



Michelle Baass | Director

March 26, 2025

Michael Wood, Manager, Regulatory Affairs & Compliance  
CalOptima  
505 City Parkway West  
Orange, CA 92868

*Via E-mail*

RE: Department of Health Care Services Medical Audit

Dear Mr. Wood:

The Department of Health Care Services (DHCS), Audits and Investigations Division conducted an on-site Medical Audit of CalOptima, a Managed Care Plan (MCP), from March 18, 2024 through March 29, 2024. The audit covered the period from February 1, 2023, through February 29, 2024.

The items were evaluated, and DHCS accepted 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

Process Compliance Section

DHCS - Managed Care Quality and Monitoring Division (MCQMD)



Enclosures: Attachment A (CAP Response Form)

cc: Bambi Cisneros, Interim Chief  
DHCS - Managed Care Quality and Monitoring Division (MCQMD)

*Via E-mail*

Grace McGeough, Section Chief  
Process Compliance Section  
Managed Care Monitoring Branch  
DHCS - Managed Care Quality and Monitoring Division (MCQMD)

*Via E-mail*

Joshua Hunter, Lead Analyst  
Audit Monitoring Unit  
Process Compliance Section  
DHCS - Managed Care Quality and Monitoring Division (MCQMD)

*Via E-mail*

Arianna Ngo, Unit Chief  
Managed Care Contract Oversight Branch  
DHCS – Managed Care Operations Division (MCOD)

*Via E-mail*

Diana Voong, Contract Manager  
Managed Care Contract Oversight Branch  
DHCS – Managed Care Operations Division (MCOD)

*Via E-mail*

# ATTACHMENT A

## Corrective Action Plan Response Form

**Plan:** CalOptima

**Review Period:** 2/1/23 – 2/29/24

**Audit:** Medical Audit

**On-site Review:** 3/18/24 – 3/29/24

MCPs are required to provide a Corrective Action Plan (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, which will reduce the turnaround time for DHCS to complete its review. According to ADA requirements, 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, as well as 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. Supporting Documentation, and 4. Completion/Expected Completion Date. The MCP must include a 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 details, such as the 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. Implementing deficiencies requiring short-term corrective action 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 remedy or operationalize completely, the MCP is to indicate that it has initiated remedial action and is on the way toward achieving an acceptable level of compliance. In those instances, the MCP must include the date when full compliance will be completed in addition to the above steps. Policies and procedures submitted during the CAP process must still be sent to the MCP's Contract Manager for review and approval, as applicable, according to existing requirements.

**Please note that 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 DHCS grants prior approval for an extended implementation effort.**

DHCS will communicate closely with the MCP throughout the CAP process and provide technical assistance to confirm that the MCP offers sufficient documentation to correct deficiencies. Depending on the number and complexity of deficiencies identified, DHCS may require the MCP to provide weekly updates.

## 1. Utilization Management

Finding Number and Summary	Action Taken	Supporting Documentation	Implementation Date * <small>(*Short-Term, Long-Term)</small>	DHCS Comments
<p><b>1.2.1 Prior Authorizations</b></p> <p>The Plan did not ensure consistent application of its UM written criteria for adjudicating Gender Affirming Care (GAC)-related PA requests.</p>	<p><b>1. Policy Review</b> The Plan reviewed policy GG.1517 Transgender Services section II.F 1-4 and determined no updates were required. This section outlines the criteria used to adjudicate Gender Affirming Care (GAC)-related PA requests [Attachment 01].</p> <p><b>2. Medical Director Team</b> The Plan hired a GAC subject matter expert Medical Director [Attachment 02].</p> <p><b>3. Medical Director Meeting</b> The Plan held a Medical Director meeting on August 29, 2024. The meeting agenda included a discussion on APL 20-018 Ensuring Access to Transgender Services and the GAC policy guide [Attachment 03, Attachment 04, Attachment 05, Attachment 06 and Attachment 07].</p>	<p>Attachment 01_GG.1517_Transgender Services_05.01.24</p> <p>Attachment 02_Medical Director Dr. Pandey CV</p> <p>Attachment 03_Prior Auth Workshop_ Meeting Minutes_08.29.24</p> <p>Attachment 04_APL20-018</p> <p>Attachment 05_GG.1517 Transgender Services_05.01.24</p> <p>Attachment 06_Transgender and Gender Diverse Services_05.2022</p> <p>Attachment 07_SOC B_In Service Prior Auth Meeting_08.29.24</p>	<p>May 1, 2024</p> <p>June 1, 2023</p> <p>August 29, 2024</p> <p>October 30, 2024</p>	<p>The following documentation supports the MCP’s efforts to correct this finding:</p> <p><b>POLICIES AND PROCEDURES</b></p> <ul style="list-style-type: none"> <li>» Policy, “GG 1517: Transgender Services” (Revised 5/1/24) indicates CalOptima Health must analyze Prior Authorization requests for Transgender Services under both the applicable Medical Necessity criteria for service to treat Gender Dysphoria and under the statutory criteria for Reconstructive Surgery, and shall use nationally recognized medical/clinical guidelines in reviewing requested Covered Services for Transgender Members and shall apply those standards consistently across the population, such as:</li> <li>» MCG Guidelines</li> <li>» World Professional Association for Transgender Health (WPATH)</li> <li>» University of California, San Francisco (UCSF) Center of Excellence for Transgender Health</li> <li>» Current clinical guidance, national &amp; specialty organizations, and literature on Transgender health care to demonstrate consistency with current medical practice.</li> </ul> <p><b>TRAINING</b></p>

Finding Number and Summary	Action Taken	Supporting Documentation	Implementation Date * <small>(*Short-Term, Long-Term)</small>	DHCS Comments
	<p><b>4. World Professional Association for Transgender Health (WPATH) Training</b></p> <p>The Plan is requiring Medical Directors who make GAC decisions to complete WPATH training.</p>			<ul style="list-style-type: none"> <li>» Plan is requiring Medical Directors to participate in WPATH training. Plan submitted evidence of completed World Professional Association for Transgender Health (WPATH) training by its medical director staff.</li> <li>» WPATH training materials are propriety. As evidence of training materials, Plan submitted WPATH standards of care for the health of transgender and gender diverse people to demonstrate compliance.</li> </ul> <p><b>MONITORING AND OVERSIGHT</b></p> <p>Plan hired a Medical Director lead and subject matter expert for gender dysphoria.</p> <ul style="list-style-type: none"> <li>» Medical Director meeting (8/29/24) notes and attachments depict evidence of discussions involving GAC requirements, issues related to transgender healthcare, WPATH, AOL 20-018, Plan policy, and medical necessity criteria.</li> </ul> <p>Areas for improvement identified related to documentation and case management processes.</p> <ul style="list-style-type: none"> <li>» Plan submitted evidence of UM oversight audits for September and October.</li> <li>» There were no GAC cases for September or October 2024. Audits for November 2024 data are currently in process and staff are auditing three GAC-related case files.</li> </ul>

