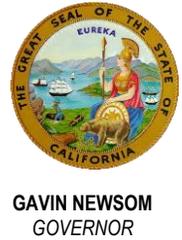




State of California—Health and Human Services Agency
Department of Health Care Services



September 21, 2021

Ian Johansson, Chief Compliance Officer
Health Plan of San Mateo
801 Gateway Blvd, Suite 100
South San Francisco, CA 94080

RE: Department of Health Care Services Medical Audit

Dear Mr. Johansson:

The Department of Health Care Services (DHCS), Audits and Investigations Division conducted an on-site Medical Audit of Health Plan of San Mateo, a Managed Care Plan (MCP), from November 4, 2019 through November 14, 2019. The audit covered the period of November 1, 2018 through October 31, 2019.

On May 18, 2021, the MCP provided DHCS with additional information regarding its Corrective Action Plan (CAP) in response to the report originally issued on March 3, 2020.

All items have been evaluated and DHCS accepts the MCP's submitted CAP. The CAP is hereby closed. Overall effectiveness of the CAP will continue to be assessed, as well as, to what extent the MCP has operationalized proposed corrective actions on the subsequent audit. The enclosed report will serve as DHCS' final 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.

If you have any questions, feel free to contact me at (916) 345-7829 or Wendi Leadley at (916) 719-2612.

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Sincerely,



Michael Pank, Chief
Compliance Unit

Enclosures: Attachment A, CAP Response Form

cc: Arianna Tovar, Contract Manager
Department of Health Care Services
Medi-Cal Managed Care Division
P.O. Box 997413, MS 4408
Sacramento, CA 95899-7413

**ATTACHMENT A
Corrective Action Plan Response Form**



Plan: Health Plan of San Mateo

Review Period: 11/1/18 – 10/31/19

Audit Type: Medical Audit and State Supported Services

Onsite Review: 11/4/19 – 11/14/19

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 in word format that 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 short-term corrective action, implementation should be completed within 30 calendar days. For deficiencies that require long-term corrective action or a period longer than 30 calendar days for implementation, 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. **Policies and procedures submitted during the CAP process must still be sent to the MCP’s Contract Manager for review and approval 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	Action Taken	Supporting Documentation	Implementation Date* <small>(*Short-Term, Long-Term)</small>	DHCS Comments
1. Utilization Management				
1.1 UM Delegates Non-Compliance and Financial Sanction Imposition	HPSM amended Procedure CP.023: Delegation Oversight, pending approval by the Compliance Committee.	CP.023: Delegation Oversight.	03/13/2020, subject to approval by the Compliance Committee.	04/03/20 – The following documentation supports the MCP’s efforts to correct this deficiency: - Updated Procedure, “Delegation

Deficiency Number and Finding	Action Taken	Supporting Documentation	Implementation Date* (*Short-Term, Long-Term)	DHCS Comments
<p>The Plan did not have any policies or procedures for imposing financial sanctions on its subcontractors and delegated entities. The Plan did not have any policies or procedures for reporting significant non-compliance, or financial sanctions of its subcontractors and delegated entities to its DHCS Contract Manager within three business days.</p>	<p>HPSM added section 5.0 regarding imposition of administrative or financial sections to incorporate All Plan Letter 17-004.</p> <p>HPSM also added section 6.0 to clarify mandatory reporting procedures, including reporting to the appropriate regulatory agency, including DHCS, any significant instances of non-compliance, imposition of corrective actions, or financial sanctions pertaining to their obligations under the contract with DHCS. It clarifies that for DHCS, the report will be made to the assigned contract manager within 3 business days of discovery or imposition of a financial sanction. Finally, it clarifies that internal HPSM business owners are responsible for reporting non-compliance to the Compliance Department immediately upon discovery to ensure timely reporting to DHCS.</p>			<p>Oversight” (03/13/20) which has been amended to include that the MCP may impose financial sanctions on a subcontractor for non-compliance with the subcontract or other Medi-Cal requirements, upon discovery on non-compliance.</p> <p>The MCP will report to the appropriate regulatory agency, including DHCS, any significant instances of non-compliance, imposition of corrective actions, or financial sanctions pertaining to their obligations under the contract with DHCS.</p> <p>For DHCS, the report will be made to the assigned contract manager within 3 business days of discovery or imposition of a financial sanction.</p> <p>The MCP’s business owners are responsible for reporting non-compliance to the Compliance Department immediately upon discovery to ensure timely reporting to DHCS.</p>

