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

JENNIFER KENT
DIRECTOR

EDMUND G. BROWN JR.
GOVERNOR

November 2, 2017

Michael Schrader, CEO
CalOptima
505 City Parkway West
Orange, CA 92868

RE: Department of Managed Health Care 1115 Waiver Seniors and Persons with Disabilities Survey

Dear Mr. Schrader:

The Department of Managed Health Care conducted an on-site 1115 Waiver Senior and Persons with Disabilities (SPD) Survey of CalOptima, a Managed Care Plan (MCP), from February 6, 2017 through February 10, 2017. The survey covered the period of November 1, 2014 through October 31, 2016.

On October 31, 2017, the MCP provided DHCS with additional information regarding its Corrective Action Plan (CAP) in response to the report originally issued on July 27, 2017.

All items have been reviewed and found to be in compliance. The CAP is hereby closed. The enclosed report will serve as DHCS' final response to the MCP's CAP.

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

If you have any questions, feel free to contact me at (916) 552-8946 or Joshua Hunter at (916) 440-7587.

Sincerely,

Jeanette Fong, Chief
Compliance Unit

Enclosures: Attachment A CAP Response Form

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

ATTACHMENT A
Corrective Action Plan Response Form

CalOptima:

Survey Type: Department of Managed Health Care
1115 Waiver Seniors and Persons with Disabilities Survey **Review Period: 11/1/14-10/31/16**

MCPs are required to provide a CAP and respond to all documented deficiencies within 30 calendar days, unless an alternative timeframe is indicated in the letter. MCPs are required to submit the CAP via email in word format which 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 long term corrective action or a period of time longer than 30 days to remedy or operationalize, 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.

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

Deficiency Number and Finding	Action Taken	Supporting Documentation	Implementation Date* (*anticipated or completed)	DHCS Comments
1. Utilization Management				
#1: The Plan's Notice of Action (NOA) communications to providers of denials, delays, or modifications of service authorization requests do not consistently include the direct telephone number of the health care professional responsible for the decision.	The Plan respectfully requests DHCS's and DMHC's revision to the final report indicating that out of the sixty-eight (68) files reviewed, two (2) files were identified as non-compliant (~3%). The Plan reviewed the twenty-seven (27) files identified by DMHC as deficient for this requirement. The Plan's review indicates that, of the twenty-seven (27) files identified by DMHC as deficient, twenty-five (25) files are indeed compliant and include the direct telephone number or extension of the health care professional responsible for the denial, delay, or modification. The Plan respectfully submits these twenty-five (25) files with annotation and bookmarks for DHCS's review as	1_Bookmarked UM Files 1_CalOptima_UM_Audit Tool 1_CHOC_May 2015 CAP - Closed 1_Monarch_UM_CAP Request	Not Applicable	**09/07/17** – The following documentation supports the MCP's efforts to correct this finding: - MCP submitted evidence that 25 of the 27 Standard UM Denial Files cited as deficient included the direct telephone number of the health care professional responsible for the decision on the provider's notification. Therefore, DHCS finds that the MCP was only 3% deficient and that this finding was not a systemic issue. - Nevertheless, for the 2 remaining files cited as deficient,

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	documented in [Multiple Attachments, such as "1_File #XX_SPD_UM_Bookmarked"]. The Plan's Audit & Oversight (A&O) Department maintains oversight of this regulatory requirement on a monthly basis utilizing internal audit tools to review a sample of files produced by the Plan and by its delegates. Each clinical auditor utilizes column AH of the CalOptima Utilization Management (UM) Audit Tool [Attachment: 1_CalOptima_UM_Audit Tool] to assess and validate that the Plan and all delegated entities are providing the direct telephone number or extension of the health care professional responsible for the denial, delay, or modification in accordance with CA Health and Safety Code Section 1367.01(h)(4). If the Plan or any delegated entity does not comply with this requirement, a Corrective Action Plan (CAP) is issued in accordance with CalOptima Policy HH: 2005: Corrective Action Plan. The Plan acknowledges that DMHC correctly identified two (2) files that were indeed deficient. Both of these files related to NOAs provided by the Plan's delegates—one case was identified through the Plan's monitoring and was remediated in 2015 through the Plan's CAP process, and one case was identified in the DMHC Audit report, and is currently in the process of being remediated. Further details on these two issues are as follows: Regarding file #14, the Plan's A&O Department has remediated this issue with Children's Hospital of Orange County Health Alliance (CHOC), a delegated entity of the Plan, through consistent communication and issuance of CAP. The CAP addressing this issue has been closed as of August 2015, and is included for review [Attachment: 1_CHOC_May 2015 CAP - Closed]. The delegated entity had operational issues with keeping adequate documentation to illustrate proof of this regulatory requirement due to multiple staff storing this evidence. Since the issuance, completion, and closure of the CAP, the delegated entity has been compliant with this regulatory requirement,			MCP submitted the following evidence to demonstrate follow-up: • Closed CAP issued to Children's Hospital of Orange County Health Alliance (07/17/15) to indicate that the delegate had a temporary staff member who handled the denial file incorrectly, and that the delegate regularly includes the peer-to-peer option as required. The CAP has been closed as of 08/10/15. • Open CAP issued to Monarch Healthcare (08/28/17) to indicate that the plan is requiring resolution of this deficiency from the delegate. The CAP is due back to the plan by 09/15/17. **This finding is closed.**

