DHCS
CALIFORNIA DEPARTMENT OF
HEALTH CARE SERVICES
Michelle Baass | Director

October 2, 2023

Tyler Haskell
Interim Compliance Officer
Santa Clara Family Health Plan
6201 San Ignacio
San Jose, CA 951119

RE: Department of Health Care Services Medical Audit

Dear Mr. Haskell:

The Department of Health Care Services (DHCS), Audits and Investigations Division conducted an on-site Medical Audit of Santa Clara Family Health Plan, a Managed Care Plan (MCP), from March 7, 2022 through March 18, 2022. The audit covered the period of March 1, 2021 through February 28, 2022.

All items have been evaluated and DHCS accepts 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
Managed Care Quality and Monitoring Division
Department of Health Care Services

Enclosures: Attachment A (CAP Response Form)

cc: Diana O'Neal, Lead Analyst
Audit Monitoring Unit
Managed Care Quality and Monitoring Division
Department of Health Care Services

Brandon Montgomery, Contract Manager
Medi-Cal Managed Care Division
Department of Health Care Services

ATTACHMENT A
Corrective Action Plan Response Form

DHCS
CALIFORNIA DEPARTMENT OF
HEALTH CARE SERVICES

Plan: Santa Clara Family Health Plan **Review Period: 03/01/2021 – 02/28/2022**

Audit Type: Medical Audit and State Supported Services **On-site Review: 03/07/2022 – 03/18/2022**

MCPs are required to provide a 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 that will reduce turnaround time for DHCS to complete its review. According to ADA requirement, 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, and 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. Implementation Documentation, and 4. Completion/Expected Completion Date. The MCP will be required to include 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 detail such as 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. For deficiencies that require short-term corrective action, implementation 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 completely remedy or operationalize, the MCP is to indicate that it has initiated remedial action and is on the way towards achieving an acceptable level of compliance. In those instances, the MCP will be required in addition to the above steps, to include the date when full compliance will be achieved. Policies and procedures submitted during the CAP process must still be sent to the MCP's Contract Manager for review and approval, as applicable in accordance with existing requirements.

Please note, 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 prior approval for an extended implementation effort is granted by DHCS.

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.

ATTACHMENT A
Corrective Action Plan Response Form

DHCS CALIFORNIA DEPARTMENT OF HEALTH CARE SERVICES

Plan: Santa Clara Family Health Plan **Review Period: 03/01/2021 – 02/28/2022**

Audit Type: Medical Audit and State Supported Services **On-site Review: 03/07/2022 – 03/18/2022**

Finding Number and Summary	Action Taken	Supporting Documentation	Implementation Date* (*Short-Term, Long-Term)	DHCS Comments
1. Utilization Management				
1.1.1 Referral Tracking System The Plan's referral tracking system did not track and monitor the referral types for authorized, denied, deferred, or modified and timeliness of the referrals.	Procedure HS.01.02 Referral Tracking System was updated to track modified, denied, and deferred medical and behavioral health prior authorization to completion on an ongoing basis.	Procedure HS.01.02 - Referral Tracking System	2/24/2023	The following documentation supports the MCP's efforts to correct this finding: **POLICIES AND PROCEDURES** • Updated procedure HS.01.02 - Referral Tracking System now states the MCP has a referral tracking system which tracks approved, modified, denied, and deferred medical and behavioral health prior authorizations to completion on an ongoing basis. **MONITORING AND OVERSIGHT** • March 2023 Referral Tracking Sample demonstrates the MCP's referral tracking system described in HS.01.02 is operational. Data from Q1 is being analyzed to report at next UM Committee meeting. • Agenda for upcoming July 19 UM Committee meeting contains the item Delegates' referral tracking systems: policies and reports. • Meeting minutes from 7-19-23 UM Committee meeting and Referral Tracking reports for 2022 and Q1 2023

ATTACHMENT A
Corrective Action Plan Response Form

Plan: Santa Clara Family Health Plan **Review Period: 03/01/2021 – 02/28/2022**

Audit Type: Medical Audit and State Supported Services **On-site Review: 03/07/2022 – 03/18/2022**

Finding Number and Summary	Action Taken	Supporting Documentation	Implementation Date* (*Short-Term, Long-Term)	DHCS Comments
				The corrective action plan for finding 1.1.1 is accepted.
1.3.1 Appeal Records Oversight The Plan's governing body, public policy body, and an officer of the Plan did not review the written record of appeals on a periodic basis.	SCFHP revised draft Policy GA.11 to document that the Grievances and Appeals department submits reporting (including the written record of appeals and grievances) to the SCFHP Quality Improvement Committee and Consumer Advisory Committee at least quarterly. The Quality Improvement Committee reports to the governing body and attended by the designated officer. The Consumer Advisory Committee is the Plan's public policy body.	GA.03 MediCal Grievances Policy.pdf	3/15/2023 (Policy approval) 3/23/2023 (Governing Board) 3/7/2023 (Consumer Advisory Committee)	The following documentation supports the MCP's efforts to correct this finding: **POLICIES AND PROCEDURES** • Policy GA.11 was updated to require the submission of the written record of appeals and grievances) to the SCFHP Quality Improvement Committee and Consumer Advisory Committee at least quarterly for review by the SCFHP governing body, public policy body, and Plan Officers. The review of the written record of appeals and grievances will include those related to access to care, quality of care, and denial of services. **TRAINING** • Meeting minutes from the 3/7/23 CAC Meeting and 3/14/23 QIC demonstrate that written records of appeals are being reviewed on a quarterly basis by the CAC and QIC.

DHCS CALIFORNIA DEPARTMENT OF HEALTH CARE SERVICES

Plan: Santa Clara Family Health Plan **Review Period: 03/01/2021 – 02/28/2022**

Audit Type: Medical Audit and State Supported Services **On-site Review: 03/07/2022 – 03/18/2022**

Finding Number and Summary	Action Taken	Supporting Documentation	Implementation Date* (*Short-Term, Long-Term)	DHCS Comments
				The corrective action plan for finding 1.3.1 is accepted.
1.5.1 Preventive Services The Plan's delegate incorrectly required prior authorization for preventive services.	Confirmed with PMGSJ Lung Cancer Screening does not require prior authorization. Updated Procedure to review delegate's PA requirements during annual oversight audit.	HS.01.18 Delegation Oversight	2/21/2023 2/14/2023	The following documentation supports the MCP's efforts to correct this finding: **POLICIES AND PROCEDURES** • Policy HS.01.18 Delegation Oversight updated to include that the Plan will remind delegates of the regulatory requirements surrounding health care services that are restricted from prior authorizations on an annual basis. **MONITORING AND OVERSIGHT** • Verification studies will be conducted during the annual audit of the delegate to verify prior authorizations are not required for preventive services. **The corrective action plan for finding 1.5.1 is accepted.**