Deficiency Number and Finding	Action Taken	Supporting Documentation	Implementation Date* (*Short-Term, Long-Term)	DHCS Comments
				This finding is closed.
<p>1.2.1 EPSDT Services Prior Authorization</p> <p>The Plan's prior authorization process imposed benefit limitations in cases that indicated medical necessity or the correction or amelioration of the condition for that child, without consideration as EPSDT service.</p>	<p>HPSM amended HS.050 Pediatric Physical, Occupational, and Speech Therapy Authorization Review and Case Management, subject to approval by the Utilization Management Committee.</p> <p>HPSM amended section 3.0 to clarify that service limitations are not placed on EPSDT benefits and that services are authorized based on a member's individual circumstances.</p> <p>HPSM amended section 4.4 to clarify that authorizations regarding outpatient therapy and/or home-training programs during summer are based exclusively on medical necessity.</p>	<p>HS.050 Pediatric Physical, Occupational, and Speech Therapy Authorization Review and Case Management.</p>	<p>03/30/2020, subject to committee approval.</p>	<p>04/03/20 - The following documentation supports the MCP's efforts to correct this deficiency:</p> <ul style="list-style-type: none"> - Updated Policy and Procedure "HS.050 Pediatric Physical, Occupational, and Speech Therapy Authorization Review and Case Management" to remove service limitations on EPSDT benefits and affirm approach that is centered on an individual plan as described by the MCP in "Action Taken" column. (Rev. 03/30/20, Section 3 and 4) <p>05/11/20 – The following additional documentation submitted supports the MCP's subsequent efforts to correct this finding::</p> <ul style="list-style-type: none"> - A guide "EPSDT Decision Making Resource to assist Clinical UM Staff" to aid clinical staff with decision making. This tool covers

Deficiency Number and Finding	Action Taken	Supporting Documentation	Implementation Date* (*Short-Term, Long-Term)	DHCS Comments
				<p>Medical Necessity Review and Definition, Inappropriate denial, and Referral Assistance. It helps clinical staff to define criteria for "correct," "ameliorate," "maintain", and "prevent".</p> <ul style="list-style-type: none"> - An agenda and memorandum of "EPSDT Meeting" (03/13/20) demonstrate continued efforts to fulfill EPSDT contractual requirements, such as the development of resources to assist staff with clinical decision making, training, and dissemination plan. - The MCP's response (06/05/20) and the "EPSDT Medical Necessity Training" sign-in sheet to attest the MCP's training (06/04/20) with the Medical Directors regarding the EPSDT Medical Necessity checklist "EPSDT Decision Making Resource to assist Clinical UM Staff". - The MCP's response (06/15/20) and the "EPSDT Medical Necessity Training" sign-in sheet to attest the MCP's training (06/11/20) with the

Deficiency Number and Finding	Action Taken	Supporting Documentation	Implementation Date* (*Short-Term, Long-Term)	DHCS Comments
				<p>UM, BH, HS and IP staff regarding the EPSDT Medical Necessity checklist "EPSDT Decision Making Resource to assist Clinical UM Staff".</p> <p>12/21/20 – The following additional documentation submitted supports the MCP’s subsequent efforts to correct this finding by demonstrating evidence of internal audits, survey results/analysis and re-training as such demonstrating the ongoing monitoring:</p> <ul style="list-style-type: none"> - Desktop audit “Early and Periodic Screening, Diagnostic, and Treatment Services (EPSDT) Audit Report” (12/21/2020). The audit was conducted between August 3, 2020 and December 21, 2020. The objective was to ensure that the Prior Authorizations were reviewed appropriately for medical necessity under EPSDT. - PowerPoint training, ““Early and Periodic Screening, Diagnostic and Treatment (EPSDT) Decision Making for

