



TOBY DOUGLAS
DIRECTOR

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



EDMUND G. BROWN JR.
GOVERNOR

Nina Maruama
Officer Compliance and Regulatory Affairs
San Francisco Health Plan
201 3rd Street, 7th Floor
San Francisco, CA 94103

RE: Department of Health Care Services Medical Audit

Dear Ms. Maruama:

The Department of Health Care Services (DHCS) Audits and Investigations Division (A&I) conducted an on-site medical audit of San Francisco Health Plan, a Managed Care Plan (MCP), from March 3, 2014 through March 20, 2014. The audit covered the review period of December 1, 2012, through November 30, 2013.

On October 15, 2014, the MCP provided DHCS with a response to its Corrective Action Plan (CAP) originally issued on August 29, 2014.

All remaining open items have been reviewed and found to be in compliance or are being provisionally closed. The CAP is hereby closed. All items which have been provisionally closed are being referred to the DHCS A&I division for inclusion as components in the next audit, scheduled for March 2015. The enclosed report will serve as DHCS's 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, contact Mr. Edgar Monroy, Chief, Plan Monitoring Unit, at (916) 449-5233 or CAPMonitoring@dhcs.ca.gov.

Sincerely,

Original signed by Nathan Nau, Chief
Medical Monitoring and Program Integrity Section

Enclosure:

cc: Linda McCaul, Contract Manager

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Department of Health Care Services
Medi-Cal Managed Care Division
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Corrective Action Plan
SAN FRANCISCO HEALTH PLAN REVIEW TYPE: DHCS Non-SPD Routine Medical Survey
REVIEW PERIOD: December 1, 2012 to November 30, 2013
Final Report Date: August 7, 2014
SFHP CAP Submission Date: 9-25-14

	Summary of Findings	Action Taken	Implementation Documentation	Completion/Expected Completion Date	DHCS Comments	SFHP Response on 10/15/14
Category 1, Utilization Management Section 1.1, Utilization Management	1.1-1. The Plan did not conduct inter-rater reliability studies or have other mechanisms in place to ensure the consistent application of guidelines. There was no mechanism in place to ensure the consistency or appropriateness of denials made by medical directors.	SFHP adopted an Inter-rater Reliability (IRR) process and contracted with McKesson to utilize a software program to ensure consistent application of review with regards to denials. SFHP has updated Internal policy, UM-22 Authorization Requests, to reflect this change. In addition, the UM department will formally present adverse action reports to the Q2 2015 Quality Improvement Committee (QIC) for discussion, and if required, determine remedial action steps.	1.1_UM_22_Authorization Request_v2014.09.09 1.1_McKessonInterQualIRRSuite Contract_v9.24.14	Policy Implementation:10/10/14 QIC Reporting: 12/31/14	9/29/14 - The MCP submitted a redline copy of P&P UM 22 "Authorization Request" and a copy of page 14, of 15, from an agreement with vendor McKesson for UM software. To close this item the MCP must submit a final version of UM 22 and a copy of the adverse action report to the QIC cited in the response. This item remains open. 10/15/14 – The MCP submitted a final version of UM-22. To close this finding the MCP states it will submit a final QIC report by 12/31/14. This item remains open. 12/22/14 In light of the medical audit scheduled for 3/9/15 – 3/20/15, the MCP's assurance that the report submission required to close this item is forthcoming will suffice to satisfy this item. This item is provisionally closed. Suggest that the scheduled medical audit review the cited documentation for compliance.	SFHP includes a copy of the final version of UM-22 with this response. The Interrater Reliability assessment will be executed on November 3, 2014 and will be completed on November 14, 2014. A final report will be submitted to DHCS by December 31, 2014.
	1.1.-2 The Plan was required to have mechanisms within the UM Program to detect both under- and over-utilization of health care services. Although the Plan used review of individual cases to detect instances of over- and under-utilization, and to subsequently refer to case management, it had no systematic method of detecting overall	SFHP UM department has created ad hoc and quarterly utilization trend reports to detect under and over utilization of clinical services. The Business Intelligence (BI) team is in the process of collaborating with local Medi-Cal plans to determine regional / state / national benchmarks in use. Once established, a quarterly utilization trend report will be formally present to the Q3 2014 QIC for discussion, and if required, determine remedial action steps. SFHP Compliance Department has developed an audit work plan for the 2014-2015 Fiscal year, and will include monitoring of Over/Under Utilization review.	1.1 Utilization Report Sample v9.24.14	Identification of Benchmarks:11/13/14 Full Implementation: 12/31/14	9/29/14 - The MCP submitted a utilization report sample however no explanation was provided as to how this report would be used to address the cited deficiency for detecting overall over-or under-utilization for populations, services, procedures, specialties or providers. To close this item the MCP must submit a copy of the utilization trend report, a description of necessary remedial actions identified by the report, and evidence of the operationalization of the remedial actions. This item remains open. 10/15/14 – The MCP states the evidence of remedial action will be available for DHCS review no earlier than Q1 2015. This item remains open. 12/22/14 In light of the medical audit scheduled for 3/9/15 – 3/20/15, the MCP's assurance that the remedial action evidence, required to close this item is forthcoming will suffice to satisfy this item. This item is provisionally closed.	As indicated in our CAP, SFHP has several steps to complete prior to full implementation, which we expect to be have completed by the end of December. SFHP shall submit the report to DHCS by January 15, 2015. SFHP will be using the supplied Utilization Report, benchmarked with state, national, and yearly trending analysis, to identify over and under-utilization of services and any trends. By monitoring the concurrent and prior authorization trends, SFHP will identify appropriate interventions to address, and follow-up on the interventions to measure their effectiveness. Some of the interventions will focus on, but are not limited to, targeting primary provider education on steverage of members to in-medical group services, appropriate use of primary care facilities versus ED utilization, and member education on available services. Evidence of remedial action will not be available any earlier than Q1 2015.

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	over-or under-utilization for populations, services, procedures, specialties or providers.				Suggest that the scheduled medical audit review the cited documentation for compliance.	Upon identification of any trends and need for remedial action, SFHP shall submit to DHCS the documents developed to address the actions identified.
	1.1-3 There was no evidence of the MCP using external benchmarking for inpatient utilization to detect and respond to potential under-utilization.	SFHP UM department has created ad hoc and quarterly utilization trend reports to detect under and over utilization of clinical services. The Business Intelligence (BI) team is in the process of collaborating with local Medi-Cal plans to determine regional / state / national benchmarks in use. Once established, a quarterly utilization trend report will be formally present to the Q3 2014 QIC for discussion, and if required, determine remedial action steps. SFHP Compliance Department has developed an audit work plan for the 2014-2015 Fiscal year, and will include monitoring of Over/Under Utilization review.	1.1 Utilization Report Sample v9.24.14 1.1.3 San Francisco Health Plan 2014-2015 Audit Work Plan	Identification of Benchmarks:11/13/14 Audit Plan Implementation: 10/31/14 Full Implementation: 12/31/14	9/29/14 - To close this item the MCP must submit evidence of the use of external benchmarking for inpatient utilization. This item remains open. 10/15/14 – The MCP states the evidence of action necessary to close this finding will be submitted following the issue of the Utilization Report, 1/15/15. This item remains open. 12/22/14 In light of the medical audit scheduled for 3/9/15 – 3/20/15, the MCP's assurance that the evidence of action required to close this item is forthcoming will suffice to satisfy this item. This item is provisionally closed. Suggest that the scheduled medical audit review the cited documentation for compliance.	As of October 14, 2014, SFHP is evaluating the appropriate inpatient utilization benchmarks for comparison. To date, SFHP has identified the following external benchmarks: <ul style="list-style-type: none"> • The Kaiser Family Foundation for Hospital Days/1000 (http://kff.org/other/state-indicator/inpatient-days) • The CDC FastStats for Hospital Utilization (http://www.cdc.gov/nchs/fastats/hospital.htm) • The Center for Medicaid and Medicare Services <p>With the submittal of the fully implemented Utilization Report on January 15, 2015 (CAP response 1.1-2), SFHP will submit the relevant, external benchmarks for inpatient utilization.</p>
Category 1, Utilization Management Section 1.2, Prior Authorization Review Requirements	1.2-1 The Plan did not regard the 24-hour time frame for authorization of pharmaceuticals as requiring a decision, only a "response". Twenty-eight of the 39 pharmacy prior authorizations reviewed did not meet the 24-hour time frame.	SFHP has developed a process to have all prior authorization requests reviewed and to have a final decision (approve, modified, denied, or deferred) within 24 hours or 1 business day. This process will be fully implemented by January 1, 2015. SFHP is working with our Pharmacy Benefits Manager and internally with our Performance and Process Improvement team to review and update the PA review process. The updated PA review process will eliminate the current Request For Information (RFI) process to be closer to the 24 hour or 1 business day requirement target. PA requests will be denied due to	1.2_1_DTP_PHARM_Prior Auth_PerformRx PA Process_2014.09.10 1.2_1_2015-01-01 New TAT Workflow 1.2_1_DTP_PHARM_Compound_products 1.2_1_DTP_PHARM_PA_annual_criteria_review 1.2_UM_22_Authorization Request_v2014.09.09 1.1.3 San Francisco Health Plan	24 hour or 1 business day TAT: 01/01/2015 MMCD Policy Letter 14-002: 2/19/2014 (already in effect) Off Label Drugs: 1/21/2015 Identification of CCS needs and policy Implementation: 10/10/14 Full compliance: 12/31/14 Audit Plan Implementation: 10/31/14	9/29/14 - The audit cited more than 70% of pharmacy prior authorizations reviewed not meeting the 24 hour timeframe requirement for approval, denial, or modification. To close this item the MCP must submit a statistically valid sample which evidences the operationalization of procedures which result in significant improvement in compliance with the required timeframe. This item remains open. 10/15/14 – The MCP states it expects the evidence necessary to close this finding will be submitted by 2/28/15. This item remains open. 12/22/14 In light of the medical audit	SFHP will provide the results of the audit of a statistically valid sample of pharmacy authorization requests by the 2/28/15, for the month of January 2015. This will provide the results of first month after full implementation of the new process to process prior authorization requests within 1 business day.