Finding Number and Summary	Action Taken	Supporting Documentation	Implementation Date * <small>(*Short-Term, Long-Term)</small>	DHCS Comments
				<ul style="list-style-type: none"> <li>» The Plan submits an updated DTP 040 UM MC Audit File Review, this DTP will be effective 12/20/24 (Revised 12/11/24). The DTP was updated to incorporate DHCS feedback on high touch oversight for GAC. The first month of review will be January 2025 for December 2024 data. In addition, the Plan updated DTP 159 MCG Training and IRR (Revised 12/12/24) to include that beginning in January 2025 the IRR process will include at least one GAC case study. UM will be conducting staff training for both DTPs by end of week (December 20, 2024).</li> <li>» The Plan notes that the non-compliance elements are discussed with UM Leadership to address individual staff trends, and a PreCAP is issued. UM Leadership reviews this PreCAP with staff and identifies opportunities for improvement. Non-compliance issues are monitored month over month to address repeated trends. Individual staff coaching and team training are conducted based on these findings.</li> </ul> <p><b>The corrective action plan for finding 1.2.1 is accepted.</b></p>
<b>1.2.2 Notice of Action Letters</b>	<b>1. Staff Training</b> The Plan's UM department conducted various staff trainings	Attachment 01_Jiva_ Letter Document Upload Process Recording_01.09.2024	January 9, 2024 July 24, 2024	The following documentation supports the MCP's efforts to correct this finding:

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<p>The Plan did not send PA NOA letters to members and providers within the required timeframes outlined in APL 21-011.</p>	<p>including meetings, team huddles and email communications beginning January 9, 2024 [Attachment 01, Attachment 02, Attachment 03 and Attachment 04].</p> <p><b>2. Updated Desktops</b></p> <p>The Plan updated two desktops, DTP 037: Outbound Provider Written Notification Fax [Attachment 05] and DTP 175: Member Letter Mailing [Attachment 06], to ensure that adverse benefit decision notifications are sent to providers and members within required timeframes.</p> <p><b>3. Monitoring Oversight</b></p> <p>The Plan is developing a monitoring report to ensure member and provider notifications are being sent within the required timeframe.</p>	<p>Attachment 02_Fax to an Alternate Phone Number in JIVA_02.09.2024</p> <p>Attachment 03_STAFF MTG_JIVA Updates_04.18.2024</p> <p>Attachment 04_UM - Printing and Faxing in Jiva_06.18.2024</p> <p>Attachment 05_DTP 037_Outbound Provider Written Notification Fax</p> <p>Attachment 06_DTP 175_Member Letter Mailing</p>	<p>July 8, 2024</p> <p>November 1, 2024</p>	<p><b>TRAINING</b></p> <ul style="list-style-type: none"> <li>» Letter Document Upload Process, Alternate Fax Phone Number Instructions, Jiva Process Updates/Reminder presentation from 4/18/24, and Printing and Faxing in Jiva instructions demonstrate the MCP has trained its staff on the process for communicating provider and member notifications for adverse benefit determinations. (Attachment 01_Jiva_ Letter Document Upload Process Recording_01.09.2024, Attachment 02_Fax to an Alternate Phone Number in JIVA_02.09.2024, Attachment 03_STAFF MTG_JIVA Updates_04.18.2024, Attachment 04_UM - Printing and Faxing in Jiva_06.18.2024)</li> <li>» Desktop Procedures for Outbound Provider Written Notification Fax and Member Letter Mailing were updated by the MCP to instruct staff on process to make sure adverse benefit determination notifications are sent to members and providers within the required timeframe. (Attachment 05_DTP 037_Outbound Provider Written Notification Fax, Attachment 06_DTP 175_Member Letter Mailing)</li> </ul> <p><b>MONITORING AND OVERSIGHT</b></p> <ul style="list-style-type: none"> <li>» Medi-Cal PA Data Mining Report is used daily by UM management to monitor timely notifications. (Attachment</li> </ul>

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				<p>08_DHCS Medi-Cal PA Data Mining Manual_12.01.24-12.09.24)</p> <p><b>The corrective action plan for finding 1.2.2 is accepted.</b></p>
<p><b>1.3.1 Member’s Right to File a Grievance</b></p> <p>The Plan did not inform members of the right to file a grievance after denial of a request for expedited resolution of an appeal.</p>	<p><b>1. Internal Policy Update</b></p> <p>The Plan's Grievances and Appeals Resolution Services (GARS) department updated policy GG.1510 Member Appeals section III.C to include the member's right to a grievance regarding the extension of time for an expedited appeal downgrade [Attachment 01].</p> <p><b>2. Staff Training</b></p> <p>The Plan's GARS department completed training for their intake team [Attachment 02 and Attachment 03].</p> <p><b>3. Process Change</b></p> <p>The Plan's Appeals team updated the downgrade acknowledgement letter for Medi-Cal Expedited</p>	<p>Attachment 01_GG.1510 Member Appeals</p> <p>Attachment 02_Medi-Cal Expedited Appeal Downgrade Training Invite</p> <p>Attachment 03_Desktop Procedure_Member Appeals Expedited Intake (Medi-Cal)</p> <p>Attachment 04_Downgrade Ack Letter</p>	<p>September 1, 2024</p> <p>September 13, 2024</p> <p>September 16, 2024</p>	<p>The following documentation supports the MCP’s efforts to correct this finding</p> <p><b>POLICIES AND PROCEDURES</b></p> <ul style="list-style-type: none"> <li>» Revised Policy, “GG.1510, Member Appeal Process” (09/01/24) which has been revised to include the member's right to file a grievance regarding the denial of an expedited appeal resolution.</li> </ul> <p><b>MONITORING AND OVERSIGHT</b></p> <ul style="list-style-type: none"> <li>» Template Score Cards, “Team Score Card” (October 2024) demonstrates the MCP is monitoring whether the correct acknowledgment letter, including the right to file a grievance, was sent to the member if an appeal request for expedited resolution is denied.</li> <li>» Revised Acknowledgement Letter, “Downgrade Acknowledgement Letter” (09/13/24) demonstrates the MCP updated the downgrade acknowledgement letter for Medi-Cal Expedited Appeals to include the right to file a grievance.</li> </ul> <p><b>TRAINING</b></p>

Finding Number and Summary	Action Taken	Supporting Documentation	Implementation Date * <small>(*Short-Term, Long-Term)</small>	DHCS Comments
	Appeals to include the right to file a grievance [Attachment 04].			<p>» Training, "Expedited Member Appeals Resolution Services" (GARS) (09/13/24) and Meeting Invite (09/13/24) demonstrates the MCP provided training to the GARS intake team on the importance of notifying members of their right to file a grievance after denial of a request for expedited resolution of an appeal.</p> <p><b>The corrective action plan for finding 1.3.1 is accepted.</b></p>