Deficiency Number and Finding	Action Taken	Supporting Documentation	Implementation Date* (*Short-Term, Long-Term)	DHCS Comments
				<p>Pharmacy Staff” (02/04/21) and sign-in sheets as evidence that the staff received training. The training materials address the Plan’s prior authorization process that imposed benefit limitations in cases that indicated medical necessity or the correction or amelioration of the condition for that child, without consideration as EPSDT service.” (MCP’s response 05/14/21)</p> <p>This finding is closed.</p>
<p>1.2.2 Dental Anesthesia Prior Authorizations</p> <p>The Plan did not apply the correct requirements and criteria to make decisions on dental IV sedation and general anesthesia prior authorization requests. The Plan’s prior authorization criteria for dental IV sedation and general</p>	<p>HPSM amended Procedure UM.015 Medical Guideline for IV Sedation and General Anesthesia Coverage, Dental Services (which has superseded policy MG-01, referenced in the audit Final Report), subject to approval by the Utilization Management Committee.</p> <p>HPSM amended Procedure UM.015 to make it consistent with All Plan Letter 15-012, including requirements related to chart documentation in</p>	<p>HPSM Procedure UM.015 Medical Guideline for IV Sedation and General Anesthesia Coverage, Dental Services.</p>	<p>03/10/2020, subject to committee approval.</p>	<p>04/03/20 - The following documentation supports the MCP’s efforts to correct this deficiency:</p> <ul style="list-style-type: none"> - Revised P&P (03/20/20) “UM. 015 Medical Guideline for IV Sedation and General Anesthesia Coverage, Dental Services includes contractual requirements for chart documentation and criteria for indication for intravenous sedation or general anesthesia prior authorization requests. (Sections 1.2 & 4.0) <p>06/01/20 - The following additional documentation submitted supports</p>

Deficiency Number and Finding	Action Taken	Supporting Documentation	Implementation Date* (*Short-Term, Long-Term)	DHCS Comments
<p>anesthesia was not consistent with the requirements and criteria in the APL.</p>	<p>section 1.2 and criteria for indication for intravenous sedation or general anesthesia in section 4.0.</p>			<p>the MCP's subsequent efforts to correct this finding:</p> <ul style="list-style-type: none"> - The MCP's response (05/30/20) informing that the Utilization Management department incorporated dental anesthesia prior authorizations into current ongoing monitoring. <p>06/19/20 – The following additional documentation submitted supports the MCP's subsequent efforts to correct this finding:</p> <ul style="list-style-type: none"> - PowerPoint training, "Medical Guideline for IV Sedation and General Anesthesia Coverage" (06/18/20) and sign-in sheets as evidence that Dental Services Utilization Management Team received training. The training materials address Authorization requirements, criteria for intravenous sedation and general anesthesia that are consistent with the contractual requirements (slides 3-9). <p>08/05/20 – The MCP conducted a</p>

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				<p>validation audit on dental anesthesia (Approved and denied PA's) to see if correct criteria was used. There has only been one dental anesthesia prior authorization request since the trainings were completed.</p> <p>11/09/20 – The MCP submitted “Medi – Cal Dental Anesthesia Audit Report” (September2, 2020). Audit revealed: “UM department applied the correct criteria in reviewing the request for general anesthesia and considered the guidelines from the APL during the prior authorization process. Based on this verification, UM is in compliance with the requirements and criteria for intravenous sedation and dental anesthesia.”</p> <p>03/25/21 - The following additional documentation submitted supports the MCP's subsequent efforts to correct this finding:</p> <ul style="list-style-type: none"> - An internal audit, “Medi-Cal Dental Anesthesia Audit Report” (02/26/21)

Deficiency Number and Finding	Action Taken	Supporting Documentation	Implementation Date* (*Short-Term, Long-Term)	DHCS Comments
				<p>as evidence of ongoing monitoring. Based on this review, the additional action is recommended to ensure compliance with the requirements of APL 15-012. "The internal audit team recommends the following:</p> <ul style="list-style-type: none"> • Additional training for UM reviewers • UM Department, Compliance Department, and Provider Services Department collaborate to draft and send a notice to providers regarding proper documentation • Draft a template letter to send to providers who fail to include proper documentation with the prior authorization request." <p>MONITORING The Compliance Department will continue monitoring by conducting an additional validation audit in 2021.</p> <p>04/14/21 – MCP's written response confirmed MCP's commitment to consistent application of the criteria for dental IV sedation and general anesthesia. Importance of proper charting and medico-dental care was addressed.</p>

