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

**Plan: Health Plan of San Mateo**

**Audit Type:** DHCS Medical Audit **Review Period: 11/1/17 – 9/30/18**

MCPs are required to provide a CAP and respond to all documented deficiencies within 30 calendar days, unless an alternative timeframe is indicated in the letter. MCPs may respond by using the DHCS Secure File Transfer Protocol (SFTP) by placing the submission into the folder marker 'Medical Audit CAP.' MCPs may also submit the CAP via email to MCQMD_CAPs@dhcs.ca.gov in Word format.

The CAP response must include a written statement identifying the deficiency and describing a plan of action to correct deficiencies, and the projected operational results expected from that action. For deficiencies that require a long-term correction or more than 30 days to remedy and operationalize, the MCP must demonstrate an interim short-term solution and provide a timeline toward achieving an acceptable level of compliance. The MCP is required to include a projected date to achieve full compliance. Any policy and/or procedure submitted during the CAP process must 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.

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| **1. Utilization Management** | | | | | |
| **1.1.1 Inter-Rater Reliability Studies for UM Staff**<br><br>The Plan did not conduct IRR testing on all of the UM staff | HPSM's policies and procedures (UM.022 and RX.010) for Inter-Rater Reliability Testing were revised to include the UM Manager/Supervisors | 1. UM.022 – Medical Director and UR Nurse Inter-Rater Reliability<br><br>2. RX.010 – QA | UM – Q4 2018<br><br>Pharmacy – Q1 2019 | UM – Q4 2018<br><br>Pharmacy – Q1 2019 | **05/22/19** – The following documentation supports the MCP's efforts to correct this deficiency:<br><br>- Revised P&P "UM.022 – Medical Director and UR |

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| involved in clinical decision-making. The Plan did not conduct IRR testing on the UM Manager or Supervisor. The Plan's pharmacy technicians and the weekend pharmacists do not participate in IRR testing. | and Pharmacy staff who process coverage requests.<br><br>Beginning in Quarter 4 of 2018, the UM Manager and UM Supervisor were included in the Medical Director and UM Nurse Interrater Reliability assessments.<br><br>Beginning with the Q1 2019 review, the Pharmacy Interrater Reliability Assessments included reviews conducted by all reviewers who process coverage requests, including pharmacy technicians and weekend pharmacists. | Reporting<br><br>3. RX-DP – IRR Desktop Procedure for Pharmacy<br><br>4. Q4 2018 IRR Results for Nurses/MDs<br><br>5. Q1 2019 IRR Results for Nurses/MDs<br><br>6. Q1 2019 IRR Summary for Pharmacy | | | Nurse Inter-Rater Reliability" now addresses the inter-rater reliability (IRR) process. Staff participating in IRR activities include UM Manager/Supervisor, and Clinical Pharmacists. (Revision date 11/01/18)<br><br>- RX-DP – IRR Desktop Procedure for Pharmacy outlines the Inter-Rater Reliability (IRR) process for Pharmacy Services. (Updated 05/03/19)<br><br>- Written response (05/22/19) confirming IRR Assessments included pharmacy technicians and weekend pharmacists beginning with the Q1 2019.<br><br>- UMC minutes (02/14/19, Page 3) confirms IRR required testing – all managers/medical |

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| | | | | | directors/ supervisors- passed for Q4.<br><br><u>IRR Results:</u><br><br>- Q4 2018 IRR Results for Nurses/MDs<br><br>- Q1 2019 IRR Results for Nurses/MDs<br><br>- Q1 2019 IRR Summary for Pharmacy<br><br>**This finding is closed.** |
| **1.1.2 Annual Oversight of a Delegated Entity/Monitoring of Delegated UM Functions**<br><br>The Plan did not continuously monitor and evaluate its delegated UM functions to ensure accountability. The | (1) HPSM conducted an annual UM audit of BHRS in October/November 2018. Following this audit, UM was de-delegated from BHRS. Beginning May 1, 2019, HPSM's internal UM department is responsible for non-BHT behavioral health | 1a. BHRS UM P&P Audit Report<br><br>1b. BHRS UM File Review Audit Report<br><br>2a. Kaiser UM P&P Audit Report<br><br>2b. Kaiser UM | Oct – Nov 2018 | Oct – Nov 2018 | **05/22/19** – The following documentation supports the MCP's efforts to correct this deficiency:<br><br>- Annual BHRS UM P&P and File review (12/15/17 - 08/31/18). The CAP followed File review. Furthermore, following this audit UM was delegated from BHRS. (See Action Taken Column.) |

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| Plan did not conduct an annual audit of their behavioral health subcontractor during the audit period. Committee minutes for the Compliance, UM, and QI departments did not address oversight of the Plan's delegated functions for all three subcontractors. The Plan's delegation oversight policy and procedures did not specifically address how often reports would be delivered to the Plan. Although data was communicated to the Plan, there was no evidence of formal quarterly reporting to ensure accountability.<br><br>**This is a repeat finding.** | UM.<br><br>(2) HPSM conducted an annual UM audit of Kaiser in November 2018, as part of the NorCal Kaiser Audit Group. The group is currently working with Kaiser on a CAP. The 2019 audit is currently being planned for Fall 2019.<br><br>(3) HPSM conducted an annual UM audit of Magellan in November 2018. There were no findings.<br><br>(4) Because delegates/sub-contractors across HPSM's functions have different reporting requirements at different frequencies, | File Review Audit Report.<br><br>3a. Magellan UM P&P Audit Report<br><br>3b. Magellan UM File Review Audit Report<br><br>4a. Sample UM Committee agendas showing UM delegate discussion item – Feb 14 2019<br><br>4b. Sample UM Committee agendas showing UM delegate discussion item – April 22 2019<br><br>4c. UMC Minutes for Oct 22 2018 | | | - Annual Kaiser UM P&P and File review (07/01/17 - 06/30/18).<br><br>- Annual Magellan UM P&P and File review (11/1/17 - 09/30/18).<br><br>- UMC Agenda and UMC Meeting Minutes (02/14/19) confirms review and discussion of Behavioral Health delegate. Furthermore, the MCP confirmed the reporting of delegate/sub-contractor performance is now a standing agenda item for the UM Committee. Q2 Meeting Minutes and Q3 UMC Agenda support this statement.<br><br>**08/05/19** - MCP submitted UMC Minutes from Q2 2019 meeting (04/22/19) show discussion of Quarterly dashboard for |

