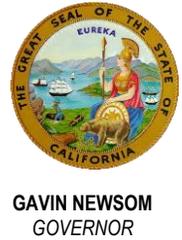




State of California—Health and Human Services Agency
Department of Health Care Services



July 28, 2020

Cindy Metcho, Compliance Manager
Anthem Blue Cross Partnership Plan
425 E. Colorado St.
Glendale, CA 91205

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, a Managed Care Plan (MCP), from October 29, 2018 through November 9, 2018. The survey covered the period of October 1, 2017 through September 30, 2018.

On May 26, 2020, the MCP provided DHCS with additional information regarding its Corrective Action Plan (CAP) in response to the report originally issued on June 12, 2019.

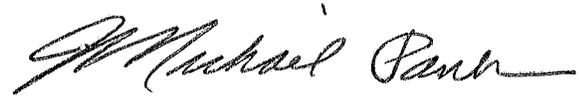
All items have been reviewed and DHCS accepts the MCP's submitted CAP. The CAP is hereby closed. Full implementation of the CAP will be monitored on the subsequent audit. The enclosed report will serve as DHCS' final response to the MCP's CAP.

Please be advised that in accordance with Health & Safety Code Section 1380(h) and the Public Records Act, the final report will become a public document and will be made available on the DHCS website and to the public upon request.

If you have any questions, feel free to contact me at (916) 345-7829 or Anthony Martinez at (916) 345-7828.

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Sincerely,

A handwritten signature in black ink that reads "Michael Pank". The signature is written in a cursive style with a prominent initial "M".

Michael Pank, Chief
Compliance Unit

Enclosures: Attachment A CAP Response Form

cc: Khaaliq Abd'Allah, Contract Manager
Department of Health Care Services
Medi-Cal Managed Care Division
P.O. Box 997413, MS 4408
Sacramento, CA 95899-7413

**ATTACHMENT A
Corrective Action Plan Response Form**



Plan: Anthem Blue Cross Partnership Plan

Review Period: 10/1/17 through 9/30/18

Audit Type: Medical Audit and State Supported Services

Onsite Review: 10/29/18 through 11/09/18

MCPs are required to provide a CAP and respond to all documented deficiencies within 30 calendar days, unless an alternative timeframe is indicated in the letter. MCPs are required to submit the CAP via email in word format that will reduce turnaround time for DHCS to complete its review.

The CAP submission must include a written statement identifying the deficiency and describing the plan of action taken to correct the deficiency, and the operational results of that action. For deficiencies that require short-term corrective action, implementation should be completed within 30 calendar days. For deficiencies that require long-term corrective action or a period longer than 30 calendar days for implementation, the MCP must demonstrate it has taken remedial action and is making progress toward achieving an acceptable level of compliance. The MCP will be required to include the date when full compliance is expected to be achieved. **Policies and procedures submitted during the CAP process must still be sent to the MCP’s Contract Manager for review and approval in accordance with existing requirements.**

DHCS will maintain close communication with the MCP throughout the CAP process and provide technical assistance to ensure the MCP provides sufficient documentation to correct deficiencies. Depending on the volume and complexity of deficiencies identified, DHCS may require the MCP to provide weekly updates, as applicable.

Deficiency Number and Finding	Action Taken	Supporting Documentation	Implementation Date* <small>(*Short-Term, Long-Term)</small>	DHCS Comments
2. Case Management and Coordination of Care				
2.3.1 Implement policies and procedures to meet the current contract and All Plan Letter requirements.	Anthem implemented the recommendations from the audit on July 1, 2018. Anthem conducted an internal audit in August of 2018 which the clinical team successfully		07/01/18	10/22/18 – The following documentation supports the MCP’s efforts to correct this deficiency: -Updated P&P, “CA_BHXX_004: Medi-Cal (California Medicaid)

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	passed. Anthem also updated the note template to reflect the new requirements.			<p>Applied Behavioral Analysis (03/20/18) which identifies all of the elements of a treatment plan and the requirements for applied behavioral analysis as specified in APL 15-025 and APL 18-006.</p> <p>Verification studies during the 2017 and 2018 Medical Audits revealed treatment plans still did not clearly identify all of the required elements of a treatment plan, specifically crisis plans and transitions plans. As a result, additional corrective action was required.</p> <p>08/16/19 – The following additional documentation supports the MCP's efforts to correct this deficiency:</p> <ul style="list-style-type: none"> -Clinical Review Process for BHT Services was updated to align with the requirements outlined in APL 18-006. The document clarifies clinical guidelines for determining medical necessity and requires every treatment plan to include all 13 criteria outlined in the APL. -Sample audit reports for August and

