



MICHELLE BAASS
DIRECTOR

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



GAVIN NEWSOM
GOVERNOR

November 30, 2022

Tiffany Weisberg, MHA
KP Cal, LLC
3100 Thornton Ave
Burbank, CA 91504

RE: Department of Health Care Services Medical Audit

Dear Ms. Weisberg,

The Department of Health Care Services (DHCS), Audits and Investigations Division conducted an on-site Medical Audit of KP Cal, LLC, a Managed Care Plan (MCP), from November 1, 2021 through November 12, 2021. The audit covered the period of September 1, 2019 through October 31, 2021.

On November 2, 2022, the MCP provided DHCS with additional information regarding its Corrective Action Plan (CAP) in response to the report originally issued on March 4, 2022.

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 in the subsequent audit. 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.

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If you have any questions, feel free to contact me at (916) 345-7942 or Daniel Park at (916) 345-8173.

Sincerely,

[Signature on file]

Oksana Meyer, MPA
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

Daniel (Danny) Park, Lead Analyst
CAP Compliance Unit
Managed Care Quality and Monitoring Division
Department of Health Care Services

Marc Lewis, Contract Manager
Medi-Cal Managed Care Division
Department of Health Care Services

ATTACHMENT A
Corrective Action Plan Response Form

Plan: Kaiser Permanente

Review Period: 09/01/19 – 10/31/21

Audit Type: Medical Audit and State Supported Services

Onsite Review: 11/01/21 – 11/12/21



CALIFORNIA DEPARTMENT OF
HEALTH CARE SERVICES

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 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: 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. For policies and other documentation that have been revised, please highlight the new relevant text. 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.**

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
1. Utilization Management				
<p>1.1.1 (NCAL) Integration of Utilization Management (UM) into Quality Improvement System</p> <p>The Plan did not show evidence of integration of utilization management (UM) activities into the Plan’s designated Medi-Cal quality improvement system, including a process to integrate reports on the number and types of appeals, denials, deferrals, and modifications to the appropriate Medi-Cal quality improvement staff.</p>	<p>The Plan will implement procedures to integrate utilization management reporting into the Geographic Managed Care Medi-Cal Quality Oversight Committee (GMC MQOC).</p> <p>Utilization Management (UM) reports will be presented to the committee annually and will be specific to the GMC Sacramento Medi-Cal Managed Care population.</p> <p>The UM reporting will include the following areas:</p> <ul style="list-style-type: none"> • Quarterly and Annual denial volume by category • Timeliness metrics • Top three denied item/service by category • Utilization Management denied appeals <p>Following formal approval of the</p>	<p>N/A</p>	<ul style="list-style-type: none"> • Presentation of the UM reports to the GMC MQOC will occur annually, in June. • Supporting documents showing the UM reports presented and minutes from the GMC MQOC will be submitted to DHCS following approval of the minutes. End of Q3 2022. 	<p>The following documentation supports the MCP’s efforts to correct this finding:</p> <p>MCP Response - Action Taken (4/4/22):</p> <p>“The Plan will implement procedures to integrate utilization management reporting into the Geographic Managed Care Medi-Cal Quality Oversight Committee (GMC MQOC).</p> <p>Utilization Management (UM) reports will be presented to the committee annually and will be specific to the GMC Sacramento Medi-Cal Managed Care population.”</p> <p>The Plan presented evidence of revised documents:</p> <p>MQOC Meeting minutes (6/21/22) GMC MQOC Charter</p> <p>Implementation and Training</p> <p>Effective June 21, 2022, Utilization Management activities are integrated into the Plan’s GMC Medi-Cal quality oversight committee process. UM Metrics are presented to the committee on an annual basis and includes:</p> <ul style="list-style-type: none"> • Quarterly and annual denial volumes by category • Timeliness Metrics • Top Three denied services by category • UM denied appeals

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	committee minutes, copies of the utilization management reports and minutes will be submitted to DHCS.			<p>The GMC MQOC meeting minutes from the 6/21/2022 meeting contain the UM metrics. (See pages 12-17).</p> <ul style="list-style-type: none"> • The GMC Medi-Cal Quality Oversight Committee reports to the Regional Quality Oversight Committee on a Semi-Annual basis and the GMC Medi-Cal QOC minutes are submitted to the QOC on a quarterly basis. • The GMC Medi-Cal Quality Oversight Committee reports to the Regional Quality Oversight Committee (QOC) twice a year. Regional QOC reports to the Quality Health Improvement Committee (QHIC) twice a year. <p>Additionally, the Plan submitted the updated GMC MQOC Charter that DHCS subsequently requested an update on to reflect the UM integration of activities into the quality improvement process (see #11 under Roles and Responsibilities).</p> <p>The updated Charter includes the following language, found under Roles and Responsibilities:</p> <ol style="list-style-type: none"> 1. Conduct a quarterly review and analysis of GMC Medi-Cal Member Complaints, Grievances and Appeals. 2. Evaluate the overall effectiveness of the care of members who are seniors and persons with disabilities (SPDs). 3. Review, evaluate, & recommend approval of written policies, procedures, protocols and criteria for GMC Medi-Cal. 4. Monitor utilization of services for GMC Medi-Cal members. 5. Review & evaluate utilization data on GMC Medi-Cal population. 6. Monitor utilization of services for GMC Medi-Cal members on an annual

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				<p>basis thru committee presentations focusing on Utilization Denial volume by Category, Timeliness Metrics, Top Three UM Denied items/services by Category and Utilization Management Denied Appeals.</p> <p>The Corrective Action Plan for Finding 1.1.1 is accepted.</p>
<p>1.2.1 (NCAL) Early and Periodic Screening, Diagnostic and Treatment (EPSDT) Services and Criteria</p> <p>The Plan did not provide EPSDT services when medically necessary to correct or ameliorate conditions and utilized criteria that were more restrictive than Medi-Cal EPSDT guidelines described in APL</p>	<p>The Plan will correct this finding by revising the UM EPSDT criteria for PT/OT/ST to align with the APL 19-010. The criteria will require stakeholder review and UM committee approval. Once all approvals are received, the revised UM criteria will be implemented.</p>	<p>N/A</p>	<p>End of Q2 2022</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"> The Plan made revisions to its 2022 Utilization Management Criteria for the provision of occupational and physical therapy to align with the requirements outlined in APL 19-010 to describe Medi-Cal EPSDT guidelines in detail, including a description of services that ameliorate a condition or maintenance – services that support and sustain rather than cure or improve a condition. The Plan made revisions to its 2022 Utilization Management Criteria for the provision of speech therapy to align with the requirements outlined in APL 19-010 to describe Medi-Cal EPSDT guidelines in detail, including a description of services that ameliorate or maintain a condition. Maintenance services are defined as services that support and sustain rather than cure or improve a condition. <p>Key takeaways from the revised UM criteria for the provision of OT/PT/ST Services that align with the requirements of APL 19-010, include the following:</p>