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				<p>HPSM's Dental Pilot Program was authorized by SB 849. All covered Medi-Cal dental care services provided through FFS will be the responsibility of HPSM effective 1/1/22.</p> <p>This finding is closed.</p>
2. Case Management and Coordination of Care				
<p>2.4.1 Non-Emergency Medical Transportation Provider</p> <p>The Plan did not ensure that contracted NEMT network providers' are enrolled in the Medi-Cal program.</p>	<p>HPSM examined the four Non-emergency medical transportation providers that were not enrolled in Medi-Cal and began taking actions to address the findings. HPSM will terminate provider contract status and, where possible, work with providers to obtain Medi-Cal enrollment. See "HPSM Actions Taken for Identified NEMT Providers."</p>	<p>HPSM Actions Taken for Identified NEMT Providers.</p>	<p>July 31, 2020</p>	<p>04/03/20 - The following documentation supports the MCP's efforts to correct this finding:</p> <p>- Written description, "HPSM Actions to address Non-Emergency Medical Transportation providers not enrolled in Medi-Cal" which includes the actions that the MCP will take on the four Non-Emergency Medical Transportation providers. The MCP has followed up with each of the providers to either terminate provider contract or obtain Medi-Cal enrollment.</p> <p>06/24/20 - The following additional documentation supports the MCP's</p>

Deficiency Number and Finding	Action Taken	Supporting Documentation	Implementation Date* (*Short-Term, Long-Term)	DHCS Comments
				<p>efforts to correct this finding:</p> <ul style="list-style-type: none"> - Desktop procedure, "Contract Eligibility Desktop Procedure" which has been updated to confirm Medi-Cal enrollment for all NEMT providers. The desktop procedure is a checklist that confirms if the NEMT provider is Medi-Cal enrolled, and to send to the provider the correct credentialing application based on provider type. - Updated P&P, "CR-01: Credentialing of Physician and Non Physician Medical Practitioners, Mid Level Clinicians, Behavioral Health Providers and HIV/AIDS Specialists" regarding certification and good standing in the Medi-Cal program. The P&P states in the Credentialing Application Section 1.1.14, "documentation of initial California State Medi-Cal Program certification process or active certification and in good standing to provide service under the California State Medi-Cal Program" (page 3). <p>This finding is closed.</p>

Deficiency Number and Finding	Action Taken	Supporting Documentation	Implementation Date* (*Short-Term, Long-Term)	DHCS Comments
3. Access and Availability of Care				
<p>3.4.1 Monitoring of Drugs Prescribed in Emergency Situations</p> <p>The Plan did not have written procedures for monitoring access to pharmaceuticals in emergency situations.</p>	<p>HPSM amended Policy RX.025 Emergency Fills, pending approval by HPSM's Pharmacy & Therapeutics Committee.</p> <p>Policy RX.025 added a new section, "3.0 Monitoring emergency access" clarifying HPSM's policies for monitoring access to drugs in emergency situations, including:</p> <ol style="list-style-type: none"> 1. Clarification that Policy HS.011 applies. 2. A contemporaneous log of all prescriptions requested in emergency situations. 3. Data in the log shall be analyzed by a pharmacy team member to review for trends and determine whether there are potential barriers to access. 4. Follow up by a pharmacy 	<p>HPSM Policy RX.025: Emergency Fills</p>	<p>04/02/2020</p>	<p>4/3/20 - The following documentation supports the MCP's efforts to correct this finding:</p> <ul style="list-style-type: none"> - Policy RX.025 was updated to include a new section that describes the MCP's monitoring activities for access to drugs in emergency situations. <p>5/29/20 - The following additional documentation supports the MCP's efforts to correct this finding:</p> <ul style="list-style-type: none"> - Rx Emergency Discharge Log and Tracker that is used to log prescription drugs requested in emergency situations. - Pharmacy Team Meeting Agenda from 5/12/20 serves as evidence the Pharmacy team has a standing agenda item to discuss Emergency

