



Michelle Baass | Director

February 6, 2025

Daniel Quan, Compliance Director
Santa Clara Family Health Plan
6201 San Ignacio Ave.
San Jose, CA 95119

Via E-mail

RE: Department of Health Care Services Medical Audit

Dear Mr. Quan:

The Department of Health Care Services (DHCS), Audits and Investigations Division conducted an on-site Medical Audit of Santa Clara Family Health Plan, a Managed Care Plan (MCP), from February 5, 2024 through February 16, 2024. The audit covered the period from March 1, 2023, through January 31, 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

Diana O'Neal, 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

Brandon Montgomery, Contract Manager
Managed Care Contract Oversight Branch
DHCS – Managed Care Operations Division (MCOD)

Via E-mail

ATTACHMENT A

Corrective Action Plan Response Form

Plan: Santa Clara Family Health Plan

Review Period: 03/01/2023 – 01/31/2024

Audit: Medical Audit

On-site Review: 02/05/2024 – 02/16/2024

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>1.1.1 Referral Tracking System</p> <p>The Plan’s referral tracking system did not track and monitor timeliness of referrals.</p>	<p>Adjustments made to the Referral Tracking Report on 2/20/24. Report logic updated from tracking ‘Claim Paid’ date to the ‘Date of Service’ for the paid claim. Delta added to calculate the number of days from the referral ‘Determination Date’ to the ‘Date of Service’ to track the length of time it takes for service to be rendered from the date the referral was approved.</p>	<p>Procedure UM.01.02 Referral Tracking Report Q2-2024</p>	<p>07/17/2024</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"> » Policy UM-02 Referral Tracking System was updated to measure between service authorization approval to the date of service. (UM.01.02 Referral Tracking System (2024) v7) <p>MONITORING AND OVERSIGHT</p> <ul style="list-style-type: none"> » Q2 2024 Referral Tracking report was updated with a field to monitor timeliness of referrals. (um-agenda-07-17-2024) » UM Committee Meeting Agenda 7/17/24 demonstrates that referral tracking is a standing agenda item for the UM Committee. (um-agenda-07-17-2024) <p>The corrective action for finding 1.1.1 is accepted.</p>
<p>1.3.1 Grievance and Appeals System Review</p> <p>The written record of grievance and appeals did not include all</p>	<p>Updated policy to ensure written records included all required components.</p>	<p>Policy GA.11</p>	<p>08/02/2024</p>	<p>The following documentation supports the MCP’s efforts to correct this finding:</p> <p>POLICIES AND PROCEDURES</p>

Finding Number and Summary	Action Taken	Supporting Documentation	Implementation Date * <small>(*Short-Term, Long-Term)</small>	DHCS Comments
required components in accordance with APL 21-011, Grievance and Appeal Requirements.				<p>» Policy GA.11 Grievance and Appeals Reporting and Monitoring was updated to include all the required components within the written record including:</p> <ul style="list-style-type: none"> The date and time of receipt of the grievance or appeal The representative recording the grievance or appeal A description of the complaint or problem A description of the action taken by the Plan or provider to investigate and resolve the grievance or appeal The proposed resolution by the Plan or medical professional responsible for making utilization management decisions The name of the Plan provider or staff responsible for resolving the grievance or appeal The date of notification to the member of resolution (GA.11 Grievance and Appeals Reporting and Monitoring – draft) <p>» Written Record Example demonstrates the MCP has updated its written record to include the description of the complaint or problem description, a summary of the action taken, and the name of the provider or staff responsible for resolving the appeal. This will be implemented for the Q4 2024. (1.3.1_Sample of Written Record).</p> <p>The corrective action for finding 1.3.1 is accepted.</p>

