



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



June 25, 2020

Frank Lee, Director of Compliance and Governmental Relations  
Contra Costa Health Plan  
595 Center Ave., Ste. 100  
Martinez, CA 94553

RE: Department of Health Care Services Medical Audit

Dear Mr. Lee:

The Department of Health Care Services (DHCS), Audits and Investigations Division conducted an on-site Medical Audit of Contra Costa Health Plan, a Managed Care Plan (MCP), from June 4, 2018 through June 15, 2018. The survey covered the period of June 1, 2017 through May 31, 2018.

On June 1, 2020, the MCP provided DHCS with additional information regarding its Corrective Action Plan (CAP) in response to the report originally issued on February 1, 2019.

All items have been reviewed and DHCS accepts the MCP's submitted CAP. The CAP is hereby closed. Full implementation of the CAP will be monitored on the subsequent audit. The enclosed report will serve as DHCS' final response to the MCP's CAP.

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

If you have any questions, feel free to contact me at (916) 345-7829 or Anthony Martinez at (916) 345-7828.

Page 2

Sincerely,

**Original Signed by**

Michael Pank, Chief  
Compliance Unit

Enclosures: Attachment A CAP Response Form

cc: Katie Vick, Contract Manager  
Department of Health Care Services  
Medi-Cal Managed Care Division  
P.O. Box 997413, MS 4408  
Sacramento, CA 95899-7413

**ATTACHMENT A  
Corrective Action Plan Response Form**



**Plan: Contra Costa Health Plan**

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

**Review Period:** 06/01/17 – 05/31/18

MCPs are required to provide a CAP and respond to all documented deficiencies within 30 calendar days, unless an alternative timeframe is indicated in the letter. MCPs are required to submit the CAP via email in word format which will reduce turnaround time for DHCS to complete its review.

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

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

Deficiency Number and Finding	Action Taken	Supporting Documentation	Implementation Date* <small>(*anticipated or completed)</small>	DHCS Comments
<b>1. Utilization Management</b>				
<b>1.1.1</b> Adhere to Plan policies to ensure staff are qualified and that administrative and management decisions do not compromise the	1.1.1 CCHP has strengthened our oversight of staff qualifications. The Medical Director and CCHP Administration have direct supervision of all clinical staff and clinical decisions. CCHP will protect the quality of	CR11.016	CCHP implemented this process 7/18. CCHP policy was finalized 2/19	<b>03/01/19</b> – The following documentation supports the MCP’s efforts to correct this finding:  - Updated P&P, “CR.11.016: Credentialing Licensed CCHP Staff” (February 2019) as evidence that the MCP will verify the identity, licensure,

Deficiency Number and Finding	Action Taken	Supporting Documentation	Implementation Date* (*anticipated or completed)	DHCS Comments
<p>quality of care and service provided to plan members.</p>	<p>service provided to our members by verifying all identification documents, including a California Identification such as a driver's license, California ID card or United States Passport and a professional license from the appropriate licensing board for the professional staff.</p>			<p>and background of licensed staff. As new employees are hired, appropriate credentials which include a California Identification such as a driver's license, California ID card or United States Passport and a professional license from the appropriate licensing board will be forwarded by their supervisor to the Provider Relations Credentialing Unit. Credential staff will verify the license through the appropriate licensing board.</p> <p>In addition, the ID and licensure information will be entered into the Provider Maintenance Information System (PMIS) database for tracking and updating purposes. As a credential expires, a request will be generated by PMIS and forwarded to the appropriate staff person to request the current license. Noncompliant staff will be brought to the attention of the staff's supervisor for further action (page 2).</p> <p><b>This finding is closed.</b></p>

Deficiency Number and Finding	Action Taken	Supporting Documentation	Implementation Date* (*anticipated or completed)	DHCS Comments
<p><b>1.1.2</b> Review and amend all policies and procedures that were last reviewed, revised, or authored by the unlicensed UM Director to ensure policies accurately reflect sound practices and adhere to contract requirements.</p>	<p>1.1.2 CCHP's Medical Director and current Director of UM have reviewed all UM Policies and Procedures to verify that they are accurate and reflect sound clinical practices and adhere to contractual and regulatory requirements.</p>	<p>See checklist</p>	<p>2/1/19</p>	<p><b>03/01/19</b> – The following documentation supports the MCP's efforts to correct this finding:</p> <ul style="list-style-type: none"> <li>- Sample checklist log, "Utilization Management Policy Review Log" (02/01/19) as evidence that the MCP has reviewed and amended all policies and procedures to ensure policies accurately reflect sound practices and adhere to contract requirements. The checklist log includes the policy number and name, revised date, reviser, reviewed date, reviewer, and details of the changes made for each policy.</li> </ul> <p><b>This finding is closed.</b></p>
<p><b>1.2.1</b> Develop policy and procedures that meet prior authorization requirements for the consistent application of written, standardized criteria.</p>	<p>1.2.1</p>			<p><b>06/24/19</b> – The following additional documentation supports the MCP's efforts to correct this finding:</p> <ul style="list-style-type: none"> <li>- Updated P&amp;P, "UM15.015: Utilization Review Process" (January 2019) which has been amended to include a section on appropriate practitioner for UM decisions.</li> </ul>