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		<p>lack of medical documentation when the necessary information needed to complete the request is not provided. The denial letters to the provider will detail the information necessary to complete the review of the PA request.</p> <p>SFHP will make appropriate staffing resource adjustments to meet DHCS prior authorization turnaround time requirements.</p> <p>When appropriate, SFHP will utilize the deferral process for PA review.</p> <p>SFHP has revised internal policy, UM-22 Authorization Requests, to validate and implement CCS coordination process, add clinical criteria hierarchy to be trained and followed in PA reviews, utilize the existing National Medical Review (NMR) vendor process when a physician's field of experience/expertise is outside the scope of the medical condition being addressed and address the transition between UM and Care Coordination to ensure CCS members are receiving all needed services</p> <p>SFHP ceased the practice of requiring compound drugs where no medical indication exists, upon receipt of the APL and will continue to not substitute compounded products for commercially available medications unless requested by the provider in unique circumstances.</p> <p>SFHP has created a desktop procedure, Prior Auth Desktop Compound Procedure, to document the procedure of not substituting compounded products for commercially available medications.</p> <p>SFHP will review all existing PA criteria for any preferred product off-label indications (at Jan 2014 P&T meeting – annual criteria review)</p> <p>Once all off-label preferred medication criteria is identified, SFHP will document published studies that clearly show therapeutic equivalence as a reference on</p>	2014-2015 Audit Work Plan		<p>scheduled for 3/9/15 – 3/20/15, the MCP's assurance that the evidence of action required to close this item is forthcoming will suffice to satisfy this item.</p> <p>This item is provisionally closed. Suggest that the scheduled medical audit review the cited documentation for compliance.</p>	

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		<p>the "internal" criteria</p> <p>Identified studies for the off-label indications will be presented at the following P&T meeting for formal discussion. Discussion points will be documented in the P&T minutes</p> <p>Preferred off-label criteria will be emphasized in presentations to the P&T committee and discussion will be documented in minutes</p> <p>SFHP Compliance Department has developed an audit work plan for the 2014-2015 Fiscal year, and will include monitoring of Adverse Decisions.</p>				
	<p>1.2-2 During the audit period, the verification study included four cases where the Plan denied prior authorization requests for medically necessary services that were possibly related to California Children's Services CCS eligibility, with no evidence of care coordination to ensure that all CCS and non-CCS services were provided to the member. The Plan stated that this process was changed in September 2013; however</p>	<p>SFHP has revised internal policy, UM-22 Authorization Requests, to validate and implement CCS coordination process and add clinical criteria hierarchy to be trained and followed in PA reviews.</p>	<p>1.2_UM_22_Authorization Request_v2014.09.09</p>	<p>Identification of CCS needs and Policy Implementation: 10/10/14 Full compliance: 12/31/14</p>	<p>9/29/14 - The MCP submitted P&P UM 22. Section J of the policy states SFHP will consider authorization if CCS has denied (a) service. The audit cites a lack of care coordination to ensure that all CCS and non-CCS services are provided to members. To close this item the MCP must submit evidence of a policy that addresses the issue of coordination of care for possible CCS eligible members. This item remains open.</p> <p>10/15/14 – The MCP submitted a copy of revised P&P UM-22 which contains language that the MCP maintains a database to track the referrals and status of CCS enrolled children to ensure coordination of services between PCP and CCS enrollees, and to provide case management for non-CCS services. This item is closed.</p>	<p>SFHP submits with this response the final UM-22, which addresses the issue of coordination of care for possible CCS eligible members.</p>

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	<i>Policy #: UM-22 Authorization Requests</i> (effective December 2013) still requires a CCS denial.					
	1.2-3 The MCP issued inappropriate denials for both medical and pharmacy prior authorizations.	SFHP has revised internal policy, UM-22 Authorization Requests, to add clinical criteria hierarchy to be trained and followed in PA reviews and utilize the existing National Medical Review (NMR) vendor process when a physician's field of experience/expertise is outside the scope of the medical condition being addressed. SFHP Compliance Department has developed an audit work plan for the 2014-2015 Fiscal year, and will include a quarterly review of both Pharmacy and UM denials.	1.2_UM_22_Authorization Request_v2014.09.09 1.1.3 San Francisco Health Plan 2014-2015 Audit Work Plan	Policy Implementation: 10/10/14 Full compliance: 12/31/14 Audit Plan Implementation: 10/31/14	9/29/14 - The MCP submitted a copy of UM 22, revised to include a clinical criteria hierarchy and a National Medical Review vendor process aimed at reducing inappropriate denials. The MCP also submitted an Audit Work Plan to implement quarterly reviews of denials. These actions satisfy the requirements of this finding. This item is closed.	
Category 1, Utilization Management Section 1.3, Referral Tracking System	1.3-1 The MCP has not implemented a system to track prior authorization referrals to completion. The previous audit included implementation of MCP Policy# UM-19 as a CAP; however evidence does not support that the MCP has implemented and operationalized the Policy.	SFHP will develop an ad hoc, semi-annual report tracking unused specialty referrals by claims submitted is currently in development	1.3_SpecialtyReferralByClaimRpt_6.14-10.14_v10.15.14 1.3-1_UMSpecialtyReferral_PivotTableView_v10.15.14	Report Development: 10/10/14 Full compliance: 12/31/14	9/29/14 - To close this item the MCP must submit a copy of the report cited in the response. This item remains open. 10/15/14 – The MCP submitted copies of Specialty Referral Claims and Tracking reports. The creation of these reports, along with the MCP's description of future actions based on the information contained in the reports evidences the MCP's active steps to operationalize the policies and processes of the previously submitted P&P. This item is closed.	SFHP submits with this response a copy of the Specialty Referral by Claim Report. Also attached is the Q3 DRAFT UM Specialty Tracking Report. Factors: <ul style="list-style-type: none"> Report was generated from the new Essette Care Management System that went live on 06.16.2014 There is a 90 days claims lag Members may not have utilized open referrals based on clinic appointment availability Report encompasses all specialty referral prior authorizations for which SFHP performs utilization management Results: <ul style="list-style-type: none"> Greatest number of referrals placed to UCSF, SFGH, and Vincent Wong (Podiatry), and Marci Bowers (Transgender Services)

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						<ul style="list-style-type: none"> • 425 referrals out of 657 do not have claims attached <p>Analysis:</p> <ul style="list-style-type: none"> • Next report run should be at the end of December 2014 to account for open referrals and 90 day claim lag • Subsequent report will be generated 2 quarters prior <ul style="list-style-type: none"> ○ Generate Q3 2014 report in Q1 2015 ○ Generate Q4 2014 report in Q2 2015, etc. • UCSF and SFGH specialty clinics claims submission process may not attach to auth if not billing at facility level <p>Next Steps:</p> <ul style="list-style-type: none"> • Generate report at the beginning of Q1 2015 for Q3 2014 results • Identify which providers have no claim attached and reach out to Provider Relations for outreach at the beginning of Q1 2015 • Follow up with Prior Auth team and Claims team to identify how UCSF and SFGH claims are being submitted and auths are generated by 10.31.14. • Create report template for Specialty Referral Report analysis by 12.31.2014
	<p>1.3-2 The Plan's oversight activities did not monitor delegated entities' tracking of referrals for adherence to contractual time frames for specialists' appointments, or their follow up on</p>	<p>The SFHP Delegation Grid has been revised to incorporate requirements for Authorization Referral tracking.</p> <p>Quarterly, SFHP will review referral log, and provides feedback when timeframes for specialist are not met.</p>	<p>1.3-2A_UM_Delegation_Grid_Referral_Tracking</p> <p>1.5.2 DO-02_Oversight_of_Delegated_UM_Functions</p>	<p>Policy Implementation: 10/31/14</p>	<p>9/29/14 - The MCP submitted a copy of R3 Grid containing information on referral tracking requirements for delegated entities and P&P DO-02 containing oversight procedures. This item is closed.</p>	

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	all referrals.					
Category 1, Utilization Management Section 1.4, Prior Authorization Appeal Process	1.4-1 The Plan had a contractual requirement to continuously update and improve the Utilization Management (UM) program. However, there was no evidence that the Plan used the appeal system to update the UM program to improve upon the inappropriate denial rate.	SFHP has enhanced the current QIC grievance report to provide overturned denial trending and what the top 3 trends of overturned denials are. Look back period will be Q3. The enhance report will be submitted to QIC on 10/10/14 for discussion, and if required, determine remedial action steps. The policy, UM22 Authorization Requests, has been updated to reflect this change.	1.4_Template_Overturndenials_Metrics_v9.23.14 1.4_UM Appeals Q2 2014 DHCS Audit_v9.23.14	Report Development: 9/25/14 Final Compliance: 10/31/14	9/29/14 - To close this item the MCP must submit the results of the cited QIC review and discussion of the grievance reports. This item remains open. 10/15/14 – The MCP states the evidence required to close this finding will be submitted by 1/15/15. This item remains open. 12/22/14 In light of the medical audit scheduled for 3/9/15 – 3/20/15, the MCP's assurance that the evidence of action required to close this item is forthcoming will suffice to satisfy this item. This item is provisionally closed. Suggest that the scheduled medical audit review the cited documentation for compliance.	The enhanced, QIC grievance report is scheduled for discussion at the December 11, 2014 QIC meeting. SFHP will provide a finalized, pre-approved draft by January 15, 2015.
Category 1, Utilization Management Section 1.5, Delegation of Utilization Management	1.5-1 The Contract requires the Plan to include remedies if the Plan's delegated entities' obligations for delegated activities are not met. The Plan's delegation agreements did not contain remedies for failure to meet obligations.	SFHP has revised the Delegation Agreement to incorporate penalties for non-compliance. Delegated groups will be provided the revised Delegation Agreement upon renewal of contract. Policy DO-01 Oversight of Delegated Functions was developed to better describe the process for providing oversight.	1.5.1 Delegation_Agrmt_v4.0 1.5.1 DO-01_Oversight_of_Delegated_Functions	Policy Implementation: 10/31/14 Agreement: Upon renewal until 09/01/15	9/29/14 - The MCP provided a copy of the revised Delegation Agreement which includes remedies to resolve issues of delegated entities failure to meet obligations, i.e. termination of some or all delegated activities, adjustments to capitation. This item is closed.	
	1.5-2 The DHCS contract requires the MCP to have a system to ensure the continuous monitoring,	SFHP developed policy, DO-01 Oversight of Delegated Functions, to better describe the process for providing oversight and also policy DO-02 Oversight of Delegated UM Functions, to ensure oversight is provided timely and appropriate mechanisms are used.	1.51. DO-01_Oversight_of_Delegated_Functions 1.5.2 DO-02_Oversight_of_Delegated_UM_Functions	Policy Implementation: 10/31/14 Audit Plan Implementation: 10/31/14	9/29/14 - The MCP submitted P&Ps DO-01 and DO-02, in addition to the 2014-2015 Audit Work Plan. These submissions satisfy this finding. Note: future audits should review for effective operationalization of these policies for all delegated entities.	