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| | the Delegation Oversight policy and procedure was not updated to include this information. Instead, beginning October 2018, the reporting of delegate/sub-contractor performance is now a standing agenda item for the UM Committee, which meets on a quarterly basis. | reflecting discussion of UM delegate performance and reporting<br><br>4d. UMC Minutes for Feb 14 2019 reflecting discussion of UM delegate performance and reporting | | | Magellan in areas of Member utilization, Service access, Service delivery and Case management metrics.(Page 2). However, Q2 Meeting Minutes did not demonstrate discussion of MCP's delegate Kaiser.<br><br>- MCP's written response 08/05/19 acknowledged the gap. Confirmed remediation by including it in discussion in Q3 2019. MCP affirmed that discussion of this delegate will be included moving forward.<br><br>- UMC agenda from the Q 3 2019 meeting (07/22/19) demonstrates Delegated entities Detailed Reports as a standing agenda item.<br><br>Q3 Meeting Minutes will be finalized at the next meeting in October and submitted to DHCS upon |

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| | | | | | availability.<br><br>Review of Q1, Q2 and Q3 UMC Meeting "Agenda and Meeting Minute demonstrate continuous review of behavioral health delegates.<br><br>**07/25/19** – The following additional documentation supports the MCP's efforts to correct this deficiency:<br><br>- Updated P&P CP.023 "Delegation Oversight" (approved 07/24/19) addresses quarterly reporting to the MCP. (Section 3.2.1 and Section 2.5.2)<br><br>- Updated P&P HS – 05 "Medi – Cal Mental Health, Behavioral Health Treatment for Autism, and Substance Use Disorder Services Referral and Coordination of Services" |

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| | | | | | revised 08/08/19 confirms quarterly reporting by the MCP (Oversight and Monitoring Section, 8.2 & 10.0)<br><br>**This finding is closed.** |
| **1.3.1 Written Consent from the Member for Appeals Filed by a Provider**<br><br>The Plan did not have a procedure to obtain written consent from a member when a provider files an appeal on the member's behalf.<br><br>**This is a repeat finding.** | HPSM updated policy GA-08 to reflect the procedure for handling appeals filed by Providers on behalf of the member.<br><br>HPSM implemented a new process to request consent from the member for appeals submitted by providers. The G&A Staff was trained on the new process on 12/18/2018.<br><br>HPSM added a question to its case review form regarding attempts to contact | 1. GA.008 Member Appeals Procedure<br><br>2. 12-18-2018 Sign in Sheet<br><br>3. 12-18-2018 Workflow that G&A staff were trained on<br><br>(1, 2, and 3 were previously submitted with the 2017 CAP response) | 12/18/2018 | 12/18/2018 | **05/22/19** - The following documentation supports the MCP's efforts to correct this finding:<br><br>- GA.08 Appeals Policy was updated to contain a procedure for acquiring member consent to appeals filed by providers on behalf of the members.<br><br>- Sign-in sheet from the G&A Staff meeting held on 12/18/18 serves as evidence of G&A staff being trained on the updated procedure.<br><br>- MC Appeals Filed by Provider Workflow details |

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| | the member and monitors compliance with the workflow through this review. | 4. Case Review Form | | | the process of acquiring member consent from appeals filed by providers on behalf of the beneficiary.<br><br>- Case Review Checklist contains a question regarding attempts to contact members for provider initiated appeals.<br><br>**This finding is closed.** |
| **2. Case Management and Coordination of Care** | | | | | |
| **2.4.1 Non-Emergency Medical Transportation Services**<br><br>The Plan did not require prior authorizations for NEMT services as described in APL 17-010. | HPSM will implement a prior authorization requirement for NEMT services.<br><br>Notice was sent to HPSM's providers on 05/01/2019 regarding this new prior authorization requirement.<br><br>A follow-up notice was sent to HPSM's | 1. Provider NEMT Requirement Notification<br><br>2. HPSM NEMT Form<br><br>3. Follow-Up NEMT Requirement Notification | 07/01/2019 | 07/01/2019 | **05/22/19** - The following documentation supports the MCP's efforts to correct this finding:<br><br>- Provider NEMT Requirement Notification was sent to providers to inform them of the prior authorization requirements for NEMT.<br><br>- HPSM NEMT PCS form to be used to obtain NEMT |

