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DIRECTOR

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



GAVIN NEWSOM
GOVERNOR

March 11, 2020

Elizabeth Martinez, Compliance Officer
Community Health Group Partnership Plan
2420 Fenton Street Ste. 100
Chula Vista, CA 91914

RE: Department of Health Care Services Medical Audit

Dear Ms. Martinez:

The Department of Health Care Services (DHCS), Audits and Investigations Division conducted an on-site Medical Audit of Community Health Group Partnership Plan, a Managed Care Plan (MCP), from July 1, 2019 through July 3, 2019. The survey covered the period of July 1, 2018 through May 31, 2019.

On December 27, 2019, the MCP provided DHCS with additional information regarding its Corrective Action Plan (CAP) in response to the report originally issued on November 20, 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) 345-7831 or Gina Connors at (916) 345-7822.

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Sincerely,

Original Signed by

Michael Pank, Chief
Compliance Unit

Enclosures: Attachment A CAP Response Form

cc: Pete Plesha, 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: Community Health Group Partnership Plan

Review Period: 06/01/2018 – 05/31/2019

Audit Type: Medical Audit and State Supported Services

Onsite Review: 07/01/2019 – 07/03/2019

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 in word format that 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 short-term corrective action, implementation should be completed within 30 calendar days. For deficiencies that require long-term corrective action or a period longer than 30 calendar days for implementation, 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. **Policies and procedures submitted during the CAP process must still be sent to the MCP’s Contract Manager for review and approval in accordance with existing requirements.**

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>(*Short-Term, Long-Term)</small>	DHCS Comments
1. Utilization Management				

Deficiency Number and Finding	Action Taken	Supporting Documentation	Implementation Date* (*Short-Term, Long-Term)	DHCS Comments
2. Case Management and Coordination of Care				
<p>2.4.1 Non-Emergency Medical and Non-Medical Transportation Services The Plan is required to provide NEMT for members who cannot reasonably ambulate or are unable to stand or walk without assistance, including those using a walker or crutches. The Plan shall also ensure door-to-door assistance for all members receiving NEMT services. [APL 17-010 Non-Emergency Medical and Non-Medical Transportation Services]</p> <p>Finding: The Plan does not ensure subcontractors offer door-to-door services to members. Although</p>	<p>2.4.1: The Plan has taken the following actions to ensure members receive door to door services, when approved by the Plan and required, based on the member's condition:</p> <p>1) Upon receipt of a complete Physician Certification statement (PCS) form for NEMT services, the Health Care Services (HCS) team will ensure that door to door assistance is authorized by including cpt code T2001 (door to door patient attendant/escort).</p> <p>2) To ensure this service is being provided when authorized or necessary based on the member's needs, HCS will run a quarterly utilization report, based on claims paid for door to door patient attendant/escort services.</p>		<p>01/01/2020</p> <p>01/01/2020</p>	<p>12/26/19 – The following documentation supports the MCP's efforts to correct this finding:</p> <ul style="list-style-type: none"> - Updated P&P, "6059: Non-Emergency Medical Transportation & Non-Medical Transportation" (11/18/19) which has been amended to include the requirement that door-to-door assistance will be performed by the transportation provider and ensured by the MCP (page 1-2). <p>01/13/20 – The following additional documentation submitted supports the MCP's subsequent efforts to correct this finding:</p> <ul style="list-style-type: none"> - Updated Provider Manual (01/10/20) which has been revised to include "providers will ensure their staff are providing door-to-door assistance for members who cannot reasonably ambulate or are unable to stand or walk without assistance" (page 99).

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<p>the Plan provides NEMT for members who cannot reasonably ambulate or are unable to stand or walk without assistance, the Plan's Provider Manual and policy 6059, Non-Emergency Medical Transportation & Non-Medical Transportation, does not state the requirement that door-to-door assistance will be performed by the transportation provider and ensured by the Plan. The Plan staff stated during the interview that NEMT providers are contractually obligated to provide door-to-door assistance if needed by the member. However, review of the Plan's Ancillary Provider</p>	<p>3) Our Provider Manual will be updated before the end of this year to state that door-to-door assistance must be provided when authorized by the Plan and necessary, based on the member's condition.</p> <p>4) We have updated our policy# 6059, Non-Emergency Medical Transportation & Non-Medical Transportation, to clearly state door-to-door assistance must be provided when authorized by the Plan and necessary, based on the member's condition.</p> <p>2.4.1: The Plan has taken the necessary actions to be able to provide utilization reports so DHCS can conduct future verification studies to determine if the Plan's subcontractors provided door-to-door assistance.</p>	<p>Provider Manual Update</p> <p>Updated policy 6059 Final 12-24-19</p>	<p>01/01/2020</p> <p>01/01/2020</p>	<ul style="list-style-type: none"> - Ancillary Provider Service Agreement which contains the codes for door-to-door escort (page 3). - 3rd quarter utilization report as evidence that MCP is tracking NEMT door-to-door services. The report is based on claims paid for door-to-door services. - UM sign-in sheets (01/10/20 and 01/13/20) as evidence that utilization management staff received training on PCS form use and documentation related to door-to-door and code requirement for every NEMT documentation. <p>This finding is closed.</p>

