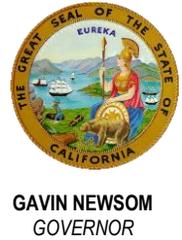




State of California—Health and Human Services Agency  
Department of Health Care Services



GAVIN NEWSOM  
GOVERNOR

February 17, 2023

Sunny Cooper, Chief Compliance Officer  
Health Plan of San Joaquin  
7751 S. Manthey Rd.  
French Camp, CA 95231

RE: Department of Health Care Services Medical Audit

Dear Ms. Cooper:

The Department of Health Care Services (DHCS), Audits and Investigations Division conducted an on-site Medical Audit of Health Plan of San Joaquin, a Managed Care Plan (MCP), from December 6, 2021 through December 17, 2021. The audit covered the period of July 1, 2019 through June 30, 2021.

All items have been evaluated and DHCS accepts 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 report and the enclosed documents 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]

Oksana Meyer, MPA

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Chief, CAP Compliance & FSR Oversight Section  
Managed Care Quality & Monitoring Division  
Department of Health Care Services

Enclosures: Attachment A (CAP Response Form)

cc: Lyubov Poonka, Chief  
CAP Compliance Unit  
Managed Care Quality and Monitoring Division  
Department of Health Care Services

Christina Viernes, Lead Analyst  
CAP Compliance Unit  
Managed Care Quality and Monitoring Division  
Department of Health Care Services

Travis Romo, Contract Manager  
Medi-Cal Managed Care Division  
Department of Health Care Services

**ATTACHMENT A**  
**Corrective Action Plan Response Form**



**Plan:** Health Plan of San Joaquin

**Review Period:** 07/01/19 - 06/30/21

**Audit Type:** Medical Audit and State Supported Services

**On-site Review:** 12/6/21 - 12/17/21

MCPs are required to provide a 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 that will reduce turnaround time for DHCS to complete its review. According to ADA requirement, the document should be at least 12 pt.

The CAP submission must include a written statement identifying the deficiency and describing the plan of action taken to correct the deficiency, and the operational results of that action. The MCP shall directly address each deficiency component by completing the following columns provided for MCP response: 1. Deficiency Number and Finding, 2. Action Taken, 3. Implementation Documentation, and 4. Completion/Expected Completion Date. The MCP will be required to include project timeline with milestones in a separate document for each finding. Supporting documentation should accompany each Action Taken. 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 detail such as 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. For deficiencies that require short-term corrective action, implementation should be completed within 30 calendar days. For deficiencies that may be reasonably determined to require long-term corrective action for a period longer than 30 days to completely remedy or operationalize, the MCP is to indicate that it has initiated remedial action and is on the way towards achieving an acceptable level of compliance. In those instances, the MCP will be required in addition to the above steps, to include the date when full compliance will be achieved. Policies and procedures submitted during the CAP process must still be sent to the MCP's Contract Manager for review and approval, as applicable in accordance with existing requirements.

**Please note, 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 prior approval for an extended implementation effort is granted by DHCS.**

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
<b>1. Utilization Management</b>				
<p><b>1.3.1 Appeals System Review</b></p> <p>The Plan did not document the review of their appeals system.</p>	<p>As of December 2021, in addition to detailed Grievance and Appeals report, the link to the Grievance and Appeal log has been added to Quarterly Grievance Committee presentation. The log is fed up to the Health Plan of San Joaquin Commission and CAC meetings (the governing body and the Public Policy Body) which happened after the December 2021 Grievance Committee meeting.</p> <p>The Plan policy was revised to include the appeal system oversight and reporting structure (see QM 65 Member Appeals Policy)</p>	<ol style="list-style-type: none"> <li>1. Grievance Committee Link to Log FY21-22</li> <li>2. CAC Commission Packet 04/14/22</li> <li>3. Health Commission Packet 03/30/22</li> <li>4. QM 65 Member Appeals Policy</li> </ol>	<p>12/31/21</p>	<p>The following additional documentation supports the MCP's efforts to correct this finding:</p> <p><b>POLICIES &amp; PROCEDURES</b></p> <p>Policy QM65 Member Appeals revised to include Appeal System Oversight. The written record of Grievances and Appeals shall be reviewed periodically by the governing body of the Plan, the public policy body, and by an officer of the Plan or designee. The review shall be thoroughly documented. (page 13-14)</p> <p><b>MONITORING &amp; OVERSIGHT</b></p> <ul style="list-style-type: none"> <li>- Grievance Committee Link 12/31/21 to G&amp;A Log demonstrates the MCP made the G&amp;A log available to the Grievance Committee.</li> <li>- CAC Commission Packet 04/14/22 demonstrates the MCP makes the G&amp;A Log available for review by the CAC.</li> <li>- Health Commission Packet 03/30/22 demonstrates the MCP makes the G&amp;A log available to the San Joaquin County Health Commission.</li> </ul> <p><b>The Corrective Action Plan for Finding 1.3.1 is accepted.</b></p>
<b>2. Case Management and Coordination of Care</b>				

