

ATTACHMENT A

MCP Name: Santa Clara Family Health Plan

Review/Audit Type: Medical Audit Review Period: January 1, 2013 – December 3, 2013

MCPs are required to provide a CAP and respond to all documented deficiencies within 30 calendar days of receiving a medical audit, survey, or any other special reviews requiring a CAP. MCPs are required to submit the CAP via email in word format which will reduce turnaround time for DHCS to complete its review.

The CAP submission must include a written statement identifying the deficiency and describing the plan of action taken to correct the deficiency, and the operational results of that action. For deficiencies that require long term corrective action or a period of time longer than 30 days to remedy or operationalize, the MCP must demonstrate it has taken remedial action and is making progress toward achieving an acceptable level of compliance. The MCP will be required to include the date when full compliance is expected to be achieved.

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

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Category 1 – Utilization Management				
1.Utilization Management Program				
1.1 MCP has no process in place for tracking and monitoring under-utilization of services.	In accordance with Santa Clara Family Health Plan’s (SCFHP) Policy and Procedure (P&P) UM050_08 “UM Over and Under Utilization of Medical Services”	<ul style="list-style-type: none"> • 1.1. A Policy UM050_02 “UM Over and Under Utilization of Medical Services” • 1.1. B UM Agenda 10/8/14 	01/31/2015	11/24/14 -The MCP submitted copies of P&Ps and meeting documents related to the processes being implemented to address this finding. To close this finding the MCP must submit evidence of the monitoring, reporting, and action taken on issues

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	<p>(Attachment 1.1.A), SCFHP will develop, monitor, report and act on the tracking reports listed in the policy. SCFHP has established a process to compile these reports quarterly and present to SCFHP UM Committee in a consist format to assess for over- and underutilization of medical services.</p> <p>SCFHP will present the new processes at the UMC and QIC in late December. Therefore, the completion expected date will be in January 2015.</p>	<ul style="list-style-type: none"> • 1.1. C 2014 UM Workplan SCFHP • 1.1. D SCFHP Utilization Report CY 2014 _Q1. • 1.1. E UM Committee Roster 10/8/14 • 1.1. F DRAFT SCHP UM Committee minutes 10-8-14 Draft 		<p>identified in the reports, as referenced in the MCP’s response.</p> <p>1/9/15 - This item is provisionally closed. Follow up will be conducted to ensure health plan action is taken and verification will be conducted during the next Medical Performance Audit process.</p>
1.2 Prior Authorization Review Requirements				
<p>1.2.1 Decisions for routine PAs (medical and pharmacy) were not made within required contract timeframe.</p>	<p><u>MEDICAL</u>: In accordance with SCFHP’s P&P UM002_09 “<i>Prior Authorization Process</i>”, Dashboard reporting on TAT developed, monitored and acted on by management weekly and reported to UMC on a quarterly basis.</p>	<ul style="list-style-type: none"> • 1.2.1 A UM002_09 “<i>Prior Authorization Process</i>” • 1.2.1 B 2014 UM Workplan SCFHP (section H) • 1.2.1 C Medical PA Dashboard Report 	11/01/2014	<p>11/24/14—The MCP submitted a copy of a revised P&P, workplan, training, and reports evidencing the MCP’s actions to address this deficiency. The submission is deemed sufficient to address this finding. Future audits will verify the improvement in complying with contractual timeframe for PA decisions. This item is closed.</p>

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	<p><u>PHARMACY</u> SCFHP has revised and retrained staff in accordance to the SCFHP's Policy PM 106 Pharmacy Drug Prior Authorization Process. Operational improvements have been made to streamline the PA process to support meeting contract timeframes. An internal dashboard has been created to track weekly statistics of turnaround timeframes and is being monitored by management. Real time dashboard is monitored throughout the day by the PA supervisor.</p>	<ul style="list-style-type: none"> • 1.2.1 D Policy PM 106 Pharmacy Drug PA Process 10.16.14 • 1.2.1 E PA Training Attestation 10.16.14 • 1.2.1 F PA Dashboard Screen Shot 10.16.14 	10/16/2014	
<p>1.2.2 Deferred PAs were out of compliance with the contract delineated timeframe for decision making of twenty-eight days.</p>	<p><u>MEDICAL</u>: In accordance with SCFHP's P&P UM002_09 "Prior Authorization Process", dashboard reporting on deferred PA's will be developed, monitored and acted on by management weekly.</p>	<ul style="list-style-type: none"> • 1.2.2 A UM002_09 "Prior Authorization Process" • 1.2.2 B Sample of Deferred PA Report 	11/01/2014	<p>11/24/14—The MCP submitted a copy of a revised P&P and a report sample evidencing action taken to address this finding. The submissions are deemed sufficient to address this finding. Future audits will verify the operationalization of the actions. This item is closed.</p>
<p>1.2.3</p>	<p>SCFHP has reviewed and</p>	<ul style="list-style-type: none"> • 1.2.1 D Policy PM 106 	10/16/14	<p>11/24/14—The MCP submitted a copy</p>