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	evaluation, and approval of the delegated functions. No annual reports were produced for two entities during the audit period.	SFHP Compliance Department has developed an audit work plan for the 2014-2015 Fiscal year, and will include monitoring of Delegated Oversight Activities.	1.1.3 San Francisco Health Plan 2014-2015 Audit Work Plan		This item is closed.	
	1.5-3 Annual oversight audits that were conducted, with reports produced during the audit period, did not include an examination of mechanisms for over- and under-utilization or referral tracking as required by the Contract.	<p>SFHP developed a new policy, DO-02 Oversight of Delegated UM Functions, to ensure oversight is provided timely and appropriate mechanisms are used.</p> <p>SFHP uses encounter data to evaluate utilization, and determine whether there is over or under utilization of services. Utilization Management reports are generated quarterly by the SFHP Business Intelligence Unit. Reports are shared with SFHP UM staff and Delegates UM staff and Administrators.</p> <p>SFHP UM department has created ad hoc and quarterly utilization trend reports to detect under and over utilization of clinical services. This report will be populated with delegate data. The Business Intelligence (BI) team is in the process of collaborating with local Medi-Cal plans to determine regional / state / national benchmarks in use.</p> <p>Once established, a quarterly utilization trend report will be formally present to the Q3 2015 QIC for discussion, and if required, determine remedial action steps</p> <p>SFHP Compliance Department has developed an audit work plan for the 2014-2015 Fiscal year, and will include monitoring of Over/Under Utilization review.</p>	<p>1.5.2 DO-02_Oversight_of_Delegated_UM_Functions</p> <p>1.5_UtilizationReportSample_v9.2 4.14</p> <p>1.1.3 San Francisco Health Plan 2014-2015 Audit Work Plan</p>	<p>Policy Implementation: 10/31/14</p> <p>Identification of Benchmarks: 11/13/14</p> <p>Full Implementation: 12/31/14</p> <p>Audit Plan Implementation: 10/31/14</p>	<p>9/29/14 - To close this item the MCP must submit a copy of the Utilization Report cited in the response and the results of the QIC discussion of the report, including any remedial action decisions. This item remains open.</p> <p>10/15/14 – The MCP states the evidence required to close this finding will be submitted by 1/15/15. This item remains open.</p> <p>12/22/14 In light of the medical audit scheduled for 3/9/15 – 3/20/15, the MCP's assurance that the evidence of action required to close this item is forthcoming will suffice to satisfy this item. This item is provisionally closed. Suggest that the scheduled medical audit review the cited documentation for compliance.</p>	The Utilization report is scheduled for discussion at the December 11, 2014 QIC meeting. SFHP will provide a finalized, pre-approved draft by January 15, 2015.
	1.5-4 The annual oversight audit did not include a review by the Plan's	SFHP developed a new policy, DO-02 Oversight of Delegated UM Functions, to ensure oversight is provided timely and appropriate mechanisms are used .	<p>1.5.2 DO-02_Oversight_of_Delegated_UM_Functions</p> <p>1.1.3 San Francisco Health Plan</p>	<p>Policy Implementation: 10/31/14</p> <p>Audit Plan Implementation: 10/31/14</p>	9/29/14 - The MCP submitted P&P DO-02 which includes the requirement that the reports of medical necessity denials are reviewed by the Chief Medical Officer, or physician designee, and Director of Clinical	

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	medical director for the appropriateness of medical necessity denials.	Delegates' reports above listed are reviewed by the Chief Medical Officer, or physician designee, and Director of Clinical Operations or designee. SFHP Compliance Department has developed an audit work plan for the 2014-2015 Fiscal year, and will include monitoring of Delegate Oversight Activities.	2014-2015 Audit Work Plan		Operations, or clinician designee. This item is closed.	
	1.5-5 The Contract requires reporting of finding and actions taken by the delegated entities at least quarterly. However, quarterly and semi-annual reports were not submitted. This report is required by the DHCS contract Exhibit A, Attachment 4, Provision 6	SFHP developed a new policy, DO-02 Oversight of Delegated UM Functions, to ensure oversight is provided timely and appropriate mechanisms are used. SFHP Compliance Department has developed an audit work plan for the 2014-2015 Fiscal year, and will include monitoring of Delegate Oversight Activities	1.5.2 DO-02_Oversight_of_Delegated_UM_Functions 1.1.3 San Francisco Health Plan 2014-2015 Audit Work Plan	Policy Implementation: 10/31/14 Audit Plan Implementation: 10/31/14	9/29/14 - To close this item the MCP must submit copies of the quarterly reports of findings and actions taken by its delegated entities. This item remains open. 10/15/14 – The MCP states the evidence required to close this finding will be submitted by 4/30/15. This item remains open. 12/22/14 In light of the medical audit scheduled for 3/9/15 – 3/20/15, the MCP's assurance that the evidence of action required to close this item is forthcoming will suffice to satisfy this item. This item is provisionally closed. Suggest that the scheduled medical audit review the cited process for compliance.	SFHP will submit copies of the quarterly report of findings and actions taken by its delegated entities. SFHP expects to have the first annual report available to submit to DHCS by April 30, 2015, for Q1 2015
	1.5-6 The MCP did not require the delegated entities to submit the quarterly UM work plans and semi-annual UM denial logs. These reports are required by the delegation agreements.	SFHP receives UM, QI, CM, CR, and Claims reports at monthly and quarterly intervals. Upon receipt, reports are logged and sent to business owners for review. SFHP provides feedback or request additional information or corrections from the Delegate as needed. SFHP developed policy, DO-01 Oversight of Delegated Functions, to better describe the process for providing oversight to Delegated groups. SFHP Compliance Department has developed an audit work plan for the 2014-2015 Fiscal year, and will include monitoring of Delegate Oversight Activities	1.5-6_Deliverables_Log 1.5.2 DO-01_Oversight_of_Delegated_Functions San Francisco Health Plan 2014-2015 Audit Work Plan	Policy Implementation: 10/31/14 Audit Plan Implementation: 10/31/14	9/29/14 - To close this item the MCP must submit samples of completed Deliverables Logs. This item remains open. 10/15/14 – The MCP states the evidence required to close this finding will be submitted by 12/31/14. This item remains open. 12/22/14 In light of the medical audit scheduled for 3/9/15 – 3/20/15, the MCP's assurance that the evidence of action required to close this item is forthcoming will suffice to satisfy this item. This item is provisionally closed. Suggest that the scheduled medical audit	Upon completion of the first monthly log, SFHP shall submit samples of completed Deliverable Log. SFHP will submit the first monthly log by December 31, 2014.

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					review the cited documentation for compliance.	
	1.5-7 The Quality Improvement Committee (QIC) was not accountable for delegation oversight activities conducted by the Plan. A single agenda item, sharing a five minute time slot in a QIC meeting with another item, was insufficient to constitute review and approval of UM delegation activities for the scope of activities delegated across five entities.	<p>The QIC is being re-structured to allocate appropriate time for review of oversight activities and to provide recommendation for improvements. Annually, the results of UM, QI, CM, and Credentialing oversight audits will be shared with the QIC and the Peer Review and Advisory Committee (PAC) within 30-60 days from the closing of the audit season. Quarterly, the results of UM, QI, CM, and Credentialing monitoring activities will be shared with the QIC and the Peer Review and Advisory Committee (PAC).</p> <p>On a quarterly basis, the QIC will review a summary of Delegates' UM activities, review findings, and recommendations for improvement. Annually, the Committee will review a summary of Delegates' audit findings and recommendations for improvement.</p>	1.5.2 DO-02_Oversight_of_Delegated_UM_Functions	Full Implementation: 12/31/15	<p>9/29/14 - To close this item the MCP must submit evidence of substantive QIC review of delegated entities UM activities. This item remains open.</p> <p>10/15/14 – The MCP states the evidence required to close this finding will be submitted by 3/1/15. This item remains open.</p> <p>12/22/14 In light of the medical audit scheduled for 3/9/15 – 3/20/15, the MCP's assurance that the evidence of action required to close this item is forthcoming will suffice to satisfy this item. This item is provisionally closed. Suggest that the scheduled medical audit review the cited documentation for compliance.</p>	The Delegated UM Oversight Report is a current initiative with the final Delegated Medical Group file review to be completed by the end of CY-2014. The report will be presented, along with any associated Corrective Action Plans, to the QIC during the February 12, 2015 QIC meeting. SFHP will submit to DHCS the QIC minutes by March 1, 2015.
Category 2, Case Management and Coordination of Care Section 2.1, CM and COC: Within and Out-of-Plan	2.1-1 Interviews with MCP staff provided information that the MCP's internal Complex Case Management program, "CareSupport", is staffed by unlicensed personnel who conduct the assessments, develop plans of care, and provide	<p>SFHP updated <i>Inpatient Utilization Management Training Manual</i>:</p> <ul style="list-style-type: none"> • <i>CCS Referral Form</i>, p. 12: IP nurses will forward potential or open CCS cases to the PCP (instructing them to submit to CCS), ensuring coordination of services between PCPs and CCS. • <i>California Children's Services</i>, p. 12: SFHP maintains a CCS referral tracking database. <p>SFHP Updated <i>SFHP Desktop Procedure, Outpatient Medical Review</i></p> <ul style="list-style-type: none"> • <i>CCS Referral Form</i>, p. 16: OP nurses will forward potential or open CCS cases to the PCP (instructing them to submit to 	2.1 DTP_UM_Inpatient Utilization Management_2013.02.28 2.1 DTP_UM_Outpatient Nurse Review_2014.06.16	<p>Inpatient process, <i>CCS Referral Form</i>, effective 10/1/14</p> <p>Outpatient process, <i>CCS Referral Form</i>, effective 9/18/14</p> <p>Full Implementation: 10/31/14</p>	<p>9/29/14 – The MCP submitted updated "DTP_UM_Inpatient Utilization Management_2013.02.28" and "DTP_UM_Outpatient Nurse Review_2014.06.16" to include licensed personnel to conduct the assessment. This item is closed.</p>	

