuring adherence to quality standards and regulatory requirements. These scorecard definitions have been updated to reflect aforementioned, which includes removing references to the previous second-level grievance process and emphasizing the member's right to appeal.	3. G&A Audit Form Definitions	3. Long-Term, will implement updated scorecard within 1 month after DHCS approval of CAP response	The corrective action plan for finding 4.1.1 is accepted.

5. Quality Management

Finding Number and Summary	Action Taken	Supporting Documentation	Implementation Date * <small>(*Short-Term, Long-Term)</small>	DHCS Comments
<p>5.1.1 Quality Improvement System Oversight</p> <p>The Plan did not take effective action to improve deficient QOC issues to ensure professionally recognized standards of practice are delivered to members.</p>	<p>Partnership acknowledges the sensitivity of this finding and implemented corrective action shortly after the conclusion of the annual audit. Our corrective action includes updating policies MPQP1016 and MPQP1053 Peer Review Committee policy.</p> <p>Additionally, we are proposing updates to various desk level procedures, training staff and members of the peer review and credentialing committees. Partnership engaged a legal expert to conduct this training.</p> <p>To ensure appropriate oversight of process changes and mitigate future occurrence, Partnership has developed a PQI Inter-rater Reliability (IRR process) and CMO IRR (outcome and action) of cases brought to Peer Review Committee.</p>	<p>1. MPQP1016 2. MPQP1053 3. Updated desktop procedures 4. Training materials 5. Updated letter templates 6. Sample track and Trend reports</p>	<p>All items complete within one month of DHCS approval</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">“MPQP1053 Peer Review Committee” outlines the Peer Review Committee’s responsibilities & membership. The process includes reviewing the clinical care in all situations in which a quality concern has been raised & forwarded for committee review. The committee evaluates the quality concern related to the clinical care & determines whether there is sufficient evidence that the involved practitioner failed to care within accepted standards. (VI. POLICY/PROCEDURE, B. Committee Responsibilities, pages 2-3)“MPQP1016 PQI Investigation and Resolution” outlines the method used to identify, report, and process a Potential Quality Issue (PQI). This process is utilized to determine opportunities for improvement in the provision of care and services to members. (V. PURPOSE, page 1) <p>MONITORING AND OVERSIGHT</p> <ul style="list-style-type: none">“MPQP1016 PQI Investigation and Resolution” demonstrates the Plan’s monitoring process to identify, report & process

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				<p>PQI. PQIs are reviewed by the Plan at two different times, then brought to the Plan’s Peer Review Committee (PRC). There is where the PQI is assigned with a severity level – any severity of 3 is then forwarded for possible corrective action. In instances where a CAP has been issued, once completed, the Plan reviews the CAP & notifies of completion or sends communication outlining where still needs to be addressed & expected to submit again within 14 days of receipt. Once CAP is fulfilled, results are reported to the PRC. (MPQP1016 PQI Investigation and Resolution, VI. POLICY/PROCEDURE, C. 1.-3., pages 3-5)</p> <ul style="list-style-type: none">• “PQI CAP Tracker” demonstrates the tool utilized by the Plan in order to track & identify CAPs that are currently open & being closely monitored. The tracker shows no open CAPs currently. <p>The corrective action plan for finding 5.1.1 is accepted.</p>

Submitted by: Kenzie Hanusiak
Title: Mgr. of Governance and Compliance

Signed by: Dani Ogren, Compliance Officer [Signature on file]
Dr. Robert Moore, Chief Medical Officer [Signature on file]

Date: 4/29/2024