

**ATTACHMENT A**  
**Corrective Action Plan Response Form**



**Plan:** Blue Shield of California Promise Health Plan

**Review Period:** 01/01/19 – 12/31/19

**Audit Type:** Medical Audit and State Supported Services

**Onsite Review:** 01/27/20 – 02/06/20

**Report Issued:** 06/03/20

**CAP submission:** 07/17/20

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

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

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

Deficiency Number and Finding	Action Taken (Use additional Attachments if necessary)	Supporting Documentation	Implementation Date* (*Short-Term, Long-Term)	DHCS Comments
<b>1. Utilization Management</b>				
<p><b>1.1.1 Ownership and Disclosure Information</b></p> <p>The Plan did not collect all required information and did not review subcontractors' ownership and control disclosure forms for completeness.</p>	<p>1. Updated Provider Contracting Department Policy and Procedure (PP) 70.5.18.0 <i>Delegated Plan Subcontractors Complying with Terms and Conditions and the Contract between Plan, LA Care, DHCS and CMS</i> in accordance with 42 CFR 455.104 requirements to ensure ownership and disclosure form completeness.</p> <p>2. Updated Contracting Quality Assurance Contract Checklist to document quality review process to ensure all documents, including Ownership and Disclosure form is complete and</p>	<p>1. Provider Contracting Policy and Procedure 70.5.18.0</p> <p>2. a) Ownership and Disclosure form b) Quality Assurance Contract Checklist c) CLMS Review and Approval Workflow</p> <p>3. a) Quality Assurance Contract Checklist b) Provider Contracting Policy and Procedure</p>	<p>1. Completed 7/15/20</p> <p>2. Completed 6/1/19</p> <p>3. Completed 7/14/20</p> <p>4. Completed Q4 2019</p> <p>5. To be completed 10/30/20</p>	<p><b>07/30/2020</b> - The following documentation supports the MCP's efforts to correct this finding:</p> <p>- Updated P&amp;P, Policy #70.5.18.0: Title: Delegated Plan Subcontractors Complying with Terms and Conditions of the Contract between Plan, LA Care, DHCS, and CMS (7/15/2020) which has been amended to include sections in the Plan Review of Subcontractor's Ownership and Control Disclosures section which notates that the subcontractor will complete a disclosure form and verify it's included with the service agreement. The Subcontractor needs to include the necessary information on the disclosure form including: the names of the officers and owners of the subcontractor, stockholders of whom hold more than 10% and major creditors. The update also included the need for the contractor to be in compliance with contractual requirements and those that are not in compliance the plan may choose to terminate.</p> <p>- Desktop Procedure, "CLMS Review and Approval Workflow, as evidence that staff</p>

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	<p>uploaded to Contract Life Management System (CLMS).</p> <p>3. Provider Contracting Department staff training conducted to include review of Quality Assurance Contract Checklist, Provider Contracting Policy and Procedure 70.5.18.0 and Ownership and Disclosure form.</p> <p>4. Created a three-tier review workflow process in CLMS to ensure multiple levels of review including Specialist, Manager and Director level quality review of contracting documents to ensure accuracy and completeness, including Ownership</p>	<p>70.5.18.0</p> <p>c) Ownership and Disclosure Form</p> <p>d) Proof of training</p> <p>4. a) CLMS Review and Approval Workflow</p>		<p>has received guidance on the disclosure form process as the procedure outlines the three levels of defense to ensure proper completion and review of documentation. The 1<sup>st</sup> level is managed by the contract specialist, The 2<sup>nd</sup> level is overseen by the SR. Manager and the 3<sup>rd</sup> line is managed by the Director of Contracting. If it is incomplete during this process, the contract should be returned for completion. The MCP will also be conducting a quarterly review of Ownership and Disclosure forms to ensure proper monitoring and oversight.</p> <p>- Provider Training Roster, Quality Assurance Contract Checklist and Provider Contracting Policy and Procedure 70.5.18.0 and Ownership and Disclosure form serve as evidence that provider contracting department staff have received training. The training materials address the necessary requirements of the subcontractor's ownership and control disclosure forms and the importance of proper completion.</p> <p><b>This finding is closed</b></p>

