



October 13, 2023

Cindy Metcho, Compliance Manager
Anthem Blue Cross Partnership Plan, Inc.
21215 Burbank Blvd.
Woodland Hills, CA 91367

RE: Department of Health Care Services Medical Audit

Dear Ms. Metcho:

The Department of Health Care Services (DHCS), Audits and Investigations Division conducted an on-site Medical Audit of Anthem Blue Cross Partnership Plan, Inc., a Managed Care Plan (MCP), from October 24, 2022 through November 4, 2022. The audit covered the period of October 1, 2021 through September 30, 2022.

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 audit report and final CAP remediation document (final Attachment A) will be made available on the DHCS website and to the public upon request.

If you have any questions, please reach out to CAP Compliance personnel.

Sincerely,

[Signature on file]

Lyubov Poonka, Chief
Audit Monitoring Unit
Managed Care Quality & Monitoring Division

Department of Health Care Services
Enclosures: Attachment A (CAP Response Form)

cc: Stacy Nguyen, Chief
Managed Care Monitoring Branch
Managed Care Quality and Monitoring Division
Department of Health Care Services

Anthony Martinez, Lead Analyst
Audit Monitoring Unit
Managed Care Quality and Monitoring Division
Department of Health Care Services

Emmy Louie, Contract Manager
Medi-Cal Managed Care Division
Department of Health Care Services

ATTACHMENT A
Corrective Action Plan Response Form



Plan: Anthem Blue Cross Partnership Plan

Review Period: 10/01/21 – 09/30/22

Audit Type: Medical Audit and State Supported Services

On-site Review: 10/24/22 – 11/04/22

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. Finding Number and Summary, 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.

Finding Number and Summary	Action Taken	Supporting Documentation	Implementation Date* (*Short-Term, Long-Term)	DHCS Comments
3. Access and Availability of Care				
<p>3.8.1 Corrective Action Plan Process: The Plan does not have detailed policies and procedures to impose corrective action on identified non-compliant providers with outstanding PCS forms.</p>	<p>Anthem acknowledges and recognizes that prompt and adequate response to detected compliance deficiencies is necessary for an effective compliance program. To reflect compliance with corrective actions on non-compliant providers with outstanding PCS forms, please find the attached PCS Enforcement Playbook that outlines enforcement actions including CAPs on non-compliant providers. This document is included with this response under the supporting documentation column. The document is titled "PCS Enforcement Playbook".</p> <p>Anthem evaluates and monitors outstanding PCS form reports according to the processes outlined in the "PCS Enforcement Playbook" and our Transportation Benefit policy "CA_OPXX_003".</p>	<p>PCS Enforcement Playbook Final CA_OPXX_003</p>	<p>Playbook established on 5/15/2023. Ongoing oversight implemented.</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"> Revised Plan policy, "CA_OPXX_003" states the Plan's Provider Relations Account Managers will conduct any follow up education to any identified non-compliant provider. Continued non-compliance will result in a corrective action plan. (CA_OPXX_003, Procedure, pages 6-7). <p>MONITORING AND OVERSIGHT</p> <ul style="list-style-type: none"> The Plan developed procedure "PCS Enforcement Playbook Final" which demonstrates the corrective action process for providers identified as non-compliant with outstanding PCS forms. (3.8.1 PCS Enforcement Playbook Final). <ul style="list-style-type: none"> The Plan will track & document enforcements, the enforcement trigger threshold is at or below one (1) single instance for an initial warning letter. Continued noncompliance will trigger the Plan to issue CAP letters and/or share enforcement recommendations with the Provider Performance Advisory Committee (PPAC). The Plan will issue enforcement letters accordingly. If the committee decides escalation is beyond a CAP (i.e. Warning, Breach Notice, CAP Withhold), the issue is handed off to Contracting to send the formal notice.

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	Please note that as of 5/30/2023 Anthem has issued 25 corrective action plan letters in response to non-compliant providers.			<ul style="list-style-type: none"> ○ Providers are given ten (10) business days to respond to a CAP letter. The Plan tracks CAP responses. ○ Providers are given six (6) months to improve performance. <ul style="list-style-type: none"> ● Plan policy “CA_OPXX_003” states the Plan will engage the provider the member is assigned to, to request for any missing PCS form. The Plan’s Provider Relations Account Managers will conduct any follow up education to the identified provider. After education & continued non-compliance, the Plan will then follow the processes outlined in the PCS Enforcement Playbook for additional compliance monitoring & enforcement of policies. Continued non-compliance will result in a corrective action plan. The policy demonstrates the Plan now has procedures in place for imposing corrective actions to prevent future non-compliance. (CA_OPXX_003, Procedure, pages 6-7). <p><i>Since implementation of these P&Ps, the Plan has issued 25 corrective action plan letters in response to non-compliant providers.</i></p> <p>The corrective action plan for finding 3.8.1 is accepted.</p>
4. Member Rights				
4.1.1 Grievance Acknowledgement Letters: The Plan did not send grievance acknowledgement letters for quality of service grievances	Anthem monitors the mandated grievance acknowledgment timeframe of five calendar days with our Turnaround Time dashboard report. Anthem monitors this report daily to ensure compliance with grievance acknowledgment	CA GBD Medicaid Ack and Res Letter TATs Grievance Process	Q4 2022	<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"> ● P&P’s, “Grievance Process: Members – CA” (05/19/23) requires the Plan to perform monthly internal audits of the grievance files and SFH files to ascertain their compliance with all regulatory and accrediting requirements