## 2. Case Management and Coordination of Care

Finding Number and Summary	Action Taken	Supporting Documentation	Implementation Date * <small>(*Short-Term, Long-Term)</small>	DHCS Comments
<p><b>2.1.1 Anticipatory Guidance</b></p> <p>The Plan did not ensure the provision of oral or written blood lead anticipatory guidance to the parents or guardians of a child member starting at the age of 6 months and up to 72 months.</p>	<p><b>1. Health Network Collaborative Quality Forum</b></p> <p>Beginning July 10, 2024, the Plan conducted a Health Network Collaborative Quality Forum. The forum was an informational session and demonstration to utilize EMR tools for streamlining documentation practices. This was part of an effort to improve documentation of lead specific anticipatory guidance [Attachment 01].</p> <p><b>2. Record Review</b></p> <p>The Plan will develop a desktop and will implement an audit of the medical record review process. The audit will help monitor and provide feedback and education to physicians and/or health network partners regarding the provision of age-</p>	<p>Attachment 01_HN Collaborative Quality Forum PPT_7.10.24</p> <p>Attachment 02_Call Campaign_CalOptima HEDIS Measure Summaries 5.1.24</p> <p>Attachment 03_DHCS Approved 4.18.24_Pediatric Texts_12 Months Text Campaign Script</p> <p>Attachment 04_ [Internal Notification] Pediatric Wellness Text Campaign</p> <p>Attachment 05_DHCS Approved_Pediatric Texts_15 Months Text Campaign Script</p> <p>Attachment 06_DHCS Approved_Pediatric</p>	<p>July 10, 2024</p> <p>January 1, 2025</p> <p>January 1, 2025</p> <p>June 10, 2024</p> <p>June 20, 2024</p> <p>July 17, 2024</p> <p>November 30, 2024</p> <p>June 3, 2024</p> <p>June 12, 2024</p> <p>July 2, 2024</p> <p>July 18, 2024</p> <p>October 9, 2024</p>	<p>The following documentation supports the MCP’s efforts to correct this finding:</p> <p><b>POLICIES AND PROCEDURES</b></p> <p>» Desktop Procedure, “Medical Record Review” (01/01/25) to demonstrate that the MCP has implemented an annual audit to monitor the provision of blood lead anticipatory guidance to the parents or guardians of a child member starting at the age of 6 months and up to 72 months. (Directions for MRR Scoring).</p> <p><b>TRAINING</b></p> <p>» Member Education Efforts, “Pediatric Text and Call Campaign” to demonstrate that the MCP has implemented a text campaign targeting members through age 6 with no evidence of a blood lead test to remind of the importance of completing a test and scheduling a visit with their primary care provider to complete. (Call Campaign CalOptima HEDIS Measure Summaries, Pediatric Texts 12 Months Text Campaign Script, Pediatric Wellness Text Campaign).</p> <p>Various Provider Education Efforts (June 2024 – October 2024) to demonstrate that the MCP conducted education and resources to providers on the importance of anticipatory guidance and lead testing requirements.</p>

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	<p>appropriate blood lead anticipatory guidance to parents/guardians of child members between the ages of 6-72 months.</p> <p><b>3. Warning Letters</b></p> <p>The Plan will develop a warning letter template to issue to providers and/or health network partners that fail the medical record review process. Providers and/or health networks will be given an opportunity to respond to the medical record review findings, correct deficiencies and implement processes to monitor the deficiencies.</p> <p><b>4. Member Education Efforts</b></p> <p>The Plan will continue to implement member education efforts that speak to the importance of lead testing and</p>	<p>Texts_18 Months Text Campaign Script</p> <p>Attachment 07_DHCS Approved_Pediatric Texts_24 Months Text Campaign Script</p> <p>Attachment 08_DHCS Approved_Pediatric Texts_30 Months Text Campaign Script</p> <p>Attachment 09_Stay Compliant with State Lead Requirements</p> <p>Attachment 10_Email Campaign_Stay Informed with State Issued Lead Requirements</p> <p>Attachment 11_Provider Blood Lead Fax Blast Campaign</p>		<ul style="list-style-type: none"> <li>» "Health Network Collaborative Quality Forum" (07/10/2024) (HN Collaborative Quality Forum PPT).</li> <li>» "Stay Compliant with State-Issued Lead Requirements" (06/03/24) (Stay Compliant with State Lead Requirements).</li> <li>» "Provider Email Campaign" (06/12/24) (Email Campaign Stay Informed with State Issued Lead Requirements).</li> <li>» "Provider Fax Campaign" (07/02/24) (Provider Blood Lead Fax Blast Campaign).</li> <li>» "The Prevention of Childhood Lead Poisoning: Risk Factors, Anticipatory Guidance, Screening, Management, and Public Health Surveillance" (10/09/24) (The Prevention of Childhood Lead Poisoning).</li> </ul> <p><b>MONITORING AND OVERSIGHT</b></p> <ul style="list-style-type: none"> <li>» Audit Tool, "Medical Record Scoring Tool" (01/15/25) to demonstrate that the MCP implemented an annual monitoring process to track the provision of oral or written blood lead anticipatory guidance to the parents or guardians of a child member starting at the age of 6 months and up to 72 months, and also track the order or perform blood lead screening tests for child members at 12 months, 24 months, and up to 72 months of age. This process is separate from the assessment that is conducted during the Facility Site Review. The Medical Record Review Tool tracks the lead anticipatory guidance at each periodic health</li> </ul>

Finding Number and Summary	Action Taken	Supporting Documentation	Implementation Date * <small>(*Short-Term, Long-Term)</small>	DHCS Comments
	<p>risks associated with lead exposure.</p> <p>On June 10, 2024, the Plan began a call campaign targeting members through age 6 with no evidence of a blood lead test to remind of the importance of completing a test and scheduling a visit with their primary care provider to complete [Attachment 02].</p> <p>On June 20, 2024, the plan launched a pediatric text campaign (two-way) targeting parents/guardians of members turning 12 months old. The campaign encouraged the completion of a well-child visit, effects of lead exposure and encouraged completion of lead testing at 12 and 24 months of age [Attachment 03 and Attachment 04].</p>	Attachment 12_Lead Bulletin Posted to Plan's Website		<p>assessment starting at age 6 months and continuing until 72 months of age. (Medical Record Scoring Tool).</p> <p>» Provider Letter, "Findings of Provider Audit to Evaluate Blood Lead Practices" (01/15/25) to demonstrate that the MCP will issue a letter to providers regarding the findings of the audit. The provider is requested to indicate the root causes of the deficiency, identify the steps taken to resolve each root cause, and implement monitoring processes. (Provider Letter).</p> <p><b>The corrective action plan for finding 2.1.1 is accepted.</b></p>