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	psychosocial case management to members. This conflicts with the provisions of MCP Policy#: CARE-01, which states that staffing also includes medical directors and nurses.	CCS), ensuring coordination of services between PCPs and CCS. <i>California Children's Services</i> , p. 14: SFHP maintains a CCS referral tracking database.				
	2.1-2 The requirements for Complex Case Management were not met as the Plan did not ensure that complex medical case management as defined by the Contract was available to members who required that level of service.	SFHP developed a Grand Rounds procedure to provide a forum for interdisciplinary input on complex cases. SFHP revised policy, Care 01 Care Coordination and Case Management, to reflect all case management and care coordination requirements of SFHP. The revised policy is scheduled for review and approval by QIC and PCC December 11 th , 2014. SFHP will coordinate with internal marketing and provider relations department to develop comprehensive provider communication plan to outline available Complex Case Management options for members and referral process. Senior Manager, Care Coordination Courtney Gray. December 2014. The SFHP Delegation Grid has been revised to clarify case management requirements. Effective January 2015, scope of audit will include a review of CM.	2.1.2_Grand_Rounds_Procedure_v09.14 2.1.2_Care01_Care_Coordination_and_Case_Management_v09.14 2.1-2E_CM_Delegation_Grid 2.1-2E_CCM_File_Audit_Tool_2014	Delegation Grid: 10/1/2014 Audit Tool: 9/1/2014 Grand Rounds and Policy Review: 12/11/14 Provider Communication Plan: 12/01/14 Full Implementation: 01/01/2015	9/29/14 – The MCP submitted “Grand_Rounds_Procedure_v09.14” and “Care01_Care_Coordination_and_Case_Management_v09.14” and “E_CM_Delegation_Grid” and “E_CCM_File_Audit_Tool_2014” to ensure the complex medical case management is available to members who require it. This item is closed.	
Category 2, Case	2.2 The DHCS contract	1c. Develop referral process for denied cases from UM to Care Coordination to	2.2 UM-20 California Children's Services	• Interim compliance: 10/10/14 Full compliance: 12/31/14	9/29/14 – The MCP submitted updated “UM-20 California Children's Services.”	SFHP submits with this response the CCS

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Management and Coordination of Care Section 2.2, California Children's Services (CCS)	requirement, Exhibit A, Attachment 11, Provision 9, for the execution of a MOU with CCS was not met.	<p>coordinate with requesting provider and member to ensure all member needs are being met.</p> <p>Interim Action</p> <ul style="list-style-type: none"> Update policy UM-20 (California Children's Services) with new process to track and pend denial of cases until CCS SAR is confirmed and reviewed. Identify a dedicated SFHP CCS MOU monitor who will establish a quarterly monitor audit report. <p>Final Action</p> <ul style="list-style-type: none"> Broadcast to appropriate staff notification about the policy UM-20 (California Children's Services) updates and its content. <ol style="list-style-type: none"> Dedicated SFHP CCS MOU monitor will conduct an internal review to verify if the CCS MOU processes are current and accurately documented; includes providing quarterly monitor audit report starting with Q3 2014. If the Monitor identifies necessary changes to the CCS MOU based on the quarterly internal reviews, Monitor will ensure that the CCS MOU is revised and re-executed by both parties as needed. 	<p>2.2_CCSReferralRpt_v10.14.14</p> <p>2.2_CCS_MOU-Grid_v10.8.14</p> <p>2.2_CCS_GGRC_SFHP_MOU-Grid_vB-10.07.14</p>		<p>In order to close this item, please provide the Q3 2014 monitoring audit report/results. This item remains open.</p> <p>10/15/14 – The MCP submitted CCS Referral Report dated 10/14/14, and two grids containing a breakdown of the responsibilities of CCS and SFHP under their MOU. This item is closed.</p>	Authorization and Referral Report
Category 2, Case Management and Coordination of Care Section 2.3, Early Intervention Services/ Developmental Disabilities	2.3 The DHCS contract requirement, Exhibit A, Attachment 11, Provision 10, for the execution of a MOU with the local Regional Center for Services for Persons with Developmental Disabilities (DD) was not met.	<p>Interim Action</p> <ul style="list-style-type: none"> SFHP will identify a dedicated SFHP GGRC MOU monitor who will establish a quarterly monitoring report. Review policy UM-44 with Golden Gate Regional Center and Early Start and determine revisions outlining SFHP's monitoring of GGRC MOU, updating policy with new information on the GGRC website, describing the SFHP monitoring responsibility/role by 10/10/14. <p>Final Action</p> <ul style="list-style-type: none"> Update policy UM-44 (Golden Gate Regional Center and Early Start) by 12/31/14. 	<p>2.2_CCS_GGRC_SFHP_MOU-Grid_vB-10.07.14</p> <p>2.3_GGRC_MOU-Grid_v10.8.14</p> <p>1.2-2_UM-44_GoldenGateRegionalCenterandEarlyStart_v10.15.14</p>	<ul style="list-style-type: none"> Interim compliance: 10/10/14 Full compliance: 12/31/14 	<p>9/29/14 – In order to close this item, please provide updated policy UM-44 and monitoring audit report/results of Q3 2014. This item remains open.</p> <p>10/15/14 – The MCP submitted a copy of the final version of UM-44. To close this item please submit a copy of the referenced audit report (available after 1/1/15). This item remains open.</p> <p>12/22/14 In light of the medical audit scheduled for 3/9/15 – 3/20/15, the MCP's assurance that the evidence of action required to close this item is forthcoming will suffice to satisfy this item. This item is provisionally closed.</p>	<p>SFHP submits with this response the final UM-44.</p> <p>SFHP and GGRC are meeting on October 16, 2014 to discuss the policy updates to UM-44. Moving forward, SFHP and GGRC will be meeting on a quarterly schedule. The submitted MOU Responsibility Grids outline how SFHP will conduct the audit process. The first audit report will be available after January 1, 2015.</p>

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		<ul style="list-style-type: none"> By 12/31/14, designate SFHP GGRC MOU monitor will conduct an internal review to verify if the GGRC MOU processes are current and accurately documented; includes providing a quarterly monitor audit report starting with Q3 2014. If the Monitor identifies necessary changes to the GGRC MOU based on the quarterly internal reviews, Monitor will ensure that the GGRC MOU is revised and re-executed by both parties as needed. . 			Suggest that the scheduled medical audit review the cited report for compliance.	
Category 2, Case Management and Coordination of Care Section 2.4, Initial Health Assessment	2.4 The DHCS contract requirements, Exhibit A, Attachment 10, Provisions 3(A)&(D), 5, and 6, for ensuring the provision of an Initial Health Assessment within required timelines, for each new member, were not met.	Health Improvement will develop a new quality improvement process to include: i. Development of IHA completion rate reports by clinic annually. ii. Collaborate with Provider Relations to provide feedback to sites with scores below the health plan average and require an action plan for improvement of IHA rates. iii. Health Improvement updated desktop procedure for IHA policy with monitoring plan See attached "Desktop Procedure IHA"	2.4 - <u>Desktop Procedure IHA</u>	Expected Completion Dates for the following corresponding items: i. January 2015 ii. February 2015 iii. September 16, 2014	9/29/14 – The MCP submitted "Desktop Procedure IHA." This item is closed.	
Category 3, Access and Availability of Care Section 3.1, Appointment Procedures and Monitoring Waiting Times	1. The Plan did not monitor waiting times to obtain the initial prenatal care appointment, specifically, whether an appointment was available within two weeks upon request.	Bi-Annually, Health Improvement Clinical Quality to conduct a prenatal assessment for a sample of OB-GYN Provider Sites across the network. This will include appointment availability for prenatal visits. Results from access studies will be presented to QIC for review and identification of any corrective actions needed.	3.1 - <u>QI-05 Access and Policy Standards Desktop Procedures</u> 3.1 QI-05, Access and Policy Standards, policy and procedure	Assessment will be conducted bi-annually starting on November 15, 2014	9/29/14 – The MCP submitted "QI-05 Access and Policy Standards Desktop Procedures" and "QI-05 Access and Policy Standards, policy and procedure." In order to close this item, please provide a sample of plan's monitoring wait time results. This item remains open. 10/15/14 – The MCP states evidence to close this finding will be submitted by 1/15/15. This item remains open. 12/22/14 In light of the medical audit scheduled for 3/9/15 – 3/20/15, the MCP's assurance that the evidence of action required to close this item is forthcoming will suffice to satisfy this item. This item is provisionally closed. Suggest that the scheduled medical audit	SFHP will conduct the first bi-annual assessment starting on November 15, 2014. This will involve site visits so will extend through December 30 th 2014. Upon completion, SFHP shall submit a sample of the results by January 15, 2015.

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					review the cited action evidence for compliance.	
	<p>3.1-2 The MCP did not conduct any studies to verify the accuracy of answers which were given in a telephone survey of ICE Appointment Availability. The information supplied by the providers surveyed was self-reported.</p>	<p>SFHP will compare appointment availability survey results to Third Next Availability data to validate answers to ICE Appointment Availability survey. Results from access studies will be presented to QIC for review and identification of any corrective actions needed.</p>	<p>3.1 – <u>QI-05 Access and Policy Standards Desktop Procedures</u> 3.1 QI-05, Access and Policy Standards, policy and procedure</p>	<p>January 2015</p>	<p>9/29/14 – The MCP submitted “QI-05 Access and Policy Standards Desktop Procedures” and “QI-05 Access and Policy Standards, policy and procedure.” In order to close this item, please provide Results from access studies and any corrective action. This item remains open</p> <p>10/15/14 – The MCP states evidence to close this finding will be available following the study results presentation to the QIC 1/31/15, This item remains open.</p> <p>12/22/14 In light of the medical audit scheduled for 3/9/15 – 3/20/15, the MCP’s assurance that the evidence of action required to close this item is forthcoming will suffice to satisfy this item. This item is provisionally closed. Suggest that the scheduled medical audit review the cited documentation for compliance.</p>	<p>SFHP shall submit results from the access studies and minutes from the QIC meeting, including identification of any corrective actions needed. SFHP expects to bring the access study results to QIC by January 31, 2015.</p>
	<p>3.1-3 The MCP did not require CAPs, or propose any improvement plans for providers who failed to meet the 10 day or less threshold for non-urgent care appointments</p>	<p>SFHP Health Improvement staff met with the medical groups who failed to meet the 10-day or less threshold for non-urgent care appointments and discussed strategies for improvement. As a result, we developed an access improvement strategy that is described in the attached memo, Attachment 3.1.3. The following are highlights of the strategy:</p> <p>Strategy 1: Current access measurement in the network is self-reported. SFHP is in the process of developing a standardized access measurement methodology to be completed 3/1/15. Strategy 2: SFHP has a strong understanding of the best practices needed to improve access. Leveraging external access experts, Health Improvement intends to use this knowledge to create a curriculum that</p>	<p>3.1.3 Access Improvement Strategy</p>	<p>Expected completion dates:</p> <p>Strategy 1: 3/1/2015</p> <p>Strategy 2: March 2015</p>	<p>9/29/14 – The MCP submitted “Access Improvement Strategy.” In order to close this item, please provide a copy of your best practice curriculum outline and your quarterly access measures. This item remains open.</p> <p>10/15/14 – The MCP states the items necessary to close this finding will be submitted by 3/15/15. This item remains open.</p> <p>12/22/14 In light of the medical audit scheduled for 3/9/15 – 3/20/15, the MCP’s assurance that the evidence of action required to close this item is forthcoming will suffice to satisfy this item. This item is provisionally closed. Suggest that the scheduled medical audit review the cited documentation for compliance.</p>	<p>SFHP shall provide to DHCS the best practice curriculum outline by December 15, 2014 and access measurement dashboard by 3/15/15.</p>