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	<p>and Disclosure form review.</p> <p>5. Conduct quarterly review of a sample of Ownership and Disclosure form to ensure completeness.</p>			
<p><b>1.3.1 Appeals Procedures</b></p> <p>The Plan did not send members their appeal acknowledgement letter within the required timeframe.</p>	<p>1. Updated Customer Care Department Desk Level Procedure (DLP) to document workflow queue to ensure cases are routed to Appeals and Grievance Department timely.</p> <p>2. Internal communication to Customer Care Department staff for notification of updated Appeals and Grievance workflows.</p> <p>3. Reminder notification to Customer Care</p>	<p>1. Blue Shield Promise Medi-Cal and CMC Grievance and Appeals DLP</p> <p>2. CC Grapevine</p> <p>3. Customer Care Department staff reminder notification</p> <p>4. June 2020</p>	<p>1. Completed 3/19/19</p> <p>2. Completed 1/7/19</p> <p>3. Completed 9/9/19</p> <p>4. Completed 6/30/02</p> <p>5. Completed 6/1/20</p> <p>6. Completed 6/30/20</p>	<p><b>07/30/2020</b> - The following documentation supports the MCP's efforts to correct this finding:</p> <p>- Desktop procedure, "Blue Shield Promise Medi-Cal and CMC Grievance and Appeals" (03/19/2019) which has been amended to include a section on filing grievances and ensuring the status is properly coded to the reason being AG-C1 Grievance standard as it had previously been input at CS-C1.</p> <p>- An email (09/09/2019) titled "Customer Care includes a description of the workflow process and proper use of coding for G&amp;A cases.</p>

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	<p>Department staff regarding updated workflows for cases routed to Appeals and Grievance to ensure staff do not use incorrect workflow queue.</p> <p>4. Implemented monthly Customer Care Department team meetings to provide reminders on process workflows to ensure timeliness of routing cases to Appeals and Grievance.</p> <p>5. Implemented internal quality controls in Customer Care Department consisting of daily generated reports to identify outliers within updated workflows and queues. Staff notification and</p>	<p>Customer Care Team Meeting</p> <p>5. a) Default Report staff action email b) June Default Report</p> <p>6. Compliance Medi-Cal Dashboard</p>		<p>IT routing system correction and implementation of quality controls to ensure routing system is functioning properly.</p> <p>-Sample Documents, "Updated Appeal and Grievance Facet Workflows (01/07/2019), Compliance and Medi-Cal Dashboard, and the monthly Default reports are all evidence of the MCP's focus on quality control management.</p> <p><b>08/06/2020</b> - The following additional documentation supports the MCP's efforts to correct this finding:</p> <p>- Sign-in sheets and MCP Monthly Meeting Presentation PowerPoint (Slide 3-G&amp;A) serves as evidence that customer care team has received training.</p> <p><b>This finding is closed</b></p>

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	<p>coaching provided by Customer Care Department Supervisors.</p> <p>6. Ongoing Compliance oversight and monitoring of appeal acknowledgment timeliness conducted via Compliance Department Medi-Cal Dashboard.</p>			
<b>2. Case Management and Coordination of Care</b>				
<p><b>2.1.1 Provision of an IHA</b></p> <p>The Plan did not ensure new members received a timely and comprehensive IHA.</p>	<p>1. Please see attached IHA Process Narrative Memo which describes BSC Promise Health Plan corrective actions to ensure new members receive a timely and comprehensive IHA.</p>	<p>1. IHA Process Narrative 2. BSC Promise IHA Website</p>	<p>1. To be completed 12/31/2020</p>	<p><b>07/17/20</b> – The following documentation supports the MCP’s efforts to correct this finding:</p> <p>- 2.1.1 IHA Process Narrative (06/16/2020) describes the following corrective action steps and commits the MCP to complete all action items through 12/31/20.</p> <p>1. The MCP will utilize claims and encounter data to identify care gaps for preventative services for members who</p>

