June 7, 2024

Robert Franco, Chief Compliance Officer   *Via E-mail*
Gold Coast Health Plan
711 E. Daily Dr., Suite 106
Camarillo, CA 93010

RE: Department of Health Care Services Medical Audit

Dear Mr. Franco:

The Department of Health Care Services (DHCS), Audits and Investigations Division conducted an on-site Medical Audit of Gold Coast Health Plan, a Managed Care Plan (MCP), from July 31, 2023 through August 11, 2023. The audit covered the period from July 1, 2022, through June 30, 2023.

The items were evaluated, and DHCS accepted the MCP's submitted Corrective Action Plan (CAP). The CAP is hereby closed. The enclosed documents will serve as DHCS' final response to the MCP's CAP. Closure of this CAP does not halt any other processes in place between DHCS and the MCP regarding the deficiencies in the audit report or elsewhere, nor does it preclude the DHCS from taking additional actions it deems necessary regarding these deficiencies.

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

If you have any questions, please reach out to CAP Compliance personnel.

Sincerely,

[Signature on file]

Lyubov Poonka, Chief
Audit Monitoring Unit

California Department of Health Care Services
Managed Care Quality and Monitoring Division
P.O. Box 997413 | Sacramento, CA | 95899-7413
MS 4400 | Phone (916) 449-5000 | www.dhcs.ca.gov

State of California
Gavin Newsom, Governor

California Health and Human Services Agency

Process Compliance Section
DHCS - Managed Care Quality and Monitoring Division (MCQMD)

Enclosures: Attachment A (CAP Response Form)

cc: Stacy Nguyen, Chief   *Via E-mail*
       Managed Care Monitoring Branch
       DHCS - Managed Care Quality and Monitoring Division (MCQMD)

       Grace McGeough, Chief   *Via E-mail*
       Process Compliance Section
       Managed Care Monitoring Branch
       DHCS - Managed Care Quality & Monitoring Division (MCQMD)

       Maria Angel, Lead Analyst   *Via E-mail*
       Audit Monitoring Unit
       Process Compliance Section
       DHCS - Managed Care Quality & Monitoring Division (MCQMD)

       Nicole Cortez, Unit Chief   *Via E-mail*
       Managed Care Contract Oversight Branch
       DHCS – Managed Care Operations Division (MCOD)

       Gursimran Kaur, Contract Manager   *Via E-mail*
       Managed Care Contract Oversight Branch
       DHCS – Managed Care Operations Division (MCOD)

Plan: Gold Coast Health Plan   **Review Period:** 07/01/2022 – 06/30/2023
Audit Type: Medical Audit   **On-site Review:** 07/31/2023 – 08/11/2023

MCPs are required to provide a Corrective Action Plan (CAP) and respond to all documented deficiencies included in the medical audit report within 30 calendar days unless an alternative timeframe is indicated in the CAP Request letter. MCPs are required to submit the CAP in Word format, which will reduce the turnaround time for DHCS to complete its review. According to ADA requirements, the document should be at least 12 pt.

The CAP submission must include a written statement identifying the deficiency and describing the plan of action taken to correct the deficiency, as well as the operational results of that action. The MCP shall directly address each deficiency component by completing the following columns provided for MCP response: 1. Finding Number and Summary, 2. Action Taken, 3. Supporting Documentation, and 4. Completion/Expected Completion Date. The MCP must include a project timeline with milestones in a separate document for each finding. Supporting documentation should accompany each Action Taken. If supporting documentation is missing, the MCP submission will not be accepted. For policies and other documentation that have been revised, please highlight the new relevant text and include additional details, such as the title of the document, page number, revision date, etc., in the column "Supporting Documentation" to assist DHCS in identifying any updates that were made by the plan. Implementing deficiencies requiring short-term corrective action should be completed within 30 calendar days. For deficiencies that may be reasonably determined to require long-term corrective action for a period longer than 30 days to remedy or operationalize completely, the MCP is to indicate that it has initiated remedial action and is on the way toward achieving an acceptable level of compliance. In those instances, the MCP must include the date when full compliance will be completed in addition to the above steps. Policies and procedures submitted during the CAP process must still be sent to the MCP's Contract Manager for review and approval, as applicable, according to existing requirements.