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	<p>On July 17, 2024, the Plan launched a series of pediatric text campaigns (two-way) to parents/guardians of members turning 15, 18, 24 and 30 months with reminders to complete their well-child visits, inform on the effects of lead exposure and recommended the completion of testing or catch-up testing if needed [Attachment 05, Attachment 06, Attachment 07 and Attachment 08].</p> <p><b>5. Member Education Efforts continued</b> On November 30, 2024, the Plan will launch lead specific text campaigns to members to advise them of the risks associated with lead exposure and encourage lead testing.</p> <p><b>6. Provider Education Efforts</b> The Plan will continue to offer education and resources to</p>			

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	<p>providers and/or health networks on requirements for anticipatory guidance.</p> <p>On June 3, 2024, the Plan developed the "Stay Compliant with State-Issued Lead Requirements" bulletin, which outlined various lead requirements, including the provision and proper documentation of anticipatory guidance in the child's medical record. [Attachment 09].</p> <p>On June 12, 2024, the Plan launched a provider email campaign, which included resources on issuing anticipatory guidance and how to order no-cost patient materials to support the provision of anticipatory guidance [Attachment 10].</p> <p>On July 2, 2024, the Plan launched a fax campaign to providers assigned to the care of</p>			

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	<p>children ages 0-6 years of age. The campaign included resources on issuing anticipatory guidance, how to order no-cost patient materials to support the provision of anticipatory guidance and leverage member health rewards to increase testing [Attachment 11].</p> <p>On July 18, 2024, the Plan posted the "Stay Compliant with State-Issued Lead Requirements" bulletin on the Plan's website to increase the visibility of the requirements [Attachment 12].</p> <p><b>7. Provider Education Efforts continued</b></p> <p>On October 9, 2024, the Plan will conduct a continuing education/continuing medical education (CE/CME) event to educate providers on the importance of anticipatory</p>			

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	guidance, lead testing and other requirements.			
<p><b>2.1.2 Provision of Blood Lead Screening of Young Children</b></p> <p>The Plan did not ensure that the network providers ordered or followed up with the BLS test results for child members at 12 months, 24 months, and up to 72 months of age.</p>	<p><b>1. Health Network Collaborative Quality Forum</b></p> <p>Beginning July 10, 2024, the Plan conducted a Health Network Collaborative Quality Forum. The forum presented an informational session and demonstration to utilize Electronic Medical Record (EMR) tools for streamlining documentation practices. This was part of an effort to improve documentation of lead specific anticipatory guidance [Attachment 01].</p> <p><b>2. Record Review</b></p> <p>The Plan will develop a desktop and will implement an audit medical record review process. The audit will help monitor and provide feedback and education</p>	<p>Attachment 01_HN Collaborative Quality Forum PPT_7.10.24</p> <p>Attachment 02_Blood Lead Testing 12 months_MC</p> <p>Attachment 03_Blood Lead Testing 24 months_MC</p> <p>Attachment 04_CalOptima - Blood Lead Screening_May Campaign Results</p> <p>Attachment 05_Call Campaign_CalOptima HEDIS Measure Summaries 5.1.24</p> <p>Attachment 06_DHCS Approved_Pediatric</p>	<p>July 10, 2024</p> <p>January 1, 2025</p> <p>January 1, 2025</p> <p>January 1, 2024</p> <p>May 15, 2024</p> <p>June 10, 2024</p> <p>June 20, 2024</p> <p>July 17, 2024</p> <p>November 30, 2024</p> <p>June 3, 2024</p> <p>June 12, 2024</p> <p>July 2, 2024</p> <p>July 18, 2024</p> <p>October 9, 2024</p>	<p>The following documentation supports the MCP’s efforts to correct this finding:</p> <p><b>POLICIES AND PROCEDURES</b></p> <p>» Desktop Procedure, “Medical Record Review” (01/01/25) to demonstrate that the MCP has implemented an annual audit to monitor that network providers ordered blood lead screening tests for child members at 12 months, 24 months, and up to 72 months of age, and followed up based on blood lead screening results. (Directions for MRR Scoring).</p> <p><b>TRAINING</b></p> <p>» Member Education Efforts, “Pediatric Text and Call Campaign” to demonstrate that the MCP has implemented a text campaign targeting members through age 6 with no evidence of a blood lead test to remind of the importance of completing a test and scheduling a visit with their primary care provider to complete. (Call Campaign CalOptima HEDIS Measure Summaries, Pediatric Texts 12 Months Text Campaign Script, Pediatric Wellness Text Campaign).</p> <p>Various Provider Education Efforts (June 2024 – October 2024) to demonstrate that the MCP conducted education and resources to</p>

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	<p>to physicians and/or health network partners regarding the provision of age-appropriate blood lead anticipatory guidance to parents/guardians of child members between the ages of 6-72 months.</p> <p><b>3. Warning Letters</b></p> <p>The Plan will develop a warning letter template to issue to providers and/or health network partners that fail the medical record review process. Providers and/or health networks will be given an opportunity to respond to the medical record review findings, correct deficiencies and implement processes to monitor the deficiencies.</p> <p><b>4. Member Education Efforts</b></p> <p>The Plan will continue to implement member education efforts that speak to the</p>	<p>Texts_12 Months Text Campaign Script</p> <p>Attachment 07_ [Internal Notification] Pediatric Wellness Text Campaign</p> <p>Attachment 08_DHCS Approved_Pediatric Texts_15 Months Text Campaign Script</p> <p>Attachment 09_DHCS Approved_Pediatric Texts_18 Months Text Campaign Script</p> <p>Attachment 10_DHCS Approved_Pediatric Texts_24 Months Text Campaign Script</p> <p>Attachment 11_DHCS Approved_Pediatric Texts_30 Months Text Campaign Script</p>		<p>providers on the importance of anticipatory guidance and lead testing requirements.</p> <ul style="list-style-type: none"> <li>» "Health Network Collaborative Quality Forum" (07/10/2024) (HN Collaborative Quality Forum PPT).</li> <li>» "Stay Compliant with State-Issued Lead Requirements" (06/03/24) (Stay Compliant with State Lead Requirements).</li> <li>» "Provider Email Campaign" (06/12/24) (Email Campaign Stay Informed with State Issued Lead Requirements).</li> <li>» "Provider Fax Campaign" (07/02/24) (Provider Blood Lead Fax Blast Campaign).</li> <li>» "The Prevention of Childhood Lead Poisoning: Risk Factors, Anticipatory Guidance, Screening, Management, and Public Health Surveillance" (10/09/24) (The Prevention of Childhood Lead Poisoning).</li> </ul> <p><b>MONITORING AND OVERSIGHT</b></p> <ul style="list-style-type: none"> <li>» Audit Tool, "Medical Record Scoring Tool" (01/15/25) to demonstrate that the MCP implemented an annual monitoring process to track the provision of oral or written blood lead anticipatory guidance to the parents or guardians of a child member starting at the age of 6 months and up to 72 months, and also track the order or perform blood lead screening tests for child members at 12 months, 24 months, and up to 72 months of age.</li> </ul>