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19-010.				<ul style="list-style-type: none"> • Services need not cure a condition in order to be covered under EPSDT. • Services that maintain or improve the child's current health condition are also covered under EPSDT because they "ameliorate" or "make more tolerable" a condition. • Maintenance services are defined as services that sustain or support rather than those that cure or improve health problems. • Medical necessity decisions are individualized. Flat limits or hard limits based on a monetary cap or budgetary constraints are not consistent with EPSDT requirements. • Plan is prohibited from imposing service limitations on any EPSDT benefit other than medical necessity. • The determination of whether a service is medically necessary or a medical necessity for an individual child must be made on a case-by-case basis, taking into account the particular needs of the child. <p>Individual speech and language therapy services may be indicated when it is determined:</p> <p>There is an expectation of reasonable functional progress/so the patient will achieve:</p> <ul style="list-style-type: none"> • Significant, measurement improvement in the patient's motor planning ability impacting the use of the articulators, or in oral/pharyngeal intake functions; OR • Significant, measurable reversal of deterioration from previous levels of cognitive or communication functions; OR

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				<ul style="list-style-type: none"> The skills of a qualified providers of speech/pathologist services are medically necessary to maintain function or prevent worsening of a condition. <p>Speech and language therapy services will be discontinued when:</p> <ul style="list-style-type: none"> The patient has reached an age appropriate function (less than or equal to 1 SD below the mean, greater than or equal to a standard score of 85 or greater than or equal to the 16th percentile); OR, The skills of a qualified provider of speech and language therapy services are not necessary to maintain skills or prevent regression (for example, continuation of drills, techniques and exercises by patient or caregiver after completion of medically necessary speech and language therapy services would be expected to preserve the patient's present level of function and prevent regression of that function). <p>The Corrective Action Plan for Finding 1.2.1 is accepted.</p>
<p>1.2.1 (SCAL) Early and Periodic Screening, Diagnostic and Treatment (EPSDT) Services and Criteria</p> <p>The Plan did not</p>	<p>The Plan will correct this finding by revising the UM EPSDT criteria for PT/OT/ST to align with the APL 19-010. The criteria will require stakeholder review and UM committee approval. Once all approvals are received, the revised UM criteria will be implemented.</p>	<p>N/A</p>	<p>End of Q2 2022</p>	<p>The following documentation supports the MCP's efforts to correct this finding:</p> <p>Both findings 1.2.1 (NCAL and SCAL) are the same finding. These are policy driven findings relating to the EPSDT benefit and compliance with the requirements outlined in APL 19-010. See DHCS comments under 1.2.1 (NCAL).</p> <p>The Corrective Action Plan for Finding 1.2.1 is accepted.</p>

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provide EPSDT services when medically necessary to correct or ameliorate conditions and utilized criteria that were more restrictive than Medi-Cal EPSDT guidelines described in APL19-010.				
<p>1.2.2 (SCAL) Translation of Notice of Action (NOA) Letter Packet into Threshold Language</p> <p>The Plan did not translate member information in a NOA letter packet into the required threshold and/or concentration</p>	<p>The Plan's systems were defaulting to the Spoken Language field in the member's medical record. The Regional UM teams worked with KP Document Management Shared Services (DMSS) to update the system to default to written language preference instead of spoken language. Updates are live as of December 3, 2021.</p>	<ul style="list-style-type: none"> • Update of NOA Language Preference for Translation • Evidence of Meeting for Preferred Written Language Correction • Email 9.29.2021_DMSS testing and release date_UM NOA Letters-Preferred Language 	<p>December 3, 2021</p>	<p>The following documentation supports the MCP's efforts to correct this finding:</p> <p>Policies</p> <ul style="list-style-type: none"> - Current Plan Policy CA.HP.Operations.LA 005001 Quality Translation Process for Member Informing Materials (revised 11/01/2020) listed threshold languages by county and stated that the Plan must produce and distribute vital documents to members in their preferred Medi-Cal threshold language. <p>Implementation</p> <ul style="list-style-type: none"> - Update of NOA Language Preference of Translation demonstrates the MCP corrected its system to prevent it to defaulting to the spoken language

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language.				<p>field.</p> <p>- Meeting to discuss written language correction documentation demonstrates the MCP discussed making the corrections to the system and setup for testing.</p> <p>Monitoring</p> <p>- Email dated 9/29/21 confirms MCP had a process in place to test the design changes for defects and failure. Updates live as of 12/3/21.</p> <p>The Corrective Action Plan for Finding 1.2.2 is accepted.</p>
<p>1.2.3 (NCAL) Reference to Criteria in Notice of Action (NOA) Letters</p> <p>The Plan did not include a reference to the specific criteria or guidelines used to support medical necessity decisions within NOA letters.</p>	<p>The Plan provided training (February 24, 2022) to the Coverage Decision Support Unit (CDSU) and Health Plan Utilization Management staff. The training was presented by the Health Plan Regional UM Manager and covered NOA denial letter requirements in accordance with Knox Keene Act, CA Health And Safety Code Sections 1367.01(b) “describe the criteria or guideline used in the decision”. The training reinforced the use of the criteria</p>	<p><u>UM Staff Training</u></p> <ul style="list-style-type: none"> • CDSU NOA Letter Presentation • CDSU Training Attendance Sheet 	<p>February 24, 2022</p>	<p>The following documentation supports the MCP’s efforts to correct this finding:</p> <p>Policy</p> <p>Plan’s current Policy <i>17.0 Utilization Management Denial of Practitioner Requested Services (revised 02/23/2021)</i> correctly states, that for denial notices, the denial rationale should include reference to the specific criteria upon which the decision was made. Referenced in the audit report (page 17)</p> <p>Training & Implementation</p> <p>- CDSU NOA Letter Presentation Training and sign-in sheet from 2/24/22 demonstrates MCP staff has been trained on the necessity of including a description of the criteria or guideline used in making the decision.</p>

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	<p>or guideline in the decision-making process and examples were shared with the training participants. Enclosed is the training presentation and attendance sheet.</p>			<p>The following additional documentation supports the MCP's efforts to correct this finding:</p> <p>Monitoring</p> <ul style="list-style-type: none"> - Quality Assurance (QA) of Denial Letters Desktop Procedures instructs UM staff to include a description of the criteria or guideline used to make the decision. The desktop procedure also demonstrates the MCP has a process in place for continuous monitoring. Once a denial letter is written, it is sent to second level QA review with a checklist that includes confirming the inclusion of the specific reference to the criteria used to make the decision. <p>The Corrective Action Plan for Finding 1.2.3 is accepted.</p>
2. Case Management and Coordination of Care				
<p>2.1.1 (NCAL) Private Duty Nursing (PDN) Notice to Members</p> <p>The Plan did not issue a notice to members under the age of 21 for whom it has authorized PDN services in accordance with</p>	<p>The Plan will draft a member notice incorporating the required PDN elements outlined in APL 20-012 and submit to DHCS' Medi-Cal Managed Care Division Contract Manager for review and approval by April 15, 2022.</p> <p>Upon receipt of approval from DHCS, Plan will issue a notice to every member under the age of 21 for whom it has authorized</p>	N/A	<p>Implementation date of member notice will begin immediately following DHCS' approval of the PDN member notice.</p>	<p>The following documentation supports the MCP's efforts to correct this finding:</p> <p>Implementation</p> <ul style="list-style-type: none"> - NCAL PDN member notice template which was approved by DHCS on 5/2/2. The letter template was determined to be consistent with the guidance issued in APL 20-012. <p>Policy</p> <ul style="list-style-type: none"> - Private Duty Nursing: Member Notification SOP instructs the sending of private duty nursing services notification to the members by mail.