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| | providers on 05/16/2019 notifying them that the prior authorization requirements would be effective 7/1/2019 following system testing. | | | | prior authorization.<br><br>- HPSM NEMT Prior Authorization Update notifying providers that prior authorization requirements for NEMT will be effective July 1, 2019<br><br>**07/02/19** - The following additional documentation supports the MCP's efforts to correct this finding:<br><br>- Policy UM-004 was updated to require prior-authorization for NEMT.<br><br>**This finding is closed.** |
| **2.4.2 Physician Certification Statement**<br><br>The Plan did not use a DHCS approved PCS form nor did they have a mechanism to capture and submit | The PCS form was submitted to DHCS on 3/18/2019 and approved on 4/9/2019.<br><br>The form will be implemented with the NEMT Prior | 1. PCS Form | 07/01/2019 | 07/01/2019 | **05/22/19** - The following documentation supports the MCP's efforts to correct this finding:<br><br>- DHCS approved PCS form will be used for NEMT prior authorization starting July 1, 2019. |

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| data for NEMT services. | authorization requirement. | | | | **07/02/19** - The following additional documentation supports the MCP's efforts to correct this finding:<br><br>- Email communication dated 7/2/19, MCP confirmed NEMT prior authorization requirement and use of PCS forms implemented as of July 1, 2019.<br><br>**This finding is closed.** |
| **3. Access and Availability of Care** | | | | | |
| **3.1.1 Accuracy of Provider Directory**<br><br>The Plan did not maintain an accurate provider directory. A verification study of the Plan's providers identified deficiencies related to the Plan's printed and online provider directory. | 1. HPSM revised its P&Ps to add additional data maintenance and oversight steps for Provider Services Representatives to conduct quality assurance checks of the information in the provider database | PS. 04 | 01/01/2019 | 01/01/2019 | **05/22/19** – The following documentation supports the MCP's efforts to correct this finding:<br><br>- Updated P&P, "PS-04: Provider Data Auditing and Provider Directories Production" (05/21/19) which has been amended to include data maintenance and oversight |

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| | (PRIME) and the claims eligibility system (HEALTHsuite), from which an extract is used to create the provider directory.<br><br>2. HPSM is currently in the User Testing phase of launching a new provider portal that allows providers to view and request corrections to their data online in a more streamlined manner.<br><br>3. HPSM is currently evaluating a new credentialing database to replace PRIME. The system would include additional quality controls to | | | | steps of the provider directory.<br><br>**07/08/19** – The following additional documentation submitted supports the MCP's subsequent efforts to correct this finding:<br><br>- Job description, "Provider Data Steward" (07/08/19) from the plan recruiting for a Provider Data Steward position whose scope would be to improve and maintain provider data. The Provider Data Steward will also act as lead data steward for provider data, making data updates in a timely manner and identifying opportunities for automating or improving data workflows.<br><br>**11/18/19** – The following additional documentation submitted supports the MCP's subsequent efforts |

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| | improve the accuracy and completion of provider data.<br><br>4. HPSM identified that the majority of errors noted in the audit findings stemmed from provider groups to whom the Plan has delegated credentialing. To address this issue, HPSM is implementing additional reporting and oversight of steps for the review of credentialing activity to provider rosters, to increase accountability for the timeliness and completeness of provider data submitted by | | | | to correct this finding:<br><br>- "Detail: Data Steward" that explains the job responsibilities of the Provider Data Steward. The job responsibilities include ensuring that provider data is complete and accurate. Also, to design and implement internal processes and reporting to monitor provider data quality.<br><br>**12/27/19** – The following additional documentation submitted supports the MCP's subsequent efforts to correct this finding:<br><br>- Updated Workflow Chart, "Health Suite Provider Data Updates" (07/17/19) as evidence that the MCP has implemented new work flows for provider data changes. MCP staff perform additional research |

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| | provider groups. See PS-04 3.1.2. | | | | and provider contact to confirm changes. The Provider Network Manager reviews for completeness and accuracy.<br><br>- “Health Suite Provider Data Configuration Definitions” in which the MCP has created a quick guide to define provider data types within the MCP’s directory, and their allowed provider types. This better ensures that data edits are made in all necessary places so that they appear correctly in the MCP’s directory. This guide is used by the MCP staff who either create new provider directory entries, or who edit provider demographic data.<br><br>- Written statement from the MCP in which they will conduct ongoing and regular data reconciliation |

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| | | | | | between the two data input sources (PRIME and HEALTHSUITE) for provider data.<br><br>- Calendar Meeting Invite, “Weekly Provider Data Integration Enhancement Meetings” as evidence that the MCP will implement via weekly meeting throughout 2018-2019, with IT, Business Systems Integration, and Provider Services, to review and resolve discrepancies in data (either between sources, or against data formatting standards), as part of ongoing work to enhance the integration of these two sources of data into a single source of truth.<br><br>- “Reassignment of Delegated Credentialing Entities among PS Team” in which the MCP has |

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| | | | | | reassigned Provider Services Representatives to better distribute accountability for updating delegated provider data. The MCP states that previously most delegates were assigned to a single representative, which was a bottleneck, or did not have an assigned representative.<br><br>- Written response from the MCP which states that they have re-organized the Provider Services department to assign responsibility for provider data updates in dedicated and more highly-trained staff. Requirements for this role include technical skills that were not required for any existing Provider Services role previously.<br><br>**This finding is closed.** |