Deficiency Number and Finding	Action Taken	Supporting Documentation	Implementation Date* (*anticipated or completed)	DHCS Comments
				<p>No individual, other than a licensed physician or a licensed health care professional who is competent to review and evaluate the specific clinical issues involved in the health care services requested by the provider, may deny or modify authorization requests for health care services to an enrollee. Medical necessity determinations are made by Medical Director or Medical Consultant (page 2).</p> <p>- “Health Plan Authorization Representative Prior Authorization Training and UM Registered Nurse Training” (May and June 2019) Sign-In Sheets and Training Handouts as evidence that MCP staff received training. The training materials address Prior Authorizations, Referrals, and Concurrent Review that is in accordance with DHCS.</p> <p>- “Inter-Rater Reliability Audit Reporting Form – Physician Review” and “Registered Nurse IRR” as evidence that the MCP staff are performing IRR testing.</p>

Deficiency Number and Finding	Action Taken	Supporting Documentation	Implementation Date* (*anticipated or completed)	DHCS Comments
				<p><b>10/21/19</b> – The following documentation supports the MCP’s efforts to correct this finding:</p> <ul style="list-style-type: none"> <li>- Software and Service Agreement (Term 4/18/19-4/17/20) between Contra Costa Health Plan and Apollo Managed Care to ensure that MCP is using updated criteria and guidelines for outpatient utilization of medical necessity decision. (Page 1- 1(c) Guidelines and Schedule A-Products)</li> </ul> <p><b>11/19/19</b> – The following additional documentation submitted supports the MCP’s subsequent efforts to correct this finding:</p> <ul style="list-style-type: none"> <li>- An email (11/19/19) which includes a description of MCP’s process when criteria/guidelines are periodically reviewed and updated, “at each UM Committee Meeting, standing agenda item will confirm current version of InterQual and Apollo criteria.” If there is a change in criteria, “training must be conducted on the changes.”</li> </ul>

Deficiency Number and Finding	Action Taken	Supporting Documentation	Implementation Date* (*anticipated or completed)	DHCS Comments
				<p>- P&amp;P, "UM15.006: "as evidence that the MCP has a process when there is inconsistent application of criteria/guidelines. Corrective action plans could include, but not limited to educational activities, supervision of decisions, increased oversight of UM decisions, or prohibiting the physician from making UM decisions (pages 3-4).</p> <p><b>01/03/20</b> – The following additional documentation submitted supports the MCP's subsequent efforts to correct this finding:</p> <p>- Utilization Management Meeting agenda (12/18/19) as evidence that the UM Committee discussed InterQual and Apollo criteria.</p> <p>- Updated P&amp;P, "UM 15.002: Utilization Review Criteria and Guidelines" which has been amended to include that the "physician is the ultimate decision maker will verify that the nurse who chooses the criteria has made the correct choice" (page 3).</p>



Deficiency Number and Finding	Action Taken	Supporting Documentation	Implementation Date* (*anticipated or completed)	DHCS Comments
				<p><b>03/03/20</b> - The following additional documentation submitted supports the MCP's subsequent efforts to correct this finding:</p> <ul style="list-style-type: none"> <li>- File Reviews – #2378881, #2395834, #2402072, #2418746, #2426541 as proof of internal audits.</li> </ul> <p><b>03/16/20</b> - The following additional documentation submitted supports the MCP's subsequent efforts to correct this finding:</p> <ul style="list-style-type: none"> <li>- An email stating that MCP is still in negotiations with InterQual but is still utilizing Apollo which has updated criteria and guidelines.</li> </ul> <p><b>This finding is closed.</b></p>
<p><b>1.2.2</b> Develop and implement policies and procedures for post-stabilization prior authorization requests consistent with the</p>	<p>1.2.2 See Policy UM15.016</p>	<p>UM15.016</p>	<p>2/1/19</p>	<p><b>05/06/19</b> – The following documentation supports the MCP's efforts to correct this finding:</p> <ul style="list-style-type: none"> <li>- Updated P&amp;P, "UM15.016: Noncontracting Hospital Post-Stabilization Care" (05/06/19) which</li> </ul>

Deficiency Number and Finding	Action Taken	Supporting Documentation	Implementation Date* (*anticipated or completed)	DHCS Comments
Contract and State requirements.				<p>has been amended to include post-stabilization as a prior authorization category, along with timeframe requirements.</p> <p>Upon notification by a contracting hospital emergency department or emergency services provider that a member's emergency medical condition has stabilized, CCHP shall attempt to respond to the provider's request for post-stabilization care within 30 minutes. CCHP will either authorize ongoing care or if CCHP does not respond within 30 minutes, the post-stabilization care is deemed authorized and concurrent review shall commence (page 1).</p> <p><b>This finding is closed.</b></p>
<p><b>1.5.1</b> Revise plan policies and procedures to include all subcontracted persons and entities in which the Plan has any delegated UM</p>	<p>1.5.1 CCHP has revised QM14.301 to include a pre-delegation audit for all subcontracted persons or entities delegated UM functions. These delegated entities will have their work reviewed quarterly.</p>	<p>QM14.301</p>	<p>2/4/19</p>	<p><b>03/01/19</b> – The following documentation supports the MCP's efforts to correct this finding:</p> <p>- Updated P&amp;P, "QM14.301: Delegation Oversight Process" (02/04/19) which has been amended to include that, "Before contracting,</p>