Finding Number and Summary	Action Taken	Supporting Documentation	Implementation Date * <small>(*Short-Term, Long-Term)</small>	DHCS Comments
<p>1.5.1 Preventive Services</p> <p>The Plan's delegate required prior authorizations for preventive services.</p>	<p>Review Delegate Prior Authorization Grids and advise to remove any listed preventative services from their respective prior authorization grids.</p> <p>Updated auditing and monitoring procedures and tools to oversee delegate.</p>	<p>Procedure UM.01.18</p> <p>Audit and Monitoring Tools</p>	<p>8/30/2024</p> <p>8/2/2024</p>	<p>The following documentation supports the MCP's efforts to correct this finding:</p> <p>POLICIES AND PROCEDURES</p> <p>» Plan revised Policy UM01.18 (v5) Delegation Oversight to include procedures for quarterly and annual audits of delegated UM prior authorization cases. Quarterly, Plan to review 30 sample cases. Annually, Plan to review 40 sample cases. Review will include guidelines, criteria, policies and procedures, provider and member written notices, appropriate application of benefit provisions, protocols, applied on approvals, denials and modifications. All prior authorization grids will be monitored to demonstrate preventive services are not listed</p> <p>Policy reviewed and approved by QPHM.</p> <p>TRAINING</p> <p>» Plan submitted revised prior authorization grids for each of their delegates where preventative services training was also provided before 8/30/24 as follows:</p> <p>NEMS: 8/28/2024</p> <p>PCNC: 8/28/2024</p> <p>PMG: 8/23/2024</p> <p>VHP: 8/22/2024</p>

Finding Number and Summary	Action Taken	Supporting Documentation	Implementation Date * <small>(*Short-Term, Long-Term)</small>	DHCS Comments
				<p>» Agenda, meeting material, and minutes for each delegate meeting is submitted with this update.</p> <p>MONITORING AND OVERSIGHT</p> <p>» Plan submitted evidence of meeting minutes for each delegate, including evidence of presentation/discussion relating to procedure codes, applicable diagnosis codes for preventive services that are covered without prior authorization.</p> <p>» Plan submitted revised audit tool, UM 2024 UM PnP Audit Tool which includes prior authorization verification, including review of list of services that require prior authorization and services that do not. Requires review to check prior authorization grid for any preventive services listed on the authorization log and to verify if list is appropriate.</p> <p>» Plan updated their quarterly monitoring review tool, UM Oversight Tool (8/1/24) to proactively check for preventative services. Oversight tool includes a checklist that addressed preventive services.</p> <p>The corrective action for finding 1.5.1 is accepted.</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>2.3.1 Coordination of Care</p> <p>The Plan did not implement policies and procedures to ensure BHT members have the necessary care coordination for appropriate services.</p>	<p>Update procedure and provide training to ensure necessary services are identified and care coordination is appropriately provided for members with BHT services.</p>	<p>Procedure CM.52.01</p>	<p>8/30/2024</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"> » Updated P&P, “CM.52.01: Coordinating Care for Members Needing Behavioral Health Treatment (BHT) Services” (08/02/2024) which states that the MCP will establish collaborating between Utilization Management and Behavioral Health teams to identify and assist BHT members. Upon identification of need of BHT services, the MCP will initiate outreach to members to demonstrate members have access to medically necessary services including, but not limited to medical and behavioral health services. Furthermore, the MCP will collaborate with community partners, including but not limited to San Andreas Regional Center (SARC) to demonstrate members receive their medical needs. All care coordination efforts and interventions will be documented by care coordination staff in the case management platform, Essette, and Customer Service platform, Qnxt. Care coordination staff will document findings in the Case Management platform. (CM.52.01 - Coordinating Care for Members Needing BHT Services). » Updated P&P, “CM.52.02: Behavioral Health Treatment Quality Assurance Audit Procedure” which states that a random sample of BHT members will be selected monthly for review of appropriate and

