



July 27, 2023

Mary Lourdes Leone, Chief Compliance Officer
CalViva Health
7625 N. Palm Avenue, Suite 109
Fresno, CA 93711

RE: Department of Health Care Services Medical Audit

Dear Ms. Leone:

The Department of Health Care Services (DHCS), Audits and Investigations Division conducted an on-site Medical Audit of CalViva Health, a Managed Care Plan (MCP), from April 18, 2022 through April 29, 2022. The audit covered the period of April 1, 2020 through March 31, 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]

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

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

Tia Elliott, Contract Manager
Medi-Cal Managed Care Division
Department of Health Care Services

ATTACHMENT A
Corrective Action Plan Response Form



Plan: CalViva Health

Review Period: 04/01/20 – 03/31/22

Audit Type: Medical Audit and State Supported Services

Onsite Review: 04/18/22 – 04/29/22

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
2. Case Management and Coordination of Care				
<p>2.1.1 Provision of Blood Lead Screening of Young Children: The Plan did not ensure the provision of a blood lead screening tests to members at 12 months to 72 months of age.</p>	<p>1. The Plan will monitor and report on blood level screening performance to the Quality Improvement/Utilization Management Committee on a quarterly basis.</p> <p>2. Providers will be retrained on the current policy as well as the new additions to the policy that outline anticipatory guidance codes and documentation of anticipatory guidance in the member record. 2023 enhancements to the training include a new on-demand format with attestation to document completed trainings. On-demand courses will assist with staff turnover and the need for more training sessions with new staff.</p> <p>Non-compliant providers will be identified on a quarterly basis and will receive a notice from the Plan.</p>	<p>1. "QI-019 "Childhood Blood Lead Screening"</p> <p>2. "Tips for Childhood Blood Lead Level Screenings"</p>	<p>Q1 2023</p>	<p>The following documentation supports the MCP's efforts to correct this finding:</p> <p>Policies & Procedures</p> <ul style="list-style-type: none"> - Updated P&P, "QI-019: Childhood Blood Lead Screening" (12/21/22) to demonstrate that anticipatory guidance must be documented in the member record. Non-compliant providers will be identified on a quarterly basis and will receive a letter from the MCP (QI-019 Childhood Blood Lead Screening (redlined), Page 3). - "Provider Reminder Letter" to demonstrate that the MCP will send a letter to non-compliant providers that reiterates lead screening policy and provider responsibilities. (Provider Reminder Letter). <p>Training</p> <ul style="list-style-type: none"> - Updated Provider Tip Sheet, "Tips for Childhood Blood Lead Level Screenings" to demonstrate that providers must document anticipatory guidance in the member record. The Provider Tip Sheet also includes the suggested CPT codes required to represent anticipatory guidance (Tips for Childhood Blood Lead Level Screenings, Page 1). - PowerPoint Presentation, "2023 Childhood Blood Lead Levels Screenings – Provider Engagement" to demonstrate that providers are being trained on the Childhood Blood Lead Level Screenings Requirements, Anticipatory Guidance, Reporting Requirements, Interpreting Lead Tests, and Follow-up Activities. (Provider Training Presentation).

Finding Number and Summary	Action Taken	Supporting Documentation	Implementation Date* (*Short-Term, Long-Term)	DHCS Comments
				<p>Monitoring & Oversight</p> <p>- “Q3 2022 Blood Lead Level Screening Report” (March 2023) to demonstrate that the MCP is monitoring and taking effective action to ensure their network providers performed blood lead screening tests on child members. This report is presented to the MCP’s UM/QI Committee.</p> <p>Beginning Q1 2023, the MCP is educating providers to document anticipatory guidance by using the following recommended DHCS CPT code: 83655 (lead test) along with one of the following preventative medicine counseling codes: 99401, 99402, 99403 or 99404. The MCP anticipates higher compliance for anticipatory guidance beginning of the Q1 2023 report. (#26 QIUM Report Blood Lead Screening in Children (Q3 2022)).</p> <p>The Plan demonstrates it has a monitoring process in place to regularly identify non-compliant providers and deploy necessary resources to improve provision of required screenings.</p> <p>The Corrective Action Plan for Finding 2.1.1 is accepted.</p>
<p>2.1.2 Provision of Anticipatory Guidance for Lead Exposure and Lead Poisoning:</p>	<p>1. The Plan’s policy will be edited to reflect the requirement to document anticipatory guidance in member record, and also include DHCS recommended</p>	<p>1. “QI-019 “Childhood Blood Lead Screening”</p>	<p>Q1 2023</p>	<p>The following documentation supports the MCP’s efforts to correct this finding:</p> <p>Policies & Procedures</p>