<b>Deficiency Number and Finding</b>	<b>Action Taken</b>	<b>Supporting Documentation</b>	<b>Implementation Date*</b> (*anticipated or completed)	<b>DHCS Comments</b>
functions and to avoid conflicts of interest by allowing subcontracted staff to oversee monitoring procedures, findings.				<p>entities must demonstrate that they have the capacity and capability to reliably deliver the services to be delegated. CCHP monitors delegates' performance via at least quarterly reporting and/or on-site audits of delegated providers on an annual basis" (page 1).</p> <p>"The California Department of Health Care Services considers contracted staff to be delegated entities. As such, their capacity and capability to provide services must be established before contracting. The contracting department will be responsible for determining appropriate means of evaluating the contractor's work and will evaluate it quarterly" (page 2).</p> <p><b>This finding is closed.</b></p>
<p><b>1.5.2</b> Comply with contractual, regulatory and internal policies to ensure that all employees as well as contracted persons</p>	<p>1.5.2 Revised the existing Quality Management Policy. Sent revised policy to all CCHP Leaders.</p> <p>See revised QM14.301 from</p>	<p>QM14.301 and CR11.016</p>	<p>2/1/19</p>	<p><b>03/01/19</b> – The following documentation supports the MCP's efforts to correct this finding:</p> <p>- Updated P&amp;P, "QM14.301: Delegation Oversight Process" (02/04/19) which has been amended</p>

<b>Deficiency Number and Finding</b>	<b>Action Taken</b>	<b>Supporting Documentation</b>	<b>Implementation Date*</b> (*anticipated or completed)	<b>DHCS Comments</b>
and entities responsible for Plan functions are monitored and receive appropriate oversight.	1.5.1 above. See also CR11.016 from 1.1.1 above.			<p>to include that, “Before contracting, entities must demonstrate that they have the capacity and capability to reliably deliver the services to be delegated. CCHP monitors delegates’ performance via at least quarterly reporting and/or on-site audits of delegated providers on an annual basis” (page 1).</p> <p>“The California Department of Health Care Services considers contracted staff to be delegated entities. As such, their capacity and capability to provide services must be established before contracting. The contracting department will be responsible for determining appropriate means of evaluating the contractor’s work and will evaluate it quarterly” (page 2).</p> <p>- The P&amp;P CR.11.016 “Credentialing Licensed CCHP Staff” requires all staff to pass Pre-Employment Screening. (Approved 02/11/19)  “Prior to employment at Contra Costa Health Plan (CCHP), all licensed staff, full time, part time, permanent and temporary employees, agency</p>

Deficiency Number and Finding	Action Taken	Supporting Documentation	Implementation Date* (*anticipated or completed)	DHCS Comments
				<p>temps, and consultants will be subject to and successfully pass Pre-Employment Screening which includes pre-employment background investigation and other requirements that have been identified as appropriate for the position. Contra Costa County Human Resources/Personnel are responsible for notifying applicant to obtain fingerprinting. Results of Pre-Employment Screening are received by Health Services Personnel. (Contra Costa County Administrative Bulletin 415) Issues with the Pre-Employment screening are brought to the attention of the Hiring manager for further evaluation. Background checks on all persons having access to protected health information (PHI) are required as a condition of any type of employment. This includes but is not limited to persons from outside staffing agencies and subcontractors to prevent unauthorized access to PHI.”</p>

Deficiency Number and Finding	Action Taken	Supporting Documentation	Implementation Date* (*anticipated or completed)	DHCS Comments
				<p>The MCP uses Provider Maintenance Information System (PMIS) database for tracking and updating purposes: "A staff credentials file will be created to store the documentation. During new employee orientation, the County Health Services Department's Confidentiality Policy and Statement will be reviewed. The employee will sign and date a second copy of this policy and the signed copy will be placed in the credential file. As a credential expires, a request will be generated by PMIS and forwarded to the appropriate staff person to request the current license. Noncompliant staff will be brought to the attention of the staff's supervisor for further action."</p> <p><b>This finding is closed.</b></p>
<b>2. Case Management and Coordination of Care</b>				
No Findings				

Deficiency Number and Finding	Action Taken	Supporting Documentation	Implementation Date* (*anticipated or completed)	DHCS Comments
<b>3. Access and Availability of Care</b>				
<p><b>3.5.1</b> Develop and implement policies and procedures for the review and timely payment of review family planning claims and conduct training for claims staff.</p>	<p>3.5.1 Trained the Claims Examiner staff on 1/30/2019 and discussed during staff meeting 12/13/2018</p> <p>Created &amp; published report TAP4363 to pull family planning claims for review with audit percentage feature.</p> <p>Placed Family Planning as an Audit Priority.</p> <p>Updated procedure: CLM 4.573e Sensitive Services, HIV, Family Planning &amp; sexually transmitted diseases to include all family planning diagnosis and related procedures</p>	<p>Agenda and Meeting Sign-In Sheet – Attachment 1</p> <p>Training Presentation – Attachment 2</p> <p>Report “TAP4363” Sample</p> <p>Audit 30% of Family Planning Claims in Quarterly Audit</p> <p>Procedure CLM 4.573e Sensitive Services, family planning</p>	<p>2/1/2019</p>	<p><b>03/01/19</b> – The following documentation supports the MCP’s efforts to correct this finding:</p> <ul style="list-style-type: none"> <li>- Updated P&amp;P, “CLM 4.573e: Sensitive Services: HIV, Family Planning &amp; Sexually Transmitted Disease” (12/11/18) which has been amended to include a section regarding that no authorization is required for Medi-Cal members. Medi-Cal including Commercial with Medi-Cal members can go to any Medi-Cal qualified provider without authorization. Every Medi-Cal member is assured the freedom to choose a qualified family planning provider both within and outside our network of providers.</li> <li>- PowerPoint training, “Claim Examiners Training – Family Planning and Sensitive Services” (01/30/19) and sign-in sheets as evidence that claims examiner staff received training. The training materials addressed the updated P&amp;P, “CLM 4.573e: Sensitive</li> </ul>