Please note that DHCS expects the plan to take swift action to implement improvement interventions as proposed in the CAP; therefore, DHCS encourages all remediation efforts to be in place no later than month 6 of the CAP unless DHCS grants prior approval for an extended implementation effort.

DHCS will communicate closely with the MCP throughout the CAP process and provide technical assistance to confirm that the MCP offers sufficient documentation to correct deficiencies. Depending on the number and complexity of deficiencies identified, DHCS may require the MCP to provide weekly updates.

2. Case Management and Coordination of Care

Finding Number and Summary	Action Taken	Supporting Documentation	Implementation Date * (*Short-Term, Long-Term)	DHCS Comments
2.1.1 – Health Risk Stratification for Seniors and Persons with Disabilities Beneficiaries The Plan did not ensure to perform health risk stratification for SPD beneficiaries within 44 days of enrollment.	GCHP is currently taking the following actions to remediate: 1. GCHP is updating HS-040 SPD Risk Assessment Policy to include addition of health risk stratification for SPD members through the completion of HRA and/or risk stratification algorithm to ensure all members have identified risk levels within 44 days of enrollment with Plan. 2. Create a new "SPD Unable to Reach Letter (UTR)" for member SPD outreach activities. 3. Update Member call out script for all newly enrolled SPD Members to include language requesting that the Member return the HIFMET form. 4. Update the GCHP Care Management Department desktop procedures to include use of the new		1. HS-040 SPD Risk Assessment Policy revision by 2/1/2024. 2. Updated SPD UTR letter revision by 3/1/2024. 3. Updated SPD call script by 2/1/2024. 4. Updated desktop procedure SPD members by 2/1/2024. 5. Creation of SPD monitoring report by 3/01/2024	The following documentation supports the MCP's efforts to correct this finding: **POLICIES AND PROCEDURES** • Updated P&P, "HS-040: Senior and Person with Disabilities Risk Assessment" which states that the MCP's Care Management staff will outreach to all newly enrolled SPD members to remind member to complete HIFMET and complete health risk stratification through the completion of HRA and/or risk stratification algorithm to ensure all members have identified risk levels within 44 days of enrollment by making two telephone attempts. Two unsuccessful telephonic attempts to reach the member will be followed by an unable to reach letter. This letter will remind member to complete and return HIFMET form and provide the member with a telephone number where they may contact the Care Management Department if they desire. The Plan identifies all newly enrolled SPD members as high risk. (HS-040 SPD Risk Assessment, Page 3). • Letter Template, "SPD Unable to Reach Letter" in which the MCP has created for SPD member outreach. The letter states that the MCP has been unable to reach the member and has attempted two attempts by telephone. The letter also reminds the member to complete and return the Health Information Form. (SPD UTR Letter).

Finding Number and Summary	Action Taken	Supporting Documentation	Implementation Date * (*Short-Term, Long-Term)	DHCS Comments
	call script for all newly enrolled SPD Members. 5. Update GCHP Care Management Department desktop procedures for auditing outreach efforts to include use of the new call script for all newly enrolled SPD Members. 6. Develop reporting procedure for monthly review of SPD members completion of HRA to include member enrollment date to ensure SPD members have completed HRA or has documentation of contact attempts and UTR letter. 7. Update internal case audit processes to include increased oversight for SPD members HRA completion and stratification. 8. Create monitoring report for monthly review of SPD member		6. Updated Monthly SPD member report by 3/1/2024. 7. Update Internal case audit for updated SPD procedures 3/1/2024. 8. Creation of monitoring report by 3/1/2024. 9. Monitoring report of initial case audits by 4/1/2024.	• Job Aid Manual, "SPD Referral Process" (03/06/24) which states that the MCP considers all newly enrolled SPD members as higher risk. The Care Management Coordinator (CMC) will attempt the first member contact using the CMC outreach SPD script within 15 days of receipt of the SPD program referral. If the member is not reached, the CMC will follow up with a second attempt 2 business days from the first outreach. (SPD Program Referral Process, Page 1). • Job Aid Manual, "Quarterly Audit Completion" which states that the MCP's Care Management Coordinator (CMC) will perform a self-audit and a peer audit using the CMSPD Audit Tool. The Job Aid Manual reminds the CMC to complete both Peer Criteria and Clinical Criteria tabs in the CMSPD Audit Tool. (Audit Completion Procedure JAM). **MONITORING AND OVERSIGHT** • "SPD Member Tracker" (05/01/24) as evidence that the MCP will monitor that health stratification was performed for SPD beneficiaries within 44 days of enrollment. The SPD Member Tracker includes a column in which an initial assessment was completed within 44 Days. (SPD Member Tracker Updated).