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Pharmacy PAs were not in compliance with the contract's 24-hour decision timeframe requirement on 4 of 23 PAs reviewed.	retrained staff in accordance to the SCFHP's Policy PM 106 Pharmacy Drug Prior Authorization Process. Operational improvements have been made to streamline the PA process to support meeting contract timeframes. An internal dashboard has been created to track weekly statistics of turnaround timeframes and is being monitored by management. Real time dashboard is monitored throughout the day by the PA supervisor.	Pharmacy Drug PA Process 10.16.14 <ul style="list-style-type: none"> • 1.2.1 E PA Training Attestation 10.16.14 • 1.2.1 F PA Dashboard Screen Shot 10.16.14 		of a revised P&P, evidence of training, and a report sample evidencing action taken to address this finding. The submissions are deemed sufficient to address this finding. Future audits will verify the operationalization of the actions. This item is closed.
1.2.4 11 of 35 PAs showed insufficient documentation to support medical necessity and insufficient follow-up by the MCP to ensure proper decision for denial.	<u>MEDICAL</u> In accordance with SCFHP's P&P UM039_02 <i>UM Review Standards Criteria and Guideline</i> and <i>UM 001_07 Member NOA</i> , SCFHP will re-educate all clinical staff on appropriate documentation on denial decisions.	<ul style="list-style-type: none"> • 1.2.4 A UM039_02 UM Review Standards Criteria and Guidelines • 1.2.4 B UM 001_07Member Notification Regarding Medical Service Determinations (#5;page 6) 	11/01/2014	11/24/14—The MCP submitted copies of P&Ps, evidence of training (for the Pharmacy component), and a monitoring report. To close this item the MCP must submit an evidence of the staff education cited in the Medical component and the quality monitoring program cited in the Pharmacy component. 1/9/15 – This item is provisionally closed. Follow up will be conducted to

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	<p><u>PHARMACY</u> In accordance with SCFHP's PM 106, SCFHP has reviewed and revised Policy PM 106 Pharmacy Drug Prior Authorization Process. Staff has been retrained to improve clarify of denial language and ensure documents are scanned into our PA processing system. A quality monitoring program is also in the process of being developed to verify complete documentation and follow up to ensure proper decisions for denials for medical necessity.</p>	<ul style="list-style-type: none"> • 1.2.1 D Policy PM 106 Pharmacy Drug PA Process • 1.2.1 E PA Training Attestation 10.16.14 • 1.2.1 F PA Dashboard Screen Shot 10.16.14 	10/16/14	ensure health plan action is taken and verification will be conducted during the next Medical Performance Audit process.
1.3 Referral Tracking System				
<p>1.3 During the review of denials, inconsistencies were found regarding denial decisions and subsequent overturn of denials.</p>	<p>In accordance with SCFHP's P&P UM002_09 "Prior Authorization Process", current UM staff updated on UM002_09 policy. Add dashboard reporting on Overturn denials upon Appeal will be developed, monitored by management and</p>	<ul style="list-style-type: none"> • 1.3 A UM002_09 "Prior Authorization Proces • 1.3 B 2014 UM Workplan SCFHP (section D) • 1.3 C SCFHP Appeals Overturn Report 3rd QTR 2014 	11/01/2014	<p>11/24/14—The MCP submitted a copy of a revised P&P, a workplan, and a report to address this finding. To close this finding the MCP must submit an evidence of the dashboard report, monitoring, and reporting to UMC cited in the response.</p> <p>1/9/15 - This item is provisionally closed. Follow up will be conducted to</p>