ATTACHMENT A
Corrective Action Plan Response Form

Plan: Santa Clara Family Health Plan **Review Period: 03/01/2021 – 02/28/2022**

Audit Type: Medical Audit and State Supported Services **On-site Review: 03/07/2022 – 03/18/2022**

Finding Number and Summary	Action Taken	Supporting Documentation	Implementation Date* (*Short-Term, Long-Term)	DHCS Comments
1.5.2 Delegation Referral Tracking System Oversight The Plan did not oversee its delegates' specialty referral system to track and monitor referrals requiring prior authorization. It did not ensure that its delegates were compliant with Contract requirements.	Updated procedure to review delegate's specialty referral system to track and monitor referrals requiring PA during annual audits.	HS.01.18 Delegation Oversight	2/14/2023	The following documentation supports the MCP's efforts to correct this finding: **POLICIES AND PROCEDURES** • Revised Plan Policy HS.01.18 Delegation Oversight (2/14/23) o Plan will require delegates develop and establish specialty referral tracking system to track and monitor referrals requiring prior authorization, including authorized, denied, deferred, modified and the timeliness of the referrals. The tracking system should include non-contracting providers. o Delegates will be required to have policies and procedures in place. A description of the specialty referral tracking system within the delegate's UM Program description, and reports relating to the referral tracking system. o Reports will be required to be submitted from delegates to the Plan for review on a quarterly basis. Plan will review reports to identify opportunities and timely resolution of quality improvement and issued identified.

Plan: Santa Clara Family Health Plan **Review Period: 03/01/2021 – 02/28/2022**

Audit Type: Medical Audit and State Supported Services **On-site Review: 03/07/2022 – 03/18/2022**

Finding Number and Summary	Action Taken	Supporting Documentation	Implementation Date* (*Short-Term, Long-Term)	DHCS Comments
				○ Plan will review delegates' specialty referral tracking system on an annual basis during the Plan's annual audit. • Plan Policy HS.01.02 Referral Tracking System describes the Plan's own process for tracking referrals and identifying opportunities for improvement. Quarterly analysis is provided to the UM Committee for review and recommendations. **MONITORING AND OVERSIGHT** • Delegate Referral Tracking System Review (5/31/23) demonstrates Plan is working to demonstrate delegates are meeting contractual requirements, including the development of specialty referral tracking systems. Plan continues to work with its delegates to finalize policies and procedures respective to their referral tracking systems. Submitted narrative includes current outstanding issues with individual delegates. • Included as part of the Utilization Management Committee Meeting (7/19/23), the Plan's Specialty Referral Tracking System: Delegate Requirements (6/5/23) outlines delegate requirements which include

Plan: Santa Clara Family Health Plan **Review Period: 03/01/2021 – 02/28/2022**

Audit Type: Medical Audit and State Supported Services **On-site Review: 03/07/2022 – 03/18/2022**

Finding Number and Summary	Action Taken	Supporting Documentation	Implementation Date* (*Short-Term, Long-Term)	DHCS Comments
				tracking of referrals, assessments of outcomes, reasons for incomplete authorizations, evaluation follow up and interventions. • Referral Tracking Reports. Plan is working with delegates to develop reports that reflect monitoring of specialty referrals that require prior authorization relating to approved, denied, deferred, modified, and timeliness of referrals. **The corrective action plan for finding 1.5.2 is accepted.**
1.5.3 Plan Oversight of Delegated Over and Under-Utilization of Medical Services The Plan did not oversee its delegates' internal system to detect and report under-and over-utilization of health	Updated procedures to clarify delegate's over and under utilization is captured and monitored by the Plan through quarterly Medical Deep Dive meetings. Any interventions or corrective actions will also be discussed in UM Committee.	HS.01.15 Over and Under Utilization of Medical Services	2/14/2023	The Plan submitted the following documentation in supports of this finding: **POLICIES AND PROCEDURES** • Policy HS.01.15 Over and Under-Utilization of Medical Services (2/14/23) ○ Plan is responsible for monitoring delegates over and under-utilization through Quarterly Medical Deep Dive Meetings and brought to the appropriate committee depending on the identified utilization and action.

Plan: Santa Clara Family Health Plan **Review Period: 03/01/2021 – 02/28/2022**

Audit Type: Medical Audit and State Supported Services **On-site Review: 03/07/2022 – 03/18/2022**

Finding Number and Summary	Action Taken	Supporting Documentation	Implementation Date* (*Short-Term, Long-Term)	DHCS Comments
care services. It did not ensure that its delegates were compliant with Contract requirements.				○ Plan may compare utilization between the Plan's direct network and other delegates to identify trends, gaps, and opportunities. ○ Plan may issue inquires or CAPs for over and underutilization. ○ If problems in the utilization data are revealed, corrective action plans are discussed in the UMC, P&T or Quality Improvement Committee and an implementation plan is developed by Plan based on input from the committees and CMO. ○ Reports from UMC and P&T Committees shall be brought to the Quality Improvement Committee. ○ Appropriate follow up of corrective action is carried out and may include random checks and audits other than the annual delegation compliance to assess the effectiveness of corrective action. **MONITORING AND OVERSIGHT** • UM Committee - Goals and Objectives ○ Compare plan utilization levels against relevant industry benchmarks and monitor trends over time. ○ Analyze key drivers and potential barriers, prioritize opportunities. ○ Identify gaps/trends/opportunities for improvement

Plan: Santa Clara Family Health Plan **Review Period: 03/01/2021 – 02/28/2022**

Audit Type: Medical Audit and State Supported Services **On-site Review: 03/07/2022 – 03/18/2022**

Finding Number and Summary	Action Taken	Supporting Documentation	Implementation Date* (*Short-Term, Long-Term)	DHCS Comments
				○ Optimizing closed loop referrals ○ Discuss increase in use of telehealth ○ Monitoring of telehealth ○ Discussion on autism, contracting with additional BHT providers. • Submission of UM Committee meeting minutes (1/18/23) as evidence of discussion and analysis of over/under utilization of health care services. • Over/Under Utilization including Delegated Entities - Deep dive focus FY23 BHT: Analyze barriers between networks MH: Increase overall utilization and analyze barriers ER: Preventing preventable ER utilization Inpatient: Transition to Care and Readmission rates • Plan implemented quarterly medical deep dive meetings (pages 139-141). The Plan is collecting all encounter data from delegates to incorporate it within the Plan's review of over/under utilization analysis. • Over-and-Under Utilization Reports are shared at UM Committee (pages 120-138) of January 18, 2023 UM Committee Packet

Plan: Santa Clara Family Health Plan **Review Period: 03/01/2021 – 02/28/2022**

Audit Type: Medical Audit and State Supported Services **On-site Review: 03/07/2022 – 03/18/2022**