Deficiency Number and Finding	Action Taken	Supporting Documentation	Implementation Date* (*Short-Term, Long-Term)	DHCS Comments
<p><b>2.4.1 Notification of End of the COC period</b></p> <p>The Plan did not inform members 30 calendar days before the end of the COC period about the process that will occur to transition the member's care to an in-network provider.</p>	<p>1. Revise member COC approval letter (Approved by DHCS April 2022) with the end date of the period of COC, information on the process for transition to an in- network provider, and member's right to choose any network provider. (See attached documents: RF-HPSJ COC Member Letters- Approval by DHCS, Sample COC Member Approval Letter.)</p> <p>2. Create a COC reminder letter (Approved by DHCS April 2022) and implement a process to ensure the reminder is sent to the member 30 days before the end of the COC period. (See attached documents: RF-HPSJ COC Member Letters- Approval by DHCS, Sample COC Member Reminder Letter.)</p> <p>3. Revise HPSJ CoC Policy and Procedure to ensure compliance with all CoC requirements. (See document MMXX2 Continuity of Care policy)</p>	<p>1. CM Meeting Agenda</p> <p>2. CM Team Huddles</p> <p>3. COC Job Aid</p> <p>4. COC Training Agenda</p> <p>5. MMXXX Continuity of Care Policy</p> <p>6. Revised COC Tool</p> <p>7. RF-HPSJ COC Member Letters (approved by DHCS)</p> <p>8. Sample COC Member Approval Letter</p> <p>9. Sample COC Member Reminder Letter</p>	<p>1. 04/29/22</p> <p>2. 04/29/22</p> <p>3. 09/30/22</p> <p>4. 04/30/22</p> <p>5. 09/30/22</p> <p>6. 11/30/22</p>	<p>The following additional documentation supports the MCP's efforts to correct this finding:</p> <p><b>POLICIES &amp; PROCEDURES</b></p> <p>- Letter Template, "Sample COC Member Approval Letter" and DHCS MCOD Contract Manager Approval Form, "HPSJ COC Member Letters" (04/06/22) which demonstrates that the MCP has updated their COC approval letter. The MCP revised member COC approval letter with the end date of the period of COC, information on the process for transition to an in- network provider, and member's right to choose any network provider.</p> <p>- Letter Template, "Sample COC Member Reminder Letter" and DHCS MCOD Contract Manager Approval Form, "HPSJ COC Member Letters" (04/06/22) which demonstrates that the MCP will send a reminder to the member 30 days before the end of the COC period.</p> <p>- Updated P&amp;P, "MMXX2: Continuity of Care" (August 2022) which demonstrates that thirty (30) calendar days before the end of the continuity of care period, the MCP must notify the member in writing via U.S. Mail, of the transition of the member's care to an in-network provider at the end of the continuity of care period. This process includes engaging with the member and provider before the end of the continuity of care period to ensure continuity of services through the transition to a new provider (MMXX2 Continuity of Care policy, Page 6).</p>

Deficiency Number and Finding	Action Taken	Supporting Documentation	Implementation Date* (*Short-Term, Long-Term)	DHCS Comments
	<p>4. Revise desk level procedure (DLP) which details:</p> <p>a. Steps HPSJ staff take when processing CoC requests.</p> <p>b. Notification of CoC outcomes, including:</p> <p>i. How long the CoC period will be</p> <p>ii. The process that will occur 30 days prior to the end of the CoC period</p> <p>iii. The transition activities which occur at the end of the CoC period (CM calls to member to assist in transition). (see document: CoC Job Aid)</p> <p>5. Provide training to staff on the CoC process, tools, and appropriate communication. (See CM Meeting Agendas, CM Team Huddles, CoC Training Agenda, CoC job Aid.)</p> <p>6. Monitor adherence to process through regular audits on a quarterly basis. Add following CoC areas to the prior auth audit tool:</p>			<p><b>TRAINING</b></p> <p>- Updated Job Aid, “CM Continuity of Care” which details the process that will occur 30 days prior to the end of the CoC period. In addition, once a month the clinical analyst will generate the COC reminder report of all members that require notification that their COC authorization is ending in one month. A reminder letter will be sent to members and a phone call to offer assistance for an in-network transition. The reminder letter and phone outreach will be documented under the approved COC authorization (CoC Job Aid, Page 4).</p> <ul style="list-style-type: none"> <li>• For the 30 calendar days notification process, the staff is trained to change the due date manually and create a reminder task under CoC case to complete the authorization within the time frame.</li> </ul> <p>- Staff Training, “CM Meeting Agendas, CM Team Huddles, CoC Training Agenda, CoC Job Aid” which demonstrates that MCP staff participated in training on the CoC process, tools, and appropriate communication (CM Meeting Agendas, CM Team Huddles, CoC Training Agenda, CoC Job Aid).</p> <p><b>MONITORING &amp; OVERSIGHT</b></p> <p>- Excel Spreadsheet, “CoC Audit Tool” which demonstrates that the MCP will monitor their adherence to their process through regular</p>