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	reported to UMC on a quarterly.			ensure health plan action is taken and verification will be conducted during the next Medical Performance Audit process.
Category 2 – Case Management and Coordination of Care				
2.1 Case Management and Coordination of Care: Within and Out-of-Plan				
2.1 Review of medical records verified the MCP was not able to track all its new members and was not able to monitor all the services delivered within the MCPs network.	In accordance with SCFHP’s P&P CM 030 Case Management, current CM staff will track all care plans sent to providers. SCFHP QI department updated Medical Record Standards in 2014 to include evidence that member’s ICP is Provider medical record for the member. SCFHP will begin reeducation of all network providers in accordance with the medical records requirements.	<ul style="list-style-type: none"> • 2.1.2 A SCFHP MEDICAL RECORD STANDARDS 2014 (#3C,p3) • 2.1.2 B CM030_05 Case Management (F, p3) • 2.1.2 C PS 010-08 Provider Training & Communication • 6.4.1 PS025_05 New Provider Orientation signed 102114 	12/31/2014	11/24/14—To close this finding the MCP must submit an evidence of the referenced tracking of care plans sent to providers, and the education of network providers regarding medical records requirements. 1/9/15 - This item is provisionally closed. Follow up will be conducted to ensure health plan action is taken and verification will be conducted during the next Medical Performance Audit process.
2.1.2 A records review of complex case management did not have documented care plans.	In accordance with SCFHP’s P&P CM 030 Case Management, current CM staff will track all care plans sent to providers. SCFHP QI department updated Medical Record Standards in 2014 to include evidence that	<ul style="list-style-type: none"> • 2.1.2 A SCFHP MEDICAL RECORD STANDARDS 2014 (#3C,p3) • 2.1.2 B CM030 Case Management (F, p3) • 2.1.2 C PS 010-08 Provider Training & Communication 	12/31/2014	11/24/14—To close this finding the MCP must submit an evidence of the referenced tracking of care plans sent to providers, and the education of network providers regarding medical records requirements. 1/9/15 - This item is provisionally closed. Follow up will be conducted to

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	member's ICP is Provider medical record for the member. SCFHP will begin reeducation of all network providers in accordance with the medical records requirements.			ensure health plan action is taken and verification will be conducted during the next Medical Performance Audit process.
2.2 California Children's Services (CCS)				
2.2.1 According to the CCS MOU meeting minutes received from the MCP, there were only two meetings that took place for the year 2013, dated September 9, 2013 and November, 4 2013. Per the MCP's MOU with CCS, these meetings are required to be held on a quarterly basis or more frequently.	In accordance with the SCFHP/CCS MOU, SCFHP will meet quarterly with CCS in 2014	<ul style="list-style-type: none"> • 2.2.1 A CCS MOU Meeting Roster 02-03-14 • 2.2.1 B CCS MOU Sign in sheet 05-13-14 • 2.2.1 C CCS MOU Sign in sheet 08-05-14 • 2.2.1 D CCS MOU Agenda 11-03-14 	12/31/2014	11/24/14—The MCP submitted the sign-in sheets for three (2/3/14, 5/13/14, 8/5/14) quarterly CCS meetings and the agenda for the November CCS meeting. These submissions satisfy the requirements for this finding. This item is closed.
2.3 Early Intervention Services / Developmental Disabilities				
2.3.1 The review of medical records indicated that some had no documentation of either a referral or coordination of care and services between the MCP, the PCPs, and the Early Start Program.	In accordance with SCFHP's P&P CM 005_03 Early Start Program, current CM staff will track all referral sent to providers. SCFHP QI department updated Medical Record Standards in 2014 to include evidence that member's referrals to Early Start is in	<ul style="list-style-type: none"> • 2.3.1 A CM005_03 EIS Care Coordination • 2.3.1 B SCFHP MEDICAL RECORD STANDARDS 2014 (#C,p4) • 2.3.1 C PS 010-08 Provider Training & Communication 	12/31/2014	11/21/14 – The MCP submitted CM005_03 EIS Care Coordination, SCFHP MEDICAL RECORD STANDARDS 2014, and PS 010-08 Provider Training & Communication. In order to close this deficiency, please provide an evidence of reeducation of all network providers in accordance with the medical records requirements. 1/9/15 - This item is provisionally