Finding Number and Summary	Action Taken	Supporting Documentation	Implementation Date* (*Short-Term, Long-Term)	DHCS Comments
<p>The Plan did not ensure the giving of verbal or written blood lead anticipatory guidance to the parent or guardian of a child member at each PHA starting at six months of age and continuing until 72 months.</p>	<p>codes to be used to document anticipatory guidance.</p> <p>2. Provider Tip Sheet will be edited to state the codes required to represent anticipatory guidance as well as requirement to document anticipatory guidance and/or member refusal.</p>	<p>2. "Tips for Childhood Blood Lead Level Screenings"</p>		<p>- Updated P&P, "QI-019: Childhood Blood Lead Screening" (12/21/22) to demonstrate that anticipatory guidance must be documented in the member record. Non-compliant providers will be identified on a quarterly basis and will receive a letter from the MCP (QI-019 Childhood Blood Lead Screening (redlined), Page 3).</p> <p>- "Provider Reminder Letter" to demonstrate that the MCP will send a letter to non-compliant providers that reiterates lead screening policy and provider responsibilities. (Provider Reminder Letter).</p> <p>Training</p> <p>- Updated Provider Tip Sheet, "Tips for Childhood Blood Lead Level Screenings" to demonstrate that providers must document anticipatory guidance in the member record. The Provider Tip Sheet also includes the suggested CPT codes required to represent anticipatory guidance (Tips for Childhood Blood Lead Level Screenings, Page 1).</p> <p>- PowerPoint Presentation, "2023 Childhood Blood Lead Levels Screenings – Provider Engagement" to demonstrate that providers are being trained on the Childhood Blood Lead Level Screenings Requirements, Anticipatory Guidance, Reporting Requirements, Interpreting Lead Tests, and Follow-up Activities. (Provider Training Presentation).</p> <p>Monitoring & Oversight</p> <p>- "Q3 2022 Blood Lead Level Screening Report" (March 2023) to demonstrate that the MCP is monitoring and taking effective action to ensure their network</p>

Finding Number and Summary	Action Taken	Supporting Documentation	Implementation Date* (*Short-Term, Long-Term)	DHCS Comments
				<p>providers performed blood lead screening tests on child members. This report is presented to the MCP's UM/QI Committee.</p> <p>Beginning Q1 2023, the MCP is educating providers to document anticipatory guidance by using the following recommended DHCS CPT code: 83655 (lead test) along with one of the following preventative medicine counseling codes: 99401, 99402, 99403 or 99404. The MCP anticipates higher compliance for anticipatory guidance beginning of the Q1 2023 report. (#26 QIUM Report Blood Lead Screening in Children (Q3 2022)).</p> <p>The Plan demonstrates it has a monitoring process in place to regularly identify non-compliant providers and deploy necessary resources to improve provision of required screenings.</p> <p>The Corrective Action Plan for Finding 2.1.2 is accepted.</p>
3. Access and Availability of Care				
<p>3.8.1 Physician Certification Statement</p> <p>The Plan did not require PCS forms for NEMT services.</p>	<p>For reference, the Plan has followed its current NEMT/NMT policy which describes the Plan's oversight of the transportation benefit.</p> <p>Going forward, the Plan's Administrator (Health Net Community Solutions, Inc.), who oversees the transportation vendor, will take</p>	<p>0. PH-062 Non-Emergency-Non Medical Transportation Assistance and Coordination</p>	<p>10/17/22</p>	<p>The following documentation supports the MCP's efforts to correct this finding:</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"> • "23rd Amendment Srvc Agmt" <ul style="list-style-type: none"> ○ Demonstrates the transportation broker, ModivCare, is responsible for the PCS form process, with oversight & monitoring from the Plan. [Exhibit E-1.B, PCS Form, Page 17 & Exhibit E-6, Page 54]