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| **3.3.1 Misdirected Emergency Services and Family Planning Claims**<br><br>The Plan's policies did not include a process to forward misdirected claims to the appropriate capitated provider. The Plan did not forward misdirected emergency services and family planning claims to the member's capitated provider within 10 working days of receipt of the claim. | HPSM identified the root cause of this finding to be that non-contracted non-emergency misdirected claims were not identified and redirected by the designated Claims Examiner due to how the claims were classified in the weekly misdirected claims report that was used to identify claims that require redirection.<br><br>1. For short-term corrective action, HPSM updated the weekly misdirected claims report used for identifying eligible claims to highlight non-contracted misdirected claims. Changes are | 1a. Ticket 124643 – Update to existing report specifications<br><br>1b. Misdirected v2.1 (updated desk procedure for short-term)<br><br>1c. Calendar Invite (Training for short-term)<br><br>2a. Processing of Misdirected Claims Desk Procedure<br><br>2b. Processing of Misdirected Claims P&P<br><br>2c. Processing of Misdirected Claims Workflow Chart<br><br>2d. New | 10/12/2018 | 04/08/2019 | **05/22/19** – The following documentation supports the MCP's efforts to correct this finding:<br><br>- Written response by the MCP explaining that they updated the weekly misdirected claims report used for identifying eligible claims to highlight non-contracted misdirected claims. The MCP provided, "Ticket 124643 – Update Report Specs" to document the report update.<br><br>- Updated Desktop Procedure, "Misdirected Claim" (10/12/18) as evidence that the MCP will be monitoring, reviewing, and forwarding any claims that are not HPSM responsibility of HPSM.<br><br>- Calendar Invites, "Update to Misdirected Claims" and New Misdirected Claim |

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| | reflected on the attachment labeled 'Ticket 124643 – Update report specs'. The Claims Department Desk Procedure was also updated to account for the update. The training for this update was provided to the designated Claims Examiner on 10/12/18.<br><br>2. To address the deficiency long-term, HPSM developed an application that automatically captures all applicable misdirected claims and stores them in a devoted database allowing for closer oversight and | Misdirected Claims Process Demo (training for staff on new workflow) | | | Process – DEMO" as evidence that the MCP has held training sessions to MCP staff on the updated misdirected claims process.<br><br>- Updated Desktop Procedure, "Processing of Misdirected Claims" (5/13/19) as evidence that the MCP will redirect to the appropriate delegated payer within 10 working days any non-contracted and emergent misdirected claims.<br><br>**12/27/19** – The following additional documentation submitted supports the MCP's subsequent efforts to correct this finding:<br><br>- Updated P&P, "CL-05: Handling of Misdirected Claims" (12/27/19) as evidence that the MCP has amended the misdirected |

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| | tracking. The new process also allows for a high level of automation, reducing the risk of human error. HPSM transitioned to the new database on 04/08/2019.<br><br>Monthly reports will be sent to the overseeing Claims Manager to monitor overall compliance with regulatory requirements. The Compliance team will be conducting quarterly misdirected claims audits to monitor compliance. | | | | claims policy to also include Family Planning and State Supported Services.<br><br>- Workflow Chart, “Processing of Misdirected Claims” which outlines the MCP’s process in forwarding misdirected emergency services and family planning claims to the members’ capitated provider within 10 working days of receipt of the claim.<br><br>**This finding is closed.** |

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| **3.4.1 Members' Access to Drugs in Emergency Situations**<br><br>The Plan did not monitor network hospitals to ensure that emergency departments have policies and procedures in place related to emergency medication dispensing.<br><br>**This is a repeat finding.** | In addition to policy revisions to HS.011 (Ensuring Access to Drugs in Emergency Situations) and RX.025 (Emergency Fills), HPSM has also focused on the following:<br>• Confirmed access to drugs is granted and prescriptions can be/are filled by pharmacies in emergency situations.<br>• Facilitated removal of claims processing restrictions when drug access requests are related to discharge.<br>• Monitored and tracked drug access requests related to emergency | 1. HS.011<br><br>2. RX.025<br><br>3. RX Emergency Discharge Request Log | 12/01/2018 – Revise policy HS.011 and begin aggregating and tracking emergency requests as a specific type of request. Emergency access needs to medications are to be resolved as part of the response and tracking process. | 12/01/2018 | **05/22/19** - The following documentation supports the MCP's efforts to correct this finding:<br><br>- Policy HS-11 states that the MCP will maintain an adequate network of 24/7 pharmacies to ensure member access to a supply of drugs anytime. The MCP will monitor access through the monitoring of drug access requests related to emergency situation. The Pharmacy department has begun aggregating and tracking requests. The MCP will also evaluate negative trends identified from grievances relating to drug access in emergency situations.<br><br>- Policy RX.025 authorizes pharmacies to provide up to a 72-hour supply of drugs without restriction in |

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| | situations.<br><br>In November of 2018, the Pharmacy department aggregated 2018 documented requests and began tracking future requests. HPSM has been ensuring access as part of the response process. | | | | emergency situations. Including prescriptions awaiting submission of a coverage request or request determination.<br><br>- Rx Emergency Discharge Request Log dated 5/17/19 demonstrates the MCP is monitoring drug dispensation related to emergency situations.<br><br>**4/3/20** - The following additional documentation supports the MCP's efforts to correct this finding:<br><br>- Policy RX.025 was updated to include a new section that describes the MCP's monitoring activities for access to drugs in emergency situations.<br><br>**5/29/20** - The following additional documentation supports the MCP's efforts to correct this finding: |

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| | | | | | - Rx Emergency Discharge Log and Tracker that is used to log prescription drugs requested in emergency situations.<br><br>- Pharmacy Team Meeting Agenda from 5/12/20 serves as evidence the Pharmacy team has a standing agenda item to discuss Emergency Access and review the contemporaneous log.<br><br>- Rx Emergency Access Trends Report from 5/12/20 serves as evidence the MCP is conducting analysis of the data in the contemporaneous log.<br><br>**6/24/20** - The following additional documentation supports the MCP's efforts to correct this finding:<br><br>- Email communication |