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	Provider medical record for the member. SCFHP will begin reeducation of all network providers in accordance with the medical records requirements.			closed. Follow up will be conducted to ensure health plan action is taken and verification will be conducted during the next Medical Performance Audit process.
<p>2.3.2 In one medical record there was nothing in the medical record to show that the member has been referred by the PCP to or been seen by the Early Start Program during the audit period.</p>	Please refer to responses under 2.3.1	Please refer to responses under 2.3.1	Please refer to responses under 2.3.1	<p>11/21/14 – The MCP submitted CM005_03 EIS Care Coordination, SCFHP MEDICAL RECORD STANDARDS 2014, and PS 010-08 Provider Training & Communication.</p> <p>In order to close this deficiency, please provide an evidence of reeducation of all network providers in accordance with the medical records requirements.</p> <p>1/9/15 - This item is provisionally closed. Follow up will be conducted to ensure health plan action is taken and verification will be conducted during the next Medical Performance Audit process.</p>
2.4 Initial Health Assessment				
<p>2.4.1 MCP did not ensure the provision of an IHA for its new Members was completed within the required timeframe 60/120 days following the date of enrollment</p>				Although during the audit period the required timeframe for IHA for those under the age of 18 months were within the 60 days of enrollment, the contract requirements have since been amended eliminating the 60 day and using 120 days for all ages. As such,

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with the MCP.				health plan action is not required. This item is deemed closed.
2.4.4 The IHA call report had insufficient data to substantiate all three contacts were attempted.	PS will begin reeducation of all network providers regarding the IHA requirements	2.2.4 A_HE0405-Health Ed Staying Healthy Tool 6.4.1 PS025_05 New Provider Orientation signed 102114	12/31/14	11/21/14- In order to close this deficiency, please submit an evidence of reeducation of all network providers regarding the IHA requirements. 1/9/15 - This item is provisionally closed. Follow up will be conducted to ensure health plan action is taken and verification will be conducted during the next Medical Performance Audit process.
Category 3 – Access and Availability of Care				
3.1 Appointment Procedures and Monitoring Waiting Times				
3.1.1 The MCP did not monitor waiting times in the provider’s offices to ensure that providers are meeting access standards.	SCFHP is surveying all PCPS and Specialists to assess the waiting times in the offices. SCFHP started the “waiting times in offices” survey in the 3 rd quarter of 2014, and expect to complete the “waiting times in offices” by the end of 4 th quarter.	3.1.1 Policy 050_01 Monitoring Wait Times in Providers Office 2014	12/30/2014	11/21/14 – The MCP submitted Policy 050_01 Monitoring Wait Times in Providers Office 2014. In order to close this deficiency, please submit copies of the “waiting times in offices” survey in the 3 rd quarter of 2014, and the “waiting times in offices” by the end of 4 th quarter. 1/9/15 - This item is provisionally closed. Follow up will be conducted to ensure health plan action is taken and verification will be conducted during the next Medical Performance Audit process.

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<p>3.1.2 The MCP didn't monitor their delegated network plan in providing timely medical appointments.</p>	<p>In the 3rd & 4th quarter of 2014, SCFHP is using DMHC's timely access methodology and tool in surveying all delegates for the timely medical appointments. SCFHP will also submit the Timely Access surveys and results to DMHC in March 2015 for the 2014 reporting year.</p>	<ul style="list-style-type: none"> • 3.1.2 A PS 001-10 Monitoring of TA survey • 3.1.2 B PS 007-05: After hours survey • 3.1.2 C PS 029-04: Provider Satisfaction Survey. • These policies have also been approved by DMHC. 	<p>December 2014</p>	<p>11/21/14 – The MCP submitted PS 001-10 Monitoring of TA survey PS 007-05: After-hours survey, and PS 029-04: Provider Satisfaction Survey. In order to close this deficiency, please submit a copy of the Timely Access surveys and results for the 2014 reporting year.</p> <p>1/9/15 - This item is provisionally closed. Follow up will be conducted to ensure health plan action is taken and verification will be conducted during the next Medical Performance Audit process.</p>
3.3 Telephone Procedures / After Hours Calls				
<p>3.3.1 The MCP conducted a survey of PCPs and specialty providers. The MCP was not in compliance with the after-hours access standards.</p>	<p>In accordance with SCFHP's P&P 007-05 "After hours surveys", SCFHP is in the process of conducting this survey. The results will be summarized and report to the QIC Committee. CAPs will be issued when appropriate, and Provider Operations will monitor the CAPs until completion. SCFHP will also submit the</p>	<ul style="list-style-type: none"> • 3.1.2 B PS 007-05: After hours survey 	<p>12/31/14</p>	<p>11/21/14 – The MCP submitted PS 007-05: After-hours survey. In order to close this deficiency, please submit a copy of the Timely Access surveys and results for the 2014 reporting year.</p> <p>1/9/15 - This item is provisionally closed. Follow up will be conducted to ensure health plan action is taken and verification will be conducted during the next Medical Performance Audit process.</p>