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				<p>have had a recent IHA.</p> <ul style="list-style-type: none"> <li>• Services monitored will at a minimum include blood lead levels and age appropriate preventative services and screenings.</li> <li>• IHA team will continue to do medical record reviews on a monthly basis to evaluate the content of the IHA visit.</li> <li>• Feedback to PCPs will also continue, focusing on preventative services, immunizations, periodic health assessments, blood lead levels and other lab tests, etc. as well as documented attempts to schedule a timely IHA.</li> <li>• Providers will be tracked for trending deficiencies at least quarterly.</li> <li>• Upon identification of a trend the IHA team will provide resources, education, process improvement ideas and support to trending providers.</li> <li>• The IHA team will partner with Quality Improvement (QI) and Facility Site Review (FSR) teams to conduct onsite visits as needed to address continued deficiencies.</li> <li>• Providers that do not correct</li> </ul>

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				<p>deficiencies in a timely manner will be escalated to Provider Relations and/or Clinical Quality for further action.</p> <p>2. Ensure BSC Promise Primary Care Provider (PCP) network has sufficient information and resources available for IHA and Staying Healthy Assessment (SHA) requirements.</p> <ul style="list-style-type: none"> <li>• IHA materials will be included in the new provider training to ensure PCPs are aware and have an understanding the IHA requirements, have access to their monthly new member assignments, have access to resources and tools and has contact information for the IHA Program team. Training will also be provided to the office staff as well, to ensure staff are equipped to schedule adequate appointment times, prepare the medical record for the visit (including the Staying Healthy Assessment), conduct appointment reminders, etc.</li> <li>• Providers and office staff will be reminded of member outreach</li> </ul>

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				<p>documentation requirements. There must be at a minimum 3 documented attempts to schedule an IHA, to include at least one phone call and one letter/postcard. Documentation must occur in the medical record.</p> <ul style="list-style-type: none"> <li>• Providers will be reminded, via Fall 2020 provider newsletters and other communications, to complete the DHCS Policy Letter 13-001 SHA training found on the BSC Promise website (reference document: IHA and staying Healthy Assessment Provider Training.docx) by the end of Q4 2020. Annual notifications will continue, and targeted provider outreach will be done moving forward as needed.</li> <li>• The IHA Team will partner with the Health Education Department to assess the PCP network knowledge base of the IHA and SHA requirements by Q4 2020.</li> </ul> <p><b>08/26/20</b> – The MCP submitted an update on the long term implementation process.</p>

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				<p>August internal meetings took place to determine which members and services to review. (08/03/20 and 08/11/20)</p> <ul style="list-style-type: none"> <li>• BSC Promise IHA Team will utilize claims and encounter data to identify care gaps for preventative services for members who have had a recent IHA and address findings.</li> <li>• Gaps will be shared with the HEDIS team for additional outreach to the member and provider, with the goal of closing that gap.</li> <li>• The provider will be tracked for trending deficiencies. Upon identification of a trend, the IHA team will provide resources, education, process improvement ideas and support to trending providers.</li> <li>• The IHA team will partner with the QI and FSR teams to conduct onsite visits as needed to address continued deficiencies.</li> </ul> <p><b>09/29/20</b> – The MCP submitted an update on the long term implementation process.</p> <p>The following goals have been completed:</p>

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				<p>1. Review an ensure accurate IHA materials are available to the PCP network on the MCP's website:</p> <ul style="list-style-type: none"> <li>• Verified website is accurate and up-to-date</li> <li>• Tracker created to document quarterly reviews of the website, changes/revisions, etc.</li> </ul> <p>2. Add the IHA program to the QI: Provider meetings:</p> <ul style="list-style-type: none"> <li>• Added to monthly agenda</li> <li>• IHA leadership started attending the meetings in September 2020</li> </ul> <p>3. Gather feedback from Provider Advisory Council about barriers to scheduling and completing IHA visits:</p> <ul style="list-style-type: none"> <li>• SD Provider Advisory Council 09/29/20</li> </ul> <p><b>11/02/20</b> – The MCP submitted an update on the long term implementation process.</p> <p>- “Health Education Department notified providers on March 20, 2020 of the BSC Promise website link for IHA/SHA, where SHA information and training resources are</p>