Finding Number and Summary	Action Taken	Supporting Documentation	Implementation Date * <small>(*Short-Term, Long-Term)</small>	DHCS Comments
	<p>importance of lead testing and risks associated with lead exposure.</p> <p>On January 1, 2024, the Plan began a member health reward program for increasing testing rates at 12 and 24 months of age [Attachment 02 and Attachment 03].</p> <p>On May 15, 2024, the Plan issued a lead text campaign (one-way) to remind parents/guardians to have their child complete a blood lead test [Attachment 04].</p> <p>On June 10, 2024, the Plan began a call campaign targeting members through age 6 with no evidence of a blood lead test to remind them of the importance of completing a test and scheduling a visit with their primary care provider to complete [Attachment 05].</p>	<p>Attachment 12_Stay Compliant with State Lead Requirements</p> <p>Attachment 13_Email Campaign_Stay Informed with State Issued Lead Requirements</p> <p>Attachment 14_Provider Blood Lead Fax Blast Cover Letter</p> <p>Attachment 15_Lead Bulletin Posted to Plan's Website</p>		<p>This process is separate from the assessment that is conducted during the Facility Site Review. The Medical Record Review Tool tracks the lead anticipatory guidance at each periodic health assessment starting at age 6 months and continuing until 72 months of age. (Medical Record Scoring Tool).</p> <p>» Provider Letter, "Findings of Provider Audit to Evaluate Blood Lead Practices" (01/15/25) to demonstrate that the MCP will issue a letter to providers regarding the findings of the audit. The provider is requested to indicate the root causes of the deficiency, identify the steps taken to resolve each root cause, and implement monitoring processes. (Provider Letter).</p> <p><b>The corrective action plan for finding 2.1.2 is accepted.</b></p>

Finding Number and Summary	Action Taken	Supporting Documentation	Implementation Date * <small>(*Short-Term, Long-Term)</small>	DHCS Comments
	<p>On June 20, 2024, the plan launched a pediatric text campaign (two-way) targeting parents/guardians of members turning 12 months old. The campaign encouraged the completion of a well-child visit, effects of lead exposure and encouraged completion of lead testing at 12 and 24 months of age [Attachment 06 and Attachment 07].</p> <p>On July 17, 2024, the Plan launched a series of pediatric text campaigns (two-way) to parents/guardians of members turning 15, 18, 24 and 30 months with reminders to complete their well-child visits, inform on the effects of lead exposure and recommended the completion of testing or catch-up testing if needed [Attachment 08,</p>			

Finding Number and Summary	Action Taken	Supporting Documentation	Implementation Date * <small>(*Short-Term, Long-Term)</small>	DHCS Comments
	<p>Attachment 09, Attachment 10 and Attachment 11].</p> <p><b>5. Member Education Efforts continued</b></p> <p>On November 30, 2024, the Plan will launch lead specific text campaigns to members to advise them of the risks associated with lead exposure and encourage lead testing.</p> <p><b>6. Provider Education Efforts</b></p> <p>The Plan will continue to offer education and resources to providers and/or health networks on requirements for lead testing.</p> <p>On June 3, 2024, the Plan developed the "Stay Compliant with State-Issued Lead Requirements" bulletin, which outlined various lead requirements, including blood lead testing [Attachment 12].</p>			

Finding Number and Summary	Action Taken	Supporting Documentation	Implementation Date * <small>(*Short-Term, Long-Term)</small>	DHCS Comments
	<p>On June 12, 2024, the Plan launched a provider email campaign, which included resources on issuing anticipatory guidance and how to order no-cost patient materials to support the provision of anticipatory guidance [Attachment 13].</p> <p>On July 2, 2024, the Plan launched a Provider Fax Blast campaign for providers assigned to children ages 0-6 years of age. The campaign included resources on issuing anticipatory guidance, how to order no-cost patient materials to support the provision of anticipatory guidance and leverage member health rewards to increase testing [Attachment 14].</p> <p>On July 18, 2024, the Plan posted the "Stay Compliant with State-Issued Lead Requirements" bulletin on the Plan's website to</p>			

Finding Number and Summary	Action Taken	Supporting Documentation	Implementation Date * <small>(*Short-Term, Long-Term)</small>	DHCS Comments
	<p>increase the visibility of the requirements [Attachment 15].</p> <p><b>7. Provider Education Efforts continued</b></p> <p>On October 9, 2024, the Plan will conduct a continuing education/continuing medical education (CE/CME) event to educate providers on the importance of anticipatory guidance and lead testing requirements.</p>			

### 3. Access and Availability of Care

Finding Number and Summary	Action Taken	Supporting Documentation	Implementation Date * <small>(*Short-Term, Long-Term)</small>	DHCS Comments
<p><b>3.1.1 Appointment Wait Time Standards</b></p> <p>The Plan did not ensure that primary and specialty providers complied with appointment wait time standards.</p>	<p>Timely Access Flowcharts The Plan developed and updated flowcharts to facilitate better monitoring of non-compliance for access wait time. This includes follow-up for lack of or incomplete responses to CAPs, reviewing process and escalation [Attachment 01, Attachment 02, Attachment 03].</p> <p>Revised CAP Template The Plan updated the CAP template to clearly indicate that all measures identified as non-compliant must be addressed in CAP response [Attachment 04].</p> <p>Corrective Action Criteria Checklist The Plan developed a detailed criteria checklist to assist initial reviewers in determining if providers' response to CAP addresses non-compliance finding(s) appropriately</p>	<p>Attachment 01_Evaluation of CAP Submission - Provider Portrait 07.02.24</p> <p>Attachment 02_TAS Provider CAP Submission &amp; Follow-up_07.02.24</p> <p>Attachment 03_Timely Access High Level Overview_07.02.24</p> <p>Attachment 04_2024 Escalation Letter &amp; CAP Template_06.25.24</p> <p>Attachment 05_TAS Corrective Action Review Checklist_07.02.24</p> <p>Attachment 06_Timely Access HN Assignment</p>	<p>July 2, 2024</p> <p>June 25, 2024</p> <p>July 2, 2024</p> <p>June 26, 2024</p>	<p>The following documentation supports the MCP's effort to correct this finding:</p> <p><b>POLICIES AND PROCEDURES</b></p> <ul style="list-style-type: none"> <li>» Plan Policy, "GG.1600: Access and Availability Standards" (revised 12/01/2023) stated that the Plan shall identify providers not complying with timely access standards and shall communicate to the provider when they are not compliant with timely access standards and track and escalate corrective action for providers with continued non-compliance. Providers with two consecutive instances of non-compliance shall receive a warning. Providers with three consecutive instances of non-compliance shall be referred to the Member Experience Sub-Committee for review and further action in consideration of member access to appropriate services. (DHCS Medical Audit Report (Issued 08/16/2024), page 18)</li> <li>» Timely Access Flowcharts, as evidence the Plan has updated their process on monitoring CAP submissions and implementing escalation process to Medical Director for non-compliant providers. (Attachment 02_TAS Provider CAP Submission &amp; Follow-up _07.02.24, Attachment 03_Timely Access High Level Overview_07.02.24)</li> </ul>