Finding Number and Summary	Action Taken	Supporting Documentation	Implementation Date * (*Short-Term, Long-Term)	DHCS Comments
	completion of Health Risk Assessments. 9. GCHP will complete process deployment review by 4/1 to ensure process implementation and identification of any deficiencies.			• "CMSPD Audit Tool" (04/01/24) as evidence that the MCP updated internal case audit processes to include increased oversight for SPD members HRA completion and stratification. The CMSPD Audit Tool tracks when the HRA was initiated and completed timely. (CMSPD Audit Tool Updated). • Updated P&P, "HS-040: Senior and Person with Disabilities Risk Assessment" which states that the Care Management Staff will run a monthly monitoring report to include newly SPD enrolled members to track completion of HRA within 44 days of enrollment to include member's enrollment date, all contact attempts including UTR letter, and completion status. Members without contact within the first 30 days of enrollment will be assigned to Care Management Staff for outreach within 2 business days. (HS-040 SPD Risk Assessment, Page 4). • "CCM Audit Tool" (04/01/24) as evidence that the MCP reviews on a monthly basis the SPD member completion of HRAs. The CCM Audit Tool tracks when the HRA was initiated and completed timely. (CCM Audit Tool). **The corrective action plan for finding 2.1.1 is accepted.**
2.1.2 – Health Risk Assessment Survey for Seniors and	GCHP is currently taking the following actions to remediate including the actions listed under 2.1.1:		1. Updated SPD Program referral desktop	The following documentation supports the MCP's efforts to correct this finding:

Finding Number and Summary	Action Taken	Supporting Documentation	Implementation Date * (*Short-Term, Long-Term)	DHCS Comments
Persons with Disabilities Beneficiaries

The Plan did not ensure HRA completion within 45 days for high-risk SPD members and within 105 days for low-risk SPD members. | 1. Update the SPD Program referral desktop procedure to include monitoring for PCP assignment for all new SPD members.
2. Include information in GCHP Member Newsletter to advise that all newly enrolled SPD Members complete and return the HIFMET.
3. Update internal audit processes to include increased oversight for SPD members HRA completion and stratification.
4. Update website language to include information that newly enrolled SPD members must complete and return HIF/MET forms.
5. Draft letter to accompany HIFMET in New Member Packet to advise SPD members to complete and return HIFMET form and submit to DHCS for approval.

During next Member Handbook review for 2025 EOC: | | procedure by 2/1/2024

2. GCHP Member Newsletter update by 3/1/2023 – Newsletter release - TBD.

3. Updated Internal case audit for updated SPD procedures 3/1/2024.

4. Updated Public Website language for newly enrolled SPD members by 3/1/2024. | **POLICIES AND PROCEDURES**

• Updated P&P, "HS-040: Senior and Person with Disabilities Risk Assessment" which states that the MCP's Care Management staff will outreach to all newly enrolled SPD members to remind member to complete HIFMET and complete health risk stratification through the completion of HRA and/or risk stratification algorithm to ensure all members have identified risk levels within 44 days of enrollment by making two telephone attempts. Two unsuccessful telephonic attempts to reach the member will be followed by an unable to reach letter. This letter will remind member to complete and return HIFMET form and provide the member with a telephone number where they may contact the Care Management Department if they desire. The Plan identifies all newly enrolled SPD members as high risk. (HS-040 SPD Risk Assessment, Page 3).