Finding Number and Summary	Action Taken	Supporting Documentation	Implementation Date * <small>(*Short-Term, Long-Term)</small>	DHCS Comments
				<p>completeness of care coordination efforts. The review will be done to check for completeness, accuracy and adherence to health plan policies and procedures. Findings, recommendations, and corrective actions, if applicable, will be reviewed with the staff member following the completion of the Audit Tool. (Behavioral Health Treatment Quality Assurance Audit Procedure).</p> <p>TRAINING</p> <ul style="list-style-type: none"> » "Behavioral Health Treatment Quality Assurance Audit Procedure – Training Attestation" (08/30/24) as evidence that the MCP conducted training to the MCP’s Behavioral Health Team. Staff were trained on the Coordinating Care for Members Needing Behavioral Health Treatment (BHT) Services Procedure and the Behavioral Health Treatment Quality Assurance Audit Procedure. (Behavioral Health Treatment Quality Assurance Audit Procedure Training Attestation). <p>MONITORING AND OVERSIGHT</p> <ul style="list-style-type: none"> » "BHT Audit Tool September" (09/30/24) as evidence that the MCP has implemented a monitoring process to track appropriate documentation of care coordination activities to be provided to BHT members. On a monthly basis, the BHT Audit Tool tracks the Referral to SCCBHS when SMH services are indicated, and also tracks the Documentation in Contact Log. (BHT Audit Tool September). » Excel Spreadsheet, "Behavioral Health PCC Audit Tool" (August 2024) as evidence that the MCP has implemented a monitoring process to

Finding Number and Summary	Action Taken	Supporting Documentation	Implementation Date * <small>(*Short-Term, Long-Term)</small>	DHCS Comments
				<p>track that BHT members receive necessary care coordination for appropriate services. On a monthly basis, the Behavioral Health PCC Audit Tool tracks the Referral to SCCBHSD when SMH services are indicated, and also tracks the Documentation in Contact Log. (Behavioral Health PCC August 2024).</p> <p>The corrective action plan for finding 2.3.1 is accepted.</p>

4. Member's Rights

Finding Number and Summary	Action Taken	Supporting Documentation	Implementation Date * <small>(*Short-Term, Long-Term)</small>	DHCS Comments
<p>4.1.1 Grievance Review and Resolution</p> <p>The Plan did not investigate and completely resolve members' grievances.</p>	<p>Update procedure to ensure member's quality of care grievances are fully investigated and completely resolved.</p>	<p>Procedure GA.03.01</p>	<p>7/18/2024</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"> » Updated P&P, "GA.03.01 v4, Medi-Cal Grievances" (11/13/24) updated to indicate the MCP's Medical Director is responsible for making the final review and taking appropriate action as well as classification of severity and will notify the G&A Department of the resolution prior to the grievance due date. The Medical Director communicates back any clinically urgent needs that need to be addressed or any action that the G&A Department needs to take. The G&A department will explain the actions taken to address all grievances based on the notice/update received from the Medical Director for cases involving quality of care, in a clear and concise manner when issuing a resolution letter. » Updated P&P, GA-11, "Grievance and Appeals (A&G) Reporting and Monitoring" (11/13/24) updated to include a description of the action taken by the MCP or provider to investigate and resolve the grievance or appeal is submitted quarterly to the MCP's Quality Improvement and Health Equity Committee, Consumer Advisory Committee, and Consumer Advisory Board for review by the MCP's governing body, public policy body, and Plan Officers. Additionally, A&G records oversight submits reports to the Provider Network