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	which has been illustrated through the monthly monitoring process. Thus, no further action is required with CHOC in relation to this requirement. Regarding file #2, Monarch Healthcare, another delegated entity of the Plan, was issued a CAP request on August 28, 2017 by the Plan's A&O Department to ensure remediation of this regulatory finding [Attachment: 1_Monarch_UM_CAP Request]. The CAP response is due back to the Plan's A&O Department by September 15, 2017 with an anticipated remediation of this issue by the close of the month.			
2. Continuity of Care				
#2: For newly enrolled members under 18 months of age, the Plan does not ensure the timely provision of an Initial Health Assessment.	The Plan updated policy GG.1613: Initial Health Assessment by adding the language to sections II.A.1 and III.D.3 [Attachment: 2_GG.1613 Initial Health Assessment] to incorporate additional language in response to the identified finding. These changes were approved by the Plan's internal Policy Review Committee on August 25, 2017, and will be finalized by the Plan's Chief Executive Officer following DHCS review and approval of the changes. **9/26/17 – Follow up** The Plan appreciates the opportunity to address the request for additional information, made on 9/14/17, by DHCS. The request and responses are as follows: 1. DHCS stated "We have reviewed the revised document, Initial Health Assessment Policy #GG.1613. We have attached comments directly in the PDF file. Please see attached document." ▪ The Plan updated CalOptima policy GG.1613: Initial Health Assessment by adding language to section III.2.b [Attachment: 2_GG.1613: Initial Health Assessment] to incorporate additional language in response to the follow-up request. 2. DHCS stated "We also need to know if the plan is actually implementing its process regarding the added language for the	**9/26/17 - Follow-Up** 2_GG.1613 Initial Health Assessment 2_IHA Reference Guide	Retroactive implementation to August 1, 2017; pending DHCS approval.	**09/26/17** – The following documentation supports the MCP's efforts to correct this finding: -Updated policy, "Initial Health Assessment, Policy #: GG.1613" (08/01/17) which has been amended to incorporate IHA requirements for members under the age of 18 months (Section II.A.1). - Initial Health Assessment Reference Guide (09/26/17) as evidence that the plan provides guidance to providers on specific CPT/diagnosis codes to use to designate IHA completion. The reference guide includes a statement reminding providers of the IHA requirements for members under the age of 18 months. - Written response (09/26/17) by the plan confirming that the monitoring tools have been updated to include a categorization of IHA completion for members under 18 months and over 18 months. **This finding is closed.**

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	IHA. If so, can we please see evidence that the plan is monitoring for IHA completion for members under 18 months? If not, can the plan please describe is monitoring process going forward?" ▪ The Plan respectfully notes that the Plan's monitoring tools have been updated to include a categorization of IHA completion for members under 18 months and over 18 months. As part of the Plan's weekly communication, the Plan has included an IHA Reference Guide [Attachment 2_IHA Reference Guide] as a reminder to the Plan's providers regarding IHA completion for members under 18 months.			
3. Availability and Accessibility				
#3: The Plan failed to establish hours of operation standards for provider facilities.	The Plan updated policy GG.1600: Access and Availability Standards by adding the language to section III.H [Attachment: 3_GG.1600 Access and Availability Standards] to incorporate additional language in response to the identified finding. These changes were approved by the Plan's internal Policy Review Committee on August 25, 2017, and will be finalized by the Plan's Chief Executive Officer following DHCS review and approval of the changes. In preparation for the next survey cycle in 2018, the Plan will add a question in the annual Timely Access Survey to ensure that the Plan's physicians offer hours of operations similar to commercial Members or comparable to Medi-Cal Fee-For-Service. **9/25/17 – Follow up** The Plan appreciates the opportunity to address the request for additional information, made on 9/19/17. As a follow-up to this request, the Plan has requested additional guidance from DHCS and is currently awaiting a response.	3_GG.1600 Access and Availability Standards	Retroactive implementation to August 1, 2017; pending DHCS approval	**10/11/17** – The following documentation supports the MCP's efforts to correct this finding: - Updated policy, "Access and Availability Standards , Policy GG.1600" (approved by PRC 08/23/17). The P&P is consistent with the contractual requirement which requires contracting providers to offer hours of operations similar to commercial members or comparable to Medi-Cal Fee-For-Service (page 6, Section III.H). In regards to ensuring that providers' offer hours of operation are reasonable, the plan's P&P indicates that if timely access issues are identified during its annual monitoring (e.g. member and provider satisfaction surveys, timely access study, etc.), the health network will be required to submit a CAP. As part of the CAP, the health network will be required to review whether provider hours of operation and/or provider's scheduling practices contributed to the deficiencies (page 16, Section IV.D).

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				This finding is closed.
4. Members' Rights				
#4 The Plan failed to consistently identify all expressions of dissatisfaction as grievances	**Remedial Training** In response to the identified finding, the Plan's Customer Service department conducted remedial training to Customer Service staff on 8/18/17 [Attachment: 4_CS Training Sign-in-Sheets_17-08-18], to establish a clear understanding of when to classify a Member's phone call as a grievance. The staff was provided with the following information during the training: • A presentation of the DMHC Audit findings, focusing on finding #4 [Attachment: 4_CS Training slides_17-08-18]; • A review of the terms and definitions: Inquiry, Standard Grievance, Exempt Grievance, Expedited Grievance, Resolution, Potential Quality of Care; • A review of sample cases identified as deficient in the audit report, and a discussion about what the error was in those instances; • An overview of next steps including focus audits and updating the documentation template tools to assist with grievance and Potential Quality Issue (PQI) categorization. **Updates to Systems, Documents, and Processes** Additionally, the Plan is developing a new process and updating existing auditing and monitoring processes, to ensure that Customer Service staff have adequate tools to maintain compliance and to ensure appropriate oversight. These changes require extensive system, desktop and auditing tool updates. The Plan has actively begun making these modifications in anticipation of additional Customer Service Staff training as evidenced below: • CalOptima's FACETS system has been updated to include the categories as outlined in CCR 1300.68(e)(2) [Attachment: 4_New Grievance FACETS Subjects and Categories]; Updated the Customer Service Auditing desktop to increase the number of calls audited from 6 to 8 per month for each Customer Service staff	**Remedial Training** 4_CS Training Sign-in-Sheets_17-08-18 4_CS Training slides_17-08-18 **Updates to Systems, Documents, and Processes** 4_New Grievance FACETS Subjects and Categories 4_CS Auditing Procedure DTP_Draft **Follow-Up Staff Training** Documentation to follow, on or after October 27, 2017 **Full Implementation** *Not Applicable*	Remedial Training August 18, 2017 Updates to Systems, Documents, and Processes Completed or anticipated during range from August 18, 2017 to October 20, 2017 Follow-Up Staff Training October 27, 2017 Full Implementation November 1, 2017	**09/08/17** - The following documentation supports the MCP's efforts to correct this finding: - PowerPoint training, "Customer Service Training Workshop – 2017 DMHC Audit Results" (08/18/17) and corresponding sign-in sheet as evidence that MCP conducted remedial training. The training slides discuss the findings from the Review including finding 4, and includes sample cases for review and discussion. The training discusses next steps, which include internal audits and updating of tools. - CS Auditing Desk Top Procedure. (Rev. 08/25/17) was updated to increase the number of audited calls from 6 to 8 per month. The DTP also states that customer service staff will audit daily call report to audit all calls from the previous day. The daily audits include checking for missed grievances. **10/31/17** - The following additional documentation supports the MCP's efforts to correct this finding: - Grievance Call Scripts and Coding Guide no longer instructs CSRs to educate members on their grievance rights and classify all expressions of dissatisfaction grievances even if member declines to proceed. Each template / script is programmed to indicate forwarding to either our Grievance team or to triage for possible resolution by the end of the next business day. - Grievance Process Training for Customer Service (10/25/17), agenda, slides and sign-in sheet serve as