Deficiency Number and Finding	Action Taken	Supporting Documentation	Implementation Date* (*Short-Term, Long-Term)	DHCS Comments
	a. Timeliness of decision (Request date to decision date) b. Timeliness of written Member approval notification c. CoC approval letter includes:  i. Duration of CoC ii. Transition process at the end of the CoC iii. Member’s right to choose a different network provider (See document: Revised COC Audit Tool)			audits on a quarterly basis. The CoC Audit Tool includes the following elements: Timeliness of Decision (Request date to decision date), Timeliness of Written Member Approval Notification. The CoC Approval Letter includes: Duration of CoC, Transition process at the end of the CoC, Member’s right to choose a different network provider (Revised CoC Audit Tool).  <b>The Corrective Action Plan for Finding 2.4.1 is accepted.</b>
<b>2.4.2 Continuity of Care Approval Notification Letter</b>  The Plan did not send notification letters to members within seven calendar days upon approval of COC request.	1. Revise HPSJ CoC Policy and Procedure to ensure compliance with CoC decision and notification timeline. (See document: MMXX2 Continuity of Care policy)  2. Revise desk level procedure (DLP) which includes notifying the member within 7 calendar days of the request. (See document: CoC job Aid.)  3. Provide training to staff on the CoC process, tools, and appropriate	1. CM Meeting Agenda 2. CM Team Huddles 3. COC Job Aid 4. COC Training Agenda 5. MMXX2 Continuity of Care Policy 6. Revised COC Outpatient Audit	1. 04/29/22 2. 04/29/22 3. 09/30/22 4. 04/30/22 5. 09/30/22 6. 11/30/22	The following additional documentation supports the MCP’s efforts to correct this finding:  <b>POLICIES &amp; PROCEDURES</b>  - Updated P&P, “MMXX2: Continuity of Care” (August 2022) which demonstrates that the MCP shall notify the member in writing within seven (7) calendar days of the completion of a Continuity of Care. The outcome of the request (approval or denial) is sent to the Member by U.S. Mail (MMXX2 Continuity of Care policy, Page 6).  <b>TRAINING</b>  - Updated Job Aid, “CM Continuity of Care” which demonstrates that

Deficiency Number and Finding	Action Taken	Supporting Documentation	Implementation Date* (*Short-Term, Long-Term)	DHCS Comments
	<p>communication. (See documents: CM Meeting Agendas, CM Team Huddles, COC Training Agenda, CoC job Aid.)</p> <p>4. Enhance authorization audit tool to include CoC requirements.</p> <p>a. Decision timeliness (request date to decision date)</p> <p>b. Timeliness of written Member approval notification</p> <p>c. CoC approval letter includes:</p> <p>i. Duration of CoC</p> <p>ii. Transition process at the end of the CoC</p> <p>iii. Member’s right to choose a different network provider (See document: Revised CoC Outpatient Audit)</p> <p>(</p> <p>5. Monitor adherence to the process through regular audits, on a quarterly basis. (See document: Revised COC Outpatient Audit.)</p>			<p>the MCP will send notification letters to members within seven calendar days upon approval of continuity of care request (CoC Job Aid, Page 10).</p> <p>- Staff Training, “CM Meeting Agendas, CM Team Huddles, CoC Training Agenda, CoC Job Aid” which demonstrates that MCP staff participated in training on the CoC process, tools, and appropriate communication (CM Meeting Agendas, CM Team Huddles, CoC Training Agenda, CoC Job Aid).</p> <p><b>MONITORING &amp; OVERSIGHT</b></p> <p>- Excel Spreadsheet, “CoC Audit Tool” which demonstrates that the MCP will monitor their adherence to their process through regular audits on a quarterly basis. The CoC Audit Tool includes the following elements: Timeliness of Decision (Request date to decision date), Timeliness of Written Member Approval Notification. The CoC Approval Letter includes: Duration of CoC, Transition process at the end of the CoC, Member’s right to choose a different network provider (Revised CoC Audit Tool).</p> <p><b>The Corrective Action Plan for Finding 2.4.2 is accepted.</b></p>