Deficiency Number and Finding	Action Taken	Supporting Documentation	Implementation Date* (*Short-Term, Long-Term)	DHCS Comments
APL 20-012.	PDN services and for whom it authorizes in the future.			<p>Implementation</p> <p>Example of PDN letter serves as documentation the PDN letter is being sent to members.</p> <p>The Corrective Action Plan for Finding 2.1.1 is accepted.</p>
<p>2.1.1 (SCAL) Private Duty Nursing (PDN) Notice to Members</p> <p>The Plan did not issue notice to members under the age of 21 for whom it has authorized PDN services in accordance with APL 20-012.</p>	<p>The Plan will draft a member notice incorporating the required PDN elements outlined in APL 20-012, using the current approved DHCS authorization template. The Kaiser Permanente Care at Home (KPCAH) department will complete a draft of the letter by April 30, 2022. KPCAH will have a process for member notification in place by July 30, 2022.</p>	N/A	July 30, 2022	<p>The following documentation supports the MCP's efforts to correct this finding:</p> <p>Implementation</p> <p>- SCAL PDN member notice template which was approved by DHCS on 5/2/2. The letter template was determined to be consistent with the guidance issued in APL 20-012.</p> <p>Policy</p> <p>- Private Duty Nursing: Member Notification SOP instructs the sending of private duty nursing services notification to the members by mail.</p> <p>Implementation</p> <p>Example of PDN letter serves as documentation the PDN letter is being sent to members.</p> <p>The Corrective Action Plan for Finding 2.1.1 is accepted.</p>

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3. Access and Availability of Care				
<p>3.6.1 (NCAL, SCAL) Family Planning Claim Denials</p> <p>The Plan improperly denied family planning services based on other services submitted on the claim.</p>	<p>The Plan has modified the policy to deny the line with the missing or invalid NDC information and process the remaining payable lines. This policy is in effect for claims with dates of service beginning January 1, 2022.</p>	<p>See Policy POL – 005 Payments to Providers is attached.</p>	<p>January 1, 2022</p>	<p>Policies and Procedures</p> <p>- Updated P&P, “POL-005: Payments to Provider Policy” (01/17/22) to deny the line with the missing or invalid NDC information and process the remaining payable lines. This policy is in effect for claims with dates of service beginning January 1, 2022 (Policy POL – 005 Payments to Providers, Page 3, 2.5.5.2, 2.5.5.2.1, 2.5.5.2.2).</p> <p>The Corrective Action Plan for Finding 3.6.1 is accepted.</p>
<p>3.6.2 (SCAL) Family Planning Payments</p> <p>The Plan did not distribute timely add-on payments for specified family planning claims in accordance with APL 20-013.</p>	<p>The Plan strives to distribute timely and accurate add-on payments according to APL 20-13.</p> <p>The single untimely payment occurred due to the timing of validating provider TIN/Name information before payments could be issued.</p> <p>The Plan implemented an automated monthly process to validate the provider TIN and Name to ensure the timely distribution of add-on payments</p>	<p>The add-on payment for Claim 439876682 was made on 10/15/21, proof previously provided to DHCS on 11/18/21.</p>	<p>February 11, 2022</p>	<p>The following documentation supports the MCP’s efforts to correct this finding:</p> <p>Implementation</p> <p>- Excel Spreadsheet, “Prop 56 Validation Report” (February 2022) as evidence that the MCP has implemented an automated monthly process to validate the provider TIN and Name to ensure the timely distribution of add-on payments for specified family planning claims in accordance with APL 20-013. The report includes the name of the State Program, IRS Name, Validation Date, and Tax ID (Prop 56 Validation Rpt).</p> <p>- “Family Planning Prop 56 Add-On Payments Sample Details” and “Prop 56 Add-On Checks” as evidence that the MCP has included the add-on payment for the claim. The add-on payment for the claim was made on 10/15/21 (Family Planning Prop 56 Add-On Payments Sample Details, and</p>

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	for specified family planning claims in accordance with APL 20-013 effective February 11, 2022.			Prop 56 Add-On Checks). The Corrective Action Plan for Finding 3.6.2 is accepted.
<p>3.8.1 (NCAL, SCAL) Non-Medical Transportation (NMT) Provider Enrollment Verification</p> <p>The Plan did not verify the outcome of NMT providers' enrollment after 120 days from enrollment application date. The Plan did not terminate the un-enrolled NMT providers after 120 days.</p>	<p>The Plan acknowledges that the outcome of NMT provider enrollment was not verified after 120 days from enrollment application date and that the Plan did not terminate the un-enrolled NMT providers after 120 days.</p> <p>However, DHCS was made aware that termination of these provider contracts may result in network deficiencies and member access issues. As such, the MCP should NOT immediately terminate the provider contracts if this will result in network deficiencies and member access issues. With the release of this additional guidance, the Plan is scheduling a meeting with our leadership team, along with our transportation vendor to evaluate the three NMT</p>	<ul style="list-style-type: none"> • See attached NMT ZIP file • Procedure 5001.012 – MTM Credentialing and Re-credentialing Process 	<p>April 30, 2022</p>	<p>The following documentation supports the Plan's efforts to correct this deficiency:</p> <p>Policies & Procedures</p> <p>The Plan updated P&Ps to address the gap that contributed to the deficiency:</p> <ul style="list-style-type: none"> • 5001.012_Credentialing & Re-credentialing Process_CA <ul style="list-style-type: none"> ○ The policy states the following “MTM does not contract with any California transportation provider that has not begun the Medi-Cal screening process.” [Responsibility, B., page 1] • SC.HPHO.015 Medi-Cal Transportation <ul style="list-style-type: none"> ○ The Plan has a process in place to impose corrective action on their transportation brokers & conducts monitoring activities no less than quarterly. [Section 5.4.6, page 10] ○ The Plan now utilizes a statewide policy & updated its policy to enforce the 120-day enrollment timeframe for provider enrollment verification, demonstrating the process in place to track the 120-day enrollment timeframe for NEMT & NMT providers with pending enrollment applications. [Section 5.4.6.1, page 10] <p>Implementation / Oversight & Monitoring</p>