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	and to outline the process of the review of the Daily Call Report [Section II.A-E. of Attachment: 4_CS Auditing Procedure DTP_Draft]. The Plan has established additional action items to be completed, reflective of the modifications made to the Plan's software programming as it pertains to the current categorization codes in response to finding #7. The Plan will be implementing the following additional action items: • Update Inquiry Exempt Standard Grievance Workflow and Grievance Call Scripts to align with the new categories; • Develop a Daily Call Report to identify potential grievances that were categorized incorrectly; • Modify the current Customer Service auditing tool for appropriate identification of an Inquiry, Grievance and /or Potential Quality Issue; and • Develop a grievance coding guide to assist Customer Service staff with appropriate categorization of grievances. **Follow-Up Staff Training** Upon completion of the above action items, the Plan will conduct additional trainings to the Customer Service staff to be completed by October 27, 2017. These trainings will include, but are not limited to the updates made to desktops, scripts, categories and internal monitoring and audit protocols. **Full Implementation** The Plan expects to have a full implementation date of November 1, 2017. **<u>10/31/17 – Follow up</u>** The Plan would like to provide DHCS with the following supporting documentation as follow-up to its initial CAP submission. As previously noted, the Plan worked to implement controls and	**<u>10/31/17 – Follow up</u>** 4_5_6_7_9_CS Staff Training - Grievance Process_17-10-25 4_5_6_7_9_Grievance Call Scripts & Coding Guide_17-11-01	**<u>10/31/17 – Follow up</u>** October 25, 2017	evidence that follow-up training was conducted. The training includes an overview of findings from the DMHC Review and instruction on how to properly code and process grievances. The training also includes key words to listen for to identify grievances. - "Customer Service Monitoring Form – Member Line" and "Auditing Tool Daily Call Report" as evidence that Customer Service Staff will be monitored and audited through the Daily Call Log Report beginning on 11/1/17. **This finding is closed.**

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	conduct additional trainings. For your review, the plan provides evidence of additional training conducted with Customer Service Staff [Attachment: 4_5_6_7_9_CS Staff Training - Grievance Process_17-10-25] as well as a finalized Grievance Call Script and Coding Guide [Attachment: 4_5_6_7_9_Grievance Call Scripts & Coding Guide_17-11-01] which will further guide Customer Service Reps in better aligning with the new categories. Additionally, Customer Service Staff will be monitored and audited through the Daily Call Log Report, beginning on 11/1/17. The Customer Service Auditing procedures [Attachment: 4_5_6_7_9_Desktop Auditing Procedure_17-11-01] as well as the finalized auditing tools [Attachments: 4_6_7_9_Auditing Tool_Daily Call Report (EG)_17-11-01 and 4_5_6_7_9_Auditing Tool_Customer Service_17-11-01] will ensure that mis-categorization issues are identified and addressed.	4_5_6_7_9_Desktop Auditing Procedure_17-11-01 4_6_7_9_Auditing Tool_Daily Call Report (EG)_17-11-01 4_5_6_7_9_Auditing Tool_Customer Service_17-11-01	November 1, 2017 November 1, 2017 November 1, 2017 November 1, 2017	
#5: The Plan's practice of accepting declinations to file grievances from members after they have already expressed dissatisfaction does not ensure adequate consideration of enrollee grievances. The Plan failed to consistently identify all expressions of dissatisfaction as grievances.	**Remedial Training** In response to the identified finding, the Plan conducted remedial training to Customer Service on 8/18/17 [Attachment: 5_CS Training Sign-in-Sheets_17-08-18], to establish a clear understanding of when to classify a Member's phone call as a grievance. The staff was provided with the following information during the training: • A presentation of the DMHC Audit findings, focusing on finding #5 [Attachment: 5_CS Training slides_17-08-18]; • A review of the terms and definitions: Inquiry, Standard Grievance, Exempt Grievance, Expedited Grievance, Resolution, Potential Quality of Care; • A review of sample cases identified as deficient in the audit report, and a discussion about what the error was in those instances; • An overview of next steps including focus audits and updating the documentation template tools to assist with grievance and Potential Quality Issue (PQI) categorization. **Updates to Systems, Documents, and Processes** Additionally, the Plan is developing a new process and updating	**Remedial Training** 5_CS Training Sign-in-Sheets_17-08-18 5_CS Training slides_17-08-18 **Updates to Systems, Documents, and Processes** 5_CS Auditing Procedure DTP_Draft 5_CS Grievance and Appeals DTP_Draft **Follow-Up Staff Training** Documentation to follow, on or after October 27, 2017 **Full Implementation** *Not Applicable*	**Remedial Training** August 18, 2017 **Updates to Systems, Documents, and Processes** *Completed or anticipated during range from August 18, 2017 to October 20, 2017* **Follow-Up Staff Training** October 27, 2017 **Full Implementation** November 1, 2017	**09/08/17** - The following documentation supports the MCP's efforts to correct this finding: - PowerPoint training, "Customer Service Training Workshop – 2017 DMHC Audit Results" (08/18/17) and corresponding sign-in sheet as evidence that MCP conducted remedial training. The training slides discuss the findings from the Review including finding 5 (slide 12), and includes sample cases for review and discussion. - CS Auditing Desk Top Procedure. (Rev. 8/25/17) was updated to increase the number of audited calls from 6 to 8 per month. The DTP also states that customer service staff will audit daily call report to audit all calls from the previous day. The daily audits include checking for missed grievances as well as appropriate grievance scripting and coding. **09/26/17** - The following additional documentation

