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DIRECTOR

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



GAVIN NEWSOM
GOVERNOR

April 28, 2020

Rebecca Mayer, Regulatory Affairs Manager
Inland Empire Health Plan
10801 6th St. Ste. 120 P.O. Box 18
Rancho Cucamonga, CA 91729

RE: Department of Health Care Services Medical Audit

Dear Ms. Mayer:

The Department of Health Care Services (DHCS), Audits and Investigations Division conducted an on-site Medical Audit of Inland Empire Health Plan, a Managed Care Plan (MCP), from October 7, 2019 through October 11, 2019. The survey covered the period of October 1, 2018 through September 30, 2019.

On April 24, 2020, the MCP provided DHCS with additional information regarding its Corrective Action Plan (CAP) in response to the report originally issued on January 8, 2020.

All items have been reviewed and DHCS accepts the MCP's submitted CAP. The CAP is hereby closed. Full implementation of the CAP will be monitored 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) 345-7831 or Gina Connors at (916) 345-7822.

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Sincerely,

Original Signed by

Michael Pank, Chief
Compliance Unit

Enclosures: Attachment A CAP Response Form

cc: Vickshna Anand, 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: Inland Empire Health Plan

Review Period: 10/01/2018 – 09/30/2019

Audit Type: Medical Audit and State Supported Services

Onsite Review: 10/07/2019 – 10/11/2019

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* (*Short-Term, Long-Term)	DHCS Comments
2. Case Management and Coordination of Care				
2.5.1 Continuity of Care Approval Letter <u>Finding:</u> The Plan did not	<u>Remediation Activity:</u> In October 2019, Inland Empire Health Plan (IEHP) submitted the Continuity of Care (COC) approval letters to the	<u>Approved Letters:</u> Please refer to the following attachments:	IEHP expects these letters to be operational in MedHOK by the end of the first	02/07/20- The following documentation supports the MCP’s efforts to correct this finding: - A sample of Continuity of Care

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<p>notify members of the complete COC transition process. The Plan did not ensure COC approval letters contained all the required information including transition of care at the end of the COC period and the member's right to choose a different provider from the Plan's network.</p>	<p>Department of Health Care Services (DHCS) to ensure that all required information is included: approval of the request, the duration of the COC arrangement, the transition of care at the end of the COC period and the Member's right to choose a different provider from IEHP's provider network. DHCS approved the revised COC letters. IEHP is currently in the process of configuring the medical management system (MedHOK) to generate these DHCS-approved revised letter templates. IEHP expects these letters to be operational in the medical management system by the end of the first quarter of 2020.</p> <p><u>Process Change:</u> The DHCS-approved revised letter templates will be configured in MedHOK to auto-generate when a request for COC is approved.</p>	<p>Attachment 1 - IEHP English COC letter, Attachment 2 - IEHP Spanish COC letter, Attachment 3 - IPA English COC letter, and Attachment 4 - IPA Spanish COC letter.</p>	<p>quarter of 2020.</p>	<p>(COC) Approval Letters (2/07/20), verifying they have been updated to contain all required information to comply with APL-18-008. Updated COC letters include alerting the beneficiary that they have the right to choose a different provider from the network at any time and that, the beneficiary will be contacted before a specified date to assist with moving to a Provider in the MCP's network. The template letters have been approved by MCOB. MCP submitted sample templates in both Spanish and English.</p> <p>This finding is closed.</p>

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3. Access and Availability of Care				
<p>3.1.1 – Telephone Waiting Times</p> <p><u>Finding:</u> The Plan did not have procedures to monitor waiting times for providers to answer and return members' telephone calls</p>	<p><u>Remediation Activity:</u> IEHP has created new processes to monitor waiting times for Providers to answer and return Members' telephone calls during the Facility Site and Medical Record Review (FSR MRR) onsite visits conducted by IEHP's Quality Management team. Data is collected by the IEHP Provider Services team during visits and trainings in Provider offices, and by IEHP's Network Development team through the semi-annual Provider Network verification process. In addition, a new Provider Call Campaign will be conducted by a survey vendor to assess telephone answer times, telephone hold times and telephone return call times. All information collected on</p>	<p><u>Tools:</u> Please refer to Attachment 5 – Wait Time Survey Tool</p> <p><u>Policy & Procedures:</u> IEHP's policy and procedure has been revised to reflect the updates. The policy and procedure will be reviewed for approval by IEHP's Quality Management Committee on March 31, 2020. Please refer to Attachment 7 -</p>	<p>As outlined within Attachment 6 – Process Change, implementation dates range beginning March 2020 to December 2020.</p>	<p>02/07/20- The following documentation supports the MCP's efforts to correct this finding:</p> <p>-Draft P&P, "MC_09A: Access Standards (01/20) has been revised to include telephone access standards – for example: three business days for non-urgent matters, 24 hours for urgent matters. Provider office staff must also log return call attempts.</p> <p>-Wait Time Survey (12/16/19) that will be used during FSR/MRR process. FSR nurses have been trained on the added components which includes questions of whether provider office has processes in place for telephone access, how does the site track the process of returning member calls if a member leaves a voice mail, does the site have a policy for</p>