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				<p>located. This includes the DHCS SHA Provider Training, age appropriate SHA forms, link to DHCS PL 13-001, and other sources.”</p> <p>Next steps:</p> <ul style="list-style-type: none"> <li>• Health Ed will continue to send out information about the SHA at least annually.</li> <li>• IHA/SHA information will continue to be shared via the JOC meetings, QI meetings, etc.</li> </ul> <p>- In response to the finding, the IHA team with the Health Education Department revised/developed an enhanced training program:</p> <ul style="list-style-type: none"> <li>• Training will be held via webinar on February 17, 2021</li> <li>• Pre and post tests will be given to determine comprehension.</li> </ul> <p>- BSC Promise will continue to expand the IHA Shared Outreach Process with additional clinics during the remainder of 2020 and into 2021.</p> <ul style="list-style-type: none"> <li>• So far, 2 additional FQHCs have</li> </ul>

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				<p>agreed to partner with Promise on the shared outreach process. Planning and implementation have begun.</p> <ul style="list-style-type: none"> <li>• Barriers with completing IHAs were identified:</li> <li>• IHA completion rates continue to be assessed. 2020 IHA completion rates are trending lower than 2019. This is contributed to COVID/PHE.</li> </ul> <p>- 2019 and 2020 YTD IHA completion rates are being shared with the FQHC/IPAs during QI meetings.</p> <p>The Plan have continued with their corrective action and provided updates as appropriate.</p> <p><b>This finding is closed.</b></p>
<p><b>2.4.1 Physician Certification Statement</b></p> <p>The Plan did not utilize the PCS forms to determine the</p>	<p>1. Conducted training and education for Customer Care Department staff regarding BSC Promise Transportation</p>	<p>1. a) BSC PHP Transportation Presentation b) Sign-in sheet May 2020</p>	<p>1. Completed 5/25/2020 2. Completed 3/6/20 3. Completed</p>	<p><b>07/17/20</b> - The following documentation supports the MCP's efforts to correct this finding:</p> <p>- BSC PHP Transportation Presentation and sign-in sheet from May 2020 demonstrates that the MCP trained its</p>

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appropriate level of service.	<p>processes and procedure including PCS form requirements.</p> <p>2. Updated Policy and Procedure 10.3.21 <i>Non-Emergency Transportation</i> to include PCS form requirements and processes for identification and referral to Utilization Management Department.</p> <p>3. Developed DLP to document PCS form requirements and revised NEMT prior authorization processes.</p> <p>4. Updated Policy and Procedure 10.2.44 Non-Emergency Medical Transportation</p>	<p>2. Policy and Procedure 10.3.21 Non-Emergency Transportation</p> <p>3. Promise Coordinator Outpatient Services Guideline</p> <p>4. Policy and Procedure 10.2.44 Non-Emergency Medical Transportation Services</p> <p>5. Transportation PCS Form</p> <p>6. a) Fast Track Communication Non-Clinical</p>	<p>5/27/20</p> <p>4. Completed 3/30/20</p> <p>5. Completed 4/20/20</p> <p>6. Completed 5/1/20</p> <p>7. Completed 5/12/20</p> <p>8. Completed 7/7/20</p> <p>9. To be completed 7/17/20</p> <p>10. To be conducted 12/31/20 for Q3 data</p>	<p>Customer Care Department staff on the required use of PCS forms for NEMT.</p> <p>- Policy 10.3.21 has been updated to include PCS form requirements. (page 2)</p> <p>- Promise Coordinator Outpatient Services Guideline contains NEMT process and PCS requirements.</p> <p>- Policy 10.2.44 has been updated to include PCS requirements for NEMT.</p> <p>- PCS form was revised by the MCP to reflect compliance with APL 17-010.</p> <p>- The MCP conducted training and education for providers, staff and delegates on procedures for NEMT and PCS form requirement. The MCP submitted Fast Track Communication to non-clinical staff and clinical staff and Transportation Request Guideline to clinical nurses which instructs them to ensure PCS forms are present. The MCP also submitted the Provider Portal Prior Authorization list that list NEMT as a service requiring prior authorization as well as the Provider Portal</p>