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	<p>providers noted below that are still pending enrollment to review utilization data, alternate vendor capacity, member impact, etc. The meeting will be scheduled in April 2022. Additionally, the Plan is meeting with the contracted NMT provider, Medical Transportation Management (MTM) monthly where MTM will report out on Medi-Cal enrollment status of all pending providers. MTM has also supplied the Plan with its Credentialing and Re-Credentialing process (attached) which speaks to its Medi-Cal enrollment follow-up process for pending providers.</p> <ol style="list-style-type: none"> 1. <u>Budget Friendly Transportation</u> (NPI: 1750772141) – approved (DHCS approval letter dated 12/21/21 attached, enrolled effective 6/10/21) 2. <u>One Ride Care</u> (NPI: 1720549728/KP Reported NPI: 1922557362) – 			<p>The Plan identified, developed and deployed an internal auditing process to continuously self-monitor to detect and prevent future non-compliance:</p> <ul style="list-style-type: none"> • 5001.012_Credentialing & Re-credentialing Process_CA <ul style="list-style-type: none"> ○ The Plan has monthly meeting with MTM to verify NMT provider enrollment. All NMT providers who serve Medi-Cal beneficiaries are enrolled in Medi-Cal. All NEMT providers statewide are enrolled in Medi-Cal. ○ Monthly follow up is conducted by MTM’s Logistics team to confirm the status of the provider’s application if no progress has been made MTM will advise the provider to reach out to the state for a status update. ○ Upon receipt of the provider’s certificate, the MTM credentialing system is updated and the certificate is added to the provider’s profile. If a credential is not valid or does not meet all applicable contractual obligations/expectations, the Credentialing staff rejects the credential and adds a note listing the rejection reason.” <p>The Corrective Action Plan for Finding 3.8.1 is accepted.</p>

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	<p>application pending (attached)</p> <p>3. <u>Safe Drive Medical Transportation</u> (NPI: 1407322258) - application pending (attached)</p> <p>4. <u>Top Care Transportation</u> (NPI: 1568020527) – approved (DHCS approval letter date 1/3/22 attached, enrolled effective 8/20/21)</p> <p>5. <u>Victorville Medical Transportation</u> (NPI: 1922212950)– approved (California Health and Human Services Open Data Portal screen shot confirming enrollment attached)</p> <p>6. <u>All American Enterprises, Inc.</u> (NPI: 1497231310) – approved (California Health and Human Services Open Data Portal screen shot confirming enrollment attached)</p> <p>7. <u>Premier Care Transportation</u> (NPI: 1275921710) – application</p>			

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	pending (attached)			
<p>3.8.2 (SCAL) Non-Emergency Medical Transportation (NEMT) Provider Enrollment Verification</p> <p>The Plan did not verify NEMT providers' enrollment status after 120 days from contract dates.</p>	<p>The Plan acknowledges that the outcome of NEMT provider enrollment was not verified after 120 days from enrollment application date. Current enrollment status is summarized below:</p> <ol style="list-style-type: none"> 1. <u>LA Valley Transit Services</u> – KP Transportation HUB no longer contacts LA Valley Transit (LAV) for their utilization. Our KP members that were utilizing LAV, have all been transitioned to one of our contracted <u>Medi-Cal enrolled</u> NEMT providers. 2. <u>Life Fleet</u> (AKA So Cal Medical Transportation, Inc.) – Notification (attached) received from DHCS dated 3/3/22 shows that the application was approved for emergency enrollment effective 3/1/2020. 3. <u>Supreme Medical Transport</u> – Provider provided screenshot (attached) from 	<ul style="list-style-type: none"> • See attached NEMT ZIP file 	<ul style="list-style-type: none"> • April 30, 2022 	<p>The following documentation supports the Plan's efforts to correct this deficiency:</p> <p>Policies & Procedures</p> <p>The Plan updated P&Ps to address the gap that contributed to the deficiency:</p> <ul style="list-style-type: none"> • 5001.012_Credentialing & Re-credentialing Process_CA <ul style="list-style-type: none"> ○ The policy states the following “MTM does not contract with any California transportation provider that has not begun the Medi-Cal screening process.” [Responsibility, B., page 1] • SC.HPHO.015 Medi-Cal Transportation <ul style="list-style-type: none"> ○ The Plan has a process in place to impose corrective action on their transportation brokers & conducts monitoring activities no less than quarterly. [Section 5.4.6, page 10] ○ The Plan now utilizes a statewide policy & updated its policy to enforce the 120-day enrollment timeframe for provider enrollment verification, demonstrating the process in place to track the 120-day enrollment timeframe for NEMT & NMT providers with pending enrollment applications. [Section 5.4.6.1, page 10] <p>Implementation/Oversight & Monitoring</p> <p>The Plan identified, developed and deployed an internal auditing process to continuously self-monitor to detect and prevent future non-compliance:</p> <ul style="list-style-type: none"> • 5001.012_Credentialing & Re-credentialing Process_CA

Deficiency Number and Finding	Action Taken	Supporting Documentation	Implementation Date* (*Short-Term, Long-Term)	DHCS Comments
	<p>DHCS PED website showing Medi-Cal enrollment approval date of 2/16/2022.</p> <p>The Plan is scheduling a meeting with our leadership team to evaluate NEMT providers that are still pending enrollment to review utilization data, alternate vendor capacity, member impact, etc. The meeting will be scheduled in April 2022.</p>			<ul style="list-style-type: none"> ○ The Plan has monthly meeting with MTM to verify NEMT provider enrollment. All NEMT providers statewide are enrolled in Medi-Cal. ○ Monthly follow up is conducted by MTM’s Logistics team to confirm the status of the provider’s application if no progress has been made MTM will advise the provider to reach out to the state for a status update. ○ Upon receipt of the provider’s certificate, the MTM credentialing system is updated and the certificate is added to the provider’s profile. If a credential is not valid or does not meet all applicable contractual obligations/expectations, the Credentialing staff rejects the credential and adds a note listing the rejection reason.” <p>The Corrective Action Plan for Finding 3.8.2 is accepted.</p>
4. Member Rights				
<p>4.1.1 (NCAL, SCAL) Standard Grievance Acknowledgement</p> <p>The Plan did not provide members with written acknowledgment within five calendar days of receipt of a standard grievance.</p>	<p>To remediate this deficiency, the Plan will conduct a refresher training reminding staff of the importance of adhering to regulatory acknowledgement timeframes. Further, operational managers will reinforce timeliness requirements through systematic tools within the grievance system of record, METRS, and daily oversight and monitoring of cases due.</p>	<p>Supporting documentation from the refresher training is forthcoming following its deployment by May 1, 2022.</p>	<p>May 1, 2022</p>	<p>The following documentation supports the MCP’s efforts to correct this deficiency:</p> <p>Policies and Procedures</p> <ul style="list-style-type: none"> - Standard Operation Procedure, “Acknowledgement for Non-Medicare Process Levels” (12/15/21) which describes the procedures to provide members with written acknowledgment within five calendar days of receipt of a standard grievance. - Plan policy CA.MR.003 California Non-Medicare Grievance and Appeals (effective 11/18/2019) stated that Grievance, Initial Determinations, and Appeal data will be routinely monitored and analyzed for trends as a component of the KFHP quality assurance/improvement program. Review