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	Timely Access surveys and results to DMHC in March 2015 for the 2014 reporting year.			
3.4 Specials and Specialty Service				
<p>3.4 The MCP did not monitor its delegated network health plan in providing timely medical appointments and medically necessary specialists' services within their network to accommodate the needs for specialty care.</p>	<p>SCFHP is in the process of conducting this survey. The results will be summarized and report to the QIC Committee. CAPs will be issued when appropriate, and Provider Operations will monitor the CAPs until completion. SCFHP will also submit the Timely Access surveys and results to DMHC in March 2015 for the 2014 reporting year.</p>	<ul style="list-style-type: none"> • 3.1.2 A PS 001-10 Monitoring of TA survey • 3.1.2 B PS 007-05: After hours survey • 3.1.2 C PS 029-04: Provider Satisfaction Survey. • These policies have also been approved by DMHC. 	12/31/14	<p>11/21/14 – The MCP submitted PS 001-10 Monitoring of TA survey, PS 007-05: After-hours survey, and PS 029-04: Provider Satisfaction Survey. In order to close this deficiency, please submit a copy of the Timely Access surveys and results for the 2014 reporting year.</p> <p>1/9/15 - This item is provisionally closed. Follow up will be conducted to ensure health plan action is taken and verification will be conducted during the next Medical Performance Audit process.</p>
3.5 Emergency Service Providers (Claims)				
<p>3.5.1 Misdirected claims were not forwarded to the capitated entities within 10 working days of receipt of the claims.</p>	<p>In accordance with SCFHP's P&P # CL001_04 "Misdirected Claims", SCFHP created an outbound 5010 837 file for claims denying for financial responsibility of another entity. Such claims are forwarded within 10 working days</p>	<ul style="list-style-type: none"> • 3.5.1 & 3.6.1 Policy CL001_04 "Misdirected Claims". 	Implemented on 7/15/13.	<p>11/21/14 – The MCP submitted Policy CL001_04 "Misdirected Claims". In order to close this deficiency, please submit a sample of misdirected claims forwarded within 10 working days from receipt of the claim.</p> <p>1/9/15 - This item is provisionally closed. Follow up will be conducted to ensure health plan action is taken and</p>

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	from receipt of the claim. # CL001_04.			verification will be conducted during the next Medical Performance Audit process.
3.5.2 Emergency Services Provider - SCFHP did not pay claims received later than six months following the date of service for either contract or non-contract providers during the audit year.	Revised P&P to reflect a one year billing time limit for all providers. Reference Billing Time Limits for Claims, policy # CL029_02.	<ul style="list-style-type: none"> 3.5.2 & 3.6.2 Policy # CL029_02 "Billing Time Limits for Claims" 	Implemented for non-contracted providers on 2/21/14. Implemented for contracted providers on 11/1/14.	11/21/2014 – MCP submitted P&P CL029-02 Billing Time Limits for Claims". The P&P was reviewed. Please make sure the revised P&P is immediately operationalized. This item is closed.
3.6 Family Planning (Payments)				
3.6.1 The MCP did not forward misdirected claims to appropriate capitated providers within 10 working days of receipt of the claim.	SCFHP created an outbound 5010 837 file for claims denying for financial responsibility of another entity. Such claims are forwarded within 10 working days from receipt of the claim. Reference policy: Misdirected Claims, policy # CL001_04.	3.5.1 & 3.6.1 Policy CL001_04 "Misdirected Claims".	Implemented on 7/15/13. Policy revised 8/28/13.	11/21/14 – The MCP submitted Policy CL001_04 "Misdirected Claims". In order to close this deficiency, please submit a sample of misdirected claims forwarded within 10 working days from receipt of the claim. 1/9/15 - This item is provisionally closed. Follow up will be conducted to ensure health plan action is taken and verification will be conducted during the next Medical Performance Audit process.
3.6.2 The MCP did not pay claims received later than six months following the date of service for either	SCFHP revised P&P to reflect a one year billing time limit for all providers. Reference Billing Time Limits for Claims, policy #	3.5.2 & 3.6.2 Policy # CL029_02 "Billing Time Limits for Claims"	Implemented for non-contracted providers on 2/21/14. Implemented for	11/21/2014 – MCP submitted P&P CL029-02 Billing Time Limits for Claims". The P&P was reviewed. Please make sure the revised P&P is immediately operationalized.