Deficiency Number and Finding	Action Taken	Supporting Documentation	Implementation Date* (*anticipated or completed)	DHCS Comments
	New Claims Examiners are trained on the rule of No Auth for Family Planning and identification of Family Planning Network	Part of Bi-Annual Training with Claims Examiners – Attachment 3  List of Quarterly Training Topics – Attachment 3		Services: HIV, Family Planning & Sexually Transmitted Disease,” reviewed current procedure, an overview of how to process claims in accordance with DHCS guidelines for Family Planning and Sensitive Services, and went over tools for better claims processing.  - Written response that the plan publishes CCHP DHCS Claims TAP4363 report to pull family planning claims for review with audit percentage feature. This report contains claims status and all claim codes.  <b>This finding is closed</b>
<b>4. Members’ Rights</b>				
<b>4.3.1</b> Adhere to policies and procedures to conduct thorough background checks on all persons having access to PHI as a condition of any type of employment. This includes but is	<b>4.3.1</b> CCHP has amended our CR11.016 policy to ensure that Contra Costa Health Services Personnel conducts background checks and fingerprinting and identities are verified for any type of employee, including	CR11.016  On-Boarding Checklist (CC Link Training)  ADM 1.041	2/1/19	<b>03/04/19</b> - The following documentation supports the MCP’s efforts to correct this finding:  - P&P, “ADM 1.041: CCHP Hiring and Oversight Practices” as evidence that the MCP will conduct license verifications and background checks. The P&P states, “When hiring any



<b>Deficiency Number and Finding</b>	<b>Action Taken</b>	<b>Supporting Documentation</b>	<b>Implementation Date*</b> (*anticipated or completed)	<b>DHCS Comments</b>
not limited to persons from outside staffing agencies and subcontractors to prevent unauthorized access to PHI.	subcontractors, prior to obtaining access to any system allowing access to PHI.	HPCC 1/28/2019 Agenda and Sign-In Sheet  State of the State Meetings		<p>staff members to perform duties they must meet the County's minimum qualifications. This includes regular employees, consultants and/or temporary staff. In the Clinical Operations, we will ensure the clinician has the proper degree in Nursing and a Registered Nurse license." Also, the MCP's Provider Relations Department will perform background checks to ensure all clinicians' licenses are current and review any derogatory history. These steps must be taken prior to the first face to face interview. The CCHP management team will perform this as part of the hiring process (page 1).</p> <p>- P&amp;P, "CR.11.016: Credentialing Licensed CCHP Staff" (February 2019) which states that, as new employees are hired, appropriate credentials which include a California Identification such as a driver's license, California ID card or United States Passport and a professional license from the appropriate licensing board will be forwarded by their supervisor to the Provider Relations</p>

Deficiency Number and Finding	Action Taken	Supporting Documentation	Implementation Date* (*anticipated or completed)	DHCS Comments
				<p>Credentialing Unit. Credential staff will verify the license through the appropriate licensing board (page 2).</p> <p><b>10/21/19</b> – To address this deficiency the MCP took the steps described in Action Taken column and provided the following documentation to support its efforts to correct this deficiency:</p> <ul style="list-style-type: none"> <li>- The P&amp;P 216PM “Reference Checking, License Verification and Pre-employment LiveScan Fingerprint Clearance” (Review 07/2010) provides guidance to supervisors in responding to reference checks from other employers, checking references on current County employees or new hires, verification of primary source license, and pre-employment fingerprint clearances.</li> <li>- The P&amp;P CR.11.016 “Credentialing Licensed CCHP Staff” requires all staff to pass Pre-Employment Screening. (Approved 02/11/19) “Prior to employment at Contra Costa</li> </ul>

Deficiency Number and Finding	Action Taken	Supporting Documentation	Implementation Date* (*anticipated or completed)	DHCS Comments
				<p>Health Plan (CCHP), all licensed staff, full time, part time, permanent and temporary employees, agency temps, and consultants will be subject to and successfully pass Pre-Employment Screening which includes pre-employment background investigation and other requirements that have been identified as appropriate for the position. Contra Costa County Human Resources/Personnel are responsible for notifying applicant to obtain fingerprinting. Results of Pre-Employment Screening are received by Health Services Personnel. (Contra Costa County Administrative Bulletin 415) Issues with the Pre-Employment screening are brought to the attention of the Hiring manager for further evaluation. Background checks on all persons having access to protected health information (PHI) are required as a condition of any type of employment. This includes but is not limited to persons from outside staffing agencies and subcontractors to prevent unauthorized access to PHI.”</p>

Deficiency Number and Finding	Action Taken	Supporting Documentation	Implementation Date* (*anticipated or completed)	DHCS Comments
				<p>The MCP uses Provider Maintenance Information System (PMIS) database for tracking and updating purposes: "A staff credentials file will be created to store the documentation. During new employee orientation, the County Health Services Department's Confidentiality Policy and Statement will be reviewed. The employee will sign and date a second copy of this policy and the signed copy will be placed in the credential file. As a credential expires, a request will be generated by PMIS and forwarded to the appropriate staff person to request the current license. Noncompliant staff will be brought to the attention of the staff's supervisor for further action."</p> <p><b>06/01/20</b> – The MCP submitted additional documentation to further support its evidence of continues monitoring:</p> <p>- The MCP's response (06/01/20) confirms the MCP's Credential unit e-mails the managers quarterly for</p>