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	<p>Services to reflect current PCS form requirements per APL-17-010.</p> <p>5. Revised PCS form to reflect regulatory requirements.</p> <p>6. Conducted training and education for providers, staff, and delegates on updated NEMT processes and reporting.</p> <p>7. Provider Contracting Department developed reporting process to collect and report PCS data to regulators and for oversight and monitoring purposes. Internal Medical Care Solutions Regulatory Readiness team runs monthly report for NEMT cases identified</p>	<p>b) Fast track Communication Clinical</p> <p>c) Promise Clinical Nurse Transportation Request Guidelines</p> <p>d) Promise Coordinator Outpatient Services Guideline</p> <p>e) Provider Portal Prior Authorization List</p> <p>f) Provider Portal PCS Form Link</p> <p>g) Provider Portal PCS Form</p>		<p>Link to the PCS form.</p> <p>- 2020 NEMT Authorizations taken from the MCP's</p> <p>- MSC Presentation and agenda serve as evidence the PCS form requirements were presented to the Medical Services Committee.</p> <p><b>8/5/20</b> - The following additional documentation supports the MCP's efforts to correct this finding:</p> <p>- Draft Provider Manual Section 5 was updated to instruct that PCS forms must be completed and submitted before NEMT services and be prescribed and provided to members.</p> <p><b>This finding is closed.</b></p>

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	<p>by applicable codes. Samples are audited to validate PCS form attachment and deficiencies are reported to leadership. Trending issues will be escalated to Compliance Department.</p> <p>8. PCS form requirements was presented during the Medical Services Committee (MSC) meeting.</p> <p>9. Update 2021 Provider Manual to include language regarding completion of the PCS form.</p> <p>10. Conduct quarterly review of a sample of NEMT requests to ensure compliance</p>	<p>7. a) 2020 NEMT Auths 1 b) 2020 NEMT Auths 2</p> <p>8. a) MSC Presentation July 2020 b) MSC Agenda July 2020</p>		

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	with Disclosure form to requirements.			
<b>4. Member Rights</b>				
<p><b>4.1.1 Grievance Acknowledgment and Resolutions</b></p> <p>The Plan did not provide acknowledgement letters within five-calendar-days and resolution letters within 30-calendar-days to members after receipt of the grievance.</p>	<p>1. Updated Customer Care Department Desk Level Procedure (DLP) to document workflow queue to ensure cases are routed to Appeals and Grievance Department timely.</p> <p>2. Internal communication to Customer Care Department staff for notification of updated Appeals and Grievance workflows.</p> <p>3. Reminder notification to Customer Care Department staff regarding updated workflows for cases routed to Appeals and Grievance to ensure staff</p>	<p>1. Blue Shield Promise Medi-Cal and CMC Grievance and Appeals DLP</p> <p>2. CC Grapevine</p> <p>3. Customer Care Department staff reminder notification</p> <p>4. June 2020 Customer Care Team Meeting</p> <p>5. a) Default Report</p>	<p>1. Completed 3/19/19</p> <p>2. Completed 1/7/19</p> <p>3. Completed 9/9/19</p> <p>4. Completed 6/30/02</p> <p>5. Completed 6/1/20</p> <p>6. Completed 6/30/20</p>	<p><b>07/17/20</b> – The following documentation supports the MCP’s efforts to correct this deficiency:</p> <ul style="list-style-type: none"> <li>- Updated Desktop Level Procedure, “Blue Shield Promise Medi-Cal and CMC Grievance and Appeals” (03/19/20) which has been updated to document workflow queue to ensure cases are routed to Appeals and Grievance Department timely.</li> <li>- All Staff Notification, “CC Grapevine” (01/07/19) which is addressed to the Customer Care Department and outlines internal communication for notification of updated Appeals and Grievances workflows.</li> <li>- IT corrected system error and MCP implemented new quality controls which include: daily reports, random spot checks to ensure system is working and quality control discussion in Customer Care team</li> </ul>