Finding Number and Summary	Action Taken	Supporting Documentation	Implementation Date* (*Short-Term, Long-Term)	DHCS Comments
				• Examples of interventions (page 134) regarding behavioral health where under utilization was identified. • Identification of gaps and trends are discussed at the Medical Deep Dive meetings (pages 139-141) for discussion of gaps, trends, and opportunity for improvement. • Plan is working with delegates through workgroups to address specific over/under utilization issues identified. Plan may provide or require education, CMEs, practice transformation, incentives by network to address under utilization and over utilization may be researched to be sent to the Plan's FWA and Quality Improvement departments for further research and escalation. **The corrective action plan for finding 1.5.3 is accepted.**
2. Case Management and Coordination of Care				

Plan: Santa Clara Family Health Plan **Review Period: 03/01/2021 – 02/28/2022**

Audit Type: Medical Audit and State Supported Services **On-site Review: 03/07/2022 – 03/18/2022**

Finding Number and Summary	Action Taken	Supporting Documentation	Implementation Date* (*Short-Term, Long-Term)	DHCS Comments
2.3.1 Coordination of Care The Plan's behavioral treatment plan did not document the provision of case management and care coordination of BHT services.	Updated and implemented policies and procedures to outline care coordination and case management support to members needing BHT services.	CM.51 - Coverage for Early and Periodic Screening, Diagnostic, and Treatment (EPSDT) Services for Medi-Cal Members Under the Age of 21 CM.52 - Coverage for Behavioral Health Treatment (BHT) Services CM.52.01 - Coordination Care for Member Needing Behavioral Health Treatment (BHT) Services	2/14/2023	The following documentation supports the MCP's efforts to correct this finding: **POLICIES AND PROCEDURES** • Updated P&P, "CM.52: Coverage of Behavioral Health Treatment (BHT) Services" to demonstrate that behavioral treatment plans and case management notes include documented care coordination with either the provider, school and/or other programs and institutions. (CM.52 - Coverage for Behavioral Health Treatment). • Updated P&P, "CM.52.01: Coordinating Care for Members Needing Behavioral Health Treatment (BHT) Services" which demonstrates the process for its case manager to document external services received by members. (CM.52.01 - Coordinating Care for Members Needing BHT Services). • Updated Desktop Procedure, "CM.52.01.01: Coordinating Care for Members Needing Behavioral Health Treatment (BHT) Services" to demonstrate the MCP's new system configuration to allow documentation of external services, behavioral treatment plans, and case management

DHCS CALIFORNIA DEPARTMENT OF HEALTH CARE SERVICES

Plan: Santa Clara Family Health Plan **Review Period: 03/01/2021 – 02/28/2022**

Audit Type: Medical Audit and State Supported Services **On-site Review: 03/07/2022 – 03/18/2022**

Finding Number and Summary	Action Taken	Supporting Documentation	Implementation Date* (*Short-Term, Long-Term)	DHCS Comments
				notes. (CM.52.01.01 - Desktop Procedure_Coordinating Care for Members Needing BHT Services). **MONITORING AND OVERSIGHT** • Excel Spreadsheet, "BHT Care Coordination Documentation Audit Log" to demonstrate that the MCP has implemented a self-monitoring process to track the documentation of the provision of case management and care coordination of BHT services. The Audit Log tracks the Member ID, Prior Authorization Request Date, Status, and Documentation Present. (BHT Documentation Audit Log). **The corrective action plan for finding 2.3.1 is accepted.**
2.4.1 Continuity of Care Notification The Plan did not notify members of COC approval and 30 days before the end of COC period.	Updated COC policy to reflect required notification to members 30 days prior to the end of the COC period. Implement sending member notification to inform members 30 days prior to the end of the COC period.	CM.06 - Continuity of Care	2/14/2023 4/1/2023	The following documentation supports the MCP's efforts to correct this finding: **POLICIES AND PROCEDURES** • Updated P&P, "CM.06: Continuity of Care" (04/28/23) to reflect required notification to members 30 days prior to the end of the COC period. The P&P was also updated to include oversight activities in Section C.3.i, which

DHCS CALIFORNIA DEPARTMENT OF HEALTH CARE SERVICES

Plan: Santa Clara Family Health Plan **Review Period: 03/01/2021 – 02/28/2022**

Audit Type: Medical Audit and State Supported Services **On-site Review: 03/07/2022 – 03/18/2022**

Finding Number and Summary	Action Taken	Supporting Documentation	Implementation Date* (*Short-Term, Long-Term)	DHCS Comments
				includes reviewing sample letters monthly. (Updated_CM.06 - Continuity of Care). **TRAINING** • PowerPoint Training, "Continuity of Care" (July 2023) to demonstrate that the MCP conducted staff training to demonstrate that approved cases include notification information to members and to notify members 30 days before the end of COC services. (Care Coordination of Continuity of Care Training). **MONITORING AND OVERSIGHT** • "30-Day CoC Notice Validation Report" (07/01/23 – 08/01/23) to demonstrate that the MCP has a process to monitor the notification sent to members of COC approval and 30 days before the end of COC period. On a monthly basis, the MCP will conduct oversight of selecting random sample letters. The validation report tracks authorizations that could still be approved through the 11th month of enrollment. The report also validates if the member is still enrolled, receiving services, and if the letter was sent within the timeframe. (3-Day COC Notice Validation Report).

Plan: Santa Clara Family Health Plan **Review Period: 03/01/2021 – 02/28/2022**

Audit Type: Medical Audit and State Supported Services **On-site Review: 03/07/2022 – 03/18/2022**

Finding Number and Summary	Action Taken	Supporting Documentation	Implementation Date* (*Short-Term, Long-Term)	DHCS Comments
				The corrective action plan for finding 2.4.1 is accepted.
3. Access and Availability of Care				
3.1.1 Scheduling Appointment The Plan did not monitor wait time to obtain appointments for all the required types of services.	Update policies and procedures to include monitoring wait times to obtain prenatal care, children's preventive care health assessment, and adult IHA appointments. Develop and implement an annual monitoring tool and process.		2/28/2023 3/31/2023	The following additional documentation supports the MCP's efforts to correct this finding: **POLICIES AND PROCEDURES** • The Plan submitted PN.01 Availability of Providers which contains language that: o provider availability assessments will be conducted quarterly and presented to members as a part of the Timely Access Availability Work Group for review and to establish corrective action plans if network deficiencies are identified o new: SCFHP will review and evaluate on a quarterly basis timely access compliance and network adequacy requirements including accessibility, availability, continuity of care, and network capacity requirements