Deficiency Number and Finding	Action Taken	Supporting Documentation	Implementation Date* (*Short-Term, Long-Term)	DHCS Comments
	<p>team member to ensure access is provided when responding to a request, such as via confirmation of a paid claim or in communication with the dispensing provider.</p>			<p>Access and review the contemporaneous log.</p> <p>- Rx Emergency Access Trends Report from 5/12/20 serves as evidence the MCP is conducting analysis of the data in the contemporaneous log.</p> <p>6/24/20 - The following additional documentation supports the MCP's efforts to correct this finding:</p> <p>- Email communication dated 6/24/20 the MCP indicated it uses fax blasts and newsletter notices to communicate the emergency supply requirement to the MCP's pharmacy network and also maintains a 24/7 pharmacy help desk.</p> <p>10/14/20 - The following additional documentation supports the MCP's efforts to correct this finding:</p> <p>Rx Emergency Discharge Log and Tracker dated 10/9/20 and Rx Emergency Access Trends Report from Q2 2020 demonstrate the MCP is continuously monitoring the</p>

Deficiency Number and Finding	Action Taken	Supporting Documentation	Implementation Date* (*Short-Term, Long-Term)	DHCS Comments
				provision of drugs in emergency situations. This finding is closed.
4. Member Rights				
<p>4.1.1 Capturing All Grievances</p> <p>The Plan's grievance system did not capture and resolve all grievances. Grievances filed at network provider facilities were not captured and addressed by the Plan.</p>	<p>HPSM amended Procedure GA10: Overview of Member Complaints Process. Section 6.1 was amended to clarify that member complaints (grievances) can be submitted through the provider's office, and providers are required to send these complaints to HPSM on the same business day that the complaint was received.</p>	<p>GA 10: Overview of Member Complaints Process</p>	<p>04/03/2020</p>	<p>4/3/20 - The following documentation supports the MCP's efforts to correct this finding:</p> <ul style="list-style-type: none"> - Policy GA10 was updated to clarify that members can file grievances at provider offices and that providers must forward complaints on same business day the MCP. <p>7/1/20 - The following additional documentation supports the MCP's efforts to correct this finding:</p> <p>Provider Grievance Summary dated 6/26/20 details the MCP's methods to ensure grievances are captured at provider offices. The MCP will add a question to their Annual Provider Network survey to ask providers about their process for documenting and submitting grievances to the</p>

Deficiency Number and Finding	Action Taken	Supporting Documentation	Implementation Date* (*Short-Term, Long-Term)	DHCS Comments
				<p>MCP. Grievance tracking software will be updated to include “provider facility: to the source drop down menu to enable MCP to track when a grievance is filed through a provider office.</p> <ul style="list-style-type: none"> - Provider Notice Mailing was created to remind providers of the requirement to have a process in place for members to file complaints in office and to send them to the MCP. A mailing list was also provided serving as evidence that the notice was sent to contracted providers - Confidential Member Complaint form that is available in provider offices for members to file grievances in provider offices. - Provider Manual Section 3 updated to state ‘Members can also submit grievances through provider offices. Providers are required to send these to HPSM on the same business day that the grievance was received. Providers will send this information to HPSM via Fax at 650-829-2002.’

Deficiency Number and Finding	Action Taken	Supporting Documentation	Implementation Date* (*Short-Term, Long-Term)	DHCS Comments
				(page 6). This finding is closed.
<p>4.3.1 Notification and Reporting of Breaches</p> <p>The Plan did not consistently notify and report suspected security incidents and privacy breaches to DHCS within the contractual timeframes.</p>	<p>HPSM modified CP-DP.001 Privacy Incident Investigation and Reporting.</p> <p>HPSM added section 5.3 to provide additional oversight of Compliance Staff by the Privacy Officer, who must validate and verify the timeliness of reports to DHCS.</p>	<p>HPSM modified CP-DP.001 Privacy Incident Investigation and Reporting.</p>	<p>04/03/2020</p>	<p>4/3/20 – The following documentation supports the MCP’s efforts to correct this deficiency:</p> <p>CP-DP.001 Privacy Incident Investigation and Reporting with added section 5.3 to provide language that oversight of Compliance Staff by the Privacy Officer, who must validate and verify the timeliness of reports to DHCS.</p> <p>6/15/20 – The following additional documentation submitted supports the MCP’S subsequent efforts to correct this finding:</p> <p>2020 Tracking Tool Reporting of Privacy Breaches to monitor incident dates, reporting timeframes, entities receiving the reports, etc.</p>