Finding Number and Summary	Action Taken	Supporting Documentation	Implementation Date* (*Short-Term, Long-Term)	DHCS Comments
	<p>the following corrective actions:</p> <p>1. Develop a new transportation specific oversight policy;</p> <p>2. Update desk procedures;</p> <p>3. Monitor via quarterly Transportation Scorecard Reviews;</p>	<p>1. CA Compliance: Transportation Vendor Monitoring and Oversight CA.COMP.119</p> <p>2(a). ModivCare PCS Reporting Process Vendor - VMO Desktop;</p> <p>2(b) NEMT PCS Form Process Flow Chart;</p> <p>2(c) Pending Expired Approved PCS Form</p> <p>3. PCS LOS Minor Consent Provider Enrollment</p>	<p>1. 10/6/22</p> <p>2. 10/6/22</p> <p>3. 1/15/23</p>	<ul style="list-style-type: none"> ▪ Revised agreement with broker will be finalized no later than Q3 2023. <ul style="list-style-type: none"> • Plan policy “PH-062 NEMT_NMT_Assistance & Coordination” <ul style="list-style-type: none"> ○ The transportation broker is responsible for the PCS form process. [IV. Procedure, A. 2., Page 12] <ul style="list-style-type: none"> ▪ P&P has been submitted to MCOB for formal approval. <p>Monitoring & Oversight</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"> • "ModivCare Q1 2023 Scorecard Summary" demonstrates the Plan’s quarterly review of 10 samples to identify if any NEMT requests did not have a PCS form submitted & if the PCS process was followed. <ul style="list-style-type: none"> ○ The Plan has since implemented a no courtesy ride & denial of NEMT request if no PCS Form is submitted. • PH-062 NEMT_NMT_Assistance & Coordination <ul style="list-style-type: none"> ○ The Plan monitors & oversees the PCS form requirement through Quarterly <i>Transportation Scorecard Reviews</i> (audits) and reporting. <ul style="list-style-type: none"> ▪ The transportation broker provides daily oversight & the Plan receives & reviews a daily report of PCS form receipts. ▪ The plan summarizes oversight activities via a Quarterly Transportation Oversight Report.

Finding Number and Summary	Action Taken	Supporting Documentation	Implementation Date* (*Short-Term, Long-Term)	DHCS Comments
	<p>4. Review of the daily report of PCS form receipts;</p> <p>5. Develop a new Quarterly Transportation Oversight Report for review at CalViva Health's Management Oversight Meeting, and its Access Workgroup Meeting.</p>	<p>Scorecard Review Tool</p> <p>4. Health Net Approved PCS Daily Report example</p> <p>5. DRAFT CalViva Quarterly Transportation Oversight Report</p>	<p>4. 1/15/23</p> <p>5. 1/15/23</p>	<ul style="list-style-type: none"> ▪ Quarterly <i>Transportation Scorecard</i> reviews of PCS form completion rates. ○ The results of monitoring are presented at the Management Oversight Meeting (MOM). If during any monitoring or oversight review activities, the Plan identifies that the Transportation broker/providers are not operating in compliance with the service level requirements, the Plan will initiate a corrective action plan. The actions taken & results of monitoring will be reported back to the MOM Committee. <p>The Corrective Action Plan for Finding 3.8.1 is accepted.</p>

Submitted by: Mary Lourdes Leone
Title: Chief Compliance Officer

Date: 12/30/2022