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	existing auditing and monitoring processes, to ensure the Customer Service Staff have adequate tools to maintain compliance and to ensure appropriate oversight. These changes require extensive system, desktop and auditing tool updates. The Plan has actively begun making these modifications in anticipation of additional Customer Service Staff training as evidenced below: • Updated the Customer Service Auditing desktop to increase the number of calls audited from 6 to 8 per month for each Customer Service staff [Section II.A-E. of Attachment: 5_CS Auditing Procedure DTP_Draft] and to outline the process of the review of the Daily Call Report [Section II.F. of Attachment: 5_CS Auditing Procedure DTP_Draft]; • Updated the Customer Service Grievance and Appeals Desktop to remove the process of "offering grievances rights" or "opening a case" to a member that is expressing dissatisfaction [Attachment 5_CS Grievance and Appeals DTP_Draft] The Plan has established additional action items to be completed, reflective of the modifications made to the Plan's software programming as it pertains to the current categorization codes in response finding #7. The Plan will be implementing the following additional action items: • Establish resolution criteria guide for each call category; • Develop Grievance Call Scripting for Customer Service Staff to handle grievances where the member declines to submit a grievance; • Develop acknowledgement letter for "silent grievances" to accommodate members who wish to remain anonymous. **Follow-Up Staff Training** Upon completion of the above action items, the Plan will conduct additional trainings to the Customer Service staff to be completed by October 27, 2017. These trainings will include, but are not limited to the updates made to desktops, scripts, categories and internal monitoring			supports the MCP's efforts to correct this finding: - Appeals and Grievance Desktop procedure (09/15/17) was updated to remove language directing the CSR to educate the member on the right to file a "grievance" rather than routinely forwarding it GARs for processing as a standard grievance. **10/31/17** - The following additional documentation supports the MCP's efforts to correct this finding: - Grievance Call Scripts and Coding Guide no longer instructs CSRs to educate members on their grievance rights and classify all expressions of dissatisfaction grievances even if member declines to proceed. Each template / script is programmed to indicate forwarding to either our Grievance team or to triage for possible resolution by the end of the next business day. - Grievance Process Training for Customer Service (10/25/17), agenda, slides and sign-in sheet serve as evidence that follow-up training was conducted. The training includes an overview of findings from the DMHC Review and also includes key words to listen for to identify grievances. The training also provides guidance to CS staff on how to distinguish inquiries from grievances. - "Customer Service Monitoring Form – Member Line" and "Auditing Tool Daily Call Report" as evidence that Customer Service Staff will be monitored and audited through the Daily Call Log Report beginning on 11/1/17. **This finding is closed.**

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	and audit protocols. **Full Implementation** The Plan expects to have a full implementation date of November 1, 2017. **<u>9/26/17 – Follow up</u>** • The Plan appreciates the opportunity to address the request for additional information, made on 9/14/17. The request and responses are as follows: 1. DHCS stated "We were unable to find where this process was originally located in the DTP. Can you please direct us to where this was located?" ▪ The Plan respectfully notes that the removal of "offering grievance rights" and "opening a case" process in the Grievance and Appeals Desktop occurred in a prior revision of this DTP [Attachment: 5_Grievance and Appeals DTP 03.06.2017 (pg. 7)]. 2. DHCS also noted that some technical assistance for the Grievance and Appeals desktop, unrelated to the finding, was provided. ▪ The Plan appreciates the technical assistance guidance and has removed the reference to "Appeal" from the grievance definition as recommended [Attachment 5_ Grievance and Appeals DTP 09.15.2017(pg. 4)]. 3. DHCS requested the following clarification "The Survey Report refers to a QoC and/or Exempt Grievance Documentation work aid that instructs the CSR to "educate the member/caller on their right to file a grievance". Were any changes made to this document because of this finding?" ▪ The Plan respectfully notes that the removal of the statement "educate the member/caller on their right to file a grievance" within the Exempt Grievance documentation	**<u>9/26/17 – Follow up</u>** • 5_Grievance and Appeals DTP 03.06.2017 • 5_Grievance and Appeals DTP 09.15.2017 **<u>10/31/17 – Follow up</u>** 4_5_6_7_9_Grievance Call Scripts	**<u>9/26/17 – Follow up</u>** **Update to Desktops** September 15, 2017 **Update to Grievance Call Scripting** October 20, 2017 **Follow-Up Staff Training** October 27, 2017 **Full Implementation** November 1, 2017 **<u>10/31/17 – Follow up</u>**	

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	template has not taken place. This update will occur in conjunction with the updates made to the Grievance Call Scripting. **10/31/17 – Follow up** The Plan appreciates the opportunity to address the request for additional information, made on 10/31/17, by DHCS. The request and responses are as follows: 1. DHCS stated "We are following up on the status of the following items from findings 5 & 6 from the DMHCS SPD Survey Report. – Update to Grievance Call Scripting – 10/27/17 Follow-Up Staff Training – Finalized Auditing Desktop Procedure" ▪ The Plan provides the final Grievance Call Script and Coding Guide [Attachment: 4_5_6_7_9_Grievance Call Scripts & Coding Guide_17-11-01], evidence of the follow-up training conducted with Customer Service Staff [Attachment: 4_5_6_7_9_CS Staff Training - Grievance Process_17-10-25], Customer Service Auditing procedures [Attachment: 4_5_6_7_9_Desktop Auditing Procedure_17-11-01], as well as the finalized auditing tool [Attachment:4_5_6_7_9_Auditing Tool_Customer Service_17-11-01.]	& Coding Guide_17-11-01 4_5_6_7_9_CS Staff Training - Grievance Process_17-10-25 4_5_6_7_9_Desktop Auditing Procedure_17-11-01 4_5_6_7_9_Auditing Tool_Customer Service_17-11-01	November 1, 2017 October 25, 2017 November 1, 2017 November 1, 2017	
#6: The Plan inappropriately documents grievances as resolved.	**Remedial Training** In response to the identified finding, the Plan's Customer Service department conducted remedial training to Customer Service staff on 8/18/17 [Attachment: 6_CS Training Sign-in-Sheets_17-08-18], to establish a clear understanding of when a Member's grievance is resolved. The staff was provided with the following information during the training: • A presentation of the DMHC Audit findings, focusing on finding #5 [Attachment: 6_CS Training slides_17-08-18]; • A review of the terms and definitions: Inquiry, Standard Grievance,	**Remedial Training** 6_CS Training Sign-in-Sheets_17-08-18 6_CS Training slides_17-08-18 **Updates to Systems, Documents, and Processes** 6_CS Auditing Procedure DTP_Draft 6_CS Grievance and Appeals	**Remedial Training** August 18, 2017 **Updates to Systems, Documents, and Processes** *Completed or anticipated during range from August 18, 2017 to October 20,*	**09/08/17** - The following documentation supports the MCP's efforts to correct this finding: - PowerPoint training, "Customer Service Training Workshop – 2017 DMHC Audit Results" (08/18/17) and corresponding sign-in sheet as evidence that MCP conducted remedial training. The training slides discuss the findings from the Review including the review and discussion of sample cases from the audit including the cases from finding 6 that were closed inappropriately.

