



JENNIFER KENT  
DIRECTOR

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



EDMUND G. BROWN JR.  
GOVERNOR

September 18, 2018

Ginnette Hawkins, MSW  
Director of Regulatory Affairs and Compliance  
Senior Care Action Network Health Plan  
3800 Kilroy Airport Way, Suite 100  
Long Beach, CA 90806

RE: Department of Health Care Services Medical Audit

Dear Ms. Hawkins:

The Department of Health Care Services (DHCS), Audits and Investigations Division conducted an on-site Medical Audit of Senior Care Action Network Health Plan, a Managed Care Plan (MCP), from March 19, 2018 through March 23, 2018. The survey covered the period of March 1, 2017 through February 28, 2018.

On September 10, 2018, the MCP provided DHCS with additional information regarding its Corrective Action Plan (CAP) in response to the report originally issued on June 29, 2018.

All items have been reviewed and DHCS accepts the MCP's submitted CAP. The CAP is hereby closed. Full implementation of the CAP will be monitored on the subsequent audit. 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 Michael Pank at (916) 345-7829.

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Sincerely,

Hannah Robins, Chief  
Compliance Unit

Enclosures: Attachment A CAP Response Form

cc: Manual Munoz, 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**



**Plan:** Senior Care Action Network Health Plan

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

**Review Period:** 3/1/17 – 2/28/18

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 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* <small>(*anticipated or completed)</small>	DHCS Comments
<b>2. Case Management and Coordination of Care</b>				
<b>2.4 Initial Health Assessment</b>  Deficiency - The Plan did not have policies and procedures involving oversight and training of its network providers to	Expansion upon policies and procedures to ensure that all Fully Integrated Dual Eligible Special Needs (FIDE SNP) plan members receive a comprehensive Initial Health Assessment (IHA) that includes a complete history,	<ul style="list-style-type: none"> <li>- 2018 Network Performance Committee (NPC) Charter</li> <li>- PP_Initial Health Assessment (IHA) Monitoring</li> </ul>	Provider Communication – May 2018  Initiate Work Group meetings – June 2018	<b>07/30/18</b> – The following documentation supports the MCP’s efforts to correct this deficiency:  -Network Performance Committee Charter (02/24/18) which

Deficiency Number and Finding	Action Taken	Supporting Documentation	Implementation Date* <small>(*anticipated or completed)</small>	DHCS Comments
<p>ensure its members receive comprehensive Initial Health Assessments (IHAs).</p> <p>Additionally, the Plan did not have written procedures requiring their providers to document the required components of a comprehensive Initial Health Assessment (IHA)".</p> <p><b>Recommendation -</b> "Develop and implement policies and procedures for their network providers to document the required components of a comprehensive Initial Health Assessment (IHA).</p>	<p>preventative services, comprehensive physical and mental status exam, diagnostic and plan of care, Individual Health Behavioral Assessment (IHEBA) and Staying Healthy Assessment (SHA) by:</p> <ul style="list-style-type: none"> <li>• Providers receive training regarding clinical protocols and evidence-based practice guidelines and adhering to preventative services per the U.S. Preventive Services Task Force (USPSTF) A and B Guidelines for 65+ year old males and females</li> <li>• Ensuring providers review the Staying Healthy Assessment (SHA) with members to identify health and behavioral risks and develop appropriate interventions</li> <li>• Ensure providers receive</li> </ul>	<p>Process Eff 020218</p> <ul style="list-style-type: none"> <li>- PP_Initial Health Assessment (IHA) Monitoring and Oversight_DRAFT_Updated 071718</li> <li>- DOU-0010_First Tier, Down Stream, Related Entities (FDR) Compliance Program Effectiveness Audit Process Eff 050118</li> <li>- CRP-0078_Corrective Action and Escalation Process for Non-Compliant First Tier, Downstream, or Related Entities (FDRs) Eff 032117</li> <li>- DTP_Initial Health</li> </ul>	<p>Develop project plan – June 2018</p> <p>Provider communication – July 2018</p> <p>Validation of IHA monitoring report – July 2018</p> <p>Clarify age specific USPSTF screening for seniors 65+ - July 2018</p> <p>Enhance IHA policy and procedure – Aug 2018</p> <p>Develop internal and provider training materials that include clinical protocols and evidence-based practice guidelines – Aug 2018</p> <p>Conduct network provider training and</p>	<p>establishes a comprehensive oversight program to oversee provider compliance with contractual and regulatory requirements and oversees efforts to correct identified deficiencies and contract non-compliance.</p> <p>-Updated P&amp;P, "Initial Health Assessment (IHA) Monitoring and Oversight" (Pending) which requires members to receive a comprehensive IHA in compliance with regulatory requirements. PCP responsible for performance and documentation, including IHEBA, SHA, and age appropriate preventative services in adherence with USPSTF A and B guidelines. Also requires annual training to include IHA regulatory</p>

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<p>Develop policies and procedures that include oversight and training for its network providers to verify members received comprehensive Initial Health Assessment (IHAs)”</p>	<p>training regarding documentation of required components of a comprehensive Initial Health Assessment (IHA)</p> <ul style="list-style-type: none"> <li>• Ensure medical records consistently document a complete history and physical exam, including age-appropriate assessments such as tuberculosis screening, clinical breast exam, behavioral risk health education, allergy, and social factors</li> <li>• Medical records will include the required Individual Health Behavior Assessment (IHEBA) and Staying Healthy Assessment (SHA)</li> </ul> <p>Enhanced Initial Health Assessment (IHA) monitoring and oversight procedures to</p>	<p>Assessment (IHA) Monitoring Eff 120117</p>	<p>annually thereafter – September 2018</p> <p>Updated network provider facing documents – December 2018</p> <p>Obtain medical group attestation of practitioner training – January 2019</p> <p>Full implementation – February 2019</p>	<p>requirements, clinical protocols, evidence based practice guidelines, age appropriate guidelines and most recent USPSTF A and B requirements.</p> <p>-Monthly compliance reports are generated and Network Performance Workgroup will review and determine appropriate interventions. Delegation Oversight will monitor any corrective action activities.</p> <p>-Updated P&amp;P, Initial Health Assessment Monitoring Process” (02/02/18) in which Delegation Oversight will perform annual audits of randomly selected medical records for documentation and adherence to the provision of a comprehensive IHA.</p>

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	ensure network providers adhere to Initial Health Assessment (IHA) requirements.			<p><b>09/10/18</b> – The following additional documentation supports the MCP’s efforts to correct this deficiency:</p> <ul style="list-style-type: none"> <li>-Fact Sheet, titled: Initial Health Assessment/Staying Healthy Assessment Requirements for Members with Medicare and Medi-Cal, which outlines medical group/primary, care physician responsibilities for conducting a comprehensive IHA and SHA.</li> <li>-PowerPoint training, “Initial Health Assessment/Staying Healthy Assessment SCAN Provider Partner Training” (09/20/18 and 09/26/18) which outlines medical group responsibilities,</li> </ul>

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				<p>components of a comprehensive assessment, including the staying healthy assessment. Also includes documentation standards, identification of members who need an IHA and delegation oversight.</p> <p>-Provider partners to receive copy of fact sheet, medical records request checklist and crosswalk of USPSFT recommendations.</p> <p><b>This finding is closed.</b></p>

Submitted by: [Signature on file]

Date:07/30/18