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	<p>telephone access will be summarized and analyzed as part of an annual study reported to the Quality Improvement (QI) Subcommittee.</p> <p><u>Training:</u> FSR Nurses were trained in December 2019 on the addendum to the Wait Time Survey Tool, which now includes a process for capturing and monitoring telephone wait times. Please refer to Attachment 5 – Wait Time Survey Tool. Additional trainings will be offered to the Provider Services team once the new data collection tool is available.</p> <p><u>Process Change:</u> Please refer to Attachment 6 – Process Change.</p>	<p>MC_09A - Access Standards.</p> <p><u>Process Change:</u> Please refer to Attachment 6 – Process Change.</p>		<p>answering/returning telephone calls.</p> <p>-Process Change: MCP is executing a contract with a survey vendor to conduct Provider Call Campaigns that will measure telephone access, including answer times, hold times, return call times. Contract to be executed by 07/20 and survey to begin by 09/20. Results of monitoring efforts to be reported to QI Subcommittee in 12/20.</p> <p>This finding is closed.</p>
4. Member Rights				

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<p>4.1.1 Member Grievance Status Notification</p> <p>Finding: When grievance resolution was not reached within 30 calendar days, the Plan did not have procedures to timely notify members of the grievance status and estimated completion date.</p>	<p>Remediation Activity: In October 2019, the Inland Empire Health Plan (IEHP) submitted the Notice of Delay letter template to the Department of Health Care Services (DHCS) for approval. DHCS approved the English and Spanish letters. Please refer to Attachment 8 - IEHP English Grievance Letter and Attachment 9 - IEHP Spanish Grievance Letter. IEHP is currently in the process of configuring the medical management system (MedHOK) to generate these DHCS-approved letter templates. IEHP expects these letters to be operational in MedHOK by the end of the first quarter of 2020. In the meantime, the Grievance and Appeals team will manually generate these letters, as the case warrants.</p> <p>Process Change: The Grievance and Appeals</p>	<p>Approved Letters: Please refer to Attachment 8 - IEHP English Grievance Letter and Attachment 9 - IEHP Spanish Grievance Letter.</p>	<p>IEHP expects these letters to be operational in MedHOK by the end of the first quarter of 2020.</p> <p>The Grievance and Appeals department expects to implement the new audit element related to Quality Assurance by March 2020.</p>	<p>2/7/20 – The following documentation supports the MCP’s efforts to correct this finding:</p> <ul style="list-style-type: none"> - Attachment 8 – Approved IEHP English Grievance Letter and Attachment 9 – IEHP Spanish Grievance Letter. <p>4/24/20 – The following additional documentation submitted supports the MCP’s subsequent efforts to correct this finding.</p> <ul style="list-style-type: none"> - 4.1.1 Member Grievance Status Notification Supplemental Response provides the detail and timeframe (2/7/20) of Notice of Delay training along with the DTR -076 – NOD v4 process document which on April 21, 2020, was slightly revised to align the total days in which IEHP has to provide a resolution to the Member when needing to send out a NOD letter, which is a timeframe of no later than 14

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	<p>case owners will be responsible for sending a Notice of Delay letter to any Member that will not have their grievance resolved within the regulatory time period.</p> <p><u>Training:</u> The Grievance and Appeals team will be trained on when and how to manually generate the Notice of Delay letter outside of MedHOK by Friday, 02/07/2020. Team Members will be trained again on how to generate the letter from MedHOK once configured, which is expected by the end of the first quarter of 2020.</p> <p><u>Quality Assurance:</u> The Grievance and Appeals Supervisors will be responsible for reviewing Monthly Turnaround Time Reports to identify untimely grievance cases to validate whether a Notice of Delay letter was sent to the Member/Requestor. The</p>			<p>days from the date of the notice. The response states that this update was communicated to the G&A staff via email. This training is also used for the generation of NOD letters generated in MedHok.</p> <ul style="list-style-type: none"> - 4.1.1. Member Grievance Status Notification Supplemental Response describes how the Grievance and Appeal Daily Aging Report (ADAR) Sample is used for timely monitoring by the case owners, business analysts and G&A Director. The ADAR is reviewed and compared with MedHOK report by Business Analysts to determine which cases did not have NOD's generated and these findings are shared and reviewed by the G&A Director. The Supplemental Response also describes root cause analysis done along with coaching provided to case owners identified.

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	Grievance and Appeals case owners that fail in this audit element will go through the Grievance and Appeals department's root cause analysis and corrective action plan process. The Grievance and Appeals department expects to implement this new audit element by March 2020.			This finding is closed.
State Supported Services				
N/A	N/A	N/A	N/A	N/A

Submitted by:
Title: Chief Executive Officer

Date: February 7, 2020