Deficiency Number and Finding	Action Taken	Supporting Documentation	Implementation Date* (*Short-Term, Long-Term)	DHCS Comments
				<p>will result in recommended action plans that will be implemented and monitored for improvement. In accordance with specified schedules, grievance and appeal data will also be supplied to regulators.</p> <p>Monitoring</p> <ul style="list-style-type: none"> - Report, "Medicaid Compliance Monitoring Results Report Results" (Q4 2021) which reflects verbal and written acknowledgement were one of the top areas of improvement. - Monitoring Calendar, "Quality Assurance Compliance Monitoring Calendar" (2022) as evidence the MCP has a schedule of internal quarterly audits. - An email, (04/25/22) which the MCP responds with, "Our internal quality assurance process retroactively reviews a randomized sample of cases for compliance with timeliness and qualitative measures for grievance and appeals. Our grievance and appeal system of record has enhanced ability for staff to track timeframes in real time through dashboards which alert staff of due dates/times. <p>Training</p> <ul style="list-style-type: none"> - Training, "CA DHCS CAP 2021" (05/02/22) and a listing of participants as evidence that the G&A staff received training. The training material addresses timeframes for grievance acknowledgement that are consistent with the contractual requirements. (Standard Timeframes Page 4) <p>The Corrective Action Plan for Finding 4.1.1 is accepted.</p>

Deficiency Number and Finding	Action Taken	Supporting Documentation	Implementation Date* (*Short-Term, Long-Term)	DHCS Comments
<p>4.1.2 (NCAL, SCAL) Standard Grievance Resolution</p> <p>The Plan did not provide written resolution to members within 30 calendar days from the date of receipt of the standard grievance.</p>	<p>To remediate this deficiency, the Plan will conduct a refresher training reminding staff of the importance of adhering to regulatory resolution timeframes. Further, operational managers will reinforce timeliness requirements through systematic tools within the grievance system of record, METRS, and daily oversight and monitoring of cases due.</p>	<p>Supporting documentation from the refresher training is forthcoming following its deployment by May 1, 2022.</p>	<p>May 1, 2022</p>	<p>Policies and Procedures</p> <p>- Plan policy CA.MR.003 California Non-Medicare Grievance and Appeals (effective 11/18/2019) which includes a section (6.7.4, Page 38) on providing a written resolution to members within 30 calendar days for a standard grievance.</p> <p>In addition, it was stated that Grievance, Initial Determinations, and Appeal data will be routinely monitored and analyzed for trends as a component of the KFHP quality assurance/improvement program. Review will result in recommended action plans that will be implemented and monitored for improvement. In accordance with specified schedules, grievance and appeal data will also be supplied to regulators. (5.17, Page 8).</p> <p>Monitoring</p> <p>- Report, "Medicaid Compliance Monitoring Results Report Results" (Q4 2021) An email, (04/25/22) which the MCP responds with, "Our internal quality assurance process retroactively reviews a randomized sample of cases for compliance with timeliness and qualitative measures for grievance and appeals. Our grievance and appeal system of record has enhanced ability for staff to track timeframes in real time through dashboards which alert staff of due dates/times.</p> <p>- Monitoring Calendar, "Quality Assurance Compliance Monitoring Calendar" (2022) as evidence the MCP has a schedule of internal quarterly audits. An email (04/18/22) which includes a description of a plan of action when audit results demonstrate instances on non-compliance. The Plan stated, "Results from the quality assurance process are evaluated to</p>

Deficiency Number and Finding	Action Taken	Supporting Documentation	Implementation Date* (*Short-Term, Long-Term)	DHCS Comments
				<p>identify areas of opportunity. Once a root cause of instances of non-compliance are identified, a plan to address the root cause is developed and implemented.</p> <p>Training</p> <p>- Training, "CA DHCS CAP 2021" (05/02/22) and a listing of participants as evidence that the G&A staff received training. The training material addresses the timeframe for grievance written resolution to members within 30 days.</p> <p>The Corrective Action Plan for Finding 4.1.2 is accepted.</p>
<p>4.1.3 (NCAL, SCAL) Expedited Grievance Resolution</p> <p>The Plan did not provide oral resolution to the member within the required 72-hour timeframe for expedited grievances.</p>	<p>To remediate this deficiency, the Plan will conduct a refresher training reminding staff of the importance of adhering to regulatory expedited resolution timeframes. Further, operational managers will reinforce timeliness requirements through systematic tools within the grievance system of record, METRS, and daily oversight and monitoring of cases due.</p>	<p>Supporting documentation from the refresher training is forthcoming following its deployment by May 1, 2022.</p>	<p>May 1, 2022</p>	<p>The following documentation supports the MCP's efforts to correct this deficiency:</p> <p>Policies and Procedures</p> <p>- Plan policy CA.MR.003 California Non-Medicare Grievance and Appeals (effective 11/18/2019) which includes a section (6.7.4, Page 39) on providing a oral resolution to members within 72 hours for an expedited grievance.</p> <p>In addition, it was stated that Grievance, Initial Determinations, and Appeal data will be routinely monitored and analyzed for trends as a component of the KFHP quality assurance/improvement program. Review will result in recommended action plans that will be implemented and monitored for improvement. In accordance with specified schedules, grievance and appeal data will also be supplied to regulators. (5.17, Page 8).</p>

Deficiency Number and Finding	Action Taken	Supporting Documentation	Implementation Date* (*Short-Term, Long-Term)	DHCS Comments
				<p>Monitoring</p> <ul style="list-style-type: none"> - Report, "Medicaid Compliance Monitoring Results Report Results" (Q4 2021) An email, (04/25/22) which the MCP responds with, "Our internal quality assurance process retroactively reviews a randomized sample of cases for compliance with timeliness and qualitative measures for grievance and appeals. Our grievance and appeal system of record has enhanced ability for staff to track timeframes in real time through dashboards which alert staff of due dates/times. - Monitoring Calendar, "Quality Assurance Compliance Monitoring Calendar" (2022) as evidence the MCP has a schedule of internal quarterly audits. <p>An email (04/18/22) which includes a description of a plan of action when audit results demonstrate instances on non-compliance. The Plan stated, "Results from the quality assurance process are evaluated to identify areas of opportunity. Once a root cause of instances of non-compliance are identified, a plan to address the root cause is developed and implemented.</p> <p>Training</p> <ul style="list-style-type: none"> - Training, "CA DHCS CAP 2021" (05/02/22) and a listing of participants as evidence that the G&A staff received training. The training material addresses the timeframe for oral resolution to members within 72 hours for expedited grievances.

Deficiency Number and Finding	Action Taken	Supporting Documentation	Implementation Date* (*Short-Term, Long-Term)	DHCS Comments
				The Corrective Action Plan for Finding 4.1.3 is accepted.
<p>4.1.4 (SCAL) Written Notification of Grievance Resolution Delays</p> <p>The Plan did not notify members of resolution delays in writing for grievances not resolved within 30 calendar days.</p>	<p>Effective March 5, 2020, this deficiency was remediated, as enhancements were made to the Plan's grievance system of record, METRS, to notify members of grievance delays on an automated basis within the required timeframe.</p>	<p>METRS Deployment Confirmation</p>	<p>March 5, 2020</p>	<p>The following documentation supports the MCP's efforts to correct this deficiency:</p> <p>Policies and Procedures</p> <ul style="list-style-type: none"> - Plan policy CA.MR.003 California Non-Medicare Grievance and Appeals (effective 11/18/2019) which includes a section (6.7.2, Page 38) on providing members of resolution delays in writing for grievances not resolved within 30 calendar days. <p>In addition, it was stated that Grievance, Initial Determinations, and Appeal data will be routinely monitored and analyzed for trends as a component of the KFHP quality assurance/improvement program. Review will result in recommended action plans that will be implemented and monitored for improvement. In accordance with specified schedules, grievance and appeal data will also be supplied to regulators. (5.17, Page 8).</p> <p>Monitoring & Tracking</p> <ul style="list-style-type: none"> - Report, "Medicaid Compliance Monitoring Results Report Results" (Q4 2021) An email, (04/25/22) which the MCP responds with, "Our internal quality assurance process retroactively reviews a randomized sample of cases for compliance with timeliness and qualitative measures for grievance and appeals. Our grievance and appeal system of record has enhanced ability for staff to track timeframes in real time through dashboards which alert staff of due dates/times.