• Updated website language, "HIFMET Website Language" which includes information for newly enrolled SPD members to complete and return HIF/MET forms. (HIFMET website language).

• Job Aid Manual, "SPD Referral Process" (03/06/24) which states that the MCP considers all newly enrolled SPD members as higher risk. An attempt to contact these members will be made within 45 calendar days of enrollment. The Care Management Coordinator (CMC) will attempt the first member contact using the CMC outreach SPD script |

Finding Number and Summary	Action Taken	Supporting Documentation	Implementation Date * (*Short-Term, Long-Term)	DHCS Comments
	1. Update Member handbook language to include information that newly enrolled SPD members must complete and return HIF/MET forms as part of 2025 Evidence of Coverage release by DHCS and approval of GCHP 2025 EOC expected in 4th quarter of 2025.		5. Revised HIFMET new member letter by 3/1/2024.	within 15 days of receipt of the SPD program referral. If the member is not reached, the CMC will follow up with a second attempt 2 business days from the first outreach. (SPD Program Referral Process, Page 1). • Job Aid Manual, "Quarterly Audit Completion" which states that the MCP's Care Management Coordinator (CMC) will perform a self-audit and a peer audit using the CMSPD Audit Tool. The Job Aid Manual reminds the CMC to complete both Peer Criteria and Clinical Criteria tabs in the CMSPD Audit Tool. (Audit Completion Procedure JAM). **MONITORING AND OVERSIGHT** • "SPD Member Tracker" (05/01/24) as evidence that the MCP will monitor that health stratification was performed for SPD beneficiaries within 44 days of enrollment. The SPD Member Tracker includes a column in which an initial assessment was completed within 44 Days. (SPD Member Tracker Updated). • "CMSPD Audit Tool" (04/01/24) as evidence that the MCP updated internal case audit processes to include increased oversight for SPD members HRA completion and stratification. The CMSPD Audit Tool

Finding Number and Summary	Action Taken	Supporting Documentation	Implementation Date * (*Short-Term, Long-Term)	DHCS Comments
				tracks when the HRA was initiated and completed timely. (CMSPD Audit Tool Updated).
				• Updated P&P, "HS-040: Senior and Person with Disabilities Risk Assessment" which states that the Care Management Staff will run a monthly monitoring report to include newly SPD enrolled members to track completion of HRA within 44 days of enrollment to include member's enrollment date, all contact attempts including UTR letter, and completion status. Members without contact within the first 30 days of enrollment will be assigned to Care Management Staff for outreach within 2 business days. (HS-040 SPD Risk Assessment, Page 4).
				• "CCM Audit Tool" (04/01/24) as evidence that the MCP reviews on a monthly basis the SPD member completion of HRAs. The CCM Audit Tool tracks when the HRA was initiated and completed timely. (CCM Audit Tool).
				The corrective action plan for finding 2.1.2 is accepted.