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<p>Service Agreement did not support the Plan's assertion.</p> <p>Further, the audit team was unable to conduct a verification study to determine if the Plan's subcontractors provided door-to-door assistance. The audit team requested transportation logs and other documentation that would demonstrate how the Plan monitors NEMT and NMT services. The Plan was unable to provide information in a log format or other documents within the audit period pertaining to this request.</p> <p>As the Plan does not have policies or provisions established to ensure NEMT providers perform</p>				

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<p>door-to-door assistance, members may not receive full access to medically necessary services. Recommendation: Develop and implement policies and procedures to ensure Plan's subcontractors provide door-to-door assistance.</p>				
<p>2.4.2 Physician Certification Statement Forms The Plan is required to use a DHCS approved PCS form to determine the appropriate level of service for members. The PCS forms must include at a minimum: function limitations justification, dates of service needed, mode of transportation needed, and</p>	<p>2.4.2 The Plan has taken the necessary actions to be able to provide utilization reports so DHCS can conduct future verification studies to confirm the Plan's use of PCS form when authorizing and arranging NEMT services.</p> <p>In addition, we have updated our policy# 6059, Non-Emergency Medical Transportation & Non-Medical Transportation, to state: "<i>When arranging for non-emergency medical transportation (NEMT),</i></p>	<p>Updated policy 6059 Final 12-24-19</p>	<p>01/01/2020</p>	<p>12/26/19 – The following documentation supports the MCP's efforts to correct this finding:</p> <ul style="list-style-type: none"> - Updated P&P, "6059: Non-Emergency Medical Transportation & Non-Medical Transportation" (11/18/19) which has been amended to include the use of PCS forms to determine the appropriate level of service for members. <p>01/13/20 – The following additional documentation submitted supports the MCP's subsequent efforts to</p>

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<p>certification statement. The Plan must have a mechanism to capture and submit data from the PCS form to DHCS. [APL 17-010 Non-Emergency Medical and Non-Medical Transportation Services]</p> <p>Finding: The Plan staff stated during the interview that the capture and submission of data from the PCS form is manual through call tracking and authorization counts. Further, the Plan's policy 6059, Non-Emergency Medical Transportation & Non-Medical Transportation, outlines the Plan's use of PCS forms for NEMT services.</p>	<p><i>the plan utilizes PCS forms to determine the appropriate level of service for members as requested by the physician."</i></p>			<p>correct this finding:</p> <ul style="list-style-type: none"> - Sample utilization report as evidence that the MCP is monitoring NEMT PCS forms. The log includes cases that were reviewed and approved based on the PCS forms. - Three sample PCS forms as evidence that the MCP is utilizing PCS forms and determining the appropriate level of service for members (2695453, 2695672 & 2695690). <p>This finding is closed.</p>

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<p>However, the Plan did not provide evidence that they utilized PCS forms to determine the appropriate level of service for members.</p> <p>The audit team requested transportation logs and other documentation that would demonstrate the Plan's monitoring efforts of NEMT and NMT services in relation to the PCS forms. The Plan did not provide information in a log format or other documents within the audit period pertaining to this request. Thus, the audit team was unable to conduct a verification study to test if the Plan utilizes the PCS form to determine the</p>				

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<p>appropriate level of service for members. The Plan does not have a method to monitor the use of PCS forms to determine the appropriate level of service for members; therefore, members may not receive the proper transportation services they require. This may also affect the Plan's under- or over-utilization of services.</p> <p>Recommendation: Develop and implement a monitoring method to ensure that the Plan is utilizing PCS forms to determine the appropriate level of service for members.</p>				

3. Access and Availability of Care				
4. Member Rights				
5. Quality Management				
6. Administrative and Organizational Capacity				
State Supported Services				

Submitted by: _____
 Title: Chief Executive Officer

Date: 12/26/19