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contract or non-contract providers during the audit year.	CL029_02.		contracted providers on 11/1/14. Policy signed on 10/3/14	This item is closed.
Category 4 – Member’s Rights				
4.1 Grievance System				
4.1.1 Initial intake process for inquiries/grievances did not include clinical staff review to ensure appropriate classification.	The Plan has incorporated a clinical screening for the initial intake process. A licensed healthcare worker (RN) reviews cases weekly and on an ad hoc basis with the Grievance & Appeals Department to review for potential quality issues and to assist with the appropriate categorization of grievances.	4.1.1 Policy MS-12-02 “Call Monitoring”	7/1/2014	11/21/2014 – MCP submitted Policy MS-12-02 “Call Monitoring”. In order to close this deficiency, please provide evidence that all inquiries/grievances received are properly classified and reviewed by appropriate personnel to ensure potential quality of care issue is not missed. 1/9/15 - This item is provisionally closed. Follow up will be conducted to ensure health plan action is taken and verification will be conducted during the next Medical Performance Audit process.
4.1.2 The MCP under-reported grievances because inquiries/grievances not resolved within 24hrs were not tracked. No audit was conducted to detect if these were true inquiries or grievances.	SCFHP has incorporated the quality assurance process to ensure that inquiries and grievances are coded appropriately. The Workforce and Quality Improvement managers/team will audit the calls to ensure appropriate classifications.	4.1.1 Policy MS-12-02 “Call Monitoring”	10/30/14	11/21/2014 – MCP submitted Policy MS-12-02 “Call Monitoring”. In order to close this deficiency, please provide evidence that a monitoring/audit system is in place to detect all the grievances/ inquiries are tracked properly. 1/9/15 - This item is provisionally closed. Follow up will be conducted to ensure health plan action is taken and

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				verification will be conducted during the next Medical Performance Audit process.
<p>4.1.3 There was insufficient oversight by personnel to ensure proper stratification of all incoming inquiries and grievances.</p>	As indicated under 4.1.1 and 4.1.2, SCFHP has established additional processes to ensure proper stratification of all incoming inquiries and grievances.	4.1.1 Policy MS-12-02 "Call Monitoring"	10/30/14	<p>11/21/2014 – MCP submitted Policy MS-12-02 "Call Monitoring". In order to close this deficiency, please provide evidence that a monitoring/audit system is in place to detect all the grievances/ inquiries are tracked properly.</p> <p>1/9/15 - This item is provisionally closed. Follow up will be conducted to ensure health plan action is taken and verification will be conducted during the next Medical Performance Audit process.</p>
4.2 Cultural and Linguistic Services				
<p>4.2.1 The MCP must ensure members receive fully translated written materials in identified threshold languages.</p>	SCFHP is committed to provide culturally and linguistically services to the members. SCFHP re-trained the Grievance & Appeals staff on the requirements and processes in providing translated written materials to the members in accordance to SCFHP's P&P.	<ul style="list-style-type: none"> • 4.2.1 A Training Sign In Sheet • 4.2.1 B CU 001_04 Interpreter Services - signature • 4.2.1 C CU 004_Translation and Readability of Written Information Materials 	10/15/14	11/24/14--The MCP submitted a training sign in sheet on translation and interpretation. Also submitted was Policy # CU 004/Translation and Readability of Written Informing Materials and Policy # CU001-04/Member Language Access: Interpreter Services. These documents submitted satisfy the requirement of this finding. This item is closed.