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				<p>September 2018 as evidence that the MCP is conducting monthly reviews of cases against the requirements of APL 18-006, including whether treatment plans identify crisis plans, transition plans and exit plans.</p> <p>During the 2019 Medical Audit, verification studies showed that all of the required elements of a treatment plan were present.</p> <p>This finding is closed.</p>
4. Member's Rights				
<p>4.1.1 Implement a system to ensure that a medical director reviews all quality of care grievances prior to sending resolution letters.</p>	<p>Please see the redacted copy of cases for clinical grievances and Quality of Care issues attached.</p> <p>This process was put in to place in June 2018 with all education completed by August 1, 2018.</p> <p>The physicians conducted a retroactive review for all 2018 clinical grievances for risk for quality of care issues, this spreadsheet reflects all cases</p>	<p>CA Monthly Clinical Grievances and PQIs – June 2019</p>	<p>08/01/2018</p>	<p>07/23/19 - The following documentation supports the MCP's efforts to correct this finding:</p> <p>- CA Monthly Clinical Grievances and PQIs June 2019 serves as evidence decisions on quality of care grievances are being decided by the Medical Director.</p> <p>03/17/20-The following documentation supports the MCP's efforts to correct this findings:</p>

Deficiency Number and Finding	Action Taken	Supporting Documentation	Implementation Date* (*Short-Term, Long-Term)	DHCS Comments
	from 1/1/2018 forward.			<p>-Multiple examples of training including: sign-in sheets, Administrative Standard Grievance, Clinical Grievance Examples, Exempt, Inquiry Examples, as well as the Member Grievance Escalation Process are evidence that staff received a refresher training that relates to properly classifying grievances. (02/20-03/20)</p> <p>03/19/20-The following additional documentation supports the MCP's efforts to correct this finding:</p> <p>-Updated Process, "Member Grievance Escalation Process" (01/28/2020) has been amended to include the maintenance of a grievance log that aligns with APL-17-006 and will be reviewed periodically with all the necessary data: Date of call, name of complainant, beneficiary ID, nature of grievance, nature of resolution, and representative's name who took the call and resolved the grievance.</p> <p>05/14/20-The following additional documentation supports the MCP's</p>

Deficiency Number and Finding	Action Taken	Supporting Documentation	Implementation Date* (*Short-Term, Long-Term)	DHCS Comments
				<p>efforts to correct this findings:</p> <p>-Multiple Sample Reports including: "Anthem Q4 Grievances," (2019-Q4) "Exempt Grievance Log" (4/2020), "April Exempt Grievances Manager Audit Summary" (4/2020), and DHCS Quarterly Exempt Grievance Report" (2019-Q4) and are evidence that the MCP is monitoring grievances. The report is broken down by month and then is rolled into a quarterly report. The report is reviewed by management on a monthly bases with a rotating list of managers to review the log.</p> <p>-An Email (5/14/20) which includes a description of the MCP's continued effort to ensure that staff are receiving ongoing training with huddles and team meetings, to remind them of the grievance process. Monthly auditing will continue to be a foundation as well as providing one-on-one coaching to all Agents in the Call Center. The MCP has also included Exempt Grievance Reporting as a topic in the Quality Management Committee</p>

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				<p>(QMC) to focus in on areas and issues that may need to be improved and corrected.</p> <p>5/21/20-The following additional documentation supports the MCP's efforts to correct this findings:</p> <p>-Updated P & P, Policy Number: CA_GAMC_015: Policy Title: Grievance Process Members, (07/12/19) which has been amended to include a section monitoring of grievance reports. The MCP will continue to monitor aged items on their management reports to oversee those that are open and pending. The MCP will submit quarterly aged grievance monthly grievances which will be inclusive of those that have already received resolution within the 24 hours. (Page 9, sec H)</p> <p>-Updated P & P, Policy Number: CA_GAMC_015: Policy Title: Grievance Process Members, (07/12/19) which has been amended to include a section monitoring of grievance reports. The MCP will prepare quarterly reports that track</p>

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				<p>beneficiaries' grievances, the report is provided to the Quality Management Committee (QMC) and to the BCC Partnership Plan, Inc. Board of Directors. Both areas- QMC and BCC review grievances, this areas will include: access to care, quality of care, and any areas that may need continued focus. (Page 9 Sec K)</p> <p>5/26/20-The following additional documentation supports the MCP's efforts to correct this findings:</p> <p>-Conference call (5/25/20) with the MCP confirmed Quality of Care Grievances that arise as a standard concern are being reviewed by the clinical team and escalated to the medical director. This is being done as each situation is received.</p> <p>This finding is closed.</p>