Deficiency Number and Finding	Action Taken	Supporting Documentation	Implementation Date* (*Short-Term, Long-Term)	DHCS Comments
<p><b>2.4.3 Request Completion Timelines for Continuity of Care Services</b></p> <p>COC requests were not completed within the required timeline</p>	<ol style="list-style-type: none"> <li>1. Revise HPSJ Policy and Procedure to clearly document the decision timeframe requirements and the process staff follow to ensure CoC requests are completed within the required timeline. (See document: MMXX2 Continuity of Care policy.)</li> <li>2. Revise the desk level procedure (DLP) to describe the steps staff must follow to meet the timeline for CoC completion. (See document: (See document: CoC job Aid.)</li> <li>3. Provide training to staff on the CoC process, tools and appropriate communication to Members. (See documents: CM Meeting Agendas, CM Team Huddles, COC Training Agenda, CoC job Aid.)</li> <li>4. Enhance audit tool to include CoC requirements: <ol style="list-style-type: none"> <li>a. Member request to decision timeliness</li> <li>b. Member approval written notification timeliness</li> </ol> </li> </ol>	<ol style="list-style-type: none"> <li>1. CM Meeting Agenda</li> <li>2. CM Team Huddles</li> <li>3. COC Job Aid</li> <li>4. COC Training Agenda</li> <li>5. MMXX2 Continuity of Care Policy</li> <li>6. Revised COC Outpatient Audit</li> </ol>	<ol style="list-style-type: none"> <li>1. 09/30/22</li> <li>2. 04/30/22</li> <li>3. 09/30/22</li> <li>4. 09/30/22</li> <li>5. 11/30/22</li> </ol>	<p>The following additional documentation supports the MCP's efforts to correct this finding:</p> <p><b>POLICIES &amp; PROCEDURES</b></p> <p>- Updated P&amp;P, "MMXX2: Continuity of Care" (August 2022) which demonstrates that the MCP will complete the Continuity of Care request review process within the following timeframes: Thirty (30) calendar days from the date of the request, Fifteen (15) calendar days if the member's medical condition requires more immediate attention, such as upcoming appointments or other pressing care needs, Three (3) calendar days if there is a risk of harm to the member (MMXX2 Continuity of Care policy, Page 9).</p> <p><b>TRAINING</b></p> <p>- Updated Job Aid, "CM Continuity of Care" which demonstrates that the MCP will complete their responses to each request within Thirty (30) calendar days from the date the MCP receives the request, or within Fifteen (15) calendar days if the member's medical condition requires more immediate attention, such as upcoming appointments or other pressing care needs. Three (3) calendar days if there is a risk of harm to the member (CoC Job Aid, Page 1).</p> <p>- Staff Training, "CM Meeting Agendas, CM Team Huddles, CoC Training Agenda, CoC Job Aid" which demonstrates that MCP staff participated in training on the CoC process, tools, and appropriate communication (CM Meeting Agendas, CM Team Huddles, CoC</p>

Deficiency Number and Finding	Action Taken	Supporting Documentation	Implementation Date* (*Short-Term, Long-Term)	DHCS Comments
	<p>c. CoC approval letter includes:</p> <p>i. Duration of CoC</p> <p>ii. Transition process at the end of the CoC</p> <p>iii. Member’s right to choose a different network provider (See document: Revised COC Outpatient Audit)</p> <p>4. Monitor adherence to the CoC process through regular audits, on a quarterly basis. (See document: Revised COC Outpatient Audit)</p>			<p>Training Agenda, CoC Job Aid).</p> <p><b>MONITORING &amp; OVERSIGHT</b></p> <p>- Excel Spreadsheet, “CoC Audit Tool” which demonstrates that the MCP will monitor their adherence to their process through regular audits on a quarterly basis. The CoC Audit Tool includes the following elements: Timeliness of Decision (Request date to decision date), Timeliness of Written Member Approval Notification. The CoC Approval Letter includes: Duration of CoC, Transition process at the end of the CoC, Member’s right to choose a different network provider (Revised CoC Audit Tool).</p> <p><b>The Corrective Action Plan for Finding 2.4.3 is accepted.</b></p>
<p><b>2.4.4 Members and Providers Education for Initiation of Continuity of Care Service Requests</b></p> <p>Members' information packets, handbooks, and</p>	<p>For member education regarding continuity of care HPSJ currently includes continuity of care information as per DHCS guidance within our member EOC and welcome packet as noted within EOC pages 18,19,20. Additionally, HPSJ has a dedicated webpage for member at <a href="https://www.hpsj.com/continuity-of-care/">https://www.hpsj.com/continuity-of-care/</a> with information on CoC and how to initiate a request.</p>	<p>Member Education</p> <ul style="list-style-type: none"> <li>• HPSJ Evidence of Coverage 2022_final 061722B</li> <li>• CoC Screenshot_0913202</li> <li>• Provider Search page for member at <a href="http://www.hpsj.com/find-a-provider">www.hpsj.com/find-a-provider</a></li> </ul> <p>Provider Education</p>	<p>09/20/22</p>	<p>The following additional documentation supports the MCP’s efforts to correct this finding:</p> <p><b>POLICIES &amp; PROCEDURES</b></p> <p>- Member Handbook, “Health Plan San Joaquin – Medi-Cal Combined Evidence of Coverage and Disclosure From for Benefit Year 2022” as evidence that the MCP informs members about how to initiate COC a request with the Plan. The Member Handbook informs the member to call the MCP if they need to see a provider that is out of network (HPSJ Evidence of Coverage 2022_final 061722B, Page 18-20).</p>