Finding Number and Summary	Action Taken	Supporting Documentation	Implementation Date * <small>(*Short-Term, Long-Term)</small>	DHCS Comments
				<p>Operations Department, Compliance Department, and Credentialing Department regarding Plan Providers who fail to respond to information requests. These reports are provided on an as-needed basis to prompt action in addressing the Plan Providers' responses and ensuring the submission of the necessary information or medical records to fully investigate and resolve member grievances.</p> <p>MONITORING AND OVERSIGHT</p> <ul style="list-style-type: none"> » Score Cards, "G&A Score Card – Medi-Cal" (October 2024) The Grievance and Appeals Quality Assurance Program Manager will conduct quality assurance reviews of at least five grievances handled by each G&A Coordinator at least once a month. The QA Program Manager identifies instances of non-compliance or failure to meet the department's quality standards and collaborates with the G&A Manager to develop targeted or department-wide training programs to address these issues. G&A staff are routinely coached, accountable for non-compliance as part of their annual objectives, and may be subject to performance improvement plans, including formal corrective action if/when non-compliance is not corrected. » Tracker, "Provider Response Tracker" (June – November 2024) demonstrates the MCP is monitoring monthly for Provider responses to requests of records or information in regard to a grievance. <p>TRAINING</p>

Finding Number and Summary	Action Taken	Supporting Documentation	Implementation Date * <small>(*Short-Term, Long-Term)</small>	DHCS Comments
				<ul style="list-style-type: none"> » Training Materials/Attestations, "Grievance & Appeals Department, QOC Resolutions" (07/25/24) demonstrates the MCP trained staff on the methods to investigate QOC grievances and QOC review process and "best practice" grievance resolution notices. » Training Material/Attestations, "Updated Quality of Care Process" (10/11/24) demonstrates the MCP met with the Grievance Department staff to review the newly updated QOC process for cases with a received date of 10/14/24 or later. The G&A Escalation Process to recover medical records/additional flow section has been updated to include the following: After one attempt, jump to escalation step 5, escalate to Supervisor and Manager after one 48 hour attempt. If unsuccessful, G&A Manager/Supervisor will assist with recovering medical records. <p>The corrective action plan for finding 4.1.1 is accepted.</p>
<p>4.1.2 Grievance Resolution Letter</p> <p>The Plan did not send grievance resolution letters with a clear and concise</p>	<p>Develop and provide training to ensure personnel processing quality of care grievances provide resolution letters with a clear and concise explanation of the decision.</p>	<p>Training Material</p>	<p>7/25/2024 8/15/2024</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"> » Updated P&P, "GA.03.01 v4, Medi-Cal Grievances" (11/13/24) revised to indicate the MCP's Medical Director is responsible for making the final review and taking appropriate action as well as classification of

Finding Number and Summary	Action Taken	Supporting Documentation	Implementation Date * <small>(*Short-Term, Long-Term)</small>	DHCS Comments
explanation of the decision.	Develop quality assurance process to review grievance resolution letters.			<p>severity and will notify the G&A Department of the resolution prior to the grievance due date. The Medical Director communicates back any clinically urgent needs that need to be addressed or any action that the G&A Department needs to take. The G&A department will explain the actions taken to address all grievances based on the notice/update received from the Medical Director for cases involving quality of care, in a clear and concise manner when issuing a resolution letter.</p> <p>» Updated P&P, GA-11, "Grievance and Appeals (A&G) Reporting and Monitoring" (11/13/24) updated to include a description of the action taken by the MCP or provider to investigate and resolve the grievance or appeal is submitted quarterly to the MCP's Quality Improvement and Health Equity Committee, Consumer Advisory Committee, and Consumer Advisory Board for review by the MCP's governing body, public policy body, and Plan Officers. Additionally, A&G records oversight submits reports to the Provider Network Operations Department, Compliance Department, and Credentialing Department regarding Plan Providers who fail to respond to information requests. These reports are provided on an as-needed basis to prompt action in addressing the Plan Providers' responses and ensuring the submission of the necessary information or medical records to fully investigate and resolve member grievances.</p> <p>MONITORING AND OVERSIGHT</p>