DHCS CALIFORNIA DEPARTMENT OF HEALTH CARE SERVICES

Plan: Santa Clara Family Health Plan **Review Period: 03/01/2021 – 02/28/2022**

Audit Type: Medical Audit and State Supported Services **On-site Review: 03/07/2022 – 03/18/2022**

Finding Number and Summary	Action Taken	Supporting Documentation	Implementation Date* (*Short-Term, Long-Term)	DHCS Comments
				MONITORING AND OVERSIGHT • Completed Monitoring Tool demonstrates wait time survey calls have been implemented. MCP will conduct outreach and training to any identified non-compliant providers. • Non-Compliant providers will remain on the next quarter survey calls for re-surveying. **This corrective action plan for finding 3.1.1 is accepted.**
3.8.1 Medi-Cal Enrollment of NEMT and NMT Providers The Plan did not ensure that contracted NEMT and NMT providers in its network were enrolled in the Medi-Cal program during the audit period.	All of the Plans contracted NMT and NEMT providers are currently enrolled in the Medi-Cal program. It is the Plan's policy that NMT and NEMT providers must be fully enrolled in MediCal prior to contracting with the Plan.	SCFHP Transportation Roster	Completed	The Plan submitted the following documentation in support of this finding: **POLICIES AND PROCEDURES** • Updated P&P "PN.03.01 Transportation Oversight & Monitoring_v2", which has been amended to highlight the Plan is responsible for fulfilling the terms & conditions as set forth in the contract with DHCS, including all statutory, legal, & regulatory requirements. [PN.03.01 P&P, Procedure Section – II.A, Page 1]

Plan: Santa Clara Family Health Plan **Review Period: 03/01/2021 – 02/28/2022**

Audit Type: Medical Audit and State Supported Services **On-site Review: 03/07/2022 – 03/18/2022**

Finding Number and Summary	Action Taken	Supporting Documentation	Implementation Date* (*Short-Term, Long-Term)	DHCS Comments
				MONITORING AND OVERSIGHT • SCFHP Transportation Roster "SCFHP Transportation Roster_09.2022" demonstrates the Plan is tracking enrollment of transportation providers. The roster reflects the Plan's transportation providers are enrolled in Medi-Cal & have been verified. ○ Plan policy "CS.14.01 NEMT & NMT_v6" demonstrates that the Plan monitors & reports on a daily basis all transportation requests ensuring all NEMT & NMT requests are entered correctly. [Procedure Section – II.E, Page 4] • PN.03.01 Transportation Oversight & Monitoring_v2 ○ The Plan oversees enrollment of transportation providers by requiring that the transportation vendors produce proof of successfully completing Medi-Cal registration by no later than the 120th day from the contract effective date. [PN.03.01 P&P, Procedure Section – II.A.3, Page 2] ○ The Provider Network Operations will report transportation activities to the Transportation Workgroup on a bi-monthly basis. [PN.03.01 P&P, Procedure Section – II.D.2]

Plan: Santa Clara Family Health Plan **Review Period: 03/01/2021 – 02/28/2022**

Audit Type: Medical Audit and State Supported Services **On-site Review: 03/07/2022 – 03/18/2022**

Finding Number and Summary	Action Taken	Supporting Documentation	Implementation Date* (*Short-Term, Long-Term)	DHCS Comments
				○ Additionally, the Plan conducts annual audits with its transportation providers, requesting current roster of drivers employed or contracted with the transportation provider. [PN.03.01 P&P, Procedure Section – II.B.1.a] **The corrective action plan for finding 3.8.1 is accepted.**
4. Member Rights				
4.1.1 Grievances Resolution Timeframes The Plan did not resolve grievances, send resolution letters and notifications to members within State established time frames.	SCFHP Procedure GA.03.01 states that the Grievances and Appeals department mails the resolution letter within 30 calendar days. Additionally, SCFHP Procedure GA.11.03 states that SCFHP routinely monitors grievance aging reports to ensure resolutions and notifications are issued timely. Daily monitoring of aging reports was implemented to ensure timely resolution letters and notifications to members.	Procedure GA.03.01, page 3, revised 10/13/22. Procedure GA.11.03, page 2, revised 12/12/22	10/13/2022 (Procedure) 12/12/2022 (Procedure) 6/1/2022 (daily monitoring reports)	The following documentation supports the MCP's efforts to correct this finding: **POLICIES AND PROCEDURES** • Revised P&P, GA.03.01 v4, "Medi-Cal Grievances" (10/13/22) states the Grievance Coordinator will mail the resolution letter within 30 calendar days (Page 3). In addition, it also states in the event that the resolution of a standard grievance is not reached within 30 calendar days as required, SCFHP must notify the member in writing of the status of the grievance and estimated date of resolution. (4.1.1 and 4.1.2 GA.03.01 Medi-Cal Grievances).

DHCS CALIFORNIA DEPARTMENT OF HEALTH CARE SERVICES

Plan: Santa Clara Family Health Plan **Review Period: 03/01/2021 – 02/28/2022**

Audit Type: Medical Audit and State Supported Services **On-site Review: 03/07/2022 – 03/18/2022**

Finding Number and Summary	Action Taken	Supporting Documentation	Implementation Date* (*Short-Term, Long-Term)	DHCS Comments
				• Revised P&P, GA.11.03 v2, "Grievance and Appeals System Controls" (12/12/22) states the G&A Management team receives automatic aging reports from the monitoring system of record on a daily basis. These reports are distributed to each G&A Coordinator to notify them of their caseload, including due dates. (GA.11.03 Grievance and Appeals System Controls) **MONITORING AND OVERSIGHT** • Revised P&P, CA.11.03 v2: "Changes to receipt and/or due dates are tracked and audited through two channels: o The G&A Quality Assurance Program Manager or designee conducts a sample review of two cases per coordinator on a weekly basis which are chosen based on the risk assessment of the case summary during selection. The receipt and due dates are verified during the quality review process. All entries made in the system including dates and time can be tracked by username and the reason for the updates when viewing the case history. o The G&A Management team receives automatic aging reports from the monitoring system of record on

Plan: Santa Clara Family Health Plan **Review Period: 03/01/2021 – 02/28/2022**

Audit Type: Medical Audit and State Supported Services **On-site Review: 03/07/2022 – 03/18/2022**