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	Exempt Grievance, Expedited Grievance, Resolution, Potential Quality of Care; • A review of sample cases identified as deficient in the audit report, and a discussion about what the error was in those instances; • An overview of next steps including focus audits and updating the documentation template tools to assist with grievance and Potential Quality Issue (PQI) categorization. **Updates to Systems, Documents, and Processes** Additionally, the Plan is developing a new process and updating existing auditing and monitoring processes, to ensure that Customer Service staff have adequate tools to maintain compliance and to ensure appropriate oversight. These changes require extensive system, desktop and auditing tool updates. The Plan has actively begun making these modifications in anticipation of additional Customer Service Staff training as evidenced below: • Updated Customer Service Auditing desktop to increase the number of calls audited from 6 to 8 per month for each Customer Service staff [Section II.A-E. of Attachment: 6_CS Auditing Procedure DTP_Draft] and to outline the process of the review of the Daily Call Report [Section II.F. of Attachment: 6_CS Auditing Procedure DTP_Draft]; • Updated Customer Service Grievance and Appeals Desktop to remove the process of "offering grievances rights" or "opening a case" to a member that is expressing dissatisfaction [Attachment 6_Grievance and Appeals DTP_Draft]. The Plan has established additional action items to be completed, reflective of the modifications made to the Plan's software programming as it pertains to the current categorization codes in response to finding #7. The Plan will be implementing the following additional action items: • Establish resolution criteria guide for each call category; • Develop Grievance Call Scripting for Customer Service Staff to handle grievances where the member declines to submit a	DTP_Draft **Follow-Up Staff Training** Documentation to follow, on or after October 27, 2017 **Full Implementation** *Not Applicable*	*2017* **Follow-Up Staff Training** October 27, 2017 **Full Implementation** November 1, 2017	- CS Auditing Desk Top Procedure. (Rev. 8/25/17) was updated to increase the number of audited calls from 6 to 8 per month. The DTP also states that customer service staff will audit daily call report to audit all calls from the previous day to ensure calls had the appropriate resolution. **10/31/17** - The following additional documentation supports the MCP's efforts to correct this finding: - Customer Service Auditing Procedure effective date (11/01/17) has been finalized which includes procedures for auditing Daily Call Reports. - Grievance Process Training for Customer Service (10/25/17), agenda, slides and sign-in sheet serve as evidence that follow-up training was conducted. The training includes guidance to CS staff to only classify grievances as exempt when final resolution has been met by the close of the next business day. - "Customer Service Monitoring Form – Member Line" and "Auditing Tool Daily Call Report" as evidence that as of 11/01/17, CS staff will undergo daily audits to ensure proper routing of cases that have not been resolved by the end of the next business day to GARS. **This finding is closed.**

Deficiency Number and Finding	Action Taken	Supporting Documentation	Implementation Date* (*anticipated or completed)	DHCS Comments
	grievance; • Draft acknowledgement letter for "silent grievances" and submit for approval from the Regulatory Affairs and Compliance department. **Follow-Up Staff Training** Upon completion of the above action items, the Plan will conduct additional trainings to the Customer Service staff to be completed by October 27, 2017. These trainings will include, but are not limited to the updates made to desktops, scripts, categories and internal monitoring and audit protocols. **Full Implementation** The Plan expects to have a full implementation date of November 1, 2017. **9/26/17 – Follow up** The Plan appreciates the opportunity to address the request for additional information, made on 9/20/17. The request and responses are as follows: 1. DHCS stated "Can you send some examples of the Daily Call Report Audits that are mentioned in the CS Auditing Procedure DTP? We are interested in seeing examples of auditing for the appropriate resolutions of calls." ▪ The Plan respectfully notes that attachment 6_CS Auditing Procedure DTP_Draft is in "draft" and has not been finalized nor implemented. As stated in the initial CAP submission, CalOptima intends to finalize the document by 10/20/17. Follow-up staff training will be provided by 10/27/17 and full implementation will occur by 11/1/17. Following the implementation of the auditing process, CalOptima will begin to perform the auditing of the Daily Call Report.	**10/31/17 – Follow up** 4_5_6_7_9_Grievance Call Scripts	**10/31/17 – Follow up**	

Deficiency Number and Finding	Action Taken	Supporting Documentation	Implementation Date* (*anticipated or completed)	DHCS Comments
	10/31/17 – Follow up The Plan appreciates the opportunity to address the request for additional information, made on 10/31/17, by DHCS. The request and responses are as follows: 2. DHCS stated "We are following up on the status of the following items from findings 5 & 6 from the DMHCS SPD Survey Report. – Update to Grievance Call Scripting – 10/27/17 Follow-Up Staff Training – Finalized Auditing Desktop Procedure" ▪ The Plan provides the final Grievance Call Script and Coding Guide [Attachment: 4_5_6_7_9_Grievance Call Scripts & Coding Guide_17-11-01], evidence of the follow-up training conducted with Customer Service Staff [Attachment: 4_5_6_7_9_CS Staff Training - Grievance Process_17-10-25], Customer Service Auditing procedures [Attachment: 4_5_6_7_9_Desktop Auditing Procedure_17-11-01], as well as the finalized auditing tools [Attachments: 4_6_7_9_Auditing Tool_Daily Call Report (EG)_17-11-01 and 4_5_6_7_9_Auditing Tool_Customer Service_17-11-01.	& Coding Guide_17-11-01 4_5_6_7_9_CS Staff Training - Grievance Process_17-10-25 4_5_6_7_9_Desktop Auditing Procedure_17-11-01 4_6_7_9_Auditing Tool_Daily Call Report (EG)_17-11-01 4_5_6_7_9_Auditing Tool_Customer Service_17-11-01	November 1, 2017 October 25, 2017 November 1, 2017 November 1, 2017 November 1, 2017	
#7: The Plan does not describe the issues raised in grievances as required by Rule 1300.68(e)(2).	**Remedial Training** In response to the identified finding, the Plan's Customer Service department conducted remedial training to Customer Service staff on 8/18/17 [Attachment: 7_CS Training Sign-in-Sheets_17-08-18], to inform them of the upcoming changes that will be made to the FACETS system in an effort to comply with six (6) categories specified in Rule 1300.68(e)(2). The staff was provided with the following information during the training: • A presentation of the DMHC Audit findings, focusing on finding #5 [Attachment: 7_CS Training slides_17-08-18]; • A review of the terms and definitions: Inquiry, Standard Grievance, Exempt Grievance, Expedited Grievance, Resolution, Potential Quality of Care;	**Remedial Training** 7_CS Training Sign-in-Sheets_17-08-18 7_CS Training slides_17-08-18 **Updates to Systems, Documents, and Processes** 7_New Grievance FACETS Subjects and Categories 7_CS Auditing Procedure DTP_Draft 7_CS Grievance and Appeals DTP_Draft	**Remedial Training** August 18, 2017 **Updates to Systems, Documents, and Processes** *Completed or anticipated during range from August 18, 2017 to October 20, 2017* **Follow-Up Staff**	**09/08/17** - The following documentation supports the MCP's efforts to correct this finding: - PowerPoint training, "Customer Service Training Workshop – 2017 DMHC Audit Results" (08/18/17) and corresponding sign-in sheet as evidence that MCP conducted remedial training. The training included information on the update to the FACETS system which will now include the 6 categorizes specified in Rule 1300.68(e)(2). - New Grievance FACETS Subjects and Categories screenshots serves as evidence that the 6 six categories