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		<p>combines quality improvement methodology, access improvement best practices, and peer learning/accountability. Implementation Date: The curriculum outline will be completed by November 2014. The course will be offered starting in March 2015. Strategy 3: Health Improvement proposes to reallocate existing coaching capacities to support a Access Learning Collaborative. Health Improvement proposes to provide one hour of coaching per week to each clinic. Implementation Date: March 2015</p> <p>Strategy 4: Health Improvement is currently finalizing the 2015 PIP measure set. As part of SFHP's overall access improvement strategy, Health Improvement is emphasizing access by increasing the number of measures and measure weight for patient experience and systems improvement. Notably, the measure set will include incentives for improvement in visit efficiency, maximizing use of non-provider staff, and the CAHPS for Access to Care. Implementation Date: January 2015 Strategy 5: Health Improvement will work collaboratively with Provider Network Development to determine potential expansion opportunities in the provider network. Implementation Date: Ongoing throughout the year.</p> <p>1. The final SFHP access improvement strategy will be developed in conjunction with the provider network once the measure approach is finalized.</p>		<p>Strategy 3: March 2015</p> <p>Strategy 4: January 2015</p> <p>Strategy 5: Ongoing</p> <p>Finalize access improvement strategy: April 2015</p>		
	3.1-4 The e-Referral	Annually, Health Improvement/Practice Improvement will complete Appointment	3.1 – <u>QI-05 Access and Policy Standards Desktop Procedures</u>	Survey will be implemented	9/29/14 – The MCP submitted “QI-05 Access and Policy Standards Desktop Procedures”	SFHP shall provide DHCS with a copy of the Appointment Availability Survey April

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	Report submitted by the Plan did not include tracking of appointment wait times by specialty.	Availability Survey for specialty appointment access for all provider groups. Results from access studies will be presented to QIC for review and identification of any corrective actions needed.	3.1 QI-05, Access and Policy Standards, policy and procedure	annually starting in Summer 2015.	and "QI-05 Access and Policy Standards, policy and procedure." In order to close this item, please provide a copy of your "Appointment Availability Survey." This item remains open. 10/15/14 – The MCP states the item necessary to close this finding will be submitted by 4/15/15. This item remains open. 12/22/14 In light of the medical audit scheduled for 3/9/15 – 3/20/15, the MCP's assurance that the evidence of action required to close this item is forthcoming will suffice to satisfy this item. This item is provisionally closed. Suggest that the scheduled medical audit review the cited processes to create the Appointment Availability Survey are progressing within expected timeframes.	15, 2015.
	3.1-5 The MCP did not monitor waiting times for providers to answer and/or return telephone calls at provider offices.	Bi-annually, Health Improvement/Practice Improvement, will conduct a random sample phone survey to monitor time to answer the phone. Results from access studies will be presented to QIC for review and identification of any corrective actions needed.	3.1 – <u>QI-05 Access and Policy Standards Desktop Procedures</u> 3.1 QI-05, Access and Policy Standards, policy and procedure	Survey will be conducted bi-annually starting in January 2015	9/29/14 – The MCP submitted "QI-05 Access and Policy Standards Desktop Procedures" and "QI-05 Access and Policy Standards, policy and procedure." In order to close this item, please provide a copy of "Bi-annually, Health Improvement/Practice Improvement" of random sample phone survey to monitor time to answer the phone. This item remains open. 10/15/14 – The MCP states the items necessary to close this finding will be submitted by 1/15/15. This item remains open. 12/22/14 In light of the medical audit scheduled for 3/9/15 – 3/20/15, the MCP's assurance that the evidence of action required to close this item is forthcoming will suffice to satisfy this item. This item is provisionally closed. Suggest that the scheduled medical audit review the cited documentation for compliance.	SFHP will provide a copy of the phone survey and data collection tool by January 15, 2015.
	3.1-6	1. Annually, Health Improvement/	3.1 – QI-05 Access and Policy	1. Survey will be implemented	9/29/14 – The MCP submitted "QI-05 Access	SFHP shall provide DHCS with a copy of

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	The Plan did not have standard procedures to monitor waiting times in non-delegated medical group provider offices.	<p>Practice Improvement to complete Appointment Availability Survey for non-urgent primary care appointment access for all provider groups. Results from access studies will be presented to QIC for review and identification of any corrective actions needed.</p> <p>2. Health Improvement to incorporate a Cycle Time measure in the Practice Improvement Program for all non-delegated medical group provider offices.</p>	<u>Standards Desktop Procedures</u> 3.1 QI-05, Access and Policy Standards, policy and procedure	<p>annually starting in Summer 2015.</p> <p>2. Measure will start in January 2015.</p>	<p>and Policy Standards Desktop Procedures” and “QI-05 Access and Policy Standards, policy and procedure.”</p> <p>In order to close this item, please provide a copy of annual, Health Improvement/ Practice Improvement to complete Appointment Availability Survey for non-urgent primary care appointment access for all provider groups. This item remains open.</p> <p>10/15/14 – The MCP states the item necessary to close this finding will be submitted by 4/15/15. This item remains open.</p> <p>12/22/14 In light of the medical audit scheduled for 3/9/15 – 3/20/15, the MCP’s assurance that the evidence of action required to close this item is forthcoming will suffice to satisfy this item. This item is provisionally closed. Suggest that the scheduled medical audit review the cited processes to create the Appointment Availability Survey are progressing within expected timeframes.</p>	the Appointment Availability Survey April 15, 2015.
Category 3, Access and Availability of Care Section 3.3, Telephone Procedures/ After Hours Calls	3.3 The MCP did not review whether 24/7 telephone triage lines used by medical groups were answered by appropriate licensed professionals, as required by the DHCS contract.	Starting on October 31, 2014, audit protocols will require that the auditor verify that the 24/7 triage line is answered by appropriate license professionals. See attachment 3.3_Timely_Access_Audit_Tool	3.3 Timely Access Audit Tool	Revised Audit Tool will be implemented starting on October 31, 2014	<p>9/29/14 – The MCP submitted document “Timely Access Audit Tool”. To close this item, please provide a revised audit tool that demonstrates a system is in place to monitor after hour calls are answered through 24/7 triage line by appropriate license professionals and provide evidence. This item remains open.</p> <p>10/15/14 – The MCP states the item necessary to close this finding will be submitted by 11/1/14. This item remains open.</p> <p>12/22/14 In light of the medical audit scheduled for 3/9/15 – 3/20/15, the MCP’s assurance that the evidence of action required to close this item is forthcoming will suffice to satisfy this item. This item is provisionally closed. Suggest that the scheduled medical audit review the cited documentation for compliance.</p>	SFHP will revise the audit tool to have a system to monitor that after hours calls are answered through 24/7 triage line by appropriately licensed professionals. SFHP will provide a copy of the tool by November 1, 2014.

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Category 3, Access and Availability of Care Section 3.4, Specialists and Specialty Services	3.4-1 Grievances concerning access to specialty care were not addressed in resolution letters, nor forwarded to Quality Improvement or Provider Relations.	<ul style="list-style-type: none"> Health Improvement Clinical Quality to revise the Appeals and Grievances desktop procedures to include communicating the issues to the various departments. Health Improvement Clinical Quality to implement a Quarterly Grievance Committee. 	4.1 – Desktop Procedure Member Grievances 4.1 – <u>Desktop Procedure Member Appeals</u>	Appeals and Grievances desktop procedures to be completed September 15, 2014. Implement Quarterly Grievance Committee by December 1, 2014	<p>9/29/14 – The MCP submitted documents: 4.1 “Desktop Procedure Member Grievances and 4.1 “Desktop procedure Member Appeals. To close this item please provide documentation that demonstrates grievances with access to specialty services issues are addressed in all resolution letters and these issues are communicated to the appropriate committee. This item remains open.</p> <p>10/15/14 – Given the MCP’s comments on this finding the item is being closed. Note: future audits should review for operationalization of the measures referenced in the MCP’s response. This item is closed.</p>	SFHP is unclear how to close this if SFHP does not receive a grievance about access to specialty care. SFHP believes the desktop procedures should be sufficient. If SFHP receives such a grievance, it will follow the desktop procedures. Otherwise it is unknown when SFHP will receive another such grievance. SFHP requests clarification on this requirement to close this item.
	3.4-2 A routine specialty care access standard stated in <i>Policy #: QI-05, Access Policy and Standard</i> , the Provider Manual and in the Evidence of Coverage (EOC) were not consistent. Providers were informed that routine specialty care must be scheduled within 15 days of request while members were informed that they can schedule an appointment for specialty care within 14 days.	SFHP revised the EOC to be consistent with Policy #: QI-05.	3.4-2 revised SFHP EOC	Draft completed September 15, 2014 Final EOC publication January 1, 2015	9/29/14 – The MCP submitted a Revised copy of EOC. The submitted EOC was corrected. This item is closed.	
Category 3, Access and Availability of	3.5-1 The MCP did not process all	1. Claims staff are trained on claims procedures pursuant to a training program when staff are first hired.	3.5.1 DTP_UM_Edits 246 and 247_2013.09.13 (Policy and Procedure for CCS Edits)	System edits for CCS members configured as of October 2013.	9/29/14 – The MCP submitted “EDITS 247 & 246 – Member May Have a Pre-Existing Condition (CCS)”. To close this	SFHP’s audit work plan provides a monitoring system to ensure claims are processed timely. SFHP will provide an