Deficiency Number and Finding	Action Taken	Supporting Documentation	Implementation Date* (*Short-Term, Long-Term)	DHCS Comments
				<p>6/15/20 – The following additional documentation submitted supports the MCP’S subsequent efforts to correct this finding:</p> <p>- Updated P & P, Policy- CP-DP.001- Privacy Incident Investigation and Reporting (07/01/2020) which has been amended to include a section on Monitoring Reporting Compliance, the monitoring will be overseen by the MCP’s compliance staff and utilizing the concurrent log. In addition, the MCP has notated the reporting requirements which will be reported to DHCS based on the required timeline. (page 5)</p> <p>This finding is closed</p>
<p>4.3.2 Notice of Privacy Practices</p> <p>The Plan did not include the DHCS Privacy Officer contact information on the NPPs.</p>	<p>HPSM amended Procedure HP.014 Notice of Privacy Practices, subject to approval to clarify in section 2.1.9 to clarify that members may, without retaliation, complaint to the Privacy Officer at DHCS if they believe their privacy rights have been violated.</p>	<p>HP.014 Notice of Privacy Practices</p> <p>Notice of Privacy Practices.</p>	<p>03/13/2020, subject to committee approval</p>	<p>4/3/20 – The following documentation supports the MCP’s efforts to correct this deficiency:</p> <p>-Amended <i>HP.014 Notice of Privacy Practices (NPP) Procedure section 2.1.9 (page 4)</i> clarifies that members may, without retaliation, complain to</p>

Deficiency Number and Finding	Action Taken	Supporting Documentation	Implementation Date* (*Short-Term, Long-Term)	DHCS Comments
	<p>HPSM amended its Notice of Privacy Practices to clarify that a member who believes their rights have been violated can also contact the Privacy Officer of the California Department of Health Care Services.</p>			<p>DHCS Privacy Officer if their privacy rights have been violated. This was because previous NPP procedures nor the NPP included the DHCS Privacy Officer as a contact option for complaints.</p> <p>-Written <i>Notice of Privacy Practices</i> (Revised 3/13/20) was updated with the contact information for the DHCS Privacy Officer.</p> <p>4/30/20 – The following additional documentation submitted supports the MCP’s subsequent efforts to correct this finding.</p> <ul style="list-style-type: none"> - Email with website link https://www.hpsm.org/docs/default-source/member-notices/hpsm_notice_of_privacy_practices_english.pdf?sfvrsn=cbeeadd_37 reflecting updated contact information for DHCS Privacy Officer on Notice of Privacy Practices. <p>This finding is closed.</p>

Deficiency Number and Finding	Action Taken	Supporting Documentation	Implementation Date* (*Short-Term, Long-Term)	DHCS Comments
5. Quality Management				
<p>5.1.1 Ownership and Control Disclosure Reviews</p> <p>The Plan only collected ownership and control disclosure information for three of nine credentialing subcontractors. However, the Plan did not collect all required information for these subcontractors.</p>	<p>HPSM is adopting an Ownership and Control Disclosure Statement based on DHCS form 6207, The Medi-Cal Disclosure Statement.</p>	<p>DHCS Form 6207, The Medi-Cal Disclosure Statement.</p>	<p>July 31, 2020</p>	<p>06/24/20- The following documentation submitted supports the MCP’s subsequent efforts to correct this finding:</p> <ul style="list-style-type: none"> - Desktop procedure, “Contract Eligibility Desktop Procedure” is evidence that that staff receives guidance on the ownership and disclosure review process, with an outline to designate responsibility to manage the incoming DHCS Form 6207. <p>06/25/20-The following additional documentation submitted supports the MCP’s subsequent efforts to correct this finding:</p> <ul style="list-style-type: none"> - Updated P&P, “CP.023”: Delegation Oversight (03/13/20) which has been amended in the oversight procedures section to include the review of Delegate’s Ownership and Control Disclosures. The section includes the utilization of the DHCS 6207 Medi-Cal Disclosure Statement to manage the written disclosure information. The MCP will monitor forms logs via