Deficiency Number and Finding	Action Taken	Supporting Documentation	Implementation Date* (*Short-Term, Long-Term)	DHCS Comments
<p>providers' training materials did not include information on how to initiate a continuity of care request with the Plan.</p>	<p>For provider education regarding CoC, HPSJ has updated our provider manual to clarify the methods contracted providers may submit CoC requests. References to the provider manual are also provided to providers during our provider training. HPSJ has also created a dedicated CoC webpage for our providers.</p>	<ul style="list-style-type: none"> <li>• UM Redlines Sep.2022 (*Provider Manual Section)</li> <li>• Provider Manual 2022-updated with more detailed CoC language that explains how to request CoC; downloadable full version at <a href="http://www.hpsj.com/provider-manual/">www.hpsj.com/provider-manual/</a></li> <li>• Provider Onboarding Training – Provider Manual</li> </ul>		<p>- Webpage, “Continuity of Care” (<a href="https://www.hpsj.com/continuity-of-care/">https://www.hpsj.com/continuity-of-care/</a>) as evidence that the MCP informs members about how to initiate COC a request with the Plan. The Continuity of Care webpage informs the member to call the MCP if they need to see a provider that is out of network (CoC Screenshot_09132022).</p> <p>- “Provider Manual” (January 2022) as evidence that the MCP updated their Provider Manual to contain information about how a provider can initiate a COC request with the Plan. A contracted provider providing services to an HPSJ member may initiate a request for continuity of care through the provider portal, medical authorization form available on the HPSJ website or by contacting Customer Service at (209) 942-6320 or (888) 936-7526 (UM redlines Sep 2022, Section 8-Page 4).</p> <p><b>TRAINING</b></p> <p>- Training Slide, “Provider Onboarding Training – Provider Manual” which demonstrates that the MCP references the provider manual to providers during the provider training. The MCP has updated the provider manual to clarify the methods contracted providers may submit CoC requests (Provider Onboarding Training - Provider Manual).</p> <p><b>The Corrective Action Plan for Finding 2.4.4 is accepted.</b></p>

Deficiency Number and Finding	Action Taken	Supporting Documentation	Implementation Date* (*Short-Term, Long-Term)	DHCS Comments
<p><b>2.4.5 Continuity of Care Service Requests</b></p> <p>The Plan does not have a process to ensure a good faith effort to contact the providers and allow for up to 30 calendar days for their response before denying CoC requests.</p>	<ol style="list-style-type: none"> <li>1. Revise HPSJ CoC Policy and Procedure to ensure that CoC requirements for a good faith effort to contact providers and allow up to 30 calendar days for their response before denying the COC request. (See document: MMXX2 Continuity of Care policy.)</li> <li>2. Revise desk level procedure (DLP) to include a good faith effort to contact the providers and allow up to 30 calendar days before denying the CoC request. (See document: CoC job Aid)</li> <li>3. Provide training to staff on the CoC process, tools, appropriate communication and documentation. (See documents: CM Meeting Agendas, CM Team Huddles, COC Training Agenda, CoC job Aid.)</li> <li>4. Enhance authorization audit tool to include: <ol style="list-style-type: none"> <li>a. Member request to decision timeliness</li> <li>b. Member approval written</li> </ol> </li> </ol>	<ol style="list-style-type: none"> <li>1. CM Meeting Agenda</li> <li>2. CM Team Huddles</li> <li>3. COC Job Aid</li> <li>4. COC Training Agenda</li> <li>5. MMXX2 Continuity of Care Policy</li> <li>6. Revised COC Outpatient Audit</li> </ol>	<ol style="list-style-type: none"> <li>1. 09/30/22</li> <li>2. 04/30/22</li> <li>3. 09/30/22</li> <li>4. 09/30/22</li> <li>5. 11/30/22</li> </ol>	<p>The following additional documentation supports the MCP's efforts to correct this finding:</p> <p><b>POLICIES &amp; PROCEDURES</b></p> <ul style="list-style-type: none"> <li>- Updated P&amp;P, "MMXX2: Continuity of Care" (August 2022) which demonstrates that the MCP has made a good faith effort to contact the provider and the provider is non-responsive for thirty (30) calendar days (MMXX2 Continuity of Care policy, Page 7).</li> </ul> <p><b>TRAINING</b></p> <ul style="list-style-type: none"> <li>- Updated Job Aid, "CM Continuity of Care" which demonstrates that the MCP will make a good faith effort to contact the providers and allow up to 30 calendar days before denying the CoC request. (CoC Job Aid, Page 11).</li> <li>- Staff Training, "CM Meeting Agendas, CM Team Huddles, CoC Training Agenda, CoC Job Aid" which demonstrates that MCP staff participated in training on the CoC process, tools, and appropriate communication (CM Meeting Agendas, CM Team Huddles, CoC Training Agenda, CoC Job Aid).</li> </ul> <p><b>MONITORING &amp; OVERSIGHT</b></p> <ul style="list-style-type: none"> <li>- Excel Spreadsheet, "CoC Audit Tool" which demonstrates that the MCP will monitor their adherence to their process through regular audits on a quarterly basis. The CoC Audit Tool includes the</li> </ul>