Finding Number and Summary	Action Taken	Supporting Documentation	Implementation Date * <small>(*Short-Term, Long-Term)</small>	DHCS Comments
				<ul style="list-style-type: none"> » Score Cards, "G&A Score Card – Medi-Cal" (October 2024) Score Cards, "G&A Score Card – Medi-Cal" (October 2024) The Grievance and Appeals Quality Assurance Program Manager will conduct quality assurance reviews of at least five grievances handled by each G&A Coordinator at least once a month. The QA Program Manager identifies instances of non-compliance or failure to meet the department's quality standards and collaborates with the G&A Manager to develop targeted or department-wide training programs to address these issues. G&A staff are routinely coached, accountable for non-compliance as part of their annual objectives, and may be subject to performance improvement plans, including formal corrective action if/when non-compliance is not corrected. » Tracker, "Provider Response Tracker" (June – November 2024) demonstrates the MCP is monitoring monthly for Provider responses to requests of records or information in regard to a grievance. <p>TRAINING</p> <ul style="list-style-type: none"> » Training Materials/Attestations, "Grievance & Appeals Department, QOC Resolutions" (07/25/24) demonstrates the MCP trained staff on the methods to investigate QOC grievances and QOC review process and "best practice" grievance resolution notices. » Training Material/Attestations, "Updated Quality of Care Process" (10/11/24) demonstrates the MCP met with the Grievance Department staff to review the newly updated QOC process for cases

Finding Number and Summary	Action Taken	Supporting Documentation	Implementation Date * <small>(*Short-Term, Long-Term)</small>	DHCS Comments
				<p>with a received date of 10/14/24 or later. The G&A Escalation Process to recover medical records/additional flow section has been updated to include the following:</p> <p>After one attempt, jump to escalation step 5, escalate to Supervisor and Manager after one 48 hour attempt.</p> <p>If unsuccessful, G&A Manager/Supervisor will assist with recovering medical records.</p> <p>The corrective action plan for finding 4.1.2 is accepted.</p>
<p>4.1.3 Quality of Care Grievance Resolution Process</p> <p>The Plan did not ensure that the Medical Director fully resolved QOC grievances prior to sending resolution letters.</p>	<p>Updated procedure to ensure that the Medical Director addresses quality of care grievance prior to sending resolution letters.</p>	<p>Procedure GA.03.01</p>	<p>7/18/2024</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"> » Updated P&P, "GA.03.01 v4, Medi-Cal Grievances" (11/13/24) revised to indicate the MCP's Medical Director is responsible for making the final review and taking appropriate action as well as classification of severity and will notify the G&A Department of the resolution prior to the grievance due date. The Medical Director communicates back any clinically urgent needs that need to be addressed or any action that the G&A Department needs to take. The G&A department will explain the actions taken to address all grievances based on the notice/update received from the Medical Director for cases involving

Finding Number and Summary	Action Taken	Supporting Documentation	Implementation Date * <small>(*Short-Term, Long-Term)</small>	DHCS Comments
				<p>quality of care, in a clear and concise manner when issuing a resolution letter.</p> <ul style="list-style-type: none"> » Updated P&P, GA-11, "Grievance and Appeals (A&G) Reporting and Monitoring" (11/13/24) updated to include a description of the action taken by the MCP or provider to investigate and resolve the grievance or appeal is submitted quarterly to the MCP's Quality Improvement and Health Equity Committee, Consumer Advisory Committee, and Consumer Advisory Board for review by the MCP's governing body, public policy body, and Plan Officers. Additionally, A&G records oversight submits reports to the Provider Network Operations Department, Compliance Department, and Credentialing Department regarding Plan Providers who fail to respond to information requests. These reports are provided on an as-needed basis to prompt action in addressing the Plan Providers' responses and ensuring the submission of the necessary information or medical records to fully investigate and resolve member grievances. » Process, "Quality Care Review" (applies to QOC cases with a received date of 10/14/24 and later) demonstrates the MCP developed a process to make certain that the Medical Director will issue a determination/resolution and document their resolution in the Beacon file case notes. <p>MONITORING AND OVERSIGHT</p>