Deficiency Number and Finding	Action Taken	Supporting Documentation	Implementation Date* (*anticipated or completed)	DHCS Comments
				<p>updates and runs a monthly license expirable report. Obtains the current license form the appropriate website.</p> <p>- A sample of monthly expirable report "CCHP Staff License Roster" (02/06/20) demonstrates monitoring procedures for verification of the Staff licenses described in CR11.016. P&amp;P "CR 11.016" commits the MCP to the following: "Once a quarter, credential staff will contact the supervisors of each unit to review names of licensed staff in their unit to ensure all new hires have sent in their California ID and/or Federal ID and professional license and to close out licensed staff that have left employment at CCHP."</p> <p><b>This finding is closed.</b></p>
<p><b>4.3.2</b> Develop and implement written policies and procedures to require verification of identities for any type</p>	<p>4.3.2 See 4.3.1 above.</p>	<p>See 4.3.1 above.</p>	<p>2/1/19</p>	<p><b>03/04/19</b> - The following documentation supports the MCP's efforts to correct this finding:</p> <p>- P&amp;P, "ADM 1.041: CCHP Hiring and Oversight Practices" as evidence that the MCP will conduct license</p>

<b>Deficiency Number and Finding</b>	<b>Action Taken</b>	<b>Supporting Documentation</b>	<b>Implementation Date*</b> (*anticipated or completed)	<b>DHCS Comments</b>
<p>of employee, including but not limited to subcontractors, who are allowed access to PHI before employment commences.</p>				<p>verifications and background checks. The P&amp;P states, “When hiring any staff members to perform duties they must meet the County’s minimum qualifications. This includes regular employees, consultants and/or temporary staff. In the Clinical Operations, we will ensure the clinician has the proper degree in Nursing and a Registered Nurse license.” Also, the MCP’s Provider Relations Department will perform background checks to ensure all clinicians’ licenses are current and review any derogatory history. These steps must be taken prior to the first face to face interview. The CCHP management team will perform this as part of the hiring process (page 1).</p> <p>- P&amp;P, “CR.11.016: Credentialing Licensed CCHP Staff” (February 2019) which states that, as new employees are hired, appropriate credentials which include a California Identification such as a driver’s license, California ID card or United States Passport and a professional license from the appropriate licensing</p>

Deficiency Number and Finding	Action Taken	Supporting Documentation	Implementation Date* (*anticipated or completed)	DHCS Comments
				<p>board will be forwarded by their supervisor to the Provider Relations Credentialing Unit. Credential staff will verify the license through the appropriate licensing board.</p> <p>Background checks on all persons having access to protected health information (PHI) are required as a condition of any type of employment. This includes but is not limited to persons from outside staffing agencies and subcontractors to prevent unauthorized access to PHI (page 2).</p> <p><b>10/21/19</b> – To address this deficiency the MCP took the steps described in Action Taken column and provided the following documentation to support its efforts to correct this deficiency:</p> <ul style="list-style-type: none"> <li>- The P&amp;P 216PM “Reference Checking, License Verification and Pre-employment LiveScan Fingerprint Clearance” (Review 07/2010) provides guidance to supervisors in responding to</li> </ul>

Deficiency Number and Finding	Action Taken	Supporting Documentation	Implementation Date* (*anticipated or completed)	DHCS Comments
				<p>reference checks from other employers, checking references on current County employees or new hires, verification of primary source license, and pre-employment fingerprint clearances.</p> <p>- The P&amp;P CR.11.016 “Credentialing Licensed CCHP Staff” requires all staff to pass Pre-Employment Screening. (Approved 02/11/19) “Prior to employment at Contra Costa Health Plan (CCHP), all licensed staff, full time, part time, permanent and temporary employees, agency temps, and consultants will be subject to and successfully pass Pre-Employment Screening which includes pre-employment background investigation and other requirements that have been identified as appropriate for the position. Contra Costa County Human Resources/Personnel are responsible for notifying applicant to obtain fingerprinting. Results of Pre-Employment Screening are received by Health Services Personnel. (Contra Costa County</p>



Deficiency Number and Finding	Action Taken	Supporting Documentation	Implementation Date* (*anticipated or completed)	DHCS Comments
				<p>Administrative Bulletin 415) Issues with the Pre-Employment screening are brought to the attention of the Hiring manager for further evaluation. Background checks on all persons having access to protected health information (PHI) are required as a condition of any type of employment. This includes but is not limited to persons from outside staffing agencies and subcontractors to prevent unauthorized access to PHI.”</p> <p>The MCP uses Provider Maintenance Information System (PMIS) database for tracking and updating purposes: “A staff credentials file will be created to store the documentation. During new employee orientation, the County Health Services Department's Confidentiality Policy and Statement will be reviewed. The employee will sign and date a second copy of this policy and the signed copy will be placed in the credential file. As a credential expires, a request will be generated by PMIS and forwarded to the appropriate staff person to request the current license.</p>

