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DIRECTOR

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



GAVIN NEWSOM
GOVERNOR

April 1, 2020

Stephanie Sonnenshine, Chief Executive Officer
Central California Alliance for Health
1600 Green Hills Road
Scotts Valley, CA 95066

RE: Department of Health Care Services Medical Audit

Dear Ms. Sonnenshine:

The Department of Health Care Services (DHCS), Audits and Investigations Division conducted an on-site Medical Audit of Central California Alliance for Health, a Managed Care Plan (MCP), from November 4, 2019 through November 8, 2019. The survey covered the period of November 1, 2018 through October 31, 2019.

On March 26, 2020, the MCP provided DHCS with additional information regarding its Corrective Action Plan (CAP) in response to the report originally issued on February 10, 2020.

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: Sabrina Sierras, 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: Central California Alliance for Health

Review Period: 11/1/18 – 10/31/19

Audit Type: Medical Audit and State Supported Services

Onsite Review: 11/4/19 – 11/8/19

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
4. Member Rights				
4.1.1. The Plan did not provide members with fully translated grievance and appeal resolution letters in	In response to the finding, the plan identified opportunities to address the deficiency to fully translate grievance and appeal resolution letters in the	4.1.1 - Translation Workflow	1. New translation workflow process was implemented on 3/9/2020.	03/11/20 - The following documentation supports the MCP’s efforts to correct this finding: - Updated Desk Guide Process,

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<p>their identified threshold or concentration languages.</p>	<p>member’s identified threshold or concentration language.</p> <p>The Alliance relies on templated grievance and appeal resolution letters, inserting unique verbiage specific to each grievance or appeal resolution.</p> <p>In response to the identified deficiency, the Alliance adjusted its workflows to accommodate the additional time required to ensure full translation of all grievance and appeal resolution letters.</p> <p>Grievance Coordinators work with Alliance Cultural and Linguistics (C&L) to coordinate with the qualified translation vendor for the translation of the unique verbiage to be included along with the template resolution language, ensuring a fully translated resolution letter is sent to the member.</p> <p>The attached workflow outlines</p>		<p>2. Staff training occurred during 3/4/2020 staff meeting.</p>	<p>“Grievance and Appeals Translation Work Flow” (March 2020) which has been amended to adjust the MCP’s workflows to accommodate the additional time required to ensure full translation of all grievance and appeal resolution letters. Grievance Coordinators work with Alliance Cultural and Linguistics (C&L) to coordinate with the qualified translation vendor for the translation of the unique verbiage to be included along with the template resolution language, ensuring a fully translated resolution letter is sent to the member.</p> <p>03/26/20 - The following additional documentation submitted supports the MCP’s subsequent efforts to correct this finding:</p> <p>- “Fully Translated Grievance Letter Report” and “Sample Monitoring Excel Spreadsheet” (March 2020) as evidence that the MCP has a monitoring system to ensure that members received the full translation of grievance and appeal resolution letters in the identified threshold and</p>

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	<p>this process and has been provided to Grievance Coordinators and C&L staff as a desk guide.</p> <p>In addition, the following detailed actions were taken:</p> <p>Additional communication occurred with impacted departmental leads to ensure proper time available for translations to occur.</p> <p>Grievance staff underwent training on the new submission mechanism for written translations on 3/4/2020.</p> <p>This process will ensure members receive fully translated letters in the member's threshold or concentration language. Translation workflows to meet this requirement were implemented on 3/9/2020.</p> <p>The plan will continuously monitor and train staff on</p>			<p>concentration languages. The MCP periodically generates a report for grievances and appeals where translation is required in threshold and concentration languages. Grievance staff utilizes this report to monitor translation submission and business unit return dates for cases, in conjunction with case due dates.</p> <p>- "Grievance Audit Review Worksheet" (March 2020) as evidence that the MCP has a monitoring system to ensure that members received the full translation of grievance and appeal resolution letters in the identified threshold and concentration languages. The MCP will take a sample of cases to be audited quarterly, to include a review that ensures selected letters are fully translated in threshold and concentration languages.</p> <p>- PowerPoint Training, "Cultural and Linguistic (C&L) Services Program Training: Translation Requests" (03/03/20) as evidence that Grievance staff underwent training. The training materials address the</p>

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	<p>regulatory requirements for fully translated resolution letters to members with a concentration or threshold language.</p> <p>These adjustments will remediate this identified deficiency.</p>			<p>new submission process for written translations.</p> <p>This finding is closed.</p>

Submitted by: Stephanie Sonnenshine
Title: Chief Executive Officer

Date: 3/9/2020