Finding Number and Summary	Action Taken	Supporting Documentation	Implementation Date * <small>(*Short-Term, Long-Term)</small>	DHCS Comments
	<p>and when escalation to second level review is needed [Attachment 05].</p> <p>Staff Training The Plan's Quality Analytics department sits within the workgroup and was involved in the development of the flowcharts to ensure corrective actions are implemented for primary and specialty providers [Attachment 06, Attachment 07].</p>	<p>Adhoc Notes_06.26.2024</p> <p>Attachment 07_TAS HN Assignment Outreach - Attendance Report 06.26.24</p>		<ul style="list-style-type: none"> <li>» Revised "CAP Template" and "Escalation Letter" (06/25/24) as evidence the Plan follows their process of informing Providers of their third year of continued non-compliance and issuance of CAP letter. The Provider must address all measures identified as non-compliant in CAP response. (Attachment 01_2024 Escalation Letter &amp; CAP Template_6.25.24 w Highlights, page 4)</li> <li>» "Timely Access, Corrective Action Criteria Checklist" (07/02/24), as evidence the Plan developed a detailed checklist to assist Quality Assurance (QA) Department reviewing submitted CAP. QA department to escalate to Medical Director for further review as needed. (Attachment 05_TAS Corrective Action Review Checklist - 07.02.24)</li> </ul> <p><b>MONITORING AND OVERSIGHT</b></p> <ul style="list-style-type: none"> <li>» The Plan provided "Timely Access Workgroup" (11/7/24) meeting minutes as evidence of documented review of Provider CAPs issued. (Attachment 09_Timely Access Agenda+Minutes_11.07.2024_Draft, page 3))</li> <li>» Committee meeting, "Member Experience Committee" (7/16/24) as evidence of documented review and discussion of timely access compliance. (Attachment 11_Member Experience Meeting_Minutess_7_16_24_FINAL Signed, page 3)</li> <li>» Committee meeting, "Member Experience Committee" (10/15/24) as evidence the Plan updated the committee on the implemented</li> </ul>

Finding Number and Summary	Action Taken	Supporting Documentation	Implementation Date * <small>(*Short-Term, Long-Term)</small>	DHCS Comments
				<p>review process and the status of CAPs issued for the year 2024. (Attachment 12_Member Experience Meeting Minutes_10.15.24 Draft, page 4)</p> <p><b>The corrective action plan for finding 3.1.1 is accepted.</b></p>
<p><b>3.2.1 Physician Certification Statement Forms</b></p> <p>The Plan did not ensure that the health care professional signature on the PCS forms can be legibly identified.</p>	<p><b>1. Update Physician Certification Services (PCS) Form</b></p> <p>The Plan has updated the PCS form with a section for providers to print their name alongside their signature [Attachment 01].</p> <p><b>2. Health Network Training</b></p> <p>The Plan reviewed the updated PCS form with the health networks during the Utilization Management/Case Management Health Network Meeting on September 5, 2024 [Attachment 02].</p> <p><b>3. Health Network Forum</b></p> <p>The Plan will review the updated PCS form on September 19, 2024, during the Health Network Forum [Attachment 03].</p>	<p>Attachment 01_NEMT_Authorization Request Form</p> <p>Attachment 02_Clinical Ops 2024 HN Series (UM_CM)_09.05.24</p> <p>Attachment 03_Health Network Forum</p>	<p>October 1, 2024</p> <p>September 5, 2024</p> <p>September 19, 2024</p> <p>October 1, 2024</p> <p>October 7, 2024</p>	<p>The following documentation supports the MCP's efforts to correct this finding:</p> <p><b>POLICIES AND PROCEDURES</b></p> <p>» "UM Processing Service Requests for NEMT" details the steps taken to review NEMT requests &amp; to verify that the PCS form is completed entirely, including being signed by the ordering physician &amp; must include Printed Name of Approver. (Attachment 04_043_UM Processing Service Requests for NEMT, Process Steps, 2. &amp; 7., pages 1 &amp; 3)</p> <p><b>MONITORING AND OVERSIGHT</b></p> <p>» "UM Processing Service Requests for NEMT" demonstrates the procedure used when processing service requests for NEMT services. The DTP outlines that the PCS form will be verified it is filled out in its entirety – including the health care professional signature with an identifiable printed name of the approver. (Attachment 04_043_UM Processing Service Requests for NEMT, Process Steps, 2. &amp; 7., pages 1 &amp; 3)</p> <p><b>TRAINING</b></p>

Finding Number and Summary	Action Taken	Supporting Documentation	Implementation Date * <small>(*Short-Term, Long-Term)</small>	DHCS Comments
	<p><b>4. Update DTP</b> The Plan will update DTP 043: Processing Service Requests for Non-Emergency Transportation (NEMT) to ensure receipt of the PCS form and that the provider's name is printed alongside their signature [Attachment 02].</p> <p><b>5. Staff Training</b> The Plan will provide staff training on updated DTP 043: Processing Services Requests for Non-Emergency (NEMT).</p>			<p>» “Important Update_DTP 043_UM_Processing Srvc Requests for NEMT” demonstrates that the Plan sent out notice to staff to review the requirement changes to DTP 043 – UM Processing Service Requests for NEMT, which included verifying that the PCS form is filled out in its entirety – verifying the health care professional’s signature &amp; printed name is on each form. (Atch 05_Update_DTP 043_UM_Proceesing Service Requests for NEMT)</p> <p><b>The corrective action plan for finding 3.2.1 is accepted.</b></p>
<p><b>3.2.2 Transportation Minors Consent Forms</b></p> <p>The Plan did not ensure a procedure to verify minor consent letters are</p>	<p><b>1. New Vendor</b></p> <p>The Plan contracted with a new transportation broker, Modivcare, as of April 1, 2024, for all NMT and NEMT services and implemented processes to ensure minor consent forms (MCF) are collected, verified and processed.</p>	<p>N/A</p> <p>Attachment 01_3.2.2_CA CalOptima Minor Consent Process_05.02.2024</p> <p>Attachment 02_3.2.2_Universal</p>	<p>April 1, 2024</p> <p>May 5, 2024</p> <p>July 13, 2023</p> <p>May 15, 2024</p> <p>September 9, 2024</p>	<p>The following documentation supports the MCP’s efforts to correct this finding:</p> <p><b>POLICIES AND PROCEDURES</b></p> <p>» Plan procedure “Medi-Cal Program and Benefits Desktop Procedure” details the process to verify minor consent forms are being collected prior to the arranging of NEMT &amp; NMT services. (pages 18 &amp; 22)</p>