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Care Section 3.5, Emergency Service Providers (Claims)	claims for out-of-network ER services within 45 working days as required in the MCP Policy# CL-02.	<p>Claims staff are trained on a weekly basis and are informed about new edits during these weekly trainings.</p> <p>2. System edits for CCS members are configured appropriately as of 10/2013. Compliance will conduct an audit on a quarterly basis to ensure that system edits are appropriately applied going forward.</p>	1.1.2 SFHP 2014-2-15 Audit Work Plan	<p>Claims staff trained on weekly basis.</p> <p>Audit Work plan: October 2014</p>	<p>item, please provide a monitoring system to ensure that all claims are processed timely. This item remains open.</p> <p>10/15/14 – The MCP states it will provide a copy of an audit report from the claims monitoring system as evidence to close this finding by 12/15/14. This item remains open.</p> <p>12/22/14 In light of the medical audit scheduled for 3/9/15 – 3/20/15, the MCP's assurance that the evidence of action required to close this item is forthcoming will suffice to satisfy this item. This item is provisionally closed. Suggest that the scheduled medical audit review the cited report for compliance.</p>	audit report to DHCS by December 15, 2014.
	3.5-2 The MCP denied claims due to incorrectly identifying the services provided were for a CCS eligible condition.	System edits for CCS members are configured appropriately as of 10/2013. Compliance will audit a sample on a quarterly basis to ensure that system edits are appropriately applied going forward.	1.1.2 SFHP 2014-2-15 Audit Work Plan	<p>System edits for CCS members configured as of October 2013.</p> <p>Claims staff trained on weekly basis</p> <p>Audit Work plan: October 2014</p>	<p>9/29/14 – The MCP submitted “EDITS 247 & 246 – Member May Have a Pre-Existing Condition (CCS)”. To close this item, please provide a monitoring system to ensure staff responsible is trained on claims procedures and that system edits for CCS members are appropriately applied. This item remains open.</p> <p>10/15/14 – The MCP states it will provide an audit report by 12/15/14, to evidence the measures necessary to close this item have been implemented. This item remains open.</p> <p>12/22/14 In light of the medical audit scheduled for 3/9/15 – 3/20/15, the MCP's assurance that the evidence of action required to close this item is forthcoming will suffice to satisfy this item. This item is provisionally closed. Suggest that the scheduled medical audit review the cited report for compliance.</p>	SFHP's audit workplan provides a monitoring system to ensure staff are trained and that system edits for CCS are appropriately applied. SFHP will provide an audit report to DHCS by December 15, 2014.
Category 3, Access and Availability of Care Section 3.6,	3.6-1 The MCP incorrectly denied claims for Family Planning	<p>Configuration and testing for 2 months</p> <p>Configuration of all payable services is in Production as of 09/16/2014.</p> <p>Claims staff are trained on claims</p>	<p>3.6.1 – 2M 46 QNXT – Medical Fee Schedule PPI</p> <p>1.1.3 SFHP 2014-2-15 Audit Work Plan</p>	<p>Claims staff trained on weekly basis</p> <p>Audit Work plan: October 2014</p>	<p>9/29/14 – Please develop a system to ensure staff responsible is trained properly on claims procedures and provide evidence. This item remains open.</p>	SFHP's audit workplan provides a monitoring system to ensure staff are trained. SFHP will provide an audit report to DHCS by December 15, 2014.

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Family Planning (Payments)	Services.	procedures pursuant to a training program when staff are first hired. Claims staff are trained on a weekly basis and are informed about new edits during these weekly trainings. System edits for CCS members are configured appropriately as of 10/2013. Compliance will audit a sample on a quarterly basis to ensure that system edits are appropriately applied going forward.			<p>10/15/14 – The MCP states it will provide an audit report by 12/15/14, to evidence the measures necessary to close this item have been implemented. This item remains open.</p> <p>12/22/14 In light of the medical audit scheduled for 3/9/15 – 3/20/15, the MCP's assurance that the evidence of action required to close this item is forthcoming will suffice to satisfy this item. This item is provisionally closed. Suggest that the scheduled medical audit review the cited report for compliance.</p>	
	3.6-2 The MCP paid an incorrect rate for Family Planning Services.	Currently Family Planning Services are manually paid. The configuration will be completed on 11/2014. Compliance will audit a sample on a quarterly basis to ensure that configuration is applied appropriately.	1.1.3 SFHP 2014-2-15 Audit Work Plan	Family Planning Services configuration expected to be completed November 2014 Audit Work plan: October 2014	<p>9/29/14 – The MCP submitted document “2M 46 QNXT – Medical Fee Schedule PPI”. To close this item please implement a monitoring system to ensure that payable service codes are uploaded timely and claims are paid at the correct rate. This item remains open.</p> <p>10/15/14 – The MCP states it will provide an audit report by 12/15/14, to evidence the measures necessary to close this item have been implemented. This item remains open.</p> <p>12/22/14 In light of the medical audit scheduled for 3/9/15 – 3/20/15, the MCP's assurance that the evidence of action required to close this item is forthcoming will suffice to satisfy this item. This item is provisionally closed. Suggest that the scheduled medical audit review the cited report for compliance.</p>	SFHP's audit workplan provides a monitoring system to ensure payable service codes are uploaded timely and claims are paid correctly. SFHP will provide an audit report to DHCS by December 15, 2014.
Category 3, Access and Availability of Care Section 3.7, Access to Pharmaceutical Services	3.7 The MCP's monitoring of pharmacy access did not determine and ensure that member's needs	SFHP Pharmacy Services Department has drafted a policy and procedure, under review, to monitor members' access to after-hours pharmacies and to ensure that a 24 hour pharmacy is included in the pharmacy network within 3 miles of emergency department	3.7 24 HR Pharmacy Access	Full Compliance: 1/1/2015	<p>9/29/14 – The MCP submitted a draft copy of P&P regarding 24HR Pharmacy Access. To close this item, please provide the final copy. This item remains open.</p> <p>10/15/14 – The MCP submitted a copy of the final, P&P Pharm-13. This item is closed.</p>	SFHP submits with this response the final P&P regarding 24 hour pharmacy access.

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	were met for access to 24-hour, in-network pharmacy services.	locations. Monitoring will occur quarterly. <ul style="list-style-type: none"> The attached 3.7—24HR Pharmacy Access Draft is a drafted policy & procedure and will be submitted for review by PCC. 				
Category 4, Members' Rights Section 4.1, Grievance System	4.1-1 The MCP's Customer Service Department does not correctly identify complaints and expressions of dissatisfaction as grievances.	<ol style="list-style-type: none"> Update Customer Service desktop procedure to include (1) Monitor Customer Service Department staff to ensure proper classification of calls (2) Train Customer Service Representatives to appropriately classify calls and identify grievances (3) include the IRR methodology that will be used to ensure consistent and appropriate classification. As of 7/1/14 Customer Service Representatives started categorizing "Decline to file a grievance" calls with a "Grievance" call type to identify any expression of dissatisfaction as grievance (Terence Ung, Customer Service Manager completed 9/10/14- see attachments: "Desktop Procedure Member Grievances, Desktop Procedure Member Appeals, Desktop Monitoring Member Calls." Update the decline to file a grievance process in P&P QI-06 Member Grievances & Appeal and bring to QIC (Nicole Ylagan: Draft P&P: QI-06 Member Grievances and Appeals attached- P&P will be approved 10/9/14 at QIC and Policy Committee) Semi-annually, Health Improvement will provide refresher on grievance categories to Customer Service Staff. (Manager of Clinical Quality, Sari Weis by November 1, 2014). 	<ul style="list-style-type: none"> 4.1 <u>Desktop Procedure Member Grievances</u> 4.1 <u>Desktop Procedure Member Appeals</u> 4.1 <u>Desktop Monitoring Member Calls</u> 4.1 <u>QI-06 Member Grievances and Appeals</u> 4.1 Grievance Categories 		<p>9/29/14 – The MCP submitted "Desktop Procedure Member Grievances", "Desktop Procedure Member Appeals", "Desktop Monitoring Member Calls" and "QI-06 Member Grievances and Appeals." In order to close this item, please provide your semi-annual refresher on grievance categories to Customer Service Staff. This item remains open.</p> <p>10/15/14 – The MCP submitted the referenced staff training material. This item is closed.</p>	SFHP submits with this response the refresher, 4.1 Grievance Categories, which was used to train Customer Services staff on appropriate grievance categories.
	4.1-2 Grievance Acknowledgment and Resolution Letters were not fully translated into the	<ol style="list-style-type: none"> Marketing & Grievances department have developed a process map and new desk top procedure for the translation of the grievance resolution letters. The map includes turnaround times for steps to be completed in order to 	<ul style="list-style-type: none"> 4.1.2 <u>Grievance Resolution Letter Process Map</u> 4.1.2 <u>Desktop Procedure Grievance Resolution Letter Translation</u> 4.1.2 GrievanceResolutionLetter 		<p>9/29/14 – The MCP submitted "Grievance Resolution Letter Process Map" and "Desktop Procedure Grievance Resolution Letter Translation." In order to close this item, please provide the translation of Resolution acknowledgment letters.</p>	SFHP includes with this response an example of the translated Resolution letter.

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	members' preferred languages.	<p>meet the 30 calendar day timeframe. The desk top procedure reflects both a 30 day standard turnaround and a 72 hour urgent turnaround. (see attachments 4.1.2 Process Map and 4.1.2 Desktop Procedure)</p> <p>2. The Resolution acknowledgment letters will be translated by Sept 30, 2014.</p>	Example		<p>This item remains open.</p> <p>10/15/14 – The MCP submitted an example of a resolution acknowledgement letter. This item is closed.</p>	
	4.1-3 Grievance responses were inadequate, in that all issues raised by the member were not addressed	<p>1. HI to develop QA process to review 5 grievances monthly via IRR between Clinical Quality staff to verify all necessary documents are attached, grievances are categorized correctly and letters were submitted by the 25th for the month prior. (Manager of Clinical Quality, Sari Weis. Implement by September 25th, 2014 desktop procedure is titled: "Desktop Procedure Grievance IRR)</p>	<u>4.1 Desktop Procedure Grievance IRR</u>	9/25/14	<p>9/29/14 – The MCP submitted "Desktop Procedure Grievance IRR." This item is closed.</p>	
	4.1-4 The MCP did not have all pertinent medical records and documents to review for grievance determinations.	<p>1. HI to develop QA process to review 5 grievances monthly via IRR between Clinical Quality staff to verify all necessary documents are attached, grievances are categorized correctly and letters were submitted by the 25th for the month prior. (Manager of Clinical Quality, Sari Weis. Implement by September 25th, 2014 desktop procedure is titled: "Desktop Procedure Grievance IRR)</p>	See above "Desktop Procedure Grievance IRR"	9/25/14	<p>9/29/14 – The MCP submitted "Desktop Procedure Grievance IRR." This item is closed.</p>	
Category 5, Quality Management Section 5.1, Quality Improvement System	5.1 Effective monitoring and evaluation of programs were not well developed. The MCP's satisfaction scores, measured by the Consumer	<p>1. Updated 2014 QI Plan to include focused efforts on key service and quality goals and measures and QI initiatives. Initiatives will be measured quarterly and reported to QIC. The eReferral system, used by SF DPH clinics, requires electronic submission of all referral requests that are reviewed by a specialist clinician, who can communicate with the referring provider in an iterative fashion until</p>	<u>5.1 2014 QI Plan</u>	8/24/14	<p>9/29/14 - The MCP submitted 2014 Quality Improvement Program Description. To close this item please show where it states the following:</p> <p>The eReferral system, used by SF DPH clinics, requires electronic submission of all referral requests that are reviewed by a specialist clinician, who can communicate with the referring provider in an iterative fashion until the clinical issues have been resolved, with or without an appointment. The eReferral</p>	The requested language was developed in response to the CAP is included in the revised desktop procedure.