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	<p>do not use incorrect workflow queue.</p> <p>4. Implemented monthly Customer Care Department team meetings to provide reminders on process workflows to ensure timeliness of routing cases to Appeals and Grievance.</p> <p>5. Implemented internal quality controls in Customer Care Department consisting of daily generated reports to identify outliers within workflows and queues. Staff notification and coaching provided by Customer Care Department Supervisors.</p> <p>6. Ongoing Compliance oversight and monitoring of appeal acknowledgment</p>	<p>staff action email</p> <p>b) June Default Report</p> <p>6. Compliance Medi-Cal Dashboard</p>		<p>meetings.</p> <p>- PowerPoint Meeting, “Customer Care Team Meeting” (06/20) as evidence that customer care staff received reminders on process workflows to ensure timeliness of routing cases to Appeals and Grievance Department.</p> <p><b>08/20/20</b> – The following additional documentation submitted supports the MCP’s efforts to correct this deficiency:</p> <p>- Monthly Meetings, “Customer Care Meeting” (07/20 and 08/20) and sign in sheets as evidence of documentation review and discussion of proper categorization of all appeals and grievances.</p> <p>- Dashboard, “Medicaid/Medi-Cal Compliance Dashboard” (05/20, 06/20, 08/20) as evidence that the MCP is tracking and monitoring for timely completion of acknowledgment letters being sent within five-calendar days and resolution letters within 30-calendar days to members after receipt of the grievance.</p>

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	timeliness conducted via Compliance Department Medi-Cal Dashboard.			<b>This finding is closed.</b>
<p><b>4.2.1 Linguistic Services</b></p> <p>The Plan did not provide members with translated grievance acknowledgement and resolution letters in their threshold languages.</p>	<p>1. Implemented daily aging and closed reports to confirm all cases which require translation and have been submitted for translation. Monitoring of this process is included in the BSC Promise Translation Process document.</p> <p>2. Provided internal communication to Appeals and Grievance Department staff in January 2020 as a reminder to ensure acknowledgement and resolution letters are translated timely in accordance with</p>	<p>1. BSC Promise Translation Process</p> <p>2. a) Reminder email 1 b) Reminder email 2</p> <p>3. DLP Closing a case</p> <p>4. DLP Intake Process</p> <p>5. a) Email Translation Ack Letter 1 b) Translated Ack Letter c) Translated Ack Letter</p>	<p>1. Completed 3/30/20</p> <p>2. Completed 1/22/20</p> <p>3. Completed 1/30/20</p> <p>4. Completed 12/2/19</p> <p>5. Ack and Reso letters Completed 2/1/20 through 4/30/20</p>	<p><b>7/17/20</b> - The following documentation supports the MCP's efforts to correct this finding:</p> <ul style="list-style-type: none"> <li>- BSC Translation Process details the MCP's process for monitoring through the use of aging and closed reports. Reports can be filtered by language, line of business and county.</li> <li>- Email communications to internal staff from January 2020 reminding staff both acknowledgment and resolutions are translated with the regulatory timeframes.</li> <li>- DLP Closing a Case procedure lists the steps for translating a Resolution Letter. (page 8)</li> <li>- DLP Intake Process details the process for translating the Acknowledgment Letter. (page 17)</li> </ul>

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	<p>regulatory requirements.</p> <p>3. Published DLP Closing a Case to document steps for translating a resolution letter.</p> <p>4. Published DLP Intake Process to document steps for translating an acknowledgement letter.</p> <p>5. Conducted quarterly review by selecting a random sample of Appeals and Grievance acknowledgement and resolution letters to confirm translation requirements were met.</p>	<p>2</p> <p>d) Translated Ack Letter 3</p> <p>e) Translated Reso Letter 4</p> <p>f) Translated Reso Letter 5</p> <p>g) Translated Reso Letter 6</p> <p>h) Translated Reso Letter 7</p>		<p>- Translation Letter Review email from 4/17/20 and examples of acknowledgment and resolutions from that review demonstrate the MCP is actively monitoring the translation of its grievance notification letter.</p> <p><b>8/10/20</b> - The following additional documentation supports the MCP's efforts to correct this finding:</p> <p>- Examples of the daily Ageing and Closed reports used for monitoring letter translation status.</p> <p><b>This finding is closed.</b></p>
<b>5. Quality Management</b>				