Deficiency Number and Finding	Action Taken	Supporting Documentation	Implementation Date* (*anticipated or completed)	DHCS Comments
	• A review of sample cases identified as deficient in the audit report, and a discussion about what the error was in those instances; • An overview of next steps including focus audits and updating the grievance categories within FACETS. **Updates to Systems, Documents, and Processes** Additionally, the Plan is developing a new process, as well as to update existing auditing and monitoring processes, to ensure that Customer Service staff have adequate tools to maintain compliance and to ensure appropriate oversight. These changes require extensive system, desktop and auditing tool updates. The Plan has actively begun making these modifications in anticipation of additional Customer Service Staff training as evidenced below: • CalOptima's FACETS system has been updated to include the categories as outlined in CCR 1300.68(e)(2) [Attachment: 7_New Grievance FACETS Subjects and Categories]; • Updated Customer Service Auditing desktop to increase the number of calls audited from 6 to 8 per month for each Customer Service staff [Section II.A-E. of Attachment: 7_CS Auditing Procedure DTP_Draft] and to outline the process of the review of the Daily Call Report [Section II.F. of Attachment: 7_CS Auditing Procedure DTP_Draft]; • Updated the Customer Service Grievance and Appeals Desktop to outline the procedure for appropriate categorization of grievances [Page 7 of Attachment 7_CS Grievance and Appeals DTP_Draft]. The Plan has established additional action items to be completed, reflective of the modifications made to the Plan's software programming as it pertains to the current categorization codes in response to finding #7. The Plan will be implementing the following additional action items: • Develop a grievance coding guide to assist Customer Service staff with appropriate categorization of grievances; • Develop a Daily Call Report to identify potential grievances that were categorized incorrectly.	**Follow-Up Staff Training** Documentation to follow, on or after October 27, 2017 **Full Implementation** *Not Applicable*	**Training** October 27, 2017 **Full Implementation** November 1, 2017	from Rule 1300.68(e)(2) are now being used. MCP has more subcategories within each of the main 6 categories. **This finding is closed.**

Deficiency Number and Finding	Action Taken	Supporting Documentation	Implementation Date* (*anticipated or completed)	DHCS Comments
	Follow-Up Staff Training Upon completion of the above action items, the Plan will conduct additional trainings to the Customer Service staff to be completed by October 27, 2017. These trainings will include, but are not limited to the updates made to desktops, scripts, categories and internal monitoring and audit protocols. **Full Implementation** The Plan expects to have a full implementation date of November 1, 2017. **10/31/17 – Follow up** The Plan would like to provide DHCS with the following supporting documentation as follow-up to its initial CAP submission. As previously noted, the Plan worked to implement controls and conduct additional trainings. For your review, the plan provides evidence of additional training conducted with Customer Service Staff [Attachment: 4_5_6_7_9_CS Staff Training - Grievance Process_17-10-25] as well as a finalized Grievance Call Script and Coding Guide [Attachment: 4_5_6_7_9_Grievance Call Scripts & Coding Guide_17-11-01] which will further guide Customer Service Reps in better aligning with the new categories. Additionally, Customer Service Staff will be monitored and audited through the Daily Call Log Report, beginning on 11/1/17. The Customer Service Auditing procedures [Attachment: 4_5_6_7_9_Desktop Auditing Procedure_17-11-01] as well as the finalized auditing tools [Attachments: 4_6_7_9_Auditing Tool_Daily Call Report (EG)_17-11-01 and 4_5_6_7_9_Auditing Tool_Customer Service_17-11-01] will ensure that mis-categorization issues are identified and addressed.	**10/31/17 – Follow up** 4_5_6_7_9_CS Staff Training - Grievance Process_17-10-25 4_5_6_7_9_Grievance Call Scripts & Coding Guide_17-11-01 4_5_6_7_9_Desktop Auditing Procedure_17-11-01 4_6_7_9_Auditing Tool_Daily Call Report (EG)_17-11-01 4_5_6_7_9_Auditing Tool_Customer Service_17-11-01	**10/31/17 – Follow up** October 25, 2017 November 1, 2017 November 1, 2017 November 1, 2017 November 1, 2017	
5. Quality Management				