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	Assessment of Health Plan Satisfaction Survey (CAHPS), were poor and its actions were equally ineffective at improving members' satisfaction ratings.	<p>the clinical issues have been resolved, with or without an appointment. The eReferral system ensures standard of care is met through a 72 hour referral review by referred specialty. Specialists have 72 hour turnaround to respond to every referral. If a specialist does not schedule an appointment or co-manage the case virtually, the PCP is notified and has the opportunity to resubmit the referral if they disagree with specialist or patient's condition has worsened necessitating a more immediate appointment. The decision regarding whether a patient is scheduled in clinic is a mutual decision between the specialist reviewer and the referring provider based on discussion of the patient's case via eReferral. To ensure oversight of the process, SFHP will review this 72 hour data response rate quarterly and discuss opportunities for improvement as needed. In addition, SFHP will administer a primary care satisfaction with specialty care survey annually per the timely access regulations.</p> <p>2. ICE has modified the access survey tool to increase validity by including available appointment dates and modifying sampling methodology. SFHP will further validate survey findings by comparing results with Third Next Available Appointment data.</p>			<p>system ensures standard of care is met through a 72 hour referral review by referred specialty. Specialists have 72 hour turnaround to respond to every referral. If a specialist does not schedule an appointment or co-manage the case virtually, the PCP is notified and has the opportunity to resubmit the referral if they disagree with specialist or patient's condition has worsened necessitating a more immediate appointment. The decision regarding whether a patient is scheduled in clinic is a mutual decision between the specialist reviewer and the referring provider based on discussion of the patient's case via eReferral. To ensure oversight of the process, SFHP will review this 72 hour data response rate quarterly and discuss opportunities for improvement as needed. In addition, SFHP will administer a primary care satisfaction with specialty care survey annually per the timely access regulations.</p> <p>This item remains open.</p> <p>10/15/14 – Based on the MCP's assurance that the referenced language is included in the revised desktop procedure this item is closed. Note: future audits should substantiate the MCP's compliance and operationalization of the processes. This item is closed.</p>	
Category 5, Quality Management Section 5.2, Provider Qualifications	5.2-1 The MCP's delegation agreements for credentialing did not contain remedies if the delegated entities' obligations are	<p>Delegation Agreement has been revised to incorporate penalties. See attachment Delegation_Agrmt_v4.0</p> <p>Created policy DO-01 Oversight of Delegated Functions to better describe the process for providing oversight. See attachment DO-01_Oversight_of_Delegated_Functions</p>	<p>1.5.1 Delegation Agreement</p> <p>1.5.1 DO-01 Oversight of Delegated Functions</p>	Agreement and Policy 10/2014	<p>9/29/14 – The MCP submitted "Delegation agreement" (V4.0). This agreement contained remedies if the delegated entities obligations are not met. This item is closed.</p>	

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	not met.					
	5.2-2 For the providers that remained the Plan's responsibility to credential, the Plan failed to recredential the ones who were due for renewal.	Designated a new FTE in the Provider Relations department, to administer all aspects of medical staff credentialing including continuous monitoring of all providers in the SFHP network. The SFHP Credentialing Program is currently being revised. The improved Credentialing Policies and Procedures will prevent from lapses in the credentials process and is targeted to be completed by October 15.	<i>Revised Policy and Procedure to be completed mid-October</i>	FTE implemented in 3/2014 Credentialing Program to be completed: 10/15/2014	9/29/14 - Please submit Policy and Procedure that will be completed mid-October. This item remains open. 10/15/14 – The MCP states the evidence required to close this finding will be submitted by 1/15/15. This item remains open. 12/22/14 In light of the medical audit scheduled for 3/9/15 – 3/20/15, the MCP's assurance that the evidence of action required to close this item is forthcoming will suffice to satisfy this item. This item is provisionally closed. Suggest that the scheduled medical audit review the cited documentation for compliance.	SFHP will submit the revised Credentialing Program to QIC in December. SFHP will submit the final Credentialing Program by January 15, 2015.
	5.2-3 The Plan did not follow its <i>Policy #: PR-12, Oversight of Functions Delegated to Medical Groups</i> , by having the SFHP Physician Advisory / Credentialing / Peer Review Committee (PAC) review a summary of the Plan's credentialing /recredentialing activities <i>at least annually</i> .	Policy PR-12 has been replaced with policy DO-01 Oversight of Delegated Functions to better describe the process for providing oversight. The new Delegated Providers Oversight Committee will be responsible to ensure DO-01 is implemented and followed. See attachment DO-04_Delegation_of_Credentialing_and_Provider_Training	5.2.3 DO-04 Delegation of Credentialing and Provider Training	Policy 10/15/2014	9/29/14 - The MCP submitted Policy & Procedure DO-04/Delegation of Credentialing and Provider Training. This P&P states the MCP conducts an annual audit of credentialing and credentialing files, Credentialing Program, Working with Managed Medi-Cal training attestation, corresponding training policies and procedures, and training material. This item is closed.	
Category 5, Quality Management Section 5.3, QI Program Description and Structure	5.3 The documents submitted by the MCP lack evidence of follow-up, action items, or implemented	1. QIC agenda has been revised to include a standing item for action item review at the beginning of the meeting. The CMO shall ensure the action items have been closed as appropriate. 2. The SFHP 2015 QI Plan will be	5.3 2014 QIC Follow Up 5.3 August 2014 QIC Agenda	QIC Agenda: 10/1/2014? QI Plan Review and approval by QIC and Board: by May 2015	9/29/14 – The MCP submitted their Quality Improvement Committee Follow Up List. This list showed that Follow Up items were completed and closed. This item is closed.	

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	corrective actions taken by the Quality Improvement Committee (QIC). The MCP failed to fully implement its CAP from a previous DHCS audit to address this deficiency.	reviewed and approved by the QIC and Board earlier in 2015.. The evaluation of the program should be completed prior to the creation of the new QI Plan. With this as a dependency, the earliest the QI Plan can be presented to the QIC and Board for review and approval is in May.				
Category 6, Administrative and Organizational Capacity Section 6.2 Medical Decisions	6.2-1 The DHCS audit revealed situations in which fiscal and administrative consideration influenced medical decisions of the Medical Director.	<p>Interim Action</p> <ul style="list-style-type: none"> The directive to ensure SFHP does not “adopt medical policies” driven by “cost saving strategies” is being inserted into a variety of UM materials (viz., the UM Program Description). Remind and educate staff about the directive and UM program description updates. <p>The directive is formally integrated in a variety of appropriate UM materials.</p> <p>Regarding APL 14-002, SFHP ceased this practice upon receipt of the APL and will continue to not substitute compounded products for commercially available medications unless requested by the provider in unique circumstances.</p> <p>SFHP has created a desktop procedure, Prior Auth Desktop Compound Procedure, to document the procedure of not substituting compounded products for commercially available medications.</p>	6.2 UM program description 1.2_1_DTP_PHARM_Compound_products	<ul style="list-style-type: none"> Interim compliance: 10/10/14 Full compliance: 12/31/14 For APL 14-002 2/2014 	<p>9/29/14 - Please submit interim compliance documentation by 10/12/14. Also, please submit documentation for full compliance for APL 14-002 by 01/01/15. This item remains open.</p> <p>10/15/14 – The MCP states it will submit the evidence necessary to close this finding by 1/1/15. This item remains open.</p> <p>12/22/14 In light of the medical audit scheduled for 3/9/15 – 3/20/15, the MCP’s assurance that the evidence of action required to close this item is forthcoming will suffice to satisfy this item. This item is provisionally closed. Suggest that the scheduled medical audit review the cited documentation for compliance.</p>	SFHP directs DHCS to the UM Program, which was submitted with the initial CAP, as documentation of interim compliance. SFHP will submit the documentation for full compliance with APL 14-002 by 1/1/15.
	6.2-2 One of the MCP’s delegated medical groups sent welcome letters to new members with statements advising the	SFHP contacted the Medical group and worked with them to revise their letter. See attachments: 6.2-2_NEMS_Welcome_Letter_External_PCP and 6.2-2_NEMS_Welcome_Letter_Clinic_PCP Oversight of delegated groups will include	6.2.2 NEMS Welcome Letter External PCP 6.2.2 NEMS Welcome Letter Clinic PCP	8/15/2014	<p>9/29/14 - The MCP submitted three Welcome Letters that stated, “Please call me for all your medical needs, especially if you need urgent medical care”. This item is closed.</p>	

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	member to call the medical group for emergency care.	review of member education in order to detect and require correction of any incorrect information to members, particularly regarding access to ER services.				
Category 6, Administrative and Organizational Capacity Section 6.4 Provider Training	6.4-1 The MCP's delegation agreements for provider training did not contain remedies if delegated entities' obligations for provider training are not met.	Delegation Agreement has been revised to incorporate penalties for failing to perform delegated functions, e.g. provider training. See attachment Delegation_Agrmt_v4.0	1.5.1 Delegation Agreement	10/2014	9/29/14 – The MCP provided a delegation agreement that includes the requirement of corrective action, heightened monitoring actions, rate based financial actions. This item is closed.	
	6.4-2 Annual oversight review of a delegated medical group shows provider training was not supplied within the 10 working day timeframe.	To ensure delegated medical groups and health plan compliance with provider training requirements, SFHP created policy DO-01 Oversight of Delegated Functions to better describe the process for providing oversight of delegated medical groups. See attachment DO-04_Delegation_of_Credentialing_and_Provider_Training	5.2.3 DO-04 Delegation of Credentialing and Provider Training	10/2014	<p>9/29/14 – The MCP provided a newly created provider training policy outlining the the following: DELEGATED PROVIDER TRAINING ACTIVITIES: SFHP ensures that Delegates' practitioners complete Medi-Cal Managed Care training within the required time frames:</p> <ol style="list-style-type: none"> 1. Working with Managed Medi-Cal (Summary of Key information): must be completed within 10 working days after a new practitioner has been placed on active status. <p>To close this item, the MCP must provide a provider training attendance sample. This item remains open.</p> <p>10/15/14 – The MCP states evidence of measures required to close this finding will be submitted by 4/15/15. This item remains open.</p> <p>12/22/14 In light of the medical audit scheduled for 3/9/15 – 3/20/15, the MCP's assurance that the evidence of action required to close this item is forthcoming will suffice to satisfy this item. This item is provisionally closed. Suggest that the scheduled medical audit review the cited processes to address this deficiency are progressing according to satisfactory timeframe.</p>	SFHP will audit the delegated providers for provider training attendance samples. The results of the audit of the delegated providers, including provider training logs, will be submitted to DHCS April 15, 2015.