Deficiency Number and Finding	Action Taken	Supporting Documentation	Implementation Date* (*Short-Term, Long-Term)	DHCS Comments
	<p>notification timeliness c. CoC approval letter includes:</p> <p>i. Duration of CoC ii. Transition process at the end of the CoC iii. Member's right to choose a different provider (See document Revised COC Outpatient Audit)</p> <p>5. Monitor adherence to process through regular audits on a quarterly basis. (See document Revised COC Outpatient Audit)</p>			<p>following elements: Timeliness of Decision (Request date to decision date), Timeliness of Written Member Approval Notification. The CoC Approval Letter includes: Duration of CoC, Transition process at the end of the CoC, Member's right to choose a different network provider. The Audit Tool also tracks the CoC Turn Around Time – 30 Calendar Days (Revised CoC Audit Tool).</p> <p><b>The Corrective Action Plan for Finding 2.4.5 is accepted.</b></p>
<b>4. Member Rights</b>				
<p><b>4.1.1 Grievance System Review</b></p> <p>The Plan did not ensure the periodic review of the written log by the Plan's board of directors, public policy body and</p>	<p>As of December 2021, in addition to detailed Grievance and Appeals report, the link to the Grievance and Appeal log has been added to Quarterly Grievance Committee presentation. The log is fed up to the Health Plan of San Joaquin Commission and CAC meetings (the governing body and the Public Policy Body) which happened after</p>	<ol style="list-style-type: none"> <li>1. Grievance Committee Link to Log FY21-22</li> <li>2. CAC Commission Packet 04/14/22</li> <li>3. Health Commission Packet 03/30/22</li> <li>4. GRV02 Grievance Procedure Policy</li> </ol>	<p>12/31/22</p>	<p>The following documentation supports the MCP's efforts to correct this finding:</p> <p><b>POLICIES &amp; PROCEDURES</b></p> <p>- Policy GRV02 updated to include a section on oversight of the G&amp;A log. The log is reviewed by the QOC, QMUM and the San Joaquin County Health Commission (page 18 &amp; 19)</p> <p><b>IMPLEMENTATION</b></p>

Deficiency Number and Finding	Action Taken	Supporting Documentation	Implementation Date* (*Short-Term, Long-Term)	DHCS Comments
the designated officer.	<p>the December 2021 Grievance Committee meeting.</p> <p>The Plan policy was revised to include the appeal system oversight and reporting structure (see GRV 02 Grievance Procedure Policy)</p>			<p>- Grievance Committee Link 12/31/21 to G&amp;A Log demonstrates the MCP made the G&amp;A log available to the Grievance Committee.</p> <p>- CAC Commission Packet 04/14/22 demonstrates the MCP makes the G&amp;A Log available for review by the CAC.</p> <p>- Health Commission Packet 03/30/22 demonstrates the MCP makes the G&amp;A log available to The San Joaquin County Health Commission.</p> <p><b>The Corrective Action Plan for Finding 4.1.1 is accepted.</b></p>
<p><b>4.1.2 Acknowledgement Letters</b></p> <p>The Plan's acknowledgement letters did not contain the name of the person who was responsible for processing a member's grievance request.</p>	<p>Due to verbal/written threats made by the members to HPSJ staff, in consideration of employee safety, the name of the HPSJ representative was removed from the policy and the letters.</p> <p>Starting 6/30/22, HPSJ has added back the plan representative's First name and Last name, Initial to the acknowledgement letters. The grievance procedures policy GRV02 has been updated to state that the acknowledgment letter will include the name, telephone number and</p>	<ol style="list-style-type: none"> <li>1. GRV02 Grievance Procedure Policy</li> <li>2. Sample Acknowledgement Letter</li> </ol>	06/30/22	<p>The following documentation supports the MCP's efforts to correct this finding:</p> <p><b>POLICIES &amp; PROCEDURES</b></p> <p>- The MCP updated its P&amp;Ps to address the gap that contributed to this deficiency. This updated P&amp;P, GRV02 "Grievance Procedures" now includes that the grievance acknowledgement letters will include the Health Plan contact information (name, telephone number, and address of the Plan representative who may be contacted about the grievance. (Updated 06/22)</p> <p><b>MONITORING &amp; OVERSIGHT</b></p> <p>- Grievance Audit for Acknowledgement Letters (Review Period Q3</p>