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| | | | | | dated 6/24/20 the MCP indicated it uses fax blasts and newsletter notices to communicate the emergency supply requirement to the MCP's pharmacy network and also maintains a 24/7 pharmacy help desk.<br><br>**10/14/20** - The following additional documentation supports the MCP's efforts to correct this finding:<br><br>Rx Emergency Discharge Log and Tracker dated 10/9/20 and Rx Emergency Access Trends Report from Q2 2020 demonstrate the MCP is continuously monitoring the provision of drugs in emergency situations.<br><br>**This finding is closed.** |

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| **4. Member's Rights** | | | | | |
| **4.1.1 Review of Quality of Care Grievances**<br><br>The Plan did not ensure a medical director reviewed quality of care (QOC) grievances prior to sending resolution letters.<br><br>**This is a repeat finding.** | HPSM is in the process of creating a workflow where G&A will forward QOC grievances for review and recommendation to a physicians' consulting group (Advanced Medical Reviews) as a short-term solution.<br><br>HPSM expects to later implement a process for Medical Directors to review QOC grievances prior to sending resolution letters. | | 07/01/2019 | 10/01/2019 | **10/18/19** - The following documentation supports the MCP's efforts to correct this finding:<br><br>- Policy GA.07 revision date 9/23/19 describes the MCP's process of presenting QOC grievances to the Medical Quality Review Group which consists of at least one Medical Director. All QOC grievances are reviewed by the Medical Quality Review Group prior to the grievance being closed. Email communication with the MCP dated 10/18/19 confirms this process is in operation.<br><br>**This finding is closed.** |

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| **4.1.2 Grievance Resolution Timeframe**<br><br>The Plan did not resolve grievances within 30 calendar days. | The G&A Unit experienced staffing shortages during 2018, which contributed to the failure to resolve cases by their due date. G&A Unit has added a Coordinator II position in December 2018 to assist with case review and ensure timely resolution of all grievances. In addition, a G&A Manager was hired in November 2018, who is conducting monitoring through weekly reports. | 1. Dashboard Measures of Grievance Resolution Timeliness<br><br>2. Weekly Report sample | 12/01/2018 | 12/01/2018 | **05/22/19** – The following documentation supports the MCP's efforts to correct this finding:<br><br>- MCP's written response in the "Action Taken" column of the CAP document confirming that the G&A Unit hired additional staff, including Coordinator II (December 2018) and G&A Manager (November 2018).<br><br>- Sample report, "Weekly Report Cases" as evidence that the MCP is monitoring timeframes for grievance resolution. The report includes all open grievances and dates indicating their grievance status.<br><br>- A snap shot of "Dashboard Measure, Grievance Resolution Timeliness" indicates that |

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| | | | | | timeliness of the Standard Written Grievance notification results in an improvement in compliance from December 2018 – March 2019. The MCP reached a 100% compliance in March.<br><br>**08/06/19** – The following additional documentation supports the MCP's subsequent efforts to correct this finding:<br><br>- An email (08/06/19) which includes an updated dashboard measure from March through June that demonstrates compliance resolution of standard grievances.<br><br>**08/07/19** – The following additional documentation supports the MCP's subsequent efforts to correct this finding: |

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| | | | | | - Sample report, "Weekly GA Resolution Timeliness Grievances" (08/05/19) that includes cases that were due the previous week. The report specifies if the cases are timely based on whether or not the resolution letter was mailed before the due date.<br><br>**This finding is closed.** |
| **4.1.3 Grievance Status Notification Letter**<br><br>The Plan did not send status notification letters to members when a resolution was not reached within 30 days. | The G&A Unit experienced staffing shortages during 2018, which contributed to the failure to resolve cases by their due date. G&A Unit has added a Coordinator II position in December 2018 to assist with case review and ensure timely resolution of all grievances. In addition, a G&A | 1. Dashboard Measures of Grievance Resolution Timeliness<br><br>2. Weekly Report sample | 12/01/2018 | 12/01/2018 | **05/22/19** – The following documentation supports the MCP's efforts to correct this finding:<br><br>- MCP's written response in the "Action Taken" column of the CAP document confirming that the G&A Unit hired additional staff, including Coordinator II (December 2018) and G&A Manager (November 2018).<br><br>- Sample report, "Weekly |

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| | Manager was hired in November 2018, who is conducting monitoring through weekly reports. | | | | Report Cases" as evidence that the MCP is monitoring timeframes for grievance resolution. The report includes all open grievances, due date, grievance status, and the reason for the status.<br><br>**08/07/19** – The following additional documentation submitted supports the MCP's subsequent efforts to correct this finding:<br><br>- An email (08/07/19) which includes a description of the MCP's process of monitoring cases that would be due every week and determine if any status notification letters need to be generated. MCP monitors these cases through a Case Review to ensure letters were sent on time. |

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| | | | | | - A sample Review Case Form that is used is to help monitor whether notifications were sent on time. Question 20 of the form ensures that notification letters must be sent to members when a resolution was not reached within 30 days.<br><br>**This finding is closed.** |
| **4.1.4 Grievance Filing Timeframe**<br><br>The Plan did not provide an accurate grievance filing timeframe in the provider fact sheet sent to providers during grievance processing. The Plan's policy contained an outdated grievance filing timeframe. | HPSM updated provider fact sheet and P&Ps on 4/9/2019 to reflect accurate grievance filing timeframes.<br><br>Staff were trained on the timeframe on 3/11/2019. | 1. Staff Meeting Agenda 3/11/2019<br><br>2. Staff Meeting Sign in Sheet 3/11/2019<br><br>3. Provider Fact Sheet<br><br>4. Updated P&P | 04/09/2019 | 04/09/2019 | **05/22/19** – The following documentation supports the MCP's efforts to correct this deficiency:<br><br>- Updated P&P GA.10 "Overview of Member Complaints Process for Medi-Cal, Healthy Kids, HealthWorx and ACE" revised 03/05/19 allows Medi-Cal beneficiaries to file grievances at any time. (Section 9(9.1)) |