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within the required five calendar days.	<p>letters.</p> <p>To reflect compliance with grievance acknowledgment letter timeliness, we have provided a screenshot of our grievance acknowledgment letter turnaround time report for Q4 2022, Q1 2023 and Q2 2023. These screenshots are included with this response under the supporting documentation column. The document is titled “CA GBD Medicaid Ack and Res Letter TATs”. Please also see Anthem’s grievance policy and procedure that includes the mandated grievance acknowledgement timeframe. The document is titled “Grievance Process Members CA_GAMC_015.”</p>	Members CA_GAMC_015		<p>as it relates to the Grievance and Appeals process. (4.1.1 Grievance Process Members CA_GAMC_015).</p> <ul style="list-style-type: none"> • The Plan prepares quarterly reports which track and trend member grievances and presents the report to the Quality Management Committee (QMC) and to the BCC Partnership Plan, Inc. Board of Directors. (4.1.1 CA GBD Medicaid Ack and Res Letter TATs). • The Plan reviews G&A quarterly reports on an annual basis. The QOS cases are audited to confirm acknowledgement letters are sent timely. The audit results and feedback are given to the G&A Management. The G&A team will take the findings back to the respective associates for coaching and development. The manager will also provide feedback to the full team as needed based on the results of the audit. The audit results and coaching will be reviewed in the monthly G&A/Compliance collaboration meetings. The results will also be shared in the quarterly Compliance Committee Meeting. (4.1.1_G&A Compliance Audit – CA). <p>TRAINING</p> <ul style="list-style-type: none"> • Presentation, “GnA and Call Center Collaboration” (07/14/23) demonstrates that the GnA Department has collaborated with the Call Center managers on a quarterly basis to guarantee the acknowledgement letters are being sent within five calendar days of receipt of the grievances. In addition, Call Center managers take feedback and provide coaching to call center associates to educate them on proper grievance classification. (4.1.1_GnA and Call Center Collaboration 07142023).

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				<p>MONITORING AND OVERSIGHT</p> <ul style="list-style-type: none"> Monitoring Dashboard, (Q1, Q2, and Q3 2023) demonstrates how the acknowledgement letters are monitored. G&A managers can access this live tool at any time. The Plan has built in the compliance metric of 95%. (4.1.1_GnA Ack Letter Timeliness Dashboard). Quarterly Reports, Anthem Blue Cross Medi-Cal prepares quarterly reports which track and trend member grievances and presents the report to the Quality Management Committee (QMC) and to the BCC Partnership Plan, Inc. Board of Directors. (4.1.1 CA GBD Medicaid Ack and Res Letter TATs). Scorecard Template, “Medicaid G&A Quality Audit” demonstrates the Plan is monitoring grievance regulatory timeframes and requirements. (4.1.1_4.1.3_Grievance Audit Scorecard Template). Completed Scorecard, (08/2023) demonstrates two completed audits were performed to track acknowledgement letters turnaround time. Both reports were 100% compliant in regard to acknowledgement letters being sent timely when required. (4.1.1_4.1.3_Completed Grievance Audit Scorecard_August 2023). Revised policy, “Compliance Escalation” (09/06/22) outlines the discovery, reporting and escalation of compliance and/or organizational issues, concerns, allegations, or disclosures which are likely to result in non – compliance, as it relates to contractual and regulatory requirements. (4.1.1 Compliance Escalation Policy – CA).

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				<ul style="list-style-type: none"> Process, "California Medicaid Risks and Issues Committee Charter" (Annual Review 09/01/23) demonstrates the Plan has a process for remediation of non-compliance issues. (4.1.1_2023 CA Medicaid Risks and Issues Committee Charter). <p>The corrective action plan for finding 4.1.1 is accepted.</p>
<p>4.1.2 Grievance Resolution Letters: The Plan did not send grievance resolution letters for quality-of-service grievances within the required 30 calendar days.</p>	<p>Anthem monitors the mandated grievance resolution timeframe of five calendar days with our Turnaround Time dashboard report. Anthem monitors this report daily to ensure compliance with grievance resolution letters.</p> <p>To reflect compliance with grievance resolution letter timeliness, we have provided a screenshot of our grievance resolution letter turnaround time report for Q4 2022, Q1 2023 and Q2 2023. These screenshots are included with this response under the supporting documentation column. The document is titled "CA GBD Medicaid Ack and Res Letter TATs"</p>	<p>CA GBD Medicaid Ack and Res Letter TATs</p> <p>Grievance Process Members CA_GAMC_015</p>	<p>February 2023</p>	<p>The following documentation supports the MCP's efforts to correct this finding:</p> <p>TRAINING</p> <ul style="list-style-type: none"> Through internal quality audits, the grievance manager can identify staff issues, identify additional skill development, and provide timely feedback. Grievance analysts that may not be meeting the required regulatory timeframes are coached for continued education and are managed on a case-by-case basis. <p>MONITORING AND OVERSIGHT</p> <ul style="list-style-type: none"> "The Plan's Medi-Cal's G&A Department will perform monthly internal audits of the grievance files to ascertain their compliance with all regulatory and accrediting requirements as it relates to the Grievance and Appeals process. Audit requirement expectations and educational resources will be tracked/maintained, communicated, and provided to the staff by the G&A Department. Audit performance data will be analyzed, and outliers/problems will be identified for corrective action by the G&A Department." (4.1.2 Grievance Process Members CA_GAMC_015, PAGE 16).