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	address of the HPSJ representative who may be contacted about the grievance.			<p>07/1/22 – 09/30/22) the MCP has established a quarterly oversight report to ensure acknowledgement letters contain the contact information of the Plan representative who may be contacted about the grievance.</p> <p>In addition, this Q3 audit resulted in 102 cases being reviewed to ensure the name of the grievance coordinator is provided in all grievance acknowledgement letters and out of all 102 cases, all 102 cases were found compliant which gave the Plan a passing score of 100%.</p> <p><b>IMPLEMENTATION</b></p> <p>- Sample Acknowledgement Letter (07/19/22) which demonstrates that P&amp;P, GRV 02 “Grievance Procedures” has been implemented to include in the acknowledgement letter the Health Plan contact information (name, telephone number, and address of the Plan representative who may be contacted about the grievance).</p> <p><b>The Corrective Action Plan for Finding 4.1.2 is accepted.</b></p>
<b>5. Quality Management</b>				
<p><b>5.1.1 Quality Improvement System Oversight</b></p> <p>The Plan did not</p>	<p>Due to staffing challenges the medical director reviews were not audited consistently.</p> <p>For an effective oversight to improve the quality of care, starting</p>	GRV02 Grievance Procedure Policy	06/30/22	<p>The following additional documentation supports the MCP’s efforts to correct this finding:</p> <p><b>POLICIES &amp; PROCEDURES</b></p> <p>GRV02 Grievance Procedure Policy (6/22) provides a high-level</p>

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<p>provide effective oversight to improve deficient quality of care identified in PQI complaints affecting member care.</p>	<p>September 2022, a DLP (Attached) is created to outline the process of overall oversight of the PQIs potential quality issues/ Grievance and Appeals. Items pertinent to the oversight of the PQIs are shared here.</p> <p><b><u>1. Overall Oversight</u></b></p> <p>The CMO has overall responsibility of oversight for the PQI program. The clinical leadership team (QI Director, Manager &amp; Supervisor) ensures that only clinical staff review Quality of Care grievances. All Quality of Care concerns are referred to the medical director or peer clinical reviewer for review. The CMO with assistance from the ACMO and the Director of Quality ensures compliance with all the regulatory and accreditation aspects of the program.</p> <p><b><u>2. Trainings</u></b></p> <ul style="list-style-type: none"> <li>• <b>Medical Director &amp; Peer</b></li> </ul>			<p>overview of the Plan’s grievance procedures, indicating:</p> <ul style="list-style-type: none"> <li>• The Chief Medical Officer and the assistant CMO has the ultimate responsibility and accountability for the Grievance program.</li> <li>• The Medical Director is responsible for the continuous review of the Grievances to identify emergent patterns and trends identified through the Grievance process. The patterns are identified through reviewing the reports by the Medical Director, Grievance team, and the Grievance Committee. Providers that meet thresholds are identified and based on the Committee’s recommendation; further actions are taken.</li> <li>• All QOC issues are recognized as Potential Quality of Care (PQI) issues.</li> <li>• All clinical cases are forwarded to the Medical Director or Peer Physician Reviewer for determination, severity coding, and can be potentially elevated to a PQI.</li> <li>• A grievance at any time can be elevated to a Potential Quality Issue if deemed so by either the Medical Director or a Quality Nurse</li> </ul> <p><b>TRAINING</b></p> <p>Plan provided evidence of training materials for onboarding of new Medical Directors, including:</p> <p>Continuity of Care Grievance process training, including PQI</p>

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	<p style="text-align: center;"><b>Physician Reviewer Trainings:</b></p> <p>The CMO provides orientation and onboarding for the new medical directors and reviews a sample of their cases and provides timely feedback for G/A and PQIs in the first few weeks of employment. The QI staff trains the Medical Director and Peer Physician Reviewer of the PQI documentation system and process. The CMO is available to the medical directors and peer physician reviewers for questions and discussion of difficult cases as needed. Starting October 2022, the CMO, ACOMO, Medical Directors, and the Executive Director of Clinical Operations will have quarterly meetings where challenging cases are discussed and opportunities for improvement are solicited and discussed.</p> <ul style="list-style-type: none"> <li>• <b>Quality Staff Training</b></li> </ul> <p>Upon hire, Quality staff is provided</p>			<p>Grievance review guide  UM and Appeals review guide  Quality Management/Essette (system) Appeals training</p> <p><b>MONITORING &amp; OVERSIGHT</b></p> <p>To improve quality of care, starting September 2022, a DLP was developed that outlines the oversight process of Grievances, Appeals, and PQIs, including:</p> <ul style="list-style-type: none"> <li>• Overall oversight</li> <li>• Training</li> <li>• Monthly audits of grievances and appeals</li> <li>• Quarterly audits of Medical Director and Peer Clinical Review Determinations</li> <li>• Quarterly audits of PQI</li> <li>• Escalation</li> <li>• Quarterly Medical Director Meetings:  The CMO, ACOMO, Medical Directors and Executive Director of Clinical Operation meet quarterly or as needed to discuss challenging cases, audit findings, and opportunities for improvement. Agenda items from the last four meetings included: <ul style="list-style-type: none"> <li>- Essential elements in the review and documentation of a grievance or PQI</li> <li>- Grievances and PQIs</li> <li>- How presence of QOC issues are determined (acknowledged and</li> </ul> </li> </ul>