Deficiency Number and Finding	Action Taken	Supporting Documentation	Implementation Date* (*anticipated or completed)	DHCS Comments
#8: The Plan has not established and implemented a systematic process to assess and evaluate utilization management data to monitor, identify, and correct under- and over-utilization of services.	In its report, the DMHC noted that the Plan "stated that while data was collected during the survey period, the Over Under Utilization Matrix was not implemented until January 2017." (Pages 25-26) and that "the Plan presented no evidence that it met with shared-risk groups during the survey review period to discuss identified patterns of over-and-under-utilization. The implementation of the Over-Under Utilization Matrix is a key element of the Plan's strategy to systematically and routinely analyze utilization management data to monitor for potential under- and over-utilization of Medi-Cal services. The Plan acknowledges that it could not provide evidence of implementation of the Over-Under Utilization Matrix at the time of DMHC's survey. The third quarter (Q3) 2017 meeting [Attachment: 8_UMC Agenda_08-24-17] of the Plan's Utilization Management Committee (UMC) was held on August 24, 2017. During this meeting, the UMC reviewed the quarterly updates to the Plan's Utilization Management (UM) Work Plan and Evaluation [Attachment: 8_Q2_2017_UM Work Plan and Evaluation], which included an updated Over-Under Utilization Matrix [Attachment: 8_2017 Over-Under Utilization Matrix], reflective of data collected in Q2 2017. The matrix is a mechanism to track over- and under-utilization measures across the Plan and its delegated health networks. Since the matrix was implemented in Q1 2017, the Plan has been continually assessing the collected data and reviewing industry standard benchmarks in the development of Plan-specific benchmarks to incorporate into the matrix. Especially when performing cross-network comparisons and comparisons to established benchmarks—which the matrix allows for—Plan staff and the Plan's UMC is responsible for monitoring and detecting patterns, trends, and outliers, and acting accordingly. At the time of this writing, the Plan is collecting Q3 2017 data to be presented in Q4 2017, to the Plan's UMC. At that time, the Plan's discussion will include 3 quarters of data and will allow the UMC the opportunity to compare historical data and begin to observe trends. As time progresses, the process is anticipated to grow to be more robust as	8_Q2_2017_UM Work Plan and Evaluation 8_UMC Agenda_08-24-17 8_Over-Under Utilization Matrix	January 1, 2017	**09/08/17** - The following documentation supports the MCP's efforts to correct this finding: - 2017 Utilization Work Plan and Evaluation which includes a summary table of all Q1 and Q2 2017 activity related to over/under-utilization. The table includes a discussion of various metrics and results as well as next steps. - UM Committee meeting agenda (08/24/17) which serves as evidence that the MCP reviewed the updates to the UM Work Plan and Evaluation and the Q2 Over-Under Utilization Matrix. - Over-Under Utilization Matrix (Q2 2017) as evidence that MCP is collecting various utilization data (e.g., inpatient measures, authorization data, G&A overturn rates, HEDIS measures, etc.) for each of its delegated entities. **This finding is closed.**

Deficiency Number and Finding	Action Taken	Supporting Documentation	Implementation Date* (*anticipated or completed)	DHCS Comments
	the Plan refines benchmarks and data collection efforts over time.			
#9: The Plan does not consistently ensure that potential quality issues are being reviewed, that effective action is taken to improve care where deficiencies are identified, and that follow-up is planned where indicated.	**Remedial Training** In response to the identified finding, the Plan's Customer Service department conducted remedial training to Customer Service staff on 8/18/17 [Attachment: 9_CS Training Sign-in-Sheets_17-08-18], with the Customer Service Staff, to establish a clear understanding of when the case should be forwarded as a potential quality issue (PQI) and that follow-up is documented, as indicated . The staff was provided with the following information during the training: • A presentation of the DMHC Audit findings, focusing on finding #5 [Attachment: 9_CS Training slides_17-08-18]; • A review of the terms and definitions: Inquiry, Standard Grievance, Exempt Grievance, Expedited Grievance, Resolution, Potential Quality of Care; • A review of sample cases identified as deficient in the audit report, and a discussion about what the error was in those instances; • An overview of next steps including focus audits and the need for additional training from the Quality Improvement (QI) Clinical Staff. **Updates to Systems, Documents, and Processes** Additionally, the Plan is developing a new process and updating existing auditing and monitoring processes, to ensure that Customer Service staff have adequate tools to maintain compliance and to ensure appropriate oversight. These changes require extensive system, desktop and auditing tool updates. The Plan has actively begun making these modifications in anticipation of additional Customer Service Staff training as evidenced below: • Updated Customer Service Auditing desktop to increase the number of calls audited from 6 to 8 per month for each Customer Service staff [Section II.A-E. of Attachment: 9_CS Auditing	**Remedial Training** 9_CS Training Sign-in-Sheets_17-08-18 9_CS Training slides_17-08-18 **Updates to Systems, Documents, and Processes** 9_CS Auditing Procedure DTP_Draft 9_PQI Review Process DTP_17-08-23 **Follow-Up Staff Training** Documentation to follow, on or after October 27, 2017 **Full Implementation** *Not Applicable*	**Remedial Training** August 18, 2017 **Updates to Systems, Documents, and Processes** *Completed or anticipated during range from August 18, 2017 to October 20, 2017* **Follow-Up Staff Training** October 27, 2017 **Full Implementation** November 1, 2017	**09/07/17** – The following documentation supports the MCP's efforts to correct this finding: - PowerPoint training, "Customer Service Training Workshop" (08/18/17) and sign-in sheets as evidence that customer staff received training. The training materials addressed two sample cases that were not elevated for PQI review. - Desktop procedure, "Customer Service Department – Auditing Procedures" (08/25/17) which indicates that PQI grievances are being investigated and audited. The audit will check if the CSR captured the correct type of PQI, captured PQI template questions, and captured the appropriate codes. The CS staff will also audit the daily call report to review calls for the previous day for missed grievances/PQI. **10/31/17** – The following additional documentation supports the MCP's efforts to correct this finding: - PowerPoint Training, "CS Team Workshop – PQI" and corresponding sign-in sheet (10/05/17) presented by the QI supervisor (RN) to customer service staff. The training provides numerous examples and scenarious of PQIs that warrant investigation and follow-up by QI staff. - PowerPoint training, "CS Team Workshop Grievance Process" and corresponding sign-in sheet (10/25/17) which

Deficiency Number and Finding	Action Taken	Supporting Documentation	Implementation Date* (*anticipated or completed)	DHCS Comments
	Procedure DTP_Draft] and to outline the process of the review of the Daily Call Report [Section II.F. of Attachment: 9_CS Auditing Procedure DTP_Draft]; • Updated the PQI desktop to reflect an initial review of all PQI's in 3-5 business days by a QI Nurse. The case review will be to ensure urgent medical needs of the Member are addressed [Section IV.B.1of Attachment: 9_PQI Review Process DTP_17-08-23]. The Plan has established additional action items to be completed, reflective of the modifications made to the Plan's software programming as it pertains to the current categorization codes in response to finding #7. The Plan will be implementing the following additional action items: • Update Grievance Call Scripting for Customer Service Staff to probe and properly identify PQI's; • Develop a Daily Call Report to identify potential grievances that were categorized incorrectly; • Modify current Customer Service auditing tool for appropriate identification of an Inquiry, Grievance and /or Potential Quality Issue; • Implement Annual training for Customer Service Staff from QI Clinical Staff; • Update existing PQI tool to assist Customer Service Staff with identifying all PQI issues. **Follow-Up Staff Training** Upon completion of the above action items, the Plan will conduct additional trainings to the Customer Service staff to be completed by October 27, 2017. These trainings will include, but are not limited to the updates made to desktops, scripts, categories and internal monitoring and audit protocols. **Full Implementation** The Plan expects to have a full implementation date of November 1, 2017.			provides CSRs with guidance on what information needs to be collected for grievances involving a PQI. CSRs are required to fill out questions on the template specific to the PQI being reported (slide 37). - "Daily Call Report Auditing Tool" (11/01/17) which will be implemented 11/01/17 as part of the Daily Call Log monitoring process. The audit will check if the CSR properly identifies PQI within the exempt grievance and if the CSR properly flagged Exempt Grievance with priority code for PQI. - "Customer Service Monitoring Form – Member Line" (11/01/17) which will be implemented 11/01/17 as part of the Daily Call Log monitoring process. The form assess whether the CSR utilized CS Notes Template to correctly identify and document PQIs and used the appropriate codes. **This finding is closed.**