Finding Number and Summary	Action Taken	Supporting Documentation	Implementation Date* (*Short-Term, Long-Term)	DHCS Comments
				a daily basis. These reports are distributed to each G&A Coordinator to notify them of their caseload, including due dates. (GA.11.03 Grievance and Appeals System Controls) • Reports, "Aging Reports" (03/13/23, 03/27/23, and 04/03/23) demonstrates the Plan will be utilizing to gauge deficiencies at the department and individual Grievances and Appeals Coordinator levels so that targeted training and coaching can be delivered if necessary. (4.1.1 Aging Report 3.13.23, 4.1.1 Aging Report 3.27.23, and 4.1.1 Aging Report 4.3.23) • Workflow, "SCFHP Member Grievance and Appeals, System Oversight" demonstrates the plan has a G&A process for customer services staff and management staff in regard to processing grievance resolution letters and notifications of status are sent within the required timeframe. (4.1.1b Medi-Cal Grievance Flow Chart) • Team Meetings, "Daily Check In" (12/14/22 – 01/31/23) demonstrates the Plan has daily email reminders to G&A staff regarding all cases pending to demonstrate timely processing. (4.1.1b Daily Team Check-In)

Plan: Santa Clara Family Health Plan **Review Period: 03/01/2021 – 02/28/2022**

Audit Type: Medical Audit and State Supported Services **On-site Review: 03/07/2022 – 03/18/2022**

Finding Number and Summary	Action Taken	Supporting Documentation	Implementation Date* (*Short-Term, Long-Term)	DHCS Comments
				• Written Statement, the Plan states, "Grievances and Appeals Supervisor is notifying the Director of Operations daily by email that all grievances and appeals were processed timely." (Attachment B, Cell 5J) **TRAINING** • Training Syllabus, "Grievance and Appeal Department, New Hire Training and Orientation" (07/22) demonstrates the Plan shared the topics and materials to be covered during new hire orientation and training. All newly hired Grievances and Appeals (G&A) staff will be provided with formal orientation to the Department and training by the Grievances and Appeals Quality Assurance Program Manager, their supervisor, or designee. The orientation and training is designed to ease the new hire's entry into the G&A department and Company and will provide information needed to succeed in their job. (4.1.1b GA New Training and Orientation Schedule.pdf) **The corrective action plan for finding 4.1.1 is accepted.**

ATTACHMENT A
Corrective Action Plan Response Form

Plan: Santa Clara Family Health Plan **Review Period: 03/01/2021 – 02/28/2022**

Audit Type: Medical Audit and State Supported Services **On-site Review: 03/07/2022 – 03/18/2022**

Finding Number and Summary	Action Taken	Supporting Documentation	Implementation Date* (*Short-Term, Long-Term)	DHCS Comments
4.1.2 Resolution Letter Decision The Plan did not send grievance resolution letters with a clear and concise explanation of its decision to members.	SCFHP Procedure GA.03.01 states that the Grievances and Appeals department mails resolution letters that include a clear and concise explanation of the resolution. Additionally, Policy GA.03 states that SCFHP defines that a grievance is resolved after the resolution has been communicated in a clear and concise manner. On 6/1/2022 the Grievances and Appeals Scorecard was updated for immediate use and includes a review of the grievance resolution notice to ensure the resolution was communicated in a clear and concise manner. The Scorecard measure will be monitored to ensure the requirement is followed.	Procedure GA.03.01, page 3, revised 10/13/22. Policy GA.03, page 1, revised 10/13/22 G&A Scorecard - Medi-Cal Grievances.pdf	10/13/2022 (Policy and Procedure) 6/1/2022 (Scorecard)	The following documentation supports the MCP's efforts to correct this finding: **POLICIES AND PROCEDURES** • Revised P&P, GA.03.01 v4, "Medi-Cal Grievances" (10/13/22) (page 3) states, "All resolution letters include a clear and concise explanation of resolution and are mailed to the member or member's representative." (4.1.1 4.1.2 GA.03.01 Medi-Cal Grievances). **MONITORING AND OVERSIGHT** • Score Cards, the Plan submitted three scorecards that addresses the following: o If the resolution letter addresses all issues in the grievance. o If the resolution letter is grammatically correct, including spelling, punctuation, composition, and whether resolution was communicated in the clear and concise manner. These scorecards will be used to assess training needs in areas of deficiency and improve quality of work including

DHCS CALIFORNIA DEPARTMENT OF HEALTH CARE SERVICES

Plan: Santa Clara Family Health Plan **Review Period: 03/01/2021 – 02/28/2022**

Audit Type: Medical Audit and State Supported Services **On-site Review: 03/07/2022 – 03/18/2022**

Finding Number and Summary	Action Taken	Supporting Documentation	Implementation Date* (*Short-Term, Long-Term)	DHCS Comments
				timely processing. (4.1.2 Scorecard 1, Scorecard 2, and Scorecard 3) • Revised Sample Resolution Letter, the Plan revised resolution letters to include language that provides a more clear and concise explanation for actions taken in addressing quality of care complaints. (4.1.2 50266E MC GA QOC Resolution Letter (English) (2)) **TRAINING** • Training Syllabus, "Grievance and Appeal Department, New Hire Training and Orientation" (07/22) demonstrates the Plan shared the topic of issuing a clear and concise resolution notices and closing a grievance during the new hire orientation and training. (4.1.2b GA New Training and Orientation Schedule) All newly hired Grievances and Appeals (G&A) staff will be provided with formal orientation to the Department and training by the Grievances and Appeals Quality Assurance Program Manager, their supervisor, or designee. The orientation and training is designed to ease the new hire's entry into the G&A department and Company and will provide information needed to succeed in their job.

Plan: Santa Clara Family Health Plan **Review Period: 03/01/2021 – 02/28/2022**

Audit Type: Medical Audit and State Supported Services **On-site Review: 03/07/2022 – 03/18/2022**

Finding Number and Summary	Action Taken	Supporting Documentation	Implementation Date* (*Short-Term, Long-Term)	DHCS Comments
				• Training, "Daily Check In, G&A Resolutions Best Practice" (06/28/23) and Attestations, demonstrates the Plan provided best practices training to G&A staff in regard to the following: ○ Policies and Procedures ○ Regulations ○ Audit Results ○ Methods to investigating QOC ○ Examples of Good Resolution Letters (4.1.2 G&A Resolutions Best Practice – GA Notices Training.pdf/4.1.2 G&A Resolutions Best Practice Training – Attendance Sheet 6.28.23.pdf) **The corrective action plan for finding 4.1.2 is accepted.**
4.1.3 Medical Director Involvement The Plan did not involve the Medical Director in the review	SCFHP Procedure GA.03.01 states that expedited grievances will be reviewed by a plan representative with authority on the plan's behalf to resolve urgent grievances and determine if applying the	Procedure GA.03.01, page 3, revised 10/13/22 and 2/23/2023.	10/13/22 (procedure) 2/23/2023 (procedure)	The following documentation supports the MCP's efforts to correct this finding: **POLICIES AND PROCEDURES** • Updated P&P, GA.03.01 v4, "Medi-Cal Grievances" (06/23/23) states, demonstrates the Plan has made