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<p><b>5.2.1 New Provider Training</b></p> <p>The Plan did not train new providers within the contractual timeframe.</p>	<p>1. Please see attached New Provider Training Narrative Memo which describes BSC Promise Health Plan corrective actions to ensure compliance with New Provider Training timeliness requirements.</p>	<p>1. a) New Provider Training Process Narrative  b) Contract Providers</p> <ul style="list-style-type: none"> <li>• Borrego Checklist</li> <li>• Borrego Sign In</li> <li>• Heart Health Center of San Diego</li> <li>• Inservice Danny's Home Health Care Inc</li> <li>• South Bay Urgent Care Inc</li> </ul> <p>c) 2020 BSC PHP  New Contract log  d) Policy and</p>	<p>1. To be Completed 09/01/20</p>	<p><b>07/17/20</b> - The following documentation supports the MCP's efforts to correct this finding:</p> <p>- Memo, "DHCS Corrective Action Plan 5.2.1 New Provider Training Process Narrative" (06/16/20) which explains the MCP's process for an identification of a new provider, new provider training process, contracting procedures, and automation.</p> <p>Identification of a New Provider:</p> <p>Effective on or before 9/1/2020, notification of a new provider will also come through the receipt of a new automatic contract provider notification alert. This alert is received from the Contract Life Management System (CLMS). This system is used for the creation, routing, loading, and management of contracts throughout the enterprise. CLMS has the functionality to identify various contract types (new, existing, amendments, etc.). The Provider Relations Representatives (PRR) and their managers, will receive an alert from CLMS approximately sixty (60) days from full</p>

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		Procedure 70.5.1.2 Provider Orientation and Training e) Contract Announcement SD f) Blue Shield Promise Health Plan Site Visit Form g) Danny's Home Health CLMS Routing Screenshots h) 2020 San Diego Provider Visits Tracking Log		<p>contract execution; and approximately thirty (30) days prior to the contract effective date.</p> <p>Contracting Procedures:</p> <p>A contract specialist enters data into the contracting log that includes updates and notes. This is done throughout the contracting process. The contract manager monitors this log daily.</p> <p>Provider Relations Representatives (PRR) is notified by a contract specialist of new contracts being routed in CLMS via email; approximately thirty (30) days prior to the contract effective date. PRR staff reviews the Contracting Log daily; and identifies who will need new provider orientation.</p> <p>The PRR enters applicable information into the Provider Visit Log, including the contract effective date, number of attempts to contact the provider, and the date orientation is scheduled. The PRR Manager reviews the provider visit log daily.</p> <p>The PRR obtains provider signature on the</p>

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				<p>provider visit form attesting to have received the new provider orientation. Completion of training is signed off by provider and/or staff. The PRR Manager reviews, approves, and signs the provider visit form. The PRR then updates the provider visit log to close out the process.</p> <p>Automation:</p> <p>As a tertiary measure, CLMS contains functionality to enable automatic notification of Contracts loaded in CLMS. A new code will be added into Production, which will enable a new alert for PRR. This alert will indicate that a new provider has been contracted with, and that Blue Shield Promise has 10 days to conduct Provider Training. This functionality is in support of complying with a DHCS regulation for Medi-Cal Providers.</p> <p>Provider Orientations are documented through a BlueShield Promise Health Plan Site Visit Form and a Provider Manual Receipt Form. The PRR will obtain signature on the provider visit form attesting to receiving the new provider</p>

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				<p>orientation. Completion of training is signed off by provider and/or staff. The PRR Manager will review, approve, and sign the provider visit form. The PRR will then, update the new provider orientation tracking log to close out the process.</p> <ul style="list-style-type: none"> <li>- Email notification, "Contract Announcement SD &amp; LA County" (01/28/20) within the MCP's Contract Department which serves as a notification that a new provider needs orientation via email documenting the new provider's effective date, lines of business contracted, and county where the provider renders services.</li> <li>- Tracking Log, "2020 SD Provider Visits" as evidence that the MCP is tracking new provider training. The providers listed in the tracking log show that the initial visit for new provider training was conducted within 10 days.</li> <li>- Completed samples of Provider Site Visit Forms and Provider Sign-In Sheets (February 2020) from various Providers as evidence that the MCP is performing new</li> </ul>