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| | | | | | - Revised "Provider Fact Sheet" (Section, "Timeframes for filing and resolving complaints" shows no time limit for filing a grievance.<br><br>- "G&A Staff Meeting Agenda" and sign-in sheet (03/11/19) as evidence that G&A staff received training. The documentation address timeframes for grievance filling that is consistent with the contractual requirements. There is no time limit for filling a grievance. (Page 1 (4))<br><br>**08/06/19** – The following additional documentation supports the MCP's efforts to correct this deficiency:<br><br>- Revised P&P GA.07 "Member Grievance Procedure for Medi-Cal, Healthy Kids, HelathWorx, |

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| | | | | | and Ace" (08/05/19) specifies that Medi-Cal members may file a grievance at any time. (Section 2.0 (2.1))<br><br>**This finding is closed.** |
| **4.1.5 Grievance Resolution Letter**<br><br>The Plan's resolution letter for grievances related to appointment wait time contained misleading information for the member. | G&A Staff was instructed to not include this information in any resolution letters. | 1. Staff Meeting Agenda 02/12/2019<br><br>2. Staff Meeting Sign in Sheet 02/12/2019 | 02/12/2019 | 02/12/2019 | **05/22/19** – The following documentation supports the MCP's efforts to correct this finding:<br><br>- "Grievance and Appeals Staff Meeting Agenda" (02/12/19) which provide direction to the MCP's Grievance and Appeals staff to not use Appointment Availability verbiage.<br><br>- "Grievance and Appeals Staff Meeting Sign-In Sheet" (02/12/19) as evidence that the MCP's Grievance and Appeals staff attended the meeting and received direction to |

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| | | | | | not use Appointment Availability verbiage.<br><br>**12/13/19** – The following additional documentation submitted supports the MCP's subsequent efforts to correct this finding:<br><br>- Sample "Grievance Resolution Letter" for an excessive wait time grievance that does not contain misleading information for the member. The grievance letter does not reference part of a regulation that allowed providers to extend waiting times for appointments.<br><br>**This finding is closed.** |

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| **4.3.1 Initial Reporting of a Breach**<br><br>The Plan did not require its business associates to immediately notify them of a breach. As a result, the Plan did not notify DHCS immediately of a breach. The Plan's agreement with its business associates allowed breaches to be reported immediately but no later than three business days of discovery. The Plan's agreement with its business associates was not compliant with contract requirements. | HPSM has updated its Business Associate Agreement (BAA) to indicate that business associates are required to notify HPSM immediately following discovery of any breach of unsecured PHI. | 1. Updated BAA March 2019, Page 5, Section 5 | 03/18/2019 | 03/18/2019 | 05/21/19 – The following documentation supports the MCP's efforts to correct this deficiency:<br><br>- Updated Business Associate Agreement (BAA) (March 2019) which has been amended to include a section on reporting a breach to HPSM immediately.<br><br>06/27/19 – The following documentation supports the MCP's efforts to correct this deficiency:<br><br>- An email (06/27/19) which includes a description of the MCP's monitoring efforts in regards to breaches and security incidents, including those caused by a Business Associate. Which are logged into the incident log by the Plan. Compliance investigator monitors |

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| | | | | | reporting of incidents within the required timeframes per the Contract.<br><br>**This finding is closed.** |
| **5. Quality Management** | | | | | |
| **5.2.1 Annual Oversight of Delegated Entity/ Monitoring of Delegated QI Functions**<br><br>The Plan did not continuously monitor and evaluate its delegated credentialing functions to ensure accountability. The Plan did not conduct annual audit of delegated entities and it did not receive quarterly reporting from delegated entities during the audit period. | 1. HPSM conducted audits of delegated credentialing from October to November 2018.<br><br>2. HPSM will be implementing a new process to enhance oversight of delegated credentialing functions. With the consent of contracted delegated provider groups, HPSM will obtain a copy of the ICE (Industry Collaborative | 1a. 2018 Magellan Credentialing Audit Report<br><br>1b. 2018 BHRS Credentialing Audit Report<br><br>1c. 2018 Kaiser Credentialing Audit Report | 1. Oct – Nov 2018<br><br>2. Q3 2019<br><br>3. Q3 2019 | 1. Oct – Nov 2018<br><br>2. Q3 2019<br><br>3. Q3 2019 | **05/21/19** – The following documentation supports the MCP's efforts to correct this deficiency:<br><br>- Audit tool, "2018 Health Plan of San Mateo Audits for Magellan Health, Inc,. Behavioral Health Recovery Services and Kaiser Foundation as evidence that the Plan is conducting audits on a yearly basis.<br><br>- An email (07/25/19) which states, "Audits for the other five entities are scheduled for this year (2019).<br><br>- An email (09/5/19) which states in part, MCP is |