DHCS CALIFORNIA DEPARTMENT OF HEALTH CARE SERVICES

Plan: Santa Clara Family Health Plan **Review Period: 03/01/2021 – 02/28/2022**

Audit Type: Medical Audit and State Supported Services **On-site Review: 03/07/2022 – 03/18/2022**

Finding Number and Summary	Action Taken	Supporting Documentation	Implementation Date* (*Short-Term, Long-Term)	DHCS Comments
of the QOC and expedited grievances.	standard timeframe poses an imminent and serious threat to the health of the member. Also, the Plan Medical Director will review the grievance and all available supporting documentation to determine whether or not the grievance shall be expedited. A process will be developed to reflect that quality of care issues must be immediately submitted to SCFHP Medical Directors for action.		5/1/2023	updates to describe that "all grievances related to medical quality of care issues are required to be immediately submitted to the Plan's Medical Director for making the final review and taking appropriate action as well as classification of severity.(GA.03.01 Medi-Cal Grievances – Redline) **MONITORING AND OVERSIGHT** • Reports, "Closed QOC Grievances and AD HOC Daily QOC" (04/23 and 05/23) demonstrates the Plan reviews QOC closed cases on a monthly basis to verify if all quality-of-care issues were medially submitted to the Plan's Medical Director for action. In addition, based on the monitoring of closed cases for 04/23 and 05/23, all cases were reviewed by Plan's Medical Director. The Grievances and Appeals department conducts a quality assurance review of a minimum of 5% of all appeals of all cases processed out of compliance will also be conducted and G&A staff retraining provided as needed. (4.1.3 Closed QOC Grievances – May 2023 and 4.1.3 AD HOC Daily QOC Report.pdf) **The corrective action for finding 4.1.3 is accepted.**

DHCS CALIFORNIA DEPARTMENT OF HEALTH CARE SERVICES

Plan: Santa Clara Family Health Plan **Review Period: 03/01/2021 – 02/28/2022**

Audit Type: Medical Audit and State Supported Services **On-site Review: 03/07/2022 – 03/18/2022**

Finding Number and Summary	Action Taken	Supporting Documentation	Implementation Date* (*Short-Term, Long-Term)	DHCS Comments
4.1.4 Grievance Records Oversight The Plan's governing body, public policy body, and an officer did not review the written record of grievances on a periodic basis.	SCFHP revised draft Policy GA.11 to document that the Grievances and Appeals department submits reporting (including the written record of appeals and grievances) to the SCFHP Quality Improvement Committee and Consumer Advisory Committee at least quarterly. The Quality Improvement Committee reports to the governing body and attended by the designated officer. The Consumer Advisory Committee is the Plan's public policy body.	GA.03 MediCal Grievances Policy.pdf	3/15/2023 (Policy) 3/23/2023 (Governing Board) 3/7/2023 (Consumer Advisory Committee)	The Plan submitted the following documentation in support of this finding: **POLICIES AND PROCEDURES** • Plan revised Policy GA.11v2 indicates the Grievances and Appeals department submits reporting (including the written record of appeals and grievances) to the SCFHP Quality Improvement Committee and Consumer Advisory Committee at least quarterly. The Quality Improvement Committee reports to the governing body and attended by the designated officer. The Consumer Advisory Committee is the Plan's public policy body. • Policy indicates the Plan is committed to providing appropriate resolutions to all grievances and appeals by performing periodic quality reviews and monitoring to identify trends, operational process improvements and training opportunities with the Grievance and Appeals Department. • Additional revisions include, as required in APL 21-011, the review of the written record of appeals and grievances will include those related to access to care, quality of care, and denial of services. SCFHP will take

DHCS CALIFORNIA DEPARTMENT OF HEALTH CARE SERVICES

Plan: Santa Clara Family Health Plan **Review Period: 03/01/2021 – 02/28/2022**

Audit Type: Medical Audit and State Supported Services **On-site Review: 03/07/2022 – 03/18/2022**

Finding Number and Summary	Action Taken	Supporting Documentation	Implementation Date* (*Short-Term, Long-Term)	DHCS Comments
				appropriate action to remedy any problems identified. The review will be thoroughly documented. **MONITORING AND OVERSIGHT** • The Plan submitted the following committee meeting minutes as evidence the written record of appeals and grievances is being periodically reviewed. • Quality Improvement Committee Meeting minutes (3/14/23) documented a review of the written record of grievances and appeals, including the top three grievance categories, as well as, opportunities, solutions, and interventions were shared. Appeals were reviewed by case type and disposition. The written record will be shared with the committee members moving forward. • Consumer Advisory Committee Meeting minutes (3/7/23) documented a review of the written record of appeals and grievances, including top grievance categories, appeals by case type; including disposition and rationale. Discussion included suggestion to review tracking and trending providers relating to repeated denials due to a lack of medical necessity.

DHCS CALIFORNIA DEPARTMENT OF HEALTH CARE SERVICES

Plan: Santa Clara Family Health Plan **Review Period: 03/01/2021 – 02/28/2022**

Audit Type: Medical Audit and State Supported Services **On-site Review: 03/07/2022 – 03/18/2022**

Finding Number and Summary	Action Taken	Supporting Documentation	Implementation Date* (*Short-Term, Long-Term)	DHCS Comments
				This corrective action plan for Finding 4.1.4 is accepted.
4.1.5 Billing Medi-Cal Members The Plan providers billed fully Medi-Cal eligible members for services which were covered under the Contract.	A memo was communicated to providers reminding them that balance billing is prohibited. Process to Investigate and Resolve Member Billing Issues with Providers' was updated. SCFHP uses the following documents to inform providers they are prohibited from billing Medi-Cal members: a. Provider Manual b. Annual Provider Packet c. New Provider Orientation d. Explanation of Payment (EOP)	40835-balance-billing-reminder-memo.pdf Process to Investigate and Resolve Member Billing Issues with Providers (2283_-1)2023_02_13.pdf scfhp-providermanual.pdf 2022_Provider_Packet_20221104 (003).pdf providerorientation.pdf	12/22/2022 The policy was updated effective 2/13/2023 These documents were in use before and during the review period	The Plan submitted the following documentation in support of this finding: **POLICIES AND PROCEDURES** • PN.30 v1 Process to Investigate & Resolve Member Billing Issues with Providers ○ The Plan investigates, documents, & resolves member billing issues with providers. Providers are prohibited from billing fully eligible Medi-Cal members for Covered Services. **OVERSIGHT AND MONITORING** • PN.30 v1 Process to Investigate & Resolve Member Billing Issues with Providers

DHCS CALIFORNIA DEPARTMENT OF HEALTH CARE SERVICES

Plan: Santa Clara Family Health Plan **Review Period: 03/01/2021 – 02/28/2022**

Audit Type: Medical Audit and State Supported Services **On-site Review: 03/07/2022 – 03/18/2022**

Finding Number and Summary	Action Taken	Supporting Documentation	Implementation Date* (*Short-Term, Long-Term)	DHCS Comments
				○ The Plan's Customer Service (CS) department intakes & records all member billing inquiries in its database. ○ CS contacts identified provider from billing inquiry to conduct initial investigation & try to resolve the issue. ○ CS will educate the provider they cannot balance bill a member. ○ Education includes providers are prohibited by law from billing fully eligible Medi-Cal members for covered services; SCFHP needs to protect its members from financial liability; the Plan can issue a corrective action for balance billing; and the provider can face possible disenrollment from the Medi-Cal program. [Page 1-2] • Balance Billing Cases Fact Sheet ○ G&A coordinator verifies claim on file. ○ Verifies the claim in question has been paid. ○ G&A coordinator request explanation of payment (EOP) within 5 days. ○ G&A coordinator send acknowledgment letter within 5 calendar days. ○ G&A coordinator contacts provider or billing company within 10 calendar days.