3. Access and Availability of Care

Finding Number and Summary	Action Taken	Supporting Documentation	Implementation Date * (*Short-Term, Long-Term)	DHCS Comments
3.1.1 – Corrective Action for Timely Access Deficiencies The Plan did not ensure prompt investigation and corrective actions are imposed to bring providers into compliance with access standards.	GCHP is currently taking the following actions to remediate: 1. GCHP's Provider Network Operations Department conducted "Annual Access and Availability and After-Hours Survey" at the end of December 2023 and will review results including enacted corrective actions for any repeat findings with Providers identified with deficiencies. 2. Update policy and procedures specific to issuing and monitoring "Corrective Action Plans" with the development of a policy specific for "Corrective Action Plans," to ensure standardized process for issuing and monitoring Corrective Action Plans for GCHP business units. 3. Update procedures for how Network Providers are monitored for Access and Availability requirements	NO-009 Access and Availability Standards Policy.	1. Annual Access and Availability and After-Hours Survey results by 2/01/2024. 2. Corrective Action Plan Policy by 2/1/2024. 3. Updated Provider Access and Availability Monitoring Procedures by 2/1/2024. 4. Training to Network Provider Operations staff on updated procedures by 5/1/2024.	The following documentation supports the MCP's efforts to correct this finding: **POLICIES AND PROCEDURES** • Policy CO-XXX Corrective Actions was created by the MCP to define the process for corrective action for internal units and external subcontractors including network providers. The policy includes the process of issuing corrective and action to an entity by requiring a response with a corrective action plan. The policy also outlines the MCP's expectations for the content of the corrective plan. (3.1.1 Corrective Actions Policy – Draft) • Policy NO-009 Access and Availability Standards outlines the MCP's monitoring of access and availability standards through office visits, telephone surveys, audits, enrollee satisfaction surveys and grievances. (3.1.1 - NO-009 Access and Availability) • Policy NO-015 Provider Corrective Action Plan outlines the corrective action process for providers that are out of compliance with access standards. (3.1.1 GCHP Provider Corrective Action Plan_040124)

Finding Number and Summary	Action Taken	Supporting Documentation	Implementation Date * (*Short-Term, Long-Term)	DHCS Comments
	in accordance with policy NO-009 Access and Availability Standards. 4. Communication and training to Network Provider Operations staff on updated Access and Availability procedures. 5. Update CAP Tracking System to include Corrective Action Plans issued by all GCHP areas to ensure timely tracking and escalation of Open CAPs.		5. Updated CAP Tracking System by 5/1/2024.	**TRAINING** • Provider Relations Weekly Meeting Agenda from 4/8/24 demonstrates the MCP went over Network Provider Access & Availability standards and the Provider Corrective Action Plan procedure. (3.1.1 - Provider Relations Meeting Agenda 4.09.2024) • Access and Availability Team Presentation details timely access requirements for different types of appointments and details the Provider Corrective Action Process for out of compliance providers. (3.1.1 - Access-Availability Team Presentation) **MONITORING AND OVERSIGHT** • The Annual Provider Access Report developed by the MCP's vendor audits contracted providers to determine if they are adhering to contractual obligations regarding timely access. (3.1.1 GCHP Provider Access Report_2023_Final) • CAP Tracker from April 2024 demonstrates that the MCP has updated its tracking system to include CAPs from all areas to enable the tracking of open CAPs. (3.8.1 - CAP Tracker - April 2024) **The corrective action plan for finding 3.1.1 is accepted.**

Finding Number and Summary	Action Taken	Supporting Documentation	Implementation Date * (*Short-Term, Long-Term)	DHCS Comments
3.8.1 – Prompt Corrective Action Plans The Plan did not ensure CAPs were promptly imposed to bring NEMT/NMT providers in compliance with timely access standards.	GCHP is currently taking the following actions to remediate: 1. Ensure closure and monitoring of Corrective Actions already issued for NEMT/NMT Providers timely access standards. 2. Update policy and procedures specific to issuing and monitoring Corrective Action Plans "CAPs" with the development of a policy specific for CAPs to ensure standardized process for issuing and monitoring CAPs for GCHP business units. 3. Develop procedures specific to issuing and monitoring CAPs supporting the implementation of Correction Action Plan Policy. 4. Update CAP Tracking System to include Corrective Action Plans issued by all GCHP areas to ensure timely tracking and escalation of open CAPs.	Gold Coast Health Plan Compliance Plan 2024 DO-001 Delegation Oversight Subcontracting Arrangements Policy DO-002 Sanctions Delegated Subcontractors	1. NEMT/NMT Timely Access open CAP closure by 3/1/2024. 2. Corrective Action Plan Policy by 2/1/2024. 3. Updated Network Provider Access and Availability Monitoring Procedures by 2/01/2024. 4. Updated CAP Tracking System by 5/1/2024. 5. Completion of	The following documentation supports the MCP's efforts to correct this finding: **POLICIES AND PROCEDURES** • Plan policy "DO-002 Sanctions Delegated Subcontractors" demonstrates the Plan's corrective action plan process of when non-compliance is identified & imposing sanctions if a provider continues to be out of compliance, if necessary. (DO-002 Sanctions Delegated Subcontractors, Procedure, pages 1-4) • Plan procedure "Corrective Action Plan – Desktop Guide" offers guidance to auditors from internal & external GCHP subcontractors or network providers, as well as others who initiate a Corrective Action Plan (CAP). The document details the identification of the CAP & reporting sources, as well as provides guidance on the timeliness of the CAP, tracking & monitoring until closure. (Corrective Action Plan – Desktop Guide, B. - D., pages 1-2) • "Corrective Actions Policy - draft" details the process of issuing, monitoring, tracking & reporting CAPs. The procedure details the review process of the operations & performance of the ongoing compliance or implementation of the plan to correct deficiencies from Corrective Action. (IV. Procedure, A. - H., pages 2 – 5)