Finding Number and Summary	Action Taken	Supporting Documentation	Implementation Date * <small>(*Short-Term, Long-Term)</small>	DHCS Comments
				<ul style="list-style-type: none"> » Score Cards, "G&A Score Card – Medi-Cal" (October 2024) Score Cards, "G&A Score Card – Medi-Cal" (October 2024) Score Cards, "G&A Score Card – Medi-Cal" (October 2024) The Grievance and Appeals Quality Assurance Program Manager will conduct quality assurance reviews of at least five grievances handled by each G&A Coordinator at least once a month. The QA Program Manager identifies instances of non-compliance or failure to meet the department's quality standards and collaborates with the G&A Manager to develop targeted or department-wide training programs to address these issues. G&A staff are routinely coached, accountable for non-compliance as part of their annual objectives, and may be subject to performance improvement plans, including formal corrective action if/when non-compliance is not corrected. » Tracker, "Provider Response Tracker" (June – November 2024) demonstrates the MCP is monitoring monthly for Provider responses to requests of records or information in regard to a grievance. <p>TRAINING</p> <ul style="list-style-type: none"> » Training Material/Attestations, "Updated Quality of Care Process" (10/11/24) demonstrates the MCP met with the Grievance Department staff to review the newly updated QOC process for cases with a received date of 10/14/24 or later. <p>The corrective action plan for finding 4.1.3 is accepted.</p>

5. Quality Management

Finding Number and Summary	Action Taken	Supporting Documentation	Implementation Date * <small>(*Short-Term, Long-Term)</small>	DHCS Comments
<p>5.1.1 Provider Preventable Conditions</p> <p>The Plan did not monitor and evaluate potential QOC issues derived from reportable PPCs.</p>	<p>Conduct PQI investigations for claims and encounters found with reportable PPCs.</p>	<p>QI.05.01 v12 – approved by DHCS July 2024</p>	<p>7/1/2024</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 P&P, QI.05.01 v12, “Potential Quality of Care Issues” (10/24) demonstrates the MCP has made revisions to include all PPCs discovered during PQI review will be reported by QI Nurse to DHCS or will be included in CAP for provider to report if in an acute care setting. » Revised P&P, QI.05.04 v3 “Provider Preventable Conditions” (07/24) demonstrates the MCP has a process to identify and report Provider Preventable Conditions (PPCs) involving SCFHP members. <p>MONITORING AND OVERSIGHT</p> <ul style="list-style-type: none"> » Report, “PPC Report” (03/24) demonstrates the MCP is capturing and tracking PPCs on a monthly basis. This report incorporates cases with evidence of PPCs from claims data. » Report, “Case Summary Report (1)” (Receipt Date 03/14/2024 Disposition Date 07/12/2024) demonstrates the MCP initiated PPC investigations for PQI in March 2024. » Report, “Case Summary Report (2)” (Receipt Date 03/14/2024/Disposition Date 07/12/2024) demonstrates the MCP initiated PPC investigations for PQI in March 2024.

Finding Number and Summary	Action Taken	Supporting Documentation	Implementation Date * <small>(*Short-Term, Long-Term)</small>	DHCS Comments
				<ul style="list-style-type: none"> » Report, "PPC Report" (March 2024) demonstrates the MCP initiated PPC investigations for PQI in March 2024. » CAP Request, "Quality Corrective Action Plan (CAP) Issue Notification" (07/05/24) demonstrates the MCP issues a CAP to a Provider Network when a deficiency related to Quality of Care is identified. The Provider Network is given 45 calendar days to complete, sign and return the CAP. Additionally, the MCP informs the Provider Network that the Department of Health Services mandates acute care facilities to report PPCs for all patients enrolled in the Managed Care Plan. » Tracker, "Provider Response Tracker" (June – November 2024) demonstrates the MCP is monitoring monthly for Provider responses to requests of records or information in regard to a grievance. » Meeting, "Santa Clara County Health Authority Quality Improvement and Health Equity Committee" (03/12/24) demonstrates the MCP presented the Potential Quality of Care (PQI) Tracking and Trending Report for 2023. A total of 153 PQIs were resolved, compromising both Level 2, signifying minor improvement opportunities in the care system, and Level 3, highlighting areas for enhanced care improvement. <p>The corrective action plan for finding 5.1.1 is accepted.</p>