DHCS CALIFORNIA DEPARTMENT OF HEALTH CARE SERVICES

Plan: Santa Clara Family Health Plan **Review Period: 03/01/2021 – 02/28/2022**

Audit Type: Medical Audit and State Supported Services **On-site Review: 03/07/2022 – 03/18/2022**

Finding Number and Summary	Action Taken	Supporting Documentation	Implementation Date* (*Short-Term, Long-Term)	DHCS Comments
				○ G&A Coordinator drafts a letter providing status & resolution of the issue. [Process for Investigation & Resolution, Pages 2-3] • Plan Tracker "Tracking Member Billing" ○ The Plan tracks & monitors provider billing members through various G&A reports. This report is provided to the Quality Improvement Committee. ○ The Plan's Provider Network Operations team engages & provides re-education to providers that bill members. This log tracks the outreach & education provided to providers as a result of member's receiving a bill. • 2023 Q1 Report G&A Workgroup ○ The G&A Workgroup reviewed the quarterly report of G&A trends per category. The report captures the Plan's grievance trends for billing issues. The report includes a monthly analysis & identifies providers that had grievances related to billing Medi-Cal members. **TRAINING** • Provider Memo – Balance Billing Reminder

Plan: Santa Clara Family Health Plan **Review Period: 03/01/2021 – 02/28/2022**

Audit Type: Medical Audit and State Supported Services **On-site Review: 03/07/2022 – 03/18/2022**

Finding Number and Summary	Action Taken	Supporting Documentation	Implementation Date* (*Short-Term, Long-Term)	DHCS Comments
				○ The memo served as a reminder to all providers that balance billing Medi-Cal beneficiaries is prohibited by federal and state law. • SCFHP Provider Manual 2023 ○ The manual states providers may not bill any member for any portion of costs related to services provided. • SCFHP New Provider Orientation ○ The Plan highlights Balance Billing as part of the new provider orientation & states balance billing is illegal, provides a clear understanding of what balance billing is & where to find additional information on balance billing. **The corrective action plan for finding 4.1.5 is accepted.**
4.1.6 Processing Billing Grievances The Plan did not capture, process, and resolve all billing	SCFHP revised Policy GA.03. It explains that SCFHP will maintain a system in order to adequately document and address concerns (all grievances). The policy also explains that any expression of	Policy GA.03, page 1, revised 10/13/22	10/13/22 (Policy)	The Plan submitted the following documentation in support of this finding: **POLICIES AND PROCEDURES** • GA.03 v3 Medi-Cal Grievances

Plan: Santa Clara Family Health Plan **Review Period: 03/01/2021 – 02/28/2022**

Audit Type: Medical Audit and State Supported Services **On-site Review: 03/07/2022 – 03/18/2022**

Finding Number and Summary	Action Taken	Supporting Documentation	Implementation Date* (*Short-Term, Long-Term)	DHCS Comments
complaints as grievances.	dissatisfaction about any matter other than an adverse benefit determination is a grievance (including billing complaints). Finally the policy explains the SCFHP procedures for processing standard grievances and expedited grievances. Updated Scorecard to conduct a quality review of grievances to ensure billing grievances are appropriately resolved.	G&A Scorecard - Medi-Cal Grievances.pdf	6/1/2022 (scorecard)	○ The Plan will maintain a system in order to adequately document & address all grievances. Any expression of dissatisfaction about any matter other than an adverse benefit determination is a grievance, including billing complaints. **MONITORING AND OVERSIGHT** • G&A Scorecards ○ The Plan revised its scorecard to conduct a quality review of grievances, including billing grievances, to be sure that they are being resolved appropriately. • Plan Tracker "Tracking Member Billing" ○ The report identifies & tracks providers/billers, the date(s) of service, the member's information, & notes identifying the status of the claim. ○ The Plan's Provider Network Operations team will engage & provide re-education to providers that are identified that bill members. This log tracks the outreach & education provided to providers as a result of member's receiving a bill. • Balance Billing Cases Fact Sheet

Plan: Santa Clara Family Health Plan **Review Period: 03/01/2021 – 02/28/2022**

Audit Type: Medical Audit and State Supported Services **On-site Review: 03/07/2022 – 03/18/2022**

Finding Number and Summary	Action Taken	Supporting Documentation	Implementation Date* (*Short-Term, Long-Term)	DHCS Comments
				○ G&A coordinator request explanation of payment (EOP) within 5 days. [Process for Investigation & Resolution, Pages 2-3] ○ G&A coordinator will send acknowledgment letter within 5 calendar days. [Process for Investigation & Resolution, Pages 2-3] ○ G&A coordinator contacts provider or billing company within 10 calendar days. [Process for Investigation & Resolution, Pages 2-3] ○ G&A Coordinator drafts a letter providing status & resolution of the issue. [Process for Investigation & Resolution, Pages 2-3] ○ If a provider continues to balance bill a member, the Plan will present the information to the Compliance Department who will report this activity to DHCS and/or CMS. [Member FAQ, page1]. **TRAINING** • G&A New Training & Orientation ○ All newly hired G&A staff will be provided with formal training & orientation to the G&A Department covering grievance categories, sub-categories, grievance types – Billing, Transportation, Access,

Plan: Santa Clara Family Health Plan **Review Period: 03/01/2021 – 02/28/2022**

Audit Type: Medical Audit and State Supported Services **On-site Review: 03/07/2022 – 03/18/2022**