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<p>4.2.2 Resolution letters written in Spanish were sent four months to one year after the grievances were closed.</p>	<p>SCFHP is committed to provide culturally and linguistically services to the members. SCFHP re-trained the Grievance & Appeals staff on the requirements and processes in providing translated written materials to the members.</p>	<ul style="list-style-type: none"> • 4.2.1 A Training Sign In Sheet • 4.2.1 B CU 001_04 Interpreter Services - signature • 4.2.1 C CU 004_Translation and Readability of Written Information Materials 	<p>10/15/14</p>	<p>11/24/14--To close this item, the MCP must submit documentation that states resolution letters written in a threshold language are being sent out in a timely manner.</p> <p>1/9/15 - This item is provisionally closed. Follow up will be conducted to ensure health plan action is taken and verification will be conducted during the next Medical Performance Audit process.</p>
Category 5 – Quality Management				
5.1 Quality Improvement System				
<p>5.1.1 The MCP must ensure that subcontractors actively participate on the committee or medical sub-committee that reports to the QIC.</p>	<p>In accordance with the SCFHP QI Program 2014, SCFHP will ensure membership of QIC has active participants on the current Roster and are attending.</p>	<p>5.1.1 A: QI Committee Roster August 2014</p>	<p>11/15/14</p>	<p>11/24/14--The MCP submitted their August 13, 2014 Quality Improvement Committee sign in sheet. It consisted of 8 committee members and 7 SCFHP staff members. This submission satisfies the requirement of this finding. This item is closed.</p>
<p>5.1.2 The QIC composition as documented by the roster is incomplete. The QIC is missing representation from the UM department was verified by the absence of signatures on the attendance sign in sheet for the quarterly</p>	<p>In accordance with the SCFHP QI Program 2014, SCFHP will ensure membership of QIC has complete and active Roster including UM department representation. SCFHP will review QIC requirements</p>	<p>5.1.2 A: QI Committee Roster and Description</p>	<p>11/15/2014</p>	<p>11/24/14—The MCP submitted a document describing the make-up of the QIC. To close this finding the MCP must submit an attendance sign-in sheet from the next QIC meeting evidencing appropriate personal attend.</p> <p>1/9/15 - This item is provisionally</p>

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QIC meeting.	with all members at the next QIC meeting.			closed. Follow up will be conducted to ensure health plan action is taken and verification will be conducted during the next Medical Performance Audit process.
5.2 Provider Qualifications				
<p>5.2.1 During the interview, it was revealed that the MCP and its delegated entities review the Suspended and Ineligible provider list biannually or when a provider was up for re-credentialing.</p>	<p>SCFHP contracts with a credentialing verification organization (CVO) to conduct its on-going monitoring of its directly contracted providers. SCFHP added the Medi-Cal Suspended and Ineligible List to the list of sites that are monitored each month by the CVO.</p> <p>SCFHP has revised the credentialing policy, and will present it to the Credentialing and QI Committees in December for an approval.</p> <p>SCFHP conducted its annual audit of delegated entities and learned that all delegates review the Medi-Cal Suspended and Ineligible list monthly.</p>	5.2.1 CR008 Ongoing Monitoring Policy.2014.redlines	1/31/15	<p>11/24/14—The MCP submitted a revised P&P which will be presented for approval. To close this finding the MCP must submit a copy of the approved P&P.</p> <p>1/9/15 - This item is provisionally closed. Follow up will be conducted to ensure health plan action is taken and verification will be conducted during the next Medical Performance Audit process.</p>

Deficiency Number and Finding	Action Taken	Implementation Documentation	Completion / Expected Completion Date	DHCS Comments
	Audits were conducted in the 3 rd quarter of 2014.			
5.5 Medical Records				
<p>5.5.1 Medical records revealed that minimum requirements were not met in the medical record documentation. Information missing included biographical information, emergency contact, assigned PCP, allergies, problems and medication lists to name a few.</p>	<p>In accordance with the SCFHP QI Program 2014, SCFHP Quality and Provider Services Departments will ensure providers are reeducated on the SCFHP Policies and Procedures in regards to maintaining medical records. FSR nurse continues to issue appropriate Corrective Action Plans on Part B reviews. All CAPS are verified, monitored and re-verified before closing.</p>	<ul style="list-style-type: none"> • 5.5.1 A QM 102_03 FSR • 5.5.1 B QM 103_03 FSR • 5.5.1 C QM 104_03 FSR CAPS • 5.5.1 D SCFHP Medical Records Standards 2014 	12/31/2014	<p>11/24/14—The MCP submitted copies of P&Ps detailing requirements for medical records and the review of medical records. The MCP also submitted a list of standards for medical records. To close this finding the MCP must submit an evidence of the cited reeducation of providers and a description of the monitoring/review steps taken to ensure medical records contain all information required.</p> <p>1/9/15 - This item is provisionally closed. Follow up will be conducted to ensure health plan action is taken and verification will be conducted during the next Medical Performance Audit process.</p>
<p>5.5.2 Records do not consistently show preventive health screenings. Adult and pediatric immunizations and procedures were missing. Age and gender appropriate health</p>	<p>In accordance with the SCFHP QI Program 2014, SCFHP Quality and Provider Services Departments will ensure providers are reeducated on the SCFHP Policies and Procedures in regards to</p>	<ul style="list-style-type: none"> • Same as above, plus: • 5.5.2 A: Example of Provider CAP action letter • 5.5.2 B: SCFHP Term Letter 		<p>11/24/14—The MCP submitted copies of P&Ps detailing requirements for medical records and the review of medical records. The MCP also submitted a list of standards for medical records, and copies of CAP correspondence to be sent to providers with continued deficiencies. To close</p>