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| | Effort) for Health annual credentialing oversight audit results. If a contracted group with delegated credentialing functions has not been audited by ICE for Health, HPSM will conduct an annual audit. The ICE audit tool will be used to review the files for accuracy and completion to determine compliance. All audit results will be reviewed by the Credentialing Review Committee and any non-compliant audit results will be reviewed by the external Peer | | | | "using the ICE annual credentialing oversight audit results for those groups (Sutter, Stanford, and LPCH) who are part of ICE". Credentialing audits for SMMC and UCSF have not been conducted, but are scheduled… "SMMC: we are reaching out to SMMC to schedule the next JOM, scheduling the audit will be on the agenda". "UCSF: Reaching out to UCSF to get their copy of the ICE audit".<br><br>**07/01/19** – The following additional documentation supports the MCP's efforts to correct this deficiency:<br><br>- Peer Review Committee/Physician Advisory Group meeting minutes (06/5/19) which provides evidence that the credentialing, re-credentialing and |

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| | Review Committee, who may recommend or initiate corrective action for providers.<br><br>3. HPSM will receive quarterly reports from groups to whom it has delegated credentialing to monitor ongoing compliance. | | | | delegation of credentialing and re-credentialing was approved by the committee members in attendance.<br><br>- Revised P&P, "CR-11:Delegation of Credentialing and Re-Credentialing" (05/29/19) which has been amended to include that after the credentialing/re-credentialing file audit, the Provider Services Manager will complete a written report summarizing the audit results and will submit it to the Peer Review Committee and contact person at the hospital or provider group.<br><br>Also, upon notification from hospital or provider group of any adverse action relating to a providers credentialing, the MCP shall require details of the adverse actions and how |

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| | | | | | the hospitals or groups credentialing has addressed the issue.<br><br>- Delegated Agreements (2017/2018) BHRS, Kaiser, LPCH, Stanford, Magellan, SMMC, Sutter and UCSF which includes requirements of credentialing/re-credentialing reports to be sent to the MCP on a quarterly basis.<br><br>- An email (07/18/19) from the MCP, which states, "Our Provider Services Department monitors and tracks the credentialing reports on a quarterly basis".<br><br>- Credentialing Reports (2019) Kaiser, Magellan, BHRS, Stanford, SMMC, Sutter and LPCH which ensures delegated entities are submitting |

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| | | | | | credentialing reports on a quarterly basis.<br><br>**07/25/19** - The following additional documentation supports the MCP's efforts to correct this deficiency:<br><br>- UMC meeting minutes (10/22/18) and (02/14/19) which provides evidence of documented discussion regarding compliance reports in regards to three delegated entities.<br><br>- Delegation Oversight Subcommittee Meeting Minutes (02/12/19) which provides evidence of discussion of delegated audit results, FDR list, delegation oversight model, (pre-delegation, performance monitoring, routine joint operations meetings, annual audits).<br><br>**10/19/19** – The following |

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| | | | | | additional documentation submitted supports the MCP's efforts to correct this deficiency:<br><br>MCP submitted credentialing oversight audit reports completed in 2019.<br><br>**This finding is closed** |
| **5.2.2 Credentialing Policies and Procedures Review**<br><br>The Plan's governing body or designee did not review credentialing and re-credentialing policies and procedures. | The credentialing and recredentialing policies and procedures will be presented to the Peer Review Committee (PRC) for review and the next meeting in June. The review and approval will be documented in the minutes. | | 6/5/2019 | 6/5/2019 | **07/01/19** – The following documentation supports the MCP's efforts to correct this deficiency:<br><br>- PRC meeting minutes (06/05/19) which provide evidence of documented review and discussion of credentialing and re-credentialing policies and procedures.<br><br>**07/16/19** – The following documentation supports the MCP's efforts to correct this deficiency: |

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| | | | | | - Revised P&P, “CR-01: Credentialing of Physician and Non Physician Medical Practitioners, Mid-Level Clinicians, Behavioral Health Providers and HIV/AIDS Specialists which were approved by the HPSM Peer Review Committee on 06/05/19.<br><br>- Revised P&P, “CR-02: Recredentialing of Physicians, Non-Physicians Medical Practitioners, Mid-Level Clinicians, and HIV/AIDS Specialists which were approved by the HPSM Peer Review Committee on 06/05/19.<br><br>- Revised P&P, “CR-11: Delegation of Credentialing and Recredentialing which were approved by the Peer Review Committee on 06/05/19. |

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| | | | | | **This finding is closed.** |
| **5.2.3 Provider Training**<br><br>The Plan did not ensure provider training was conducted for all new primary care providers. | HPSM will be revising contract template language for PCPs and pursuing contract amendments with large provider groups, for whom the expectation is that a provider group designee will be responsible for disseminating HPSM Provider Training materials to new providers and ensuring that provider training requirements are met. HPSM proposes the following amendment / contract language to be added to 'Section 2 – Qualifications' of the | | Q3 2019 | Q3 2019 | **07/01/19** – The following documentation supports the MCP's efforts to correct this deficiency:<br><br>- Report, "Provider Training Report" (01/01/19 – 06/27/19) which provides documented evidence that the Plan is monitoring its providers to ensure training is received within 10 working days of being placed on active status.<br><br>- An email (07/15/19) from the Plan which states, "We are still in the process of getting the contract language updated". We will be updating our P&P's regarding provider training once that is in place, and |

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| | provider contract templates and amended to existing provider group contracts:<br><br>"2.4 Individual physicians newly joining the Provider Group practice shall be trained on PLAN's policies and procedures and applicable regulatory requirements by a representative of the Provider Group practice within ten (10) business days of joining the Provider Group practice. Training shall include, without limitation, PLAN's provider training materials, modules, and policies. The Provider Group practice shall maintain a record of all | | | | submit the P&P's to DHCS once it has been updated".<br><br>- An email (07/22/19) from the Plan which states, "We are doing outreach to the groups and planning to get the contract language updated on a rolling basis with an anticipated completion date of 12/31/19".<br><br>- An email (08/05/19) from the Plan which states, "We are working on drafting the updated language, and can provide you with the draft language in a couple of weeks**". "**However, the revised P&P would not take effect until the contract updates are complete". DHCS will follow-up and send an inquiry on 12/23/19.<br><br>**08/30/19** – The following documentation supports |