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	6.4-3 The MCP does not have an established process for auditing the provision of provider training in a NCQA accredited, subcontracting health plan.	To ensure delegated medical groups and health plan compliance with provider training requirements, SFHP created policy DO-01 Oversight of Delegated Functions to better describe the process for providing oversight, including oversight of the NCQA accredited, subcontracting health plan. See attachment DO-04_Delegation_of_Credentialing_and_Provider_Training	5.2.3 DO-04 Delegation of Credentialing and Provider Training	10/2014	9/29/14 – The MCP provided policy DO-04_Delegation_of_Credentialing_and_Provider_Training which states within its P&P the following: DELEGATE OVERSIGHT of the activities described above occurs in three ways: 1) review and evaluation of monthly or quarterly reports (or more frequent when necessary); 2) annual audits, 3) a combination of monthly or quarterly reviews in addition to an in depth review at the annual audit. This item is closed.	
	6.4-4 Provider training was not performed within 10 working days for a newly contracted provider.	Designated a new FTE in the Provider Relations department, to administer all aspects of medical staff credentialing including continuous monitoring of all providers in the SFHP network.		4/2014	9/29/14 - MCP The MCP designated a new FTE to administer medical staff credentialing and monitoring. To close this finding the MCP must provide supporting documentation that provider training is being performed within 10 working days. This item remains open. 10/15/14 – The MCP states evidence of measures required to close this finding will be submitted by 4/15/15. This item remains open. 12/22/14 In light of the medical audit scheduled for 3/9/15 – 3/20/15, the MCP's assurance that the evidence of action required to close this item is forthcoming will suffice to satisfy this item. This item is provisionally closed. Suggest that the scheduled medical audit review the cited processes to address this deficiency are progressing according to satisfactory timeframe.	SFHP will audit the credentialing files of the directly contracted providers for provider training timeliness. The results of the audit, including provider training logs, will be submitted to DHCS April 15, 2015.
Category 6, Administrative and Organizational Capacity Section 6.5 Fraud and Abuse	6.5-1 The MCP did not implement a more proactive fraud and abuse program to comply with the prior DHCS audit CAP	SFHP has developed a proactive Anti-Fraud program for fiscal year 2014-2015 to be reviewed for approval by the Policy and Compliance Committee October 11, 2014.	6.5_AntiFraud_WorkPlan_FY2014_2015 6.5.1 October 9 2014 Compliance Committee Minutes_FINAL	Compliance Committee Review: 10/11/14 Full Implementation: 10/31/14	9/29/14 - The MCP submitted AntiFraud_WorkPlan_FY2014_2015 which provides the following The purpose of the San Francisco Health Plan Anti-Fraud Program is to: A. Protect SFHP's ability to deliver health care services to members through the timely detection, investigation, and prosecution of fraud;	SFHP provides with this response the minutes from the 10/9 Policy and Compliance Committee meeting that indicates the approval of the anti-fraud workplan.

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					<p>B. Develop and implement a process to protect SFHP from internal fraud and from external fraud by providers, vendors, enrollees, and others;</p> <p>C. Provide avenues to report documented fraudulent activities to the appropriate authorities;</p> <p>D. Outline procedures for the detection, reporting and managing of incidents of suspected fraud;</p> <p>E. Coordinate the practices and procedures for the detection, investigation, prevention, reporting, correcting and prosecution of fraud with Federal, State, and local regulatory agencies and law enforcement;</p> <p>F. Continually identify best practices used by other health plans or providers to improve the SFHP Anti-Fraud Program; and</p> <p>G. Provide Fraud, Waste, and Abuse Awareness education and training to employees, members, contracted providers, and vendors to facilitate in the timely detection and investigation of fraud, waste, or abuse.</p> <p>To close this item, the MCP must provide its October 11th Compliance Committee meeting minutes indicating that the Anti-Fraud Work Plan has been adopted. This item remains open.</p> <p>10/15/14 – The MCP submitted the minutes of the 10/9/14 Compliance Committee which includes evidence of the adoption of the Anti-Fraud Work Plan. This item is closed.</p>	
	6.5-2 The Plan reported one incident of potential fraud to the Department of Justice (DOJ)	SFHP Compliance team has reviewed the existing policy CRA-08 and have retrained on the requirement to report potential incidents of fraud and abuse to DHCS within 10 working days.	6.5.1 October 9 2014 Compliance Committee Minutes_FINAL	5/2014	<p>9/29/14 - To close this finding, the MCP must provide evidence of new procedures that ensure compliance team training is conducted on a regular basis. This item remains open.</p> <p>10/15/14 – To close this finding please submit</p>	SFHP provides with this response the minutes from the 10/9/14 Policy and Compliance Committee minutes which reflects that Policy CRA-08 was reviewed with the Compliance Team and the action approved that the policy will be reviewed again by the Compliance staff on a

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	but it did not report the incident to the Department of Health Care Services (DHCS) within 10 working days as required by the Contract and by the Plan's <i>Policy #: CRA-08, Fraud and Abuse Prevention and Investigation.</i>				evidence of the referenced training. This item remains open. 12/22/14 In light of the medical audit scheduled for 3/9/15 – 3/20/15, the MCP's assurance that the evidence of action required to close this item is forthcoming will suffice to satisfy this item. This item is provisionally closed. Suggest that the scheduled medical audit review the cited processes to address this deficiency are progressing according to satisfactory timeframe.	quarterly basis.
State Supported Services Contract Requirements	SSS-1 The MCP's documents do not agree in the descriptions of the availability of abortion services from non-contracted providers. The EOC is not consistent with the MCP's Network Operations Manual (NOM) and the Policy# UM-06.	See attached SSS-1_DRAFT_NetOpsMan_2014_redlined. Interim Action <ul style="list-style-type: none">Update EOC and policy UM-06 (Abortion Services). Final Action <ul style="list-style-type: none">Inform and educate appropriate staff about the abortion services requirements, EOC and policy UM-06 (Abortion Services) updates. The directive is formally integrated in the appropriate EOCs and policy UM-06 (Abortion Services). To ensure delegated medical groups compliance with abortion services requirements, SFHP created policy DO-01 Oversight of Delegated Functions to better describe the process for providing oversight, including oversight of the medical groups policies regarding access to abortion services.	SSS.2 SFHP revised EOC and SSS.1 UM-06 Abortion Services	NOM 10/2014 <ul style="list-style-type: none">Interim compliance: 10/10/14Full compliance: 12/31/14	9/29/14 - The MCP submitted SFHP revised EOC and UM-06 Abortion Services These two documents now have similar language. UM-06 discuss that in California, Abortion is a San Francisco Health Plan (SFHP) benefit that all female members, regardless of age, shall be able to obtain promptly and without prior authorization or medical justification. SSS.2 SFHP EOC, If you are a minor you do not need the permission of your parents/guardian to get an abortion. This item is closed.	
	SSS-2 The delegated health plan's EOC did not inform members of their right to self-refer abortion services to any Medi-Cal Provider, in or out-of-network,	Delegated Health Plan's EOC for 2014 has been revised to include the appropriate language. See attached SSS-2_2014_Kaiser_EOC_NCAL. Pages 4 and 58 SFHP has revised its EOC to include language that is consistent with members' right to self-refer in or out-of-network without prior authorizations.	2014 Kaiser EOC NCAL. Pages 4 and 58 SSS.2 SFHP EOC	4/2014	9/29/14 - The MCP provided SSS.2 SFHP EOC contained the following excerpt: SFHP covers abortions. You do not need to see your PCP first or get approval for an abortion. You may obtain outpatient abortion services from an SFHP network provider or from a non-network provider. Prior authorization for outpatient abortions is not required. Inpatient hospitalization for abortions may be subject to prior authorization	

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	without prior authorization.				procedures as per our current policies and procedure specific to each medical group and hospital contract. If you are a minor you do not need the permission of your parents/guardian to get an abortion. This item is closed.	
	SSS-3 The MCP's EOC, Network Operations Manual (NOM) and delegated health plan's EOC incorrectly state that minors, age 12 or older, do not need parental approval to get abortion services. Minors of any age may consent for the performance of an abortion in California.	<p>See attached SSS-1_DRAFT_NetOpsMan_2014_redlined.</p> <p>Delegated Health Plan's EOC for 2014 has been revised to include the appropriate language. See attached SSS-2_2014_Kaiser_EOC_NCAL. Page 57</p> <p>SFHP has revised its EOC to include language that correctly states that minors of any age may consent for the performance of an abortion in California.</p>	<p>NOM</p> <p>2014 Kaiser EOC NCAL. Pages 57</p> <p>SSS.3 SFHP EOC</p>	<p>NOM 10/2014</p> <p>Kaiser's EOC 4/2014</p>	<p>9/29/14 - The MCP provided SSS.3 SFHP EOC</p> <p>The SSS.3 provides the following: Note: Minors of any age have the authority to consent to services for abortions, birth control (except sterilization), rape, sexual assault, and diagnosis and treatment for pregnancy. This item is closed.</p>	
	SSS-4 A customer services representative advised a member to contact her delegated medical group for a question regarding the need for prior authorization for abortion services.	SFHP shall develop a training for Customer Service staff regarding SFHP's policies and procedures for abortion services.	<i>SSS.4Family Planning and Womens Health Training 122014</i>	Customer Service training by 10/30/14	<p>9/29/14 - To close this finding, the MCP must provide evidence of its Customer Service Training - scheduled for 10/30/14. This item remains open.</p> <p>10/15/14 – The MCP submitted a PowerPoint training presentation dated December 2014. The submission did not include the referenced agenda. Please provide evidence of the referenced training following the projected presentation date 10/31/14 This item remains open.</p> <p>12/22/14 In light of the medical audit scheduled for 3/9/15 – 3/20/15, the MCP's assurance that the evidence of action required to close this item is forthcoming will suffice to satisfy this item. This item is provisionally closed. Suggest that the scheduled medical audit review the cited documentation for compliance.</p>	SFHP submits with this response the agenda and slides for the Customer Service Training on 10/31/14 to provide training on abortion services. Refer to SSS4_Family Planning and Womens Health Training 122014.

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