Finding Number and Summary	Action Taken	Supporting Documentation	Implementation Date * (*Short-Term, Long-Term)	DHCS Comments

	5. GCHP will release updated policy and procedure updates and communications through the following:
	   - New/Updated Policy Communication via email to GCHP staff and upload to GCHP Policy Database
	   - GCHP Compliance Committee communication
	   - Focused department policy and procedure CAP process updates communication and training (if necessary).
	
	6. Continue to monitor timely access reports form NEMT/NMT providers after CAP closure and work with NEMT/NMT providers if any monitoring report updates are needed.
			communication and training on updated CAP process by 5/1/2024.
			
			6. NEMT/NMT timely access monitoring reports and summary by 5/1/2024.
				• "Compliance Plan 2024" describes the process for corrective action plans for subcontractors & network providers. It emphasizes the importance of timely corrective action plans to ensure providers' compliance with access standards. (GCHP Compliance Plan 2024, Oversight of Delegated Activities, pages 16-18)
				
				MONITORING AND OVERSIGHT
				
				• "3.8.1 - IRM CAP Data Entry Form" illustrates the real-time tracking of existing MCPs' imposed CAPs on providers. Each entry includes the date expected to close, the start date & a brief summary of the CAP's current state. (IRM CAP Data Entry Form)
				
				• "3.8.1 - CAP Tracker – April 2024" demonstrates how the Plan utilizes the tracker to provide a quick overview of the status of all open CAPs. The tracker includes one current CAP with an expected close date of 10/16/2024.
				
				• "3.8.1 VTS (CAP) 1.23.2024_CAP Closure Letter" demonstrates the Plan's review & acceptance of a CAP & outlines the ongoing monitoring of the provider's progress. This includes weekly meetings, monthly monitoring through joint operations meetings & scorecard tracking. The letter notes that if the provider fails to meet its work plan milestones for two consecutive months, the Plan may initiate a new CAP.

Finding Number and Summary	Action Taken	Supporting Documentation	Implementation Date * (*Short-Term, Long-Term)	DHCS Comments
				TRAINING • "3.8.1 - GCHP CAP Process Training Module Slides" confirms that the Plan provided training to appropriate staff on the Corrective Action Process including; identifying issues that require a corrective action plan, issuing a corrective action plan, expectation of the entity receiving the CAP, recognizing an acceptable CAP response, CAP resolution, CAP closure, CAP response rejection, CAP failure to respond, CAP monitoring & CAP Tracking & Reporting. (Slide 2) • "3.8.1 - CAP Process Training Completion Tracking Report" shows which providers have been assigned the training and have completed it. **The corrective action plan for finding 3.8.1 is accepted.**

Submitted by: Gold Coast Health Plan
Title: Robert Franco – Chief Compliance Officer & Dr. Felix L. Nunez – Chief Medical Officer

Signed by: [Signature on File]
Date: January 3, 2024