Deficiency Number and Finding	Action Taken	Supporting Documentation	Implementation Date* (*Short-Term, Long-Term)	DHCS Comments
				<p>their Vendor disclosure of ownership. In accordance with 17-004, the MCP's Compliance Department will contact DHCS Contract manager if a non-compliant issue is discovered within the three business days. (page 5)</p> <p>MCP contracted with three delegates: Kaiser, Magellan, and BHRS. MCP submitted ownership disclosure information for Kaiser and Magellan. MCP de-delegated BHRS in 2020.</p> <p>The finding is closed.</p>
<p>5.2.1 Provider Training</p> <p>The Plan did not ensure provider training was conducted for all new primary care providers.</p>	<p>HPSM amended Procedure PS.01-03 Provider Training. HPSM amended section 1.0 to clarify requirements related to new provider training. New providers complete the new provider training within 30 working days of becoming an active provider. The provider/designee must retain documentation with the training completion date and make this</p>	<p>Procedure PS.01-03 Provider Training</p> <p>Provider Training Contract Language</p>	<p>July 31, 2020</p>	<p>05/29/20- The following additional documentation submitted supports the MCP's subsequent efforts to correct this finding:</p> <p>- Provider Training Report (01/01/20-03/31/20) and Provider Training Content Areas Document (5/22/20) are evidence of the provider training being conducted for all primary care providers. The Provider Training Report outlines each medical</p>

Deficiency Number and Finding	Action Taken	Supporting Documentation	Implementation Date* (*Short-Term, Long-Term)	DHCS Comments
	<p>available to HPSM upon request.</p> <p>HPSM will amend contracts to clarify requirements for training for new providers.</p>			<p>personal based on specialty and included the Medical provider's location of practice in addition to the contracted date and training date to confirm the staff member received the required training within the adequate timeframe. The MCP Provider Training Required Content Areas Document is acknowledgement of the training requirements based on the DHCS contract outlining training under Medi-Cal such as: IHEBA, Health Education standards and guidelines, increasing effectiveness of Provider/patient interaction and more.</p> <p>- Updated P & P, "Policy Number: PS-01-03: Policy Title: Provider Training" (05/20/20) which has been amended to include a section on New Provider Training for the required training of all incoming PCP's. This will include the close contact with a network provider who is monitoring and administering the training to ensure it's being completed within the necessary timeline and utilizing supporting documentation to confirm completion including credentialing</p>

Deficiency Number and Finding	Action Taken	Supporting Documentation	Implementation Date* (*Short-Term, Long-Term)	DHCS Comments
				<p>and Acknowledgement of Receipt of training form for the PCP's file. The MCP has also updated the P & P regarding Compliance Monitoring for Network Providers which will be monitored based on contract requirements.</p> <p>This finding is closed</p>
6. Administrative and Organizational Capacity				
<p>6.2.1 Reporting of Overpayments</p> <p>The Plan did not report all overpayments identified or recovered to DHCS.</p>	<p>HPSM amended CP.016 Investigating and Reporting Fraud, Waste, and Abuse and Neglect, subject to approval by the Compliance Committee. Section 6.0 was amended to clarify that the Chief Compliance Officer is responsible for reporting overpayments identified or recovered to the appropriate oversight agencies.</p>	<p>CP.016 Investigating and Reporting Fraud, Waste, Abuse and Neglect.</p>	<p>04/03/2020, subject to committee approval.</p>	<p>06/24/20 – The following documentation supports the MCP's efforts to correct this deficiency:</p> <ul style="list-style-type: none"> -The MCP submitted two revised policies to better capture the requirements for reporting overpayments, including specifying overpayments and/or recoveries due to fraud. - Revised P&P, "CP.016: Investigating and Reporting Fraud, Waste, Abuse and Neglect" (06/24/20) indicates the Compliance Staff shall promptly, but no later than 10 business days after the date an overpayment is identified or recovered by HPSM, report to DHCS

Deficiency Number and Finding	Action Taken	Supporting Documentation	Implementation Date* (*Short-Term, Long-Term)	DHCS Comments
				<p>all overpayments identified or recovered, specifying the overpayments due to potential fraud.</p> <p>-Revised P&P, "CL.07-04 Claim Retractions, Processing, Reporting and Recovering Overpayments (06/23/20) which requires reports to include identifying information such as name of provider, NPI, provider type, amount of overpayment, amount of recovery. MCP has also established reporting timeframes.</p> <p>This finding is closed.</p>

Submitted by: Rob Lindley
Title: Compliance Manager, Health Plan of San Mateo

Date: April 3, 2020