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	<p>rigorous 1:1 training on the G/A and PQI process, different electronic systems, an overview of different departments, QM Supervisor review first few cases of newly hired staff, provide them instant feedback and training, audited within 3 months of hire if any issues are found, a focused training is provided. The Grievance team also utilizes weekly G/A tag-ups as training sessions as well to provide training or refresher on the Grievance/Appeal process, Grievance intake process, CAP process, and PQI process.</p> <p><b><u>3. Review and audit</u></b></p> <p>As the ACMO was hired and trained, starting June 2022, ACMO reviewed all the PQIs closed each week and escalates any issues to CMO for further review and discussion. And feedback is provided to the Medical Directors as needed. Starting September 2022, an audit process was created for the PQIs, an audit is performed quarterly</p>			<p>scored)</p> <ul style="list-style-type: none"> <li>- Use of scoring tool</li> <li>- Escalation process and the approach to provider education</li> <li>- Case review documentation</li> <li>- Audit findings, examples, and feedback for PQI, Grievances and Appeals</li> </ul> <ul style="list-style-type: none"> <li>• Monthly Grievance and Appeals audit:</li> </ul> <p>Plan CMO conducts quarterly audits for Grievances, Appeals and PQI. Detailed information is shared during one-on-one meetings with Medical Directors. Topics include appropriate documentation, case leveling, scoring and appropriate case escalation to the CMO or Peer Review Committee.</p> <p>Date of audit: 11/15/22, Audit Period: 7/1/22 – 9/30/22</p> <p>Audits included the following: Severity level, final severity level, whether all issues were captured, CAP require, provider education, peer review, appropriateness of decision, scoring, and documentation, escalation, results, next steps, and auditor and CMO comments.</p> <p><b>The Corrective Action Plan for Finding 5.1.1 is accepted.</b></p>

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	<p>for appropriate decisions, scoring, documentation, and if appropriate escalation was made to the CMO and or PRCC when needed. Appropriate feedback is provided to the team in a timely manner. PQI audit template is attached.</p> <p><b><u>4. Escalation</u></b></p> <p>1. Any PQI which is leveled above C2 level is presented to Peer Review Committee (PRC) for further review and recommendation. (as per GRV02 policy attached)</p> <p>2. The Medical Director can also refer the case to PRC with any level of scoring based on their discretion.</p> <p>3. All the PQI's that are referred to PRC are reviewed by the CMO/ACMO and discussed with the Quality team and the medical directors when needed prior to being reviewed at the PRC.</p>			
<b>6. Administrative and Organizational Capacity</b>				

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<p><b>6.2.1 Suspected Fraud and Abuse Reporting to DHCS</b></p> <p>The Plan did not report all suspected fraud incidents to DHCS within ten working days of the date when they initially became aware of or received report.</p>	<p>HPSJ was notified in the DHCS Final Findings Report received in June 2022 that we need to report FWA referrals that originate from DOJ and/or DHCS the same as we report all other case leads.</p> <p>On June 1, 2022, after receipt of the Preliminary Findings Report the Compliance Analyst was retrained to ensure that regardless of the source of incoming leads, all cases are reported to DHCS and DOJ within the required reporting timeframe of 10 days. Additionally, this will be monitored through the FWA case management system.</p>	<p>Previously submitted 6.2.1 CMP05 Fraud Waste and Abuse</p>	<p>June 1, 2022</p>	<p>The following additional documentation supports the MCP's efforts to correct this finding:</p> <p><b>POLICIES &amp; PROCEDURES</b></p> <p>- Desk Level Procedure, DLP RM010a, "Triage to Decision Process, (DRAFT, 10/27/22) as evidence the MCP developed a process to include that all reported cases will be sent to DHCS via a MC 609. This reporting is to be completed the same day the lead converts to a case, which is the day the case was opened.</p> <p><b>MONITORING &amp; OVERSIGHT</b></p> <p>- "Case Tracker" (Review period 01/01/22 – 11/01/22), MCP conducts a monthly review audit to ensure the ten working day requirement to report the suspected fraud and/or abuse incidents to DHCS via a MC 609 is met. Out of 36 cases reviewed three cases were non-compliant in sending a MC 609 to DHCS within ten working days of the reported incident. The MCP is 83% compliant.</p> <p><b>TRAINING</b></p> <p>- Written Statement, "CAP Response to Deficiency 6.2.1 (11/23/22), which states, "The training materials used for this training was the draft version of the desk level procedure titles, "DLP RM010a PIU Triage to Decision Process."</p> <p><b>The Corrective Action Plan for Finding 6.2.1 is accepted.</b></p>

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Submitted by: Tamara Hayes  
 Title: HPSJ Compliance Director

Date: 09/27/22