Finding Number and Summary	Action Taken	Supporting Documentation	Implementation Date * <small>(*Short-Term, Long-Term)</small>	DHCS Comments
<p>5.1.2 Medical Record Availability</p> <p>The Plan did not take effective action to address providers' response with the necessary information or medical records required to evaluate the QOC delivered to members.</p>	<p>Develop escalation workflow for medical records request to evaluate QOC delivered to members.</p>	<p>GA/PNO Workflow GA.11</p>	<p>7/18/2024</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"> » P&P, CR.01.01.v5, "Credentialing and Recredentialing" (10/14/24) which outlines the review of cases in which a provider has failed to respond to requests for information or medical records on six or more occasions. » Workflow, "Workflow for Handling Providers That Fail to Respond to Requests for Information to Resolve Member Complaints" (07/18/24) demonstrates the Plan handling providers that fail to respond to requests for information/medical records. » Workflow, "PQI Escalation Workflow 2024" (07/18/24) demonstrates that the PQI Department has an escalation process when a provider does not provide necessary information or medical records to evaluate the PQI cases. In addition, this workflow includes the CAP escalation process when a provider is non-compliant. <p>MONITORING AND OVERSIGHT</p> <ul style="list-style-type: none"> » Report, "Provider No Response" (February – March 2024) demonstrates the MCP is tracking Providers who are not compliant with the request for information/assistance required to resolve member complaints.

Finding Number and Summary	Action Taken	Supporting Documentation	Implementation Date * <small>(*Short-Term, Long-Term)</small>	DHCS Comments
				<ul style="list-style-type: none"> » Report, "PNO No Response Report QOC" (August – September 2024) demonstrates the MCP is monitoring QOC grievance cases if the Provider responded to the MCP's request for information/assistance about the member's concern with the Provider's service. » Tracking Log, "PQI Medical Record Requests Escalation – Clinical Manager Follow up" (10/10/24) demonstrates the MCP has an escalation process to demonstrate providers submit the necessary information or medical records for evaluating the quality of care provided to members. » Report, "PQI Monthly Report, PQI Activity" (September 2024) demonstrates all PQI cases reported were 100% compliant with the requirement of availability of medical records and information relating to the health care of each of its members. » Meeting, "Santa Clara County Health Authority Compliance Committee" (08/19/24) demonstrates the MCP discussed the 2024 DHCS Medical Audit findings and their corrective action plans. » Meeting, "Santa Clara County Health Authority Quality Improvement & Health Equity Committee" (07/16/24) demonstrates the MCP discussed the 2024 DHCS Medical Audit findings and their corrective action plans. » Meeting Agenda, "Grievances and Appeals Workgroup" (08/26/24) demonstrates the Plan's internal workgroup is analyzing quarterly the grievance medical records escalation cases.

Finding Number and Summary	Action Taken	Supporting Documentation	Implementation Date * <small>(*Short-Term, Long-Term)</small>	DHCS Comments
				<p>TRAINING</p> <p>» The training, "G&A-PNO Workflow for handling providers that fail to respond to requests for information" (PNO Leadership was trained on 7/18/2024, and PNO staff was trained on 8/21/2024) demonstrates that the Plan provided training to inform staff of the newly developed workflow. Attestations included.</p> <p>The corrective action plan for finding 5.1.2 is accepted.</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: Daniel Quan

Title: Compliance Officer

Signed by: [Signature on file]

Date: 8/2/2024