Finding Number and Summary	Action Taken	Supporting Documentation	Implementation Date* (*Short-Term, Long-Term)	DHCS Comments
				Customer Service, Quality of Care – and the proper processing of G&As. **The corrective action plan for finding 4.1.6 is accepted.**
5. Quality Management				
5.1.1 Quality Improvement Opportunities The Plan did not take effective action to address any needed improvements in the QOC based on its identified issues related to medical services, access to appointments, and timeliness of referrals.	SCFHP's policy QI.06 Quality Improvement Study Design/Performance Improvement Program Reporting states any needed improvements in quality of care for plan members is tracked as part of the QI Work Plan and QI Program Evaluation. Procedures will be updated to ensure that reports to the SCFHP's Quality Improvement Committee will include improvements and interventions to address identified issues related to medical services, access to	Policy QI.06 Quality Improvement Study Design/Performance Improvement Program Reporting	2/14/2023 4/11/2023	The Plan's root cause analysts identified that tracking and monitoring interventions taken to address improvements related to medical services, access to appointments, and timeliness of referrals were not documented. The following documentation supports the MCP's efforts to correct this finding: **POLICIES AND PROCEDURES** • Updated P&P, "QI.05.01: Potential Quality of Care Issues" which demonstrates that the MCP will document for interventions and to present reports to measure or reassess the effectiveness, and to document any effective action to improve quality of care where deficiencies were identified, and that follow-up was planned. (QI.05.01 v8 - Potential Quality of Care Issues).

Plan: Santa Clara Family Health Plan **Review Period: 03/01/2021 – 02/28/2022**

Audit Type: Medical Audit and State Supported Services **On-site Review: 03/07/2022 – 03/18/2022**

Finding Number and Summary	Action Taken	Supporting Documentation	Implementation Date* (*Short-Term, Long-Term)	DHCS Comments
	appointments and timeliness of referrals.			**TRAINING** • PowerPoint Presentation, "Potential Quality Issues (PQI) Annual Training" which demonstrates that the MCP trained staff on how to identify PQIs, how to report it to QI, and provides an overview of the investigation process. (Potential Quality Issues. (PQI) PPT_DRAFT). **MONITORING AND OVERSIGHT** • "Medi-Cal (MC) 2023 Quality Improvements Work Plan" (Quarter 1 and Quarter 2, 2023) to demonstrate that the MCP has a monitoring process to document for interventions and to present reports to measure or reassess the effectiveness. The MCP's monitoring process also will document any effective action to improve quality of care where deficiencies were identified, and that follow-up was planned." (QI Work Plan_Medi-Cal 2023_Q1_Q2 Update DRAFT). **The corrective action plan for Finding 5.1.1 is accepted.**
6. Administrative and Organizational Capacity				

ATTACHMENT A
Corrective Action Plan Response Form

Plan: Santa Clara Family Health Plan **Review Period: 03/01/2021 – 02/28/2022**

Audit Type: Medical Audit and State Supported Services **On-site Review: 03/07/2022 – 03/18/2022**

Finding Number and Summary	Action Taken	Supporting Documentation	Implementation Date* (*Short-Term, Long-Term)	DHCS Comments
6.2.1 Verification of Services Rendered The Plan did not have a process to verify that services that have been represented have been delivered and the application of the verification process on a regular basis.	Started January 2023, the Plan's SIU implemented a process to randomly select 5 paid claims per month to verify services were delivered by requesting medical records from the provider. The Plan will adopt written procedures to outline the process implemented to verity services were delivered.	- CP.02.03 - Post Service Verification	1/20/2023 3/31/2023	The following additional documentation supports the MCP's efforts to correct this finding: **POLICIES AND PROCEDURES** • CP.02.03 - Fraud, Waste, and Abuse - Service Verification (approved/published 3/31/23) ○ The procedure commits the Special Investigations Unit (SIU), under the guidance of the Compliance department, to verify paid claims by sampling Medical records, chart notes, and claims are used to provide case-specific information on members ○ The P&P specifies, on a monthly basis, that five [5] claims are randomly selected for verification from providers via postal mail, fax, or email **MONITORING AND OVERSIGHT** • Log of Post Service Verification (implemented 1/20/23) ○ The Plan submitted an Excel tracker monitoring the verification process of randomly selected member cases that are pulled monthly ○ The Plan requests medical records and requests verification of services from network providers, tracking the three [3] outreach attempts

Plan: Santa Clara Family Health Plan **Review Period: 03/01/2021 – 02/28/2022**

Audit Type: Medical Audit and State Supported Services **On-site Review: 03/07/2022 – 03/18/2022**

Finding Number and Summary	Action Taken	Supporting Documentation	Implementation Date* (*Short-Term, Long-Term)	DHCS Comments
				The corrective action plan for Finding 6.2.1 is accepted.
6.2.2 Reporting of Recovery of Overpayments The Plan did not account and report all overpayments identified during the audit period to DHCS.	Beginning with the RDT submission completed on 2/1/2023, the Plan included standard data requested from FWA Program Manager to provide as part of RDT preparation.	2.1.2023 RDT Submission.pdf	2/1/2023	The following additional documentation supports the MCP's efforts to correct this finding: **POLICIES AND PROCEDURES** • CL.23.01 v3: Overpayment Recovery ○ The Plan sent their updated P&P outlining the Overpayment Recovery process which denotes that the Plan will indeed report recoveries for repayments (including those for FWA) annually to DHCS (page 2) ○ The P&P was indeed dated (4/7/23) and signed/approved (see page 4) • CP.02.01 v2 Fraud, Waste, and Abuse (page 11) ○ The Plan cited their P&P outlining Overpayment procedures which align with their Actions Taken to submit the Rate Determination Template (RDT)

Plan: Santa Clara Family Health Plan **Review Period: 03/01/2021 – 02/28/2022**

Audit Type: Medical Audit and State Supported Services **On-site Review: 03/07/2022 – 03/18/2022**

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

				MONITORING AND OVERSIGHT
				• The Plan submitted extensive documentation cataloguing email conversations with DHCS and the Plan, communicating timelines, extensions, and the Plan's explanation that their submission must align with one of their subdelegates to demonstrate an efficient submission for all parties
				  ○ Based on the submitted email conversation spanning September 2022 through February 2023, the Plan included sufficient information to support their overpayment processes for their most recent annual RDT submission.
				• DHCS Rate Development Template (RDT) PDF
				  ○ The Plan included the FWA Program Manager-requested standard data with the Rate Development Template submission, completed on 2/1/2023. DHCS initiates the annual RDT process, and the Plan returns the template.
				The corrective action plan for finding 6.2.2 is accepted.

SSS. State Supported Services				

ATTACHMENT A
Corrective Action Plan Response Form

Plan: Santa Clara Family Health Plan **Review Period: 03/01/2021 – 02/28/2022**

Audit Type: Medical Audit and State Supported Services **On-site Review: 03/07/2022 – 03/18/2022**

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

Submitted by (Name, Title): **Christine Tomcala, CEO**
Tyler Haskell, VP Government Relations and Compliance

Date: 02/27/2023