Deficiency Number and Finding	Action Taken	Supporting Documentation	Implementation Date* (*Short-Term, Long-Term)	DHCS Comments
				<p>- Monitoring Calendar, "Quality Assurance Compliance Monitoring Calendar" (2022) as evidence the MCP has a schedule of internal quarterly audits.</p> <p>An email (04/18/22) which includes a description of a plan of action when audit results demonstrate instances on non-compliance. The Plan stated, "Results from the quality assurance process are evaluated to identify areas of opportunity. Once a root cause of instances of non-compliance are identified, a plan to address the root cause is developed and implemented.</p> <p>Tracking</p> <p>Automated System, "Member Experience Tracking and Reporting System (MERS)" (Effective 03/05/20) this system ensures to notify members of grievance delays on an automated basis within the required timeframe.</p> <p>Training</p> <p>- Training, "CA DHCS CAP 2021" (05/02/22) and a listing of participants as evidence that the G&A staff received training. The training material addresses the notification to members of resolution delays in writing for grievances not resolved within 30 calendar days.</p> <p>The Corrective Action Plan for Finding 4.1.4 is accepted.</p>
4.1.5 (NCAL) Grievance Resolution	To remediate this deficiency, the Plan will conduct a focused training instructing staff how to	Supporting documentation from the refresher training	May 1, 2022	The following documentation supports the MCP's efforts to correct this deficiency:

Deficiency Number and Finding	Action Taken	Supporting Documentation	Implementation Date* (*Short-Term, Long-Term)	DHCS Comments
<p>Criteria</p> <p>The Plan denied clinical services that members requested through the grievance process without clearly stating the criteria, clinical guidelines, or medical policies used in reaching the medical necessity determination.</p>	<p>navigate various clinical resources available to identify applicable criteria, clinical guidelines, or medical policies for use in the decision-making process and resolution.</p>	<p>is forthcoming following its deployment by May 1, 2022.</p>		<p>Policies & Procedures</p> <ul style="list-style-type: none"> - Plan policy CA.MR.003 California Non-Medicare Grievance and Appeals (effective 11/18/2019) which includes a section (6.7.8.6.3, Page 42) on identifying any criterion or guideline used as the basis for decision, in sufficient detail including a clear and concise clinical explanation as to why the member does not meet the criterion or guideline. In addition, it was stated that Grievance, Initial Determinations, and Appeal data will be routinely monitored and analyzed for trends as a component of the KFHP quality assurance/improvement program. Review will result in recommended action plans that will be implemented and monitored for improvement. In accordance with specified schedules, grievance and appeal data will also be supplied to regulators. (5.17, Page 8). - An Email, (04/18/22) which includes a statement that reads, “Staff has access to multiple resources that contain clinical criteria and guidelines they can reference and apply, including, but not limited to, Milliman Care Guidelines acquired in March 2020. <p>Monitoring</p> <ul style="list-style-type: none"> - Report, “Medicaid Compliance Monitoring Results Report Results” (Q4 2021) An email, (04/25/22) which the MCP responds with, “Our internal quality assurance process retroactively reviews a randomized sample of cases for compliance with timeliness and qualitative measures for grievance and appeals. Our grievance and appeal system of record has enhanced ability for staff to track timeframes in real time through dashboards which alert staff of due dates/times.

Deficiency Number and Finding	Action Taken	Supporting Documentation	Implementation Date* (*Short-Term, Long-Term)	DHCS Comments
				<p>- Monitoring Calendar, "Quality Assurance Compliance Monitoring Calendar" (2022) as evidence the MCP has a schedule of internal quarterly audits.</p> <p>An email (04/18/22) which includes a description of a plan of action when audit results demonstrate instances on non-compliance. The Plan stated, "Results from the quality assurance process are evaluated to identify areas of opportunity. Once a root cause of instances of non-compliance are identified, a plan to address the root cause is developed and implemented.</p> <p>- Template, "CA Medicaid Adverse Template" (11/2019) which ensures staff are instructed to include the criteria and/or clinical guidelines used in reaching the medical necessity determination.</p> <p>Training</p> <p>- Training, "CA DHCS CAP 2021" (05/02/22) and a listing of participants as evidence that the G&A staff received training. The training material addresses that denial letters must include the following:</p> <ul style="list-style-type: none"> • Include the criterion, guideline, or protocol (i.e., benchmark) used as the basis for decision. Name the source where the information was obtained, including a clear and concise clinical explanation as to why the member does not meet the criterion guideline or protocol. <p>The Corrective Action Plan for Finding 4.1.5 is accepted.</p>
4.1.5 (SCAL) Grievance	To remediate this deficiency, the Plan will conduct a focused	Supporting documentation from	May 1, 2022	The following documentation supports the MCP's efforts to correct this deficiency:

Deficiency Number and Finding	Action Taken	Supporting Documentation	Implementation Date* <small>(*Short-Term, Long-Term)</small>	DHCS Comments
<p>Resolution Criteria</p> <p>The Plan denied clinical services that members requested through the grievance process without clearly stating the criteria, clinical guidelines, or medical policies used in reaching the medical necessity determination.</p>	<p>training instructing staff how to navigate various clinical resources available to identify applicable criteria, clinical guidelines, or medical policies for use in the decision-making process and resolution.</p>	<p>the refresher training is forthcoming following its deployment by May 1, 2022.</p>		<p>Policies and Procedures</p> <ul style="list-style-type: none"> - Plan policy CA.MR.003 California Non-Medicare Grievance and Appeals (effective 11/18/2019) which includes a section (6.7.8.6.3, Page 42) on identifying any criterion or guideline used as the basis for decision, in sufficient detail including a clear and concise clinical explanation as to why the member does not meet the criterion or guideline. In addition, it was stated that Grievance, Initial Determinations, and Appeal data will be routinely monitored and analyzed for trends as a component of the KFHP quality assurance/improvement program. Review will result in recommended action plans that will be implemented and monitored for improvement. In accordance with specified schedules, grievance and appeal data will also be supplied to regulators. (5.17, Page 8). - An Email, (04/18/22) which includes a statement that reads, “Staff has access to multiple resources that contain clinical criteria and guidelines they can reference and apply, including, but not limited to, Milliman Care Guidelines acquired in March 2020. <p>Monitoring</p> <ul style="list-style-type: none"> - Report, “Medicaid Compliance Monitoring Results Report Results” (Q4 2021) An email, (04/25/22) which the MCP responds with, “Our internal quality assurance process retroactively reviews a randomized sample of cases for compliance with timeliness and qualitative measures for grievance and appeals. Our grievance and appeal system of record has enhanced ability for staff to track timeframes in real time through dashboards which alert staff of due dates/times.