Finding Number and Summary	Action Taken	Supporting Documentation	Implementation Date * <small>(*Short-Term, Long-Term)</small>	DHCS Comments
<p>collected prior to arranging NEMT and NMT services.</p>	<p><b>2. Customer Service Minor Consent Process and Member Education</b></p> <p>The Plan's transportation vendor has a process for handling minor consent transportation requests, including member education on how to submit a consent form [Attachment 01 and Attachment 02].</p> <p>The Plan's customer service staff has a process in place to assist members with minor consent requests that are aligned with the new transportation vendor [Attachment 03].</p> <p><b>4. Process for Receiving and Processing Minor Consent Forms</b></p> <p>The Plan implemented a process to forward MCFs to the transportation vendor, ModivCare, for ingestion and system updates [Attachment 04 and Attachment 05].</p> <p><b>5. Monthly Monitoring</b></p>	<p>Reservation Call Script - APPROVED 9.22.23.1</p> <p>Attachment 03_3.2.2_Medi-Cal Program and Benefits DTP_Page 22 Minor Consent Form Process</p> <p>Attachment 04_3.2.2_MODV Minor Consent Form Insertion – LCAD</p> <p>Attachment 05_3.2.2_Processing Parental-Guardian Transportation Consent Form Guide</p> <p>Attachment 06_3.2.2_DTP - Procedure Monitoring and Oversight of NMT_NEMT_Vendor</p>		<p>» Plan procedure "Processing Parental/Guardian Transportation Consent Form Guide" demonstrates the process the Plan has in place for the processing minor consent forms, verifying the form is completed to allow minor members to coordinate transportation services. (Processing Parental/Guardian Transportation Consent Form Guide, pages 1-3)</p> <p><b>MONITORING AND OVERSIGHT</b></p> <p>» "Minor Consent Form Process for CA CalOptima" details the Plan's transportation broker's process for collecting the minor consent forms for all members. Details include member education on how to submit a consent form &amp; also includes that transportation without a form cannot be scheduled until a completed form is on file. (Minor CA CalOptima Minor Consent Process, page 1)</p> <p>» Plan procedure "NMT/NEMT Monthly Monitoring and Oversight – Minor Consent Process" details the Plan's monthly monitoring validation process that utilizes the trip report to verify that a minor consent form is on file for all members, excluding trips for sensitive services. (NMT/NEMT Monthly Monitoring and Oversight – Minor Consent Process, II. Procedure, page 1)</p> <p>» Sample report "CalOptima Minor Consent Report_12-24" demonstrates the results of the Plan's monthly monitoring validation process. The trip report is utilized to verify that a minor consent form is on file for all members, if applicable, excluding</p>

Finding Number and Summary	Action Taken	Supporting Documentation	Implementation Date * <small>(*Short-Term, Long-Term)</small>	DHCS Comments
	<p>The Plan conducts a validation of the monthly utilization trip report to ensure an MCF is on file for all members, excluding trips for sensitive services [Attachment 06].</p>			<p>trips for sensitive services. The report shows that for December 2024, all trips had an adult escort, therefore not needing a minor consent form on file. (See 3.2.2_Attachment 7_CalOptima Minor Consent Report_12-24)</p> <p><b>The corrective action plan for finding 3.2.2 is accepted.</b></p>
<p><b>3.2.3 Medi-Cal Enrollment of Non-Medical Transportation Providers</b></p> <p>The Plan did not ensure all individual NMT providers are enrolled in the Medi-Cal program.</p>	<p><b>1. New Vendor</b></p> <p>The Plan contracted with a new transportation broker, Modivcare, as of April 1, 2024, for all NMT and NEMT services.</p> <p><b>2. Vendor's Medi-Cal Enrollment Process</b></p> <p>The Plan's transportation broker has an established process to ensure contracted transportation providers are Medi-Cal enrolled [Attachment 01].</p> <p><b>3. Monthly Monitoring</b></p> <p>The Plan will validate broker's universe results each month to</p>	<p>N/A</p> <p>Attachment 01_3.2.3_Provider Enrollment SOP</p> <p>Attachment 02_3.2.3_DTP - Procedure Monitoring and Oversight of NMT_NEMT_Vendor_Medi-Cal_Enrollment</p>	<p>April 1, 2024</p> <p>April 1, 2024</p> <p>June 10, 2024</p>	<p>The following documentation supports the MCP's efforts to correct this finding:</p> <p><b>POLICIES AND PROCEDURES</b></p> <ul style="list-style-type: none"> <li>» Plan procedure "Provider Enrollment SOP" includes a section on the process for verifying provider enrollment of the Plan's broker's transportation network. The section includes the frequency of review &amp; the steps taken to cross-reference all active providers on the list with the Medi-Cal Enrolled Transportation Roster. It is noted that any provider identified as not being Medi-Cal enrolled will be removed from the network &amp; status changed to "inactive" to prevent trip assignment. (4.0 Procedures, pages 1-2)</li> </ul> <p><b>MONITORING AND OVERSIGHT</b></p> <ul style="list-style-type: none"> <li>» Plan procedure "Provider Enrollment SOP" outlines the monitoring process verifying contracted transportation providers are Medi-Cal enrolled. The procedure details the monthly</li> </ul>

Finding Number and Summary	Action Taken	Supporting Documentation	Implementation Date * <small>(*Short-Term, Long-Term)</small>	DHCS Comments
	ensure transportation providers are Medi-Cal enrolled [Attachment 02].			<p>frequency of review &amp; the cross-referencing of all active providers on the transportation list/roster with the CHHS FFS ODP Medi-Cal Enrolled Transportation Provider List. Any provider not enrolled and/or with a current application within 120 days of submission to DHCS, listed in the "suspended/ineligible" list, or on the Restricted Provider Database will be removed from the network &amp; status changed to "Inactive" to prevent trip assignment. (4.0 Procedures, pages 1-2)</p> <ul style="list-style-type: none"> <li>» Plan procedure "NMT/NEMT Monthly Monitoring and Oversight – Transportation Provider Medi-Cal Enrollment" demonstrates the steps taken to verify Medi-Cal enrollment for active network transportation providers. Each month, the Plan receives a monthly report of active transportation providers performing services. The report is reviewed &amp; verified by confirming the following components for each provider; provider name, NPI, effective date of contract, Medi-Cal enrollment status, approval or application date &amp; the date the provider was last verified on DHCS website. Five random providers are then selected by NPI to cross-reference with the CHHS FFS ODP to verify enrollment. If the provider is not found on this list, the Plan then engages the broker to help investigate &amp; outline the proper corrective action plan for the provider(s). (II. Procedure, Sections A-D, pages 1-2)</li> <li>» Plan roster "CalOptima Transportation Provider Roster" demonstrates the monthly roster received from the Plan's broker</li> </ul>