Deficiency Number and Finding	Action Taken	Supporting Documentation	Implementation Date* (*anticipated or completed)	DHCS Comments
				<p>Noncompliant staff will be brought to the attention of the staff’s supervisor for further action.”</p> <p><b>06/01/20</b> – The MCP submitted additional documentation to further support its evidence of continues monitoring:</p> <ul style="list-style-type: none"> <li>- The MCP’s response (06/01/20) confirms the MCP’s Credential unit e-mails the managers quarterly for updates and runs a monthly license expirable report. Obtains the current license form the appropriate website.</li> <li>- A sample of monthly expirable report “CCHP Staff License Roster” (02/06/20) demonstrates monitoring procedures for verification of the Staff licenses described in CR11.016. P&amp;P “CR 11.016” commits the MCP to the following: “Once a quarter, credential staff will contact the supervisors of each unit to review names of licensed staff in their unit to ensure all new hires have sent in their California ID and/or Federal ID and professional license and to close</li> </ul>

Deficiency Number and Finding	Action Taken	Supporting Documentation	Implementation Date* (*anticipated or completed)	DHCS Comments
				<p>out licensed staff that have left employment at CCHP.”</p> <p><b>This finding is closed.</b></p>
<p><b>4.3.3</b> Revise and implement written policies and procedures to ensure the Plan adheres to breach and suspected security incident requirements.</p>	<p>4.3.3 CCHP has revised policy ADM1.039 to comply with breach and suspected security incident requirement.</p>	<p>ADM1.039</p>	<p>2/1/19</p>	<p><b>03/04/19</b> - The following documentation supports the MCP’s efforts to correct this finding:</p> <p>- Updated P&amp;P, “ADM 1.039: Reporting of Improper Disclosures” (02/04/19) which has been amended to state:</p> <p>Reporting HIPAA Breaches to DHCS:</p> <p>(1) To notify DHCS immediately by telephone call plus email or fax upon the discovery of a breach of unsecured Protected Health Information (PHI) or Personal Information (PI) in electronic media or in any other media if the PHI or PI was, or is reasonably believed to have been, accessed or acquired by an unauthorized person, or upon the discovery of a suspected security incident that involves data provided</p>

Deficiency Number and Finding	Action Taken	Supporting Documentation	Implementation Date* (*anticipated or completed)	DHCS Comments
				<p>to DHCS by the Social Security Administration.</p> <p>(2) To notify DHCS within twenty-four (24) hours by email or fax, of the discovery of any suspected security incident, intrusion or unauthorized access, use or disclosure of PHI or PI or potential loss of confidential data. CCHP shall report to the DHCS Program Contract Manager, the DHCS Privacy Officer and the DHCS Information Security Officer any discovery by CCHP that PHI or PI has been used or disclosed in violation of contract, HIPAA regulations or other statutes and regulations pertaining to privacy and security of PHI.</p> <p><b>10/21/19</b> – The following documentation supports the MCP’s efforts to correct this deficiency:</p> <ul style="list-style-type: none"> <li>- A draft Policy &amp; Procedure (10/10/19) “ADM 1.039: Reporting of Improper Disclosures” was revised to include notification to three required entities:</li> </ul>

Deficiency Number and Finding	Action Taken	Supporting Documentation	Implementation Date* (*anticipated or completed)	DHCS Comments
				<p>- The DHCS Medi-Cal Managed Care Division Contracting Officer,  - The DHCS Privacy Officer, and  - The DHCS Information Security Officer.</p> <p><b>02/21/20</b> – the MCP submitted a report of suspected security incidents. (01/20/20 – 02/24/20) The report covers post-implementation dates to gauge the results of implemented Corrective Action Plan. The MCP is tracking its reporting data to required entities. These include the DHCS Program Contract Manager, the DHCS Privacy Officer, and the DHCS Information Security Officer. (Contract Amendment 02 XIV, Exhibit G, (3)(H)(1))</p> <p><b>03/04/20</b> - The MCP confirmed that the compliance process is being monitored by the MCP’s Director of Compliance and government Relations to ensure the DHCS Program Contract Manager, the DHCS Privacy Officer, and the DHCS Information Security Officer are</p>

Deficiency Number and Finding	Action Taken	Supporting Documentation	Implementation Date* (*anticipated or completed)	DHCS Comments
				<p>included in notifications to DHCS. (MCP's written response 03/04/20)</p> <p><b>This finding is closed.</b></p>
<b>5. Quality Management</b>				
<p><b>5.3.1</b> Develop and implement policies and procedures to evaluate the qualifications of all subcontractors including plan consultants.</p>	<p>5.3.1 See 4.3.1 above.</p>	<p>See 4.3.1 above.</p>	<p>2/1/19</p>	<p><b>03/04/19</b> - The following documentation supports the MCP's efforts to correct this finding:</p> <p>- P&amp;P, "ADM 1.041: CCHP Hiring and Oversight Practices" as evidence that the MCP will conduct license verifications and background checks. The P&amp;P states, "When hiring any staff members to perform duties they must meet the County's minimum qualifications. This includes regular employees, consultants and/or temporary staff. In the Clinical Operations, we will ensure the clinician has the proper degree in Nursing and a Registered Nurse license." Also, the MCP's Provider Relations Department will perform background checks to ensure all clinicians' licenses are current and review any derogatory history. These</p>