Deficiency Number and Finding	Action Taken	Supporting Documentation	Implementation Date* <small>(*Short-Term, Long-Term)</small>	DHCS Comments
				<p>- Monitoring Calendar, "Quality Assurance Compliance Monitoring Calendar" (2022) as evidence the MCP has a schedule of internal quarterly audits.</p> <p>An email (04/18/22) which includes a description of a plan of action when audit results demonstrate instances on non-compliance. The Plan stated, "Results from the quality assurance process are evaluated to identify areas of opportunity. Once a root cause of instances of non-compliance are identified, a plan to address the root cause is developed and implemented.</p> <p>- Template, "CA Medicaid Adverse Template" (11/2019) which ensures staff are instructed to include the criteria and/or clinical guidelines used in reaching the medical necessity determination.</p> <p>Training</p> <p>- Training, "CA DHCS CAP 2021" (05/02/22) and a listing of participants as evidence that the G&A staff received training. The training material addresses that denial letters must include the following:</p> <ul style="list-style-type: none"> • Include the criterion, guideline, or protocol (i.e., benchmark) used as the basis for decision. Name the source where the information was obtained, including a clear and concise clinical explanation as to why the member does not meet the criterion guideline or protocol. <p>The Corrective Action Plan for Finding 4.1.5 is accepted.</p>

Deficiency Number and Finding	Action Taken	Supporting Documentation	Implementation Date* (*Short-Term, Long-Term)	DHCS Comments
<p>4.1.6 (NCAL) Decisions for Grievances with Clinical Issues</p> <p>A person with clinical expertise in treating a member's condition did not make the final resolution decision for a grievance with clinical issues.</p>	<p>To remediate this deficiency, the Plan will conduct a refresher training reminding staff of the importance of obtaining investigative review responses to ensure all of the member's issues are addressed, including medical complaints which require response from a person with clinical expertise in treating a member's condition.</p>	<p>Supporting documentation from the refresher training is forthcoming following its deployment by May 1, 2022.</p>	<p>May 1, 2022</p>	<p>The following documentation supports the MCP's efforts to correct this deficiency:</p> <p>Policies and Procedures</p> <ul style="list-style-type: none"> - P&P, "CA.MR.003: California Non-Medicare Grievance and Appeals (07/23/21) which details that Grievances will be routinely monitored and analyzed for trends as a component of the KFHP quality assurance/improvement program. Review will result in recommended action plans that will be implemented and monitored for improvement. - Procedures, "Standard Operating Procedure (SOP)." (04/13/22) which ensures that a clinical expertise who reviews a QOC grievance is responsible for the investigation and final resolution. <p>Monitoring/Oversight</p> <ul style="list-style-type: none"> - Monitoring Results, "Medicaid Compliance Monitoring Results" (4Q2021) these results consist of three months of surveys. 161 cases were reviewed for 4Q2021. Grievances and Appeals were reviewed for the Medicaid line of business. These surveys are intended to track performance with meeting regulatory requirements for Medicaid Grievance and Appeal cases. - Calendar, "QA Compliance Monitoring Calendar/Monthly Closed Case Auditing" (2022) as evidence that the MCP has a monthly schedule to audit Grievance and Appeal cases. - An email (08/23/22) which includes a table which reflects the MCP's audit

Deficiency Number and Finding	Action Taken	Supporting Documentation	Implementation Date* (*Short-Term, Long-Term)	DHCS Comments
				<p>results specific to this finding for 1Q22 and 2Q22. For 1Q22, compliance rate was 81.8% and for 2Q22, compliance rate was 100%.</p> <p>- An email (09/13/22) which includes a written statement that reads, “The outcome of the Plan’s investigation of a grievance without requests (which is a complaint) is the final resolution. Therefore, staff are instructed to obtain investigative responses from someone with clinical expertise in treating a member’s condition in order to resolve the complaint. For complaints, the final resolution/decision is a direct result of the investigation conducted.”</p> <p>Training</p> <p>- Training Guide, “DHCS 2021 CAP Training” (04&05/2022) and attestations which ensures the MCP staff understand the importance of obtaining investigative review responses to ensure all of the member’s issues are addressed. In addition, a person with clinical expertise in treating a member’s condition must make the final resolution decision for a grievance with clinical issues.</p> <p>The Corrective Action Plan for Finding 4.1.6 is accepted.</p>
<p>4.1.6 (SCAL) Decisions for Grievances with Clinical Issues</p> <p>A person with clinical expertise in</p>	<p>To remediate this deficiency, the Plan will conduct a refresher training reminding staff of the importance of obtaining investigative review responses to ensure all of the member’s issues are addressed, including</p>	<p>Supporting documentation from the refresher training is forthcoming following its deployment by May 1, 2022.</p>	<p>May 1, 2022</p>	<p>The following documentation supports the MCP’s efforts to correct this deficiency:</p> <p>Policies and Procedures</p> <p>- P&P, “CA.MR.003: California Non-Medicare Grievance and Appeals (07/23/21) which details that Grievances will be routinely monitored and</p>

Deficiency Number and Finding	Action Taken	Supporting Documentation	Implementation Date* (*Short-Term, Long-Term)	DHCS Comments
treating a member's condition did not make the final resolution decision for a grievance with clinical issues.	medical complaints which require response from a person with clinical expertise in treating a member's condition.			<p>analyzed for trends as a component of the KFHP quality assurance/improvement program. Review will result in recommended action plans that will be implemented and monitored for improvement.</p> <p>- Procedures, "Standard Operating Procedure (SOP)." (04/13/22) which ensures that a clinical expertise who reviews a QOC grievance is responsible for the investigation and final resolution.</p> <p>Monitoring/Oversight</p> <p>- Monitoring Results, "Medicaid Compliance Monitoring Results" (4Q2021) these results consist of three months of surveys. 161 cases were reviewed for 4Q2021. Grievances and Appeals were reviewed for the Medicaid line of business. These surveys are intended to track performance with meeting regulatory requirements for Medicaid Grievance and Appeal cases.</p> <p>- Calendar, "QA Compliance Monitoring Calendar/Monthly Closed Case Auditing" (2022) as evidence that the MCP has a monthly schedule to audit Grievance and Appeal cases.</p> <p>- An email (08/23/22) which includes a table which reflects the MCP's audit results specific to this finding for 1Q22 and 2Q22. For 1Q22, compliance rate was 81.8% and for 2Q22, compliance rate was 100%.</p> <p>- An email (09/13/22) which includes a written statement that reads, "The outcome of the Plan's investigation of a grievance without requests (which is a complaint) is the final resolution. Therefore, staff are instructed to obtain investigative responses from someone with clinical expertise in</p>