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<p>4.3.1 Implement a notification process to meet the required timeframes for reporting Discovery of Breach and Investigation of Breach.</p> <p>Develop internal controls to monitor and track when incidents are reported.</p>	<p>Anthem has implemented a process to meet the required timeframes, as discussed and recommended in the audit. This process is documented in the CA LA Care and Medi-Cal Privacy Incidents Investigation Desktop Procedure (attached).</p> <p>In addition, Anthem has developed internal controls to monitor and track when incidents are reported, Please see GBD Regulatory Notification Documentation Procedure (attached).</p> <p>For reference, Anthem is including a list of the data elements that are used to review for timeliness.</p>	<p>CA LA Care Medi Cal Privacy Incidents Investigations Desktop Procedure</p> <p>GBD Regulatory Notification Documentation Procedure</p> <p>Data Elements Reviewed for Timeliness Spreadsheet</p>	<p>06/01/2019</p> <p>01/31/2019</p> <p>01/31/2019</p>	<p>07/17/19 – The following documentation supports the MCP’s efforts to correct this deficiency:</p> <ul style="list-style-type: none"> - Privacy policy desktop procedure “CA Medicaid and Medicare Privacy Incident Reporting” (Effective date 06/01/19). The P&P identifies the required timeframes (Immediately, 24hr., 72 hr., and 10 working days) and identifies DHCS personnel contact information (DHCS Program Contract Manager, the DHCS Privacy Officer, and the DHCS Information Security Officer). (Page 2) - Privacy Desktop Procedure “Documentation Regulatory Notifications” (Rev.01/31/19) commits MCP to the monthly oversight and quarterly reporting process: “On a monthly basis, the Regulatory Oversight Director will analyze the data from the Regulatory Notice Tracking Sheet combined with data from Business Objects to report timeliness outcomes to the Director of Privacy (Incident Management) and Staff VP Privacy and Compliance (Medicaid). In addition, on a

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				<p>quarterly basis outcomes will also be reported to the Plan Compliance Officers”</p> <p>08/20/19 – Updated spreadsheet “CA DHCS Report”, displays data elements for tracking 24hr., 72hr, and 10 working day requirement.</p> <p>02/11/20 – MCP’s written response (e-mail 02/11/20) confirms the MCP updated the system to track 24 hr. and 72 hr. reporting. Additionally, the MCP confirmed implementation of a 72hr. reporting requirement “to continue making additional 72 hour and 10 day PIR notification to DHCS even if all information is repetitive and no additional details are available.”</p> <p>02/14/20 – The following additional documentation supports the MCP’s efforts to correct this deficiency:</p> <ul style="list-style-type: none"> - The MCP’s written statement confirming continued efforts of monitoring: “For oversight, the system now allows for a daily inventory report that identifies

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				<p>required and completed notifications for review by the Director of Incident Response and Privacy Professionals. If the data notification is due that date, the Director communicates with the Privacy Professional to ensure the notification is completed. Timely notifications have also been integrated into each individual's goals."</p> <p>This finding is closed.</p>
5. Quality Management				
<p>5.2.1 Develop effective monitoring and tracking methodology that direct and support the contractual time requirement for new provider training.</p>	<p>Anthem has implemented a "New Site" report to improve timeliness with provider trainings. The new report is sent daily, allowing our field teams to identify new Provider sites earlier.</p> <p>Additionally, Anthem is implementing a new "compliance enforcement" process for our New Provider Sites. Anthem will put a temporary system block on new, non-compliant providers' Sites and Site Codes, until the</p>	<p>See attached P&P</p>	<p>03/05/19</p> <p>08/15/19</p>	<p>07/17/19 – The following documentation supports the MCP's efforts to correct this finding:</p> <ul style="list-style-type: none"> - Draft P&P, "CA_NRXX_013: Provider Training" (02/04/19) which includes provisions that monitor and track the results for timely completion of new provider training. P&P also includes disciplinary action if providers do not complete New Provider orientation within the 10 working day timeframe. <p>09/12/19 – The following additional</p>

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	<p>provider is trained and in compliance. Please see attached draft P&P for review. Any modified/delayed effective dates for providers will be noted in the related Provider Training Tracker.</p>			<p>documentation submitted supports the MCP's subsequent efforts to correct this finding:</p> <ul style="list-style-type: none"> - Sample of a signed provider attestation form, "Provider Operations Manual Attestation Form", as evidence that new participating providers are responsible for all information contained in the MCP Provider Manual, revisions, and amendments. - New Provider Training sign-in sheet (03/06/19) as evidence that staff received the required new provider training. - An email (09/12/19) which includes a description of the MCP's ongoing provider training if necessary. Providers are sent provider bulletins when there have been any changes in processes. - 09/27/19 – The following additional documentation submitted supports the MCP's subsequent efforts to correct this finding:

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				<ul style="list-style-type: none"> - New Provider Site Training tracker as evidence that MCP is tracking new provider's training and effective date. Tracker includes new providers from October 2018 through July 2019. Tracker shows the clinic/provider names, site address, attendees, training date and provider site effective date. Tracker reveals that MCP are compliant with the 10 day requirement timeframe. - During 2019 medical audit, verification studies showed all new provider training was conducted within contractual requirements. <p>This finding is closed.</p>



Submitted by: **Barsam Kasravi, MD**
Title: **President**

Date: **July 17, 2019**