Deficiency Number and Finding	Action Taken	Supporting Documentation	Implementation Date* (*anticipated or completed)	DHCS Comments
				<p>steps must be taken prior to the first face to face interview. The CCHP management team will perform this as part of the hiring process (page 1).</p> <p>- P&amp;P, "CR.11.016: Credentialing Licensed CCHP Staff" (February 2019) which states that, as new employees are hired, appropriate credentials which include a California Identification such as a driver's license, California ID card or United States Passport and a professional license from the appropriate licensing board will be forwarded by their supervisor to the Provider Relations Credentialing Unit. Credential staff will verify the license through the appropriate licensing board (page 2).</p> <p><b>10/21/19</b> – To address this deficiency the MCP took the steps described in Action Taken column and provided the following documentation to support its efforts to correct this deficiency:</p> <p>- The P&amp;P 216PM "Reference Checking, License Verification and</p>

Deficiency Number and Finding	Action Taken	Supporting Documentation	Implementation Date* (*anticipated or completed)	DHCS Comments
				<p>Pre-employment LiveScan Fingerprint Clearance” (Review 07/2010) provides guidance to supervisors in responding to reference checks from other employers, checking references on current County employees or new hires, verification of primary source license, and pre-employment fingerprint clearances.</p> <p>- The P&amp;P CR.11.016 “Credentialing Licensed CCHP Staff” requires all staff to pass Pre-Employment Screening. (Approved 02/11/19) “Prior to employment at Contra Costa Health Plan (CCHP), all licensed staff, full time, part time, permanent and temporary employees, agency temps, and consultants will be subject to and successfully pass Pre-Employment Screening which includes pre-employment background investigation and other requirements that have been identified as appropriate for the position. Contra Costa County Human Resources/Personnel are responsible for notifying applicant to obtain</p>



Deficiency Number and Finding	Action Taken	Supporting Documentation	Implementation Date* (*anticipated or completed)	DHCS Comments
				<p>fingerprinting. Results of Pre-Employment Screening are received by Health Services Personnel. (Contra Costa County Administrative Bulletin 415) Issues with the Pre-Employment screening are brought to the attention of the Hiring manager for further evaluation. Background checks on all persons having access to protected health information (PHI) are required as a condition of any type of employment. This includes but is not limited to persons from outside staffing agencies and subcontractors to prevent unauthorized access to PHI.”</p> <p>The MCP uses Provider Maintenance Information System (PMIS) database for tracking and updating purposes: “A staff credentials file will be created to store the documentation. During new employee orientation, the County Health Services Department's Confidentiality Policy and Statement will be reviewed. The employee will sign and date a second copy of this policy and the signed copy will be placed in the credential file. As a</p>

Deficiency Number and Finding	Action Taken	Supporting Documentation	Implementation Date* (*anticipated or completed)	DHCS Comments
				<p>credential expires, a request will be generated by PMIS and forwarded to the appropriate staff person to request the current license. Noncompliant staff will be brought to the attention of the staff's supervisor for further action."</p> <p><b>06/01/20</b> – The MCP submitted additional documentation to further support its evidence of continues monitoring:</p> <ul style="list-style-type: none"> <li>- The MCP's response (06/01/20) confirms the MCP's Credential unit e-mails the managers quarterly for updates and runs a monthly license expirable report. Obtains the current license form the appropriate website.</li> <li>- A sample of monthly expirable report "CCHP Staff License Roster" (02/06/20) demonstrates monitoring procedures for verification of the Staff licenses described in CR11.016. P&amp;P "CR 11.016" commits the MCP to the following: "Once a quarter, credential staff will contact the supervisors of each unit to review</li> </ul>

Deficiency Number and Finding	Action Taken	Supporting Documentation	Implementation Date* (*anticipated or completed)	DHCS Comments
				<p>names of licensed staff in their unit to ensure all new hires have sent in their California ID and/or Federal ID and professional license and to close out licensed staff that have left employment at CCHP.”</p> <p><b>This finding is closed.</b></p>
<p><b>5.3.2</b> Develop and implement policies and procedures to continuously monitor the performance of all subcontractors including plan consultants.</p>	<p>5.3.2 See 1.5.1 above. CCHP has revised QM14.301 to include a pre-delegation audit for all subcontracted persons or entities delegated UM functions. These delegated entities will have their work reviewed quarterly.</p> <p>On-Boarding Checklist</p>	<p>QM14.301</p> <p>Email to inform contracted consultants</p> <p>Schedule Performance Feedback for 2019</p> <p>On-Boarding Checklist</p>	<p>2/1/19</p>	<p><b>03/01/19</b> – The following documentation supports the MCP’s efforts to correct this finding:</p> <p>- Updated P&amp;P, “QM14.301: Delegation Oversight Process” (02/04/19) which has been amended to include that, “Before contracting, entities must demonstrate that they have the capacity and capability to reliably deliver the services to be delegated. CCHP monitors delegates’ performance via at least quarterly reporting and/or on-site audits of delegated providers on an annual basis” (page 1).</p> <p>“The California Department of Health Care Services considers contracted staff to be delegated entities. As</p>

Deficiency Number and Finding	Action Taken	Supporting Documentation	Implementation Date* (*anticipated or completed)	DHCS Comments
				<p>such, their capacity and capability to provide services must be established before contracting. The contracting department will be responsible for determining appropriate means of evaluating the contractor's work and will evaluate it quarterly" (page 2).</p> <p>- An email (03/01/19) from the MCP to the MCP's contracted consultants advising them of the implementation of conducting quarterly performance reviews.</p> <p><b>This finding is closed.</b></p>
<b>6. Administrative and Organizational Capacity</b>				
<p><b>6.1.1</b> Develop and implement policies and procedures to ensure the medical decisions are rendered by qualified medical personnel including but not limited to regular credentialing/ license</p>	<p>6.1.1 See CR11.016. CCHP will ensure that medical decisions are only done by qualified medical personnel by verifying background and fingerprinting through our Health Services Personnel.</p> <p>CCHP staff were notified of the revised policy and sent via email from the CEO</p>	<p>See revised CCHP Code of Conduct</p> <p>Email Notification</p>	<p>2/1/19</p> <p>3/28/19</p>	<p><b>03/04/19</b> – The following documentation supports the MCP's efforts to correct this finding:</p> <p>- Updated document, "Contra Costa Health Plan Code Of Conduct" (02/19/19) which has been amended to include that the MCP will ensure that medical decisions are only done by qualified medical personnel by verifying background and fingerprinting through the MCP's</p>