Finding Number and Summary	Action Taken	Supporting Documentation	Implementation Date * <small>(*Short-Term, Long-Term)</small>	DHCS Comments
				<p>that is utilized to verify transportation provider's Medi-Cal enrollment. (CalOptima Transportation Provider Roster)</p> <p><b>The corrective action plan for finding 3.2.3 is accepted.</b></p>

#### 4. Member's Rights

Finding Number and Summary	Action Taken	Supporting Documentation	Implementation Date * <small>(*Short-Term, Long-Term)</small>	DHCS Comments
<p><b>4.1.1 Grievance and Appeals Written Record</b></p> <p>The Plan's governing body (Board of Directors) did not review the grievance and appeals written records.</p>	<p><b>1. Internal Policy Updates</b></p> <p>The Plan updated CalOptima Health policies GG.1510 Member Appeals Process, section III.E.8, and HH.1102 Member Grievances, section III.D.10, to ensure review of the grievance and appeals written records by the governing body [Attachment 01 and Attachment 02].</p> <p><b>2. Member Advisory Committee (MAC) Reporting</b></p> <p>The Plan's Grievance and Appeals Resolution Services department (GARS) presented CY2023 grievances to the MAC on April 11, 2024 [Attachment 03].</p> <p><b>3. Board Reporting</b></p> <p>On May 2, 2024, the Plan's GARS data was reported to the Board of Directors by way of MAC update to the board [Attachment 04].</p>	<p>Attachment 01_GG.1510 Member Appeals_09-01-24</p> <p>Attachment 02_HH.1102 Member Grievances_09-01-24</p> <p>Attachment 03_MAC and PAC Meeting Agenda_04.11.24</p> <p>Attachment 04_CalOptima Health Board of Directors Meeting Materials - Agenda_05.02.24</p>	<p>September 1, 2024</p> <p>April 11, 2024</p> <p>May 2, 2024</p> <p>October 9, 2024</p> <p>November 7, 2024</p>	<p>The following documentation supports the MCP's efforts to correct this finding.</p> <p><b>POLICIES AND PROCEDURES</b></p> <ul style="list-style-type: none"> <li>» Revised Policy, "GG.1510, Member Appeal Process" (09/01/24) which has been revised to include the written record of Appeals shall be reviewed periodically by CalOptima Health's Governing Board, the Member Advisory Committee (MAC), and Provider Advisory Committee (PAC) and the Chief Operations Officer (COO) or designee, all who have the authority to require corrective action. The review and recommendations of such shall be thoroughly documented.</li> <li>» Revised Policy, "HH.1102, Member Grievance" (09/01/24) which has been revised to include, the written record of Grievances shall be reviewed periodically by CalOptima Health's Governing Board, the Member Advisory Committee (MAC), and Provider Advisory Committee (PAC) and the Chief Operations Officer (COO) or designee, all who have the authority to require corrective action. The review and recommendations of such shall be thoroughly documented.</li> <li>» Desktop Procedure, "Grievance and Appeals System Reporting" (10/10/24) demonstrates the MCP developed a desktop procedure to make certain that GARS (Grievance and Appeals Reporting</li> </ul>

Finding Number and Summary	Action Taken	Supporting Documentation	Implementation Date * <small>(*Short-Term, Long-Term)</small>	DHCS Comments
	<p><b>4. CalOptima Health Board of Directors' Quality Assurance Committee (QAC)</b></p> <p>The Plan's GARS department will present the written record of Appeals and Grievances to QAC on October 9, 2024.</p> <p><b>5. Board of Directors</b></p> <p>The Plan's GARS department will provide written records of grievances and appeals to the Board of Directors on or before November 7, 2024.</p>			<p>System) Department shall submit a written record of Appeals and Grievances periodically to CalOptima Health's Governing Board (Board of Directors).</p> <p><b>MONITORING AND OVERSIGHT</b></p> <ul style="list-style-type: none"> <li>» Scorecard, "Grievance and Appeal System Monitoring Scorecard" (January – December 2024) demonstrates the Plan has a monitoring tool to review if the written record of grievances and appeals are periodically being presented to the Governing Board (Board of Directors).</li> <li>» Board Meeting, "MAC and PAC Meeting Agenda, Meeting Minutes and MAC PAC Presentation" (04/11/24) demonstrates the MCP met with its Board of Directors to discuss the grievance and appeals written records.</li> <li>» Board Meeting, "Board of Directors Meeting" (05/02/24) and Grievance and Appeals CY 2023 Review" (2023) demonstrates the MAC and PAC Committee reported to the Board of Directors the written records of grievance and appeals.</li> <li>» Board Meeting, "CalOptima Health Board of Directors' Quality Assurance Committee" (10/09/24) and Grievance and Appeals Resolution Services Member Trend Report" (Q2 2024) demonstrates the MCP reported to the Board of Directors Quality Assurance Committee the Member Trend Report of the written record of grievances and appeals.</li> </ul>

Finding Number and Summary	Action Taken	Supporting Documentation	Implementation Date * <small>(*Short-Term, Long-Term)</small>	DHCS Comments
				<p>» Board Meeting, "Board of Director's Meeting" (11/05/24) demonstrates the MCP 's Board of Directors has reviewed the written record of grievances and appeals.</p> <p><b>The corrective action for finding 4.1.1 is accepted.</b></p>

\*Attachment A must be signed by the MCP's compliance officer and the executive officer(s) responsible for the area(s) subject to the CAP.

**Submitted by:** John Tanner

**Title:** Chief Compliance Officer

**Signed by:** [Signature on file]

**Date:** September 23, 2024

**Submitted by:** Kelly Giardina

**Title:** Executive Director, Clinical Operations

**Signed by:** [Signature on file]

**Date:** September 23, 2024

**Submitted by:** Ladan Khamseh

**Title:** Executive Director, Operations

**Signed by:** [Signature on file]

**Date:** September 23, 2024

**Submitted by:** Linda Lee

**Title:** Executive Director, Quality Improvement

**Signed by:** [Signature on file]

**Date:** September 23, 2024