Deficiency Number and Finding	Action Taken	Supporting Documentation	Implementation Date* (*Short-Term, Long-Term)	DHCS Comments
				<p>treating a member’s condition in order to resolve the complaint. For complaints, the final resolution/decision is a direct result of the investigation conducted.”</p> <p>Training</p> <p>- Training Guide, “DHCS 2021 CAP Training” (04&05/2022) and attestations which ensures the MCP staff understand the importance of obtaining investigative review responses to ensure all of the member’s issues are addressed. In addition, a person with clinical expertise in treating a member’s condition must make the final resolution decision for a grievance with clinical issues.</p> <p>The Corrective Action Plan for Finding 4.1.6 is accepted.</p>
<p>4.3.1 (SCAL) Complete Investigation Reporting of Incidents and Disclosures</p> <p>The Plan did not submit complete investigation reports of impermissible disclosures of PHI or suspected</p>	<ul style="list-style-type: none"> When we rescind incidents that we determine do not impact a Medi-Cal member, we will send a Final PIR to DHCS (please refer to sample supporting document) For incidents that do impact Medi-Cal members, but we determine are not federal or state privacy breaches, we will close the case via a Final PIR with information as to why we came to that 	<ul style="list-style-type: none"> Final PIR sample to be used for future rescind incidents Email communication to staff 	<p>March 18, 2022</p>	<p>The following documentation supports the MCP’s efforts to correct this deficiency:</p> <p>Implementation</p> <p>- Completed Sample, “Privacy Incident Reporting Form” (03/18/22) in which the MCP will utilize when the MCP determines incidents that do not impact a Medi-Cal member, the MCP will send a Final PIR to DHCS. For incidents that do impact Medi-Cal members, but the MCP determines are not federal or state privacy breaches, the MCP will close the case via a Final PIR with information as to why the MCP came to that conclusion (Privacy Incident Reporting Form, Page 1).</p> <p>Training</p>

Deficiency Number and Finding	Action Taken	Supporting Documentation	Implementation Date* (*Short-Term, Long-Term)	DHCS Comments
security incidents to DHCS within 10 working days.	conclusion.			<p>- An email (03/18/22) which includes a description of the MCP’s new process to MCP staff for processing incidents. When the MCP determines an incident that do not impact a Medi-Cal member, the MCP will send a Final PIR to DHCS. For incidents that do impact Medi-Cal members, but the MCP determines are not federal or state privacy breaches, the MCP will close the case via a Final PIR with information as to why the MCP came to that conclusion (Email Communication Staff 3.18.22, Page 1).</p> <p>An email from the MCP (08/31/22) in which for incidents that do not impact a Medi-Cal member, the MCP will send a Final PIR to DHCS within 10 working days. For incidents that do impact a Medi-Cal member, the MCP will send a Final PIR to DHCS within 10 working days.</p> <p>Incidents that the MCP determines that are not federal or state privacy breaches would include situations in which the MCP mitigated a privacy incident sufficiently, such that no breach occurred (e.g., we recovered misdirected PHI from the unintended recipient, another covered entity).</p> <p>(08-31-22 MCP Response 4.3.1)</p> <p>Policy and Procedure</p> <p>- Updated P&P, “Breach Notification to the CA Department of Healthcare Services (DHCS)” (08/01/22) which mentions that if PSTC determines that an incident did not impact a Medi-Cal beneficiary, PSTC will send a Final PIR to DHCS via the DHCS Portal. The Final PIR will include:</p> <ul style="list-style-type: none"> • Date the investigation revealed that the alleged privacy incident did not

Deficiency Number and Finding	Action Taken	Supporting Documentation	Implementation Date* (*Short-Term, Long-Term)	DHCS Comments
				<p>involve a Medi-Cal beneficiary.</p> <ul style="list-style-type: none"> The case will be managed to conclusion without further reports to DHCS. (EC.PSTC.SOP.Breach Notification, Page 3) <p>The Corrective Action Plan for Finding 4.3.1 is accepted.</p>
5. Quality Management				
<p>5.1.1 (SCAL) Quality Program Description</p> <p>The written description of the Plan's Quality Improvement System (QIS) did not include qualifications of staff responsible for quality improvement studies and activities, including education, experience, and training.</p>	<p>The KP San Diego Medi-Cal & State Sponsored Programs Committee Charter was updated to include the qualifications of staff responsible for quality improvement studies and activities, including education, experience, and training. The Charter was approved at the March 25, 2022, Southern California Quality Committee (SCQC) meeting as part of the 2022 Quality Program Description and will be submitted for approval by the Quality & Health Improvement Committee (QHIC), the KFHP board, in June 2022.</p>	<p>The KP San Diego Medi-Cal & State Sponsored Programs Committee Charter</p>	<p>March 25, 2022 (SCQC approval)</p> <p>June 30, 2022 (QHIC approval)</p>	<p>The following documentation supports the MCP's efforts to correct this deficiency:</p> <p>Policies & Procedures</p> <ul style="list-style-type: none"> KPSD MCAL Committee Charter <ul style="list-style-type: none"> The Plan updated its Committee Charter to provide details on each staff member part of the Medi-Cal & State Sponsored Programs Committee. This has now been added to the Quality Program Description as an attachment. <p>Training & Implementation</p> <ul style="list-style-type: none"> 2022 Quality Program Description <ul style="list-style-type: none"> The Plan has since revised its Quality Program Descriptions to include the qualifications of staff responsible for quality improvement studies and activities, including education, experience, and training. (Page 222) <p>The Corrective Action Plan for Finding 5.1.1 is accepted.</p>

Deficiency Number and Finding	Action Taken	Supporting Documentation	Implementation Date* <small>(*Short-Term, Long-Term)</small>	DHCS Comments
6. Administrative and Organizational Capacity				
<p>6.2.1 (NCAL, SCAL) Source of Complaint</p> <p>The Plan did not include the source of complaint in fraud reports submitted to DHCS.</p>	<ul style="list-style-type: none"> DHCS Preliminary Audit Results: Informed NSIU staff during a team meeting on February 15, 2022, to include the source of the complaint when submitting an initial and final MC-609. Revised the training procedures and notified NSIU, see attached pdf documents. 	<ul style="list-style-type: none"> NSIU Team Meeting Agenda on February 15, 2022 Email communication to NSIU staff on March 23, 2022 Regulatory Reporting Instructions for NCAL Medi-Cal. Regulatory Reporting Instructions for SCAL Medi-Cal. 	<p>February 15, 2022</p> <p>March 23, 2022</p>	<p>The following documentation supports the MCP's efforts to correct this deficiency:</p> <p>Policies & Procedure</p> <ul style="list-style-type: none"> Regulatory Reporting Instructions for NCAL & SCAL Medi-Cal <ul style="list-style-type: none"> The Plan revised its reporting instructions for reporting FWA to DHCS to include "2) you must include the source of complaint." <p>Training & Implementation</p> <ul style="list-style-type: none"> 03.23.2022 Email RE source on MC609 Form <ul style="list-style-type: none"> The Plan provided an email that was sent to its staff responsible for FWA incidents – citing our DHCS audit finding – ensuring that staff is aware of including the source of complaint on fraud reports that are submitted to DHCS. <p>Oversight & Monitoring</p> <ul style="list-style-type: none"> FWA QTR Review Process <ul style="list-style-type: none"> The Plan outlined its quality review process to ensure the source of complaint is included in fraud reports submitted to DHCS. The Plan states it compares the list of the involved party member type in its case file & match it against the membership database. <p>The Corrective Action Plan for Finding 6.2.1 is accepted.</p>

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