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	<p>Anthem has since hired 7 new grievance analysts after the October 2022 audit. Every grievance analyst is thoroughly trained on resolution letter mandated timeframes.</p> <p>Anthem’s grievance policy and procedure is shared with new hires which includes the mandated resolution timeframes and is included with this response under the supporting documentation column. The document is titled “Grievance Process Members CA_GAMC_015.”</p>			<ul style="list-style-type: none"> • Q4 2022 – Q2 2023 TAT Report demonstrates the MCP improved its grievance resolution compliance rate. • Tableau Server Dashboard Resolution TAT Report allows grievance managers to review turnaround times in real time. (4.1.2 Tableau Server Dashboard_CA Resolution Timeliness Report). • Daily Activity log is used by grievance managers to track and review open cases. The log is used to track grievances to verify they are being processed timely. The log also allows the grievance manager to review the case assignments by each grievance analyst and determine if a case needs to be re-assigned to ensure staff coverage needs. (4.1.2 CA_G&A Daily Activity Log_20230811). • Sample Internal Grievance Audit from August 2023, “Medicaid G&A Quality Audit” (07/31/23) demonstrates the MCP monitors for resolution letter timeframe compliance. (4.1.1_4.1.3_Completed Grievance Audit Scorecard_August 2023). <p>The corrective action plan for finding 4.1.2 is accepted.</p>

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<p>4.1.3 Grievance Status and Estimated Date of Resolution: The Plan did not send written notification of the status of grievance and estimated resolution dates.</p>	<p>In January of 2023, Anthem developed a new grievance letter in response to this written notification requirement. This grievance letter will be sent to notify members of the status of their grievance if we are unable to resolve the grievance timely, within the 30 calendar day mandated timeframe. This new letter required enhancement to our Grievance and Appeal tracking system to be systematically sent on day 30 if the grievance is still open and remains unresolved. Follow up letters to be sent to the member on day 60 and 90 if the grievance remains unresolved.</p> <p>The system enhancement in our Grievance and Appeal tracking system to support the system letter auto generation for this letter is complete. The letter was recently approved by DHCS in May 2023 and is pending LA Care approval. As</p>	<p>Standard Grievance Status Notification Letter</p> <p>Grievance Process Members CA_GAMC_015</p>	<p>Pending LA Care Submitted 6/5/23</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"> Revised policy, “CA-GAMC_015: Grievance Process: Members – CA” contains the requirement to provide the member written status of the grievance in the event it is not resolved in 30 days. (4.1.3 Grievance Process Members CA_GAMC_015). Grievance Status Letter Template which is sent to member if grievance was unable to be resolved within 30 days. Letter is automatically sent on day 30 if the grievance is still open. (4.1.3 Standard Grievance Status Notification Letter). <p>MONITORING</p> <ul style="list-style-type: none"> Grievance Audit Scorecard Template updated to include confirming the presence of additional outbound written correspondence when required. (4.1.1_4.1.3_Completed Grievance Audit Scorecard_August 2023). “The Plan’s Medi-Cal’s G&A Department will perform monthly internal audits of the grievance files to ascertain their compliance with all regulatory and accrediting requirements as it relates to the Grievance and Appeals process. Audit requirement expectations and educational resources will be tracked/maintained, communicated, and provided to the staff by the G&A Department. Audit performance data will be analyzed, and outliers/problems will be identified for corrective action by the G&A

Finding Number and Summary	Action Taken	Supporting Documentation	Implementation Date* (*Short-Term, Long-Term)	DHCS Comments
	<p>soon as the letter is fully approved and final, the system will begin sending out the letter to notify members of the estimated resolution of a grievance.</p> <p>A copy of the letter is included with this response under the supporting documentation column. The document is titled "Standard Grievance Status Notification Letter.pdf."</p> <p>Anthem's grievance policy and procedure includes the mandated resolution and notification timeframes and is included with this response under the supporting documentation column. The document is titled "Grievance Process Members CA_GAMC_015."</p>			<p>Department." (4.1.2 Grievance Process Members CA_GAMC_015, PAGE 16).</p> <p>The corrective action plan for finding 4.1.3 is accepted.</p>

Submitted by: Stephen A Smythe

Date: 7/20/2023

Title: CA Medi-Cal Plan Compliance Officer