Deficiency Number and Finding	Action Taken	Implementation Documentation	Completion / Expected Completion Date	DHCS Comments
<p>screenings, such as cholesterol level, mammogram, pap smear, tuberculosis risk factor and chlamydia screening were not documented. Chronic and ongoing problems were not always addressed on subsequent visits by the PCP.</p>	<p>maintaining medical records. FSR nurse continues to issue appropriate Corrective Action Plans on Part B reviews. All CAPS are verified, monitored and re-verified before closing.</p>			<p>this finding the MCP must submit an evidence of the cited reeducation of providers and a description of the monitoring/review steps taken to ensure medical records contain all information required.</p> <p>1/9/15 - This item is provisionally closed. Follow up will be conducted to ensure health plan action is taken and verification will be conducted during the next Medical Performance Audit process.</p>
6.1 Medical Director				
<p>6.1 The Contract requires (2-Plan Contract A.1.6) a full time California licensed physician as medical director. During the interview with the CMO, it was revealed that the medical director only served on a part-time basis. The MCP is not in compliance with the required full time medical director.</p>	<p>A Full Time Medical Director was hired December 17, 2012. He was licensed in Washington state, and worked under supervision of a California licensed part-time medical director during the credentialing process. He submitted a completed application to Medical Board of California on January 3, 2013, and was granted Lic #56140 on August 28, 2013.</p>	<p>Medical Board of California, Physician and Surgeon license #56140.</p>	<p>August 28, 2013</p>	<p>11/24/14—The MCP submitted an explanation of the steps taken to address this finding. The information submitted is sufficient to satisfy this deficiency. This item is closed.</p>
6.4 Provider Training				

Deficiency Number and Finding	Action Taken	Implementation Documentation	Completion / Expected Completion Date	DHCS Comments
<p>6.4.1 The MCP tracks New Provider Orientation (NPO) training. However, the MCP was not in compliance with the required new provider orientation within ten working days after being placed on active status.</p>	<p>SCFHP implemented a new process for newly contracted providers to ensure that the orientation is conducted within 10 days of the contract effective date.</p> <p>Once a provider is approved by the Credentialing Committee a contract is sent to the provider and the effective date is left blank.</p> <p>If the provider returns the contract on days 1-20 of the month then the effective date of the contract will be the 1st of the following month. If the contract is returned on or after the 21st then the effective date is 1st of the next month. This process ensures that our Provider Services Representative have enough time to work with the provider's calendar.</p>	<p>6.4.1 PS025_05 New Provider Orientation signed 102114</p>	<p>12/31/14</p>	<p>11/24/14—The MCP submitted a copy of a recently approved P&P and an explanation of the steps taken to ensure new providers are trained within the 10 working day timeframe. This information submitted is sufficient to satisfy this deficiency. Future audits will verify the operationalization of this process. This item is closed.</p>

Deficiency Number and Finding	Action Taken	Implementation Documentation	Completion / Expected Completion Date	DHCS Comments
<p>6.4.2 The MCP also did not provide any documentation that the delegated entities performed the training within the required 10 days.</p>	<p>SCFHP is in the process of educating its delegated providers on the orientation requirements and expected documentation.</p> <p>The Provider Operations Department will educate the delegates, collect documents for verification, and provide updates at all Joint Operations Committee meetings.</p>	<p>6.4.1 PS025_05 New Provider Orientation signed 102114</p>	<p>12/31/14</p>	<p>11/24/14—The MCP submitted a copy of a recently approved P&P which relates to this finding. In order to close this finding the MCP must submit evidence of the cited education and updates submitted to the Joint Operations Committee.</p> <p>1/9/15 - This item is provisionally closed. Follow up will be conducted to ensure health plan action is taken and verification will be conducted during the next Medical Performance Audit process.</p>

Submitted by: _____ **Date:** _____

Title: _____