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				<p>provider training within the contractual timeframe.</p> <p><b>This finding is closed.</b></p>
<p><b>5.2.2 Delegation of Provider Training</b></p> <p>The Plan's policies and procedures do not include provider training procedure responsibilities of its subcontractors.</p>	<p>1. Revised Policy and Procedure 10.30.1.1 <i>Oversight of Delegated Entity's Contracted Provider Orientation and Education</i> to include Quarterly and Annual Audit Process for delegate's newly contracted providers to review training/orientation materials and timeliness. Policy includes CAP process for non-compliance.</p> <p>2. Developed provider training audit tool to review delegate's training/orientation materials and timeliness</p>	<p>1. a) Policy and Procedure 10.30.1.1 Oversight of Delegated Entity's Contracted Provider Orientation and Education</p> <p>b) Provider Training Universe</p> <p>c) Provider Training Attestation</p> <p>d) Provider Training CAP</p> <p>2. Provider</p>	<p>1. Policy and tools Completed 7/10/20</p> <p>2. Audit to be completed 1/31/21</p> <p>3. To be completed 9/30/20</p> <p>4. Compliance Oversight to be completed 8/30/20</p>	<p><b>07/17/20</b> - The following documentation supports the MCP's efforts to correct this finding:</p> <p>- Updated P&amp;P, "Policy # 10.30.1.1 – Oversight of Delegated Entity's Contracted Provider Orientation and Education (New and Ongoing)" (07/20/20) which has been amended to include a quarterly and annual audit process for the delegate's newly contracted providers to review training/orientation materials and timeliness:</p> <p>Annual Audit Process – All Contracted Providers:</p> <p>Delegation Oversight - Compliance Team will perform an annual audit of all delegated entities' contracted providers ongoing training and quarterly audits for all newly contracted providers on all in-services and</p>

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	<p>of training delegate’s provider network. First annual audit will take place 1/31/21.</p> <p>3. Developed reporting process to escalate audit results to Delegation Oversight Committee beginning September 2020.</p> <p>4. Promise Compliance Department will conduct monitoring and oversight of the process via review of annual and quarterly audit results and reporting measures.</p>	<p>training audit tool</p> <p>3. Provider Results Letter</p>		<p>orientation to ensure adequate training is being provided by the delegated entities within ten (10) working days after the newly contracted provider is on active status (page 1).</p> <p>In addition, the MCP requires a report from each delegated entity of all contracted providers with associated signed attestations to support the data contained in the annual report (page 1).</p> <p>Quarterly Audit Process – Newly Contracted Provider:</p> <p>Delegation Oversight - Compliance Team requires a report of newly contracted providers and associated signed attestations to support the data contained in the report from each delegated entity on a quarterly basis (page 2).</p> <p>An associated signed attestation is also required for each newly contracted provider. The associated attestation must be signed by both the newly contracted provider and the delegated entity. The newly contracted provider is attesting that</p>

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				<p>they have been trained within the required ten (10) business days by the delegated entity. If training is not conducted within the required ten (10) business days, the delegated entity must submit a CAP with the quarterly submission (page 3).</p> <ul style="list-style-type: none"> <li>- Excel Spreadsheet, "Provider Training Universe" in which the contracted providers use to complete and track their annual and quarterly training audit reports. This tracking spreadsheet includes the date the contract was effective and the date for provider training completed.</li> <li>- Template Form, "2020 Provider Training Attestation," in which the contracted providers complete this form to attest that they have been trained by the delegated entity on annual updated material meeting the requirements of DHCS. For newly contracted providers, this form is attesting that they have completed training within the required ten (10) business days by the delegated entity.</li> <li>- Template Form, "BlueShield of California Promise Health Plan Delegation Oversight</li> </ul>

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				<p>– Claims Audit Corrective Action Plan” in which the delegated entity completes if they are found to be non-compliant in areas such as if a newly contracted provider was not trained within the required ten (10) business days, annual training/updates not provided, or non-submission of training material, report, and signed attestation.</p> <p>- Excel Spreadsheet, “Provider Training Audit Tool” which will be utilized to review delegate’s training/orientation materials and timeliness of training delegate’s provider network. The audit tool will track the date the contract was effective, the date of the training, and if the training was completed timely.</p> <p><b>This finding is closed.</b></p>

**Submitted by:** Kristen Cerf [Signature on file]  
**Title:** CEO, BSC Promise Health Plan

**Date:** 7/17/20