Deficiency Number and Finding	Action Taken	Supporting Documentation	Implementation Date* (*anticipated or completed)	DHCS Comments
	9/26/17 – Follow up The Plan appreciates the opportunity to address the request for additional information, made on 9/22/17. The request and responses are as follows: 1. DHCS stated "In the Action Taken column on the CAP, the plan mentioned that it will, "Modify current Customer Service auditing tool for appropriate identification of an Inquiry, Grievance and /or Potential Quality Issue. Can we please see this revised Customer Service audit tool?" ▪ The Plan respectfully notes that the modification of the audit tool is an ongoing process set to be completed by 10/20/17, as stated in the Plan's initial CAP submission. Following the modifications to the audit tool, team members will receive follow-up training on 10/27/17. The Plan remains on-track to achieve full implementation by 11/1/2017, as previously indicated. **10/31/17 – Follow up** The Plan would like to provide DHCS with the following supporting documentation as follow-up to its initial CAP submission. As previously noted, the Plan worked to implement controls and conduct additional trainings. For your review, the plan provides evidence of additional trainings conducted with Customer Service Staff [Attachment: 4_5_6_7_9_CS Staff Training - Grievance Process_17-10-25 and 9_CS Team Training_PQI_17-10-05] as well as a finalized Grievance Call Script and Coding Guide [Attachment: 4_5_6_7_9_Grievance Call Scripts & Coding Guide_17-11-01] which will further guide Customer Service Reps in better aligning with the new categories. Please note the PQI training occurred on October 5, 2017 as evidenced by the sign-in sheet (a previously created September	**10/31/17 – Follow up** 4_5_6_7_9_CS Staff Training - Grievance Process_17-10-25 9_CS Team Training_PQI_17-10-05 4_5_6_7_9_Grievance Call Scripts & Coding Guide_17-11-01 4_5_6_7_9_Desktop Auditing Procedure_17-11-01 4_6_7_9_Auditing Tool_Daily Call Report (EG)_17-11-01 4_5_6_7_9_Auditing Tool_Customer Service_17-11-01	**10/31/17 – Follow up** October 25, 2017 October 5, 2017 November 1, 2017 November 1, 2017 November 1, 2017 November 1, 2017	

Deficiency Number and Finding	Action Taken	Supporting Documentation	Implementation Date* (*anticipated or completed)	DHCS Comments
	2017 training was used). Additionally, Customer Service Staff will be monitored and audited through the Daily Call Log Report, beginning on 11/1/17. The Customer Service Auditing procedures [Attachment: 4_5_6_7_9_Desktop Auditing Procedure_17-11-01] as well as the finalized auditing tools [Attachments: 4_6_7_9_Auditing Tool_Daily Call Report (EG)_17-11-01 and 4_5_6_7_9_Auditing Tool_Customer Service_17-11-01] will ensure that mis-categorization issues are identified and addressed.			
#10: The Plan does not consistently ensure that potential quality of care issues are investigated in a timely manner.	The Plan's QI Department revised a desktop procedure [Attachment 10_PQI Review Process_08.23.17] to reflect a 3-5 business day initial nurse review of all cases reported to QI to determine if any immediate care/intervention is needed for the member. The Potential Quality Issue (PQI) investigation will then proceed with a goal of completion within 90 calendar days. The revised desktop incorporates weekly monitoring by the QI Supervisor to assess those cases outside the 90 calendar day completion goal. The Plans monitoring will ensure that any delays are necessary and appropriate. **9/26/17 – Follow up** The Plan appreciates the opportunity to address the request for additional information, made on 9/22/17. The request and responses are as follows: 1. DHCS stated "The attached PQI Review Process document mentions below for Monitoring: **V. Monitoring** **A.** Cases will be reviewed weekly by the QI Supervisor to mor closure within 90 days.	10_PQI Review Process_08.23.2017 **9/26/17 – Follow up** 10_PQI Weekly Case Review_09.15.17	August 1, 2017	**09/07/17** – The following documentation supports the MCP's efforts to correct this finding: Revised desktop procedure, "PQI Review Process" (08/23/17) as evidence that the plan will investigate potential quality of care issues in a timely manner with a goal of overall completion within 90 days. The case will be reviewed within 3-5 business days from the day of receipt and document that an initial review was performed in the system. The desktop procedure also indicates cases will be reviewed weekly by the QI Supervisor to monitor for case closure within 90 days. **09/26/17** – The following additional documentation supports the MCP's efforts to correct this finding: -Sample report, "PQI Weekly Case Review" (09/15/17) as evidence that the plan is running weekly reports of the status of PQI cases. This report tracks the caseload of all nurses at 30 days, 60 days, 90 days, intervals. The report also tracks the number of cases by referral source and also includes status on cases where multiple requests (3) have been sent for records.

Deficiency Number and Finding	Action Taken	Supporting Documentation	Implementation Date* (*anticipated or completed)	DHCS Comments
	Can we please see documented evidence that this monitoring is occurring? For example, is there a tracking sheet that is being used when the cases are received that we can see? ▪ The Plan respectfully submits a sample PQI Weekly Case Review [Attachment 10_ PQI Weekly Case Review_09.15.17] as evidence of recurring monitoring of PQI cases. This weekly case review tracks timeliness and referral sources for all open cases. The Plan's nurses also receive details of their individual caseloads to track their cases and report individual productivity.			**This finding is closed.**

Submitted by: Michael Schrader (signature on file) **Date:** (originally signed on 9/2/17)
Title: Chief Executive Officer