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| | physician training conducted and shall provide PLAN with such record at least quarterly or when requested by PLAN." | | | | the MCP's efforts to correct this deficiency:<br><br>- Drafted, P&P, "PS.01-03: Provider Training Procedure" (08/19/19) which demonstrates that the designated training contact shall educate new staff on required training materials within 10 days of new staff joining the organization. DHCS will follow-up with MCP and send an inquiry on final revision of P&P, PS.01.03 on 12/23/19.<br><br>**05/29/20-** The following additional documentation submitted supports the MCP's subsequent efforts to correct this finding:<br><br>- Provider Training Report (01/01/20-03/31/20) and Provider Training Content Areas Document (5/22/20) are evidence of the |

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| | | | | | provider training being conducted for all primary care providers. The Provider Training Report outlines each medical personal based on specialty and included the Medical provider's location of practice in addition to the contracted date and training date to confirm the staff member received the required training within the adequate timeframe. The MCP Provider Training Required Content Areas Document is acknowledgement of the training requirements based on the DHCS contract outlining training under Medi-Cal such as: IHEBA, Health Education standards and guidelines, increasing effectiveness of Provider/patient interaction and more.<br><br>- Updated P & P, "Policy |

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| | | | | | Number: PS-01-03: Policy Title: Provider Training" (05/20/20) which has been amended to include a section on New Provider Training for the required training of all incoming PCP's. This will include the close contact with a network provider who is monitoring and administering the training to ensure it's being completed within the necessary timeline and utilizing supporting documentation to confirm completion including credentialing and Acknowledgement of Receipt of training form for the PCP's file. The MCP has also updated the P & P regarding Compliance Monitoring for Network Providers which will be monitored based on contract requirements |

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| | | | | | **This finding is closed**. |
| **State Supported Services** | | | | | |
| **SSS.1 Misdirected State Supported Service Claims**<br><br>The Plan's policy did not include a process to forward misdirected claims to the appropriate capitated provider. The Plan did not forward misdirected state supported service claims to the members' capitated provider. | HPSM identified the root cause of this finding to be that non-contracted non-emergency misdirected claims were not identified and redirected by the designated Claims Examiner due to how the claims were classified in the weekly misdirected claims report that was used to identify claims that require redirection.<br><br>3. For short-term corrective action, HPSM updated the weekly misdirected claims report used for identifying | 1a. Ticket 124643 – Update to existing report specifications<br><br>1b. Misdirected v2.1 (updated desk procedure for short-term)<br><br>1c. Calendar Invite (Training for short-term)<br><br>2a. Processing of Misdirected Claims Desk Procedure<br><br>2b. Processing of Misdirected Claims P&P<br><br>2c. Processing of Misdirected | 10/12/2018 | 04/08/2019 | **05/22/19** – The following documentation supports the MCP's efforts to correct this finding:<br><br>- Written response by the MCP explaining that they updated the weekly misdirected claims report used for identifying eligible claims to highlight non-contracted misdirected claims. The MCP provided, "Ticket 124643 – Update Report Specs" to document the report update.<br><br>- Updated Desktop Procedure, "Misdirected Claim" (10/12/18) as evidence that the MCP will be monitoring, reviewing, and forwarding any claims that are not HPSM |

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| | eligible claims to highlight non-contracted misdirected claims. Changes are reflected on the attachment labeled 'Ticket 124643 – Update report specs'. The Claims Department Desk Procedure was also updated to account for the update. The training for this update was provided to the designated Claims Examiner on 10/12/18.<br><br>4. To address the deficiency long-term, HPSM developed an application that automatically captures all applicable | Claims Workflow Chart<br><br>2d. New Misdirected Claims Process Demo (training for staff on new workflow) | | | responsibility of HPSM.<br><br>- Calendar Invites, "Update to Misdirected Claims" and New Misdirected Claim Process – DEMO" as evidence that the MCP has held training sessions to MCP staff on the updated misdirected claims process.<br><br>- Updated Desktop Procedure, "Processing of Misdirected Claims" (5/13/19) as evidence that the MCP will redirect to the appropriate delegated payer within 10 working days any non-contracted and emergent misdirected claims.<br><br>**12/27/19** – The following additional documentation submitted supports the MCP's subsequent efforts to correct this finding: |

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| | misdirected claims and stores them in a devoted database allowing for closer oversight and tracking. The new process also allows for a high level of automation, reducing the risk of human error. HPSM transitioned to the new database on 04/08/2019.<br><br>Monthly reports will be sent to the overseeing Claims Manager to monitor overall compliance with regulatory requirements. The Compliance team will be conducting quarterly misdirected claims audits to monitor compliance. | | | | - Updated P&P, "CL-05: Handling of Misdirected Claims" (12/27/19) as evidence that the MCP has amended the misdirected claims policy to also include Family Planning and State Supported Services.<br><br>- Workflow Chart, "Processing of Misdirected Claims" which outlines the MCP's process in forwarding misdirected emergency services and family planning claims to the members' capitated provider within 10 working days of receipt of the claim.<br><br>**This finding is closed.** |

**Submitted by:** **Date:**
**Title:**