<b>Deficiency Number and Finding</b>	<b>Action Taken</b>	<b>Supporting Documentation</b>	<b>Implementation Date*</b> (*anticipated or completed)	<b>DHCS Comments</b>
verification of medical personnel.				<p>Health Services Personnel. Credentialing and re-credentialing will be done by CCHP as necessary. See CR 11.016.</p> <p>- The P&amp;P CR.11.016 "Credentialing Licensed CCHP Staff" requires all staff to pass Pre-Employment Screening. (Approved 02/11/19) "Prior to employment at Contra Costa Health Plan (CCHP), all licensed staff, full time, part time, permanent and temporary employees, agency temps, and consultants will be subject to and successfully pass Pre-Employment Screening which includes pre-employment background investigation and other requirements that have been identified as appropriate for the position. Contra Costa County Human Resources/Personnel are responsible for notifying applicant to obtain fingerprinting. Results of Pre-Employment Screening are received by Health Services Personnel. (Contra Costa County</p>

Deficiency Number and Finding	Action Taken	Supporting Documentation	Implementation Date* (*anticipated or completed)	DHCS Comments
				<p>Administrative Bulletin 415) Issues with the Pre-Employment screening are brought to the attention of the Hiring manager for further evaluation. Background checks on all persons having access to protected health information (PHI) are required as a condition of any type of employment. This includes but is not limited to persons from outside staffing agencies and subcontractors to prevent unauthorized access to PHI.”</p> <p>The MCP uses Provider Maintenance Information System (PMIS) database for tracking and updating purposes: “A staff credentials file will be created to store the documentation. During new employee orientation, the County Health Services Department's Confidentiality Policy and Statement will be reviewed. The employee will sign and date a second copy of this policy and the signed copy will be placed in the credential file. As a credential expires, a request will be generated by PMIS and forwarded to the appropriate staff person to request the current license.</p>

Deficiency Number and Finding	Action Taken	Supporting Documentation	Implementation Date* (*anticipated or completed)	DHCS Comments
				<p>Noncompliant staff will be brought to the attention of the staff's supervisor for further action."</p> <p>- An email (03/01/19) sent to all MCP staff which informs about the revised policy to ensure compliance.</p> <p><b>This finding is closed.</b></p>
<p><b>6.3.1</b> Implement plan policies and procedures to undertake a more proactive fraud and abuse detection and intervention program.</p>	<p>6.3.1 CCHP is exploring options with HMS on their SIU and Program Integrity functions. These functions could assist CCHP in bolstering the plan's FWA detection and intervention capabilities.</p> <p>Added a Clerk-Specialist Level to support Compliance Officer to manage and expand FWA functions</p>	<p>HMS Site Visit to CCHP overview of Fraud Analytics and SIU Support 2/28/19</p>	<p>Q2 2019</p> <p>1/15/19</p>	<p><b>03/04/19</b> – The following documentation supports the MCP's efforts to correct this finding:</p> <p>- PowerPoint presentation, "Contra Costa Health Plan Quarterly Pulse Check – Fraud Analytics &amp; SIU Support" (02/28/19) which outlines the options with HMS on their SIU and Program Integrity functions, such as PI Portal and SIU Analytic Services.</p> <p><b>10/21/19</b> - The following additional documentation supports the MCP's efforts to correct this finding:</p> <p>- Updated P&amp;P, Policy Number: ADM1.006, Title: Anti-Fraud Program</p>

Deficiency Number and Finding	Action Taken	Supporting Documentation	Implementation Date* (*anticipated or completed)	DHCS Comments
				<p>(11/19/20) which has been amended to include a section on the regularly scheduled meeting which will be occurring quarterly of the Anti-Fraud Unit/Compliance Fraud Subcommittee. In addition, to written criteria to determine suspected and actual fraud. As well as detailed elements and components of fraud to properly manage each case. (Page 2-3)</p> <p><b>11/20/19</b> - The following additional documentation supports the MCP's efforts to correct this finding:</p> <ul style="list-style-type: none"> <li>- CCHP Meeting Agenda, (11/04/19) provides evidence of documented review and discussion of the Anti-Fraud policy, confirmation of staff training, in addition to the review of the suspected and confirmed fraudulent activity list which has been integrated into the Quarterly Reporting.</li> <li>- BIM/CFS Meeting Minutes (11/4/19) which provide evidence of overview and in-depth training and discussion</li> </ul>



Deficiency Number and Finding	Action Taken	Supporting Documentation	Implementation Date* (*anticipated or completed)	DHCS Comments
				of P & P of Medi-Cal Fraud as well as a chart outlining attendees.  <b>This finding is closed</b>
<b>7. State Supported Services</b>				
No Findings				

**Submitted by: Original Signed by Sharron Mackey**

**Date: 03/01/2019**

**Title: Chief Executive Officer**