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



GAVIN NEWSOM
GOVERNOR

November 28, 2022

Tyler Haskell via Email
Interim Compliance Officer
Santa Clara County Health Authority dba Santa Clara Family Health Plan
6201 San Ignacio Avenue
San Jose, CA 95119
Email: THaskell@scfhp.com

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 9, 2020 through March 20, 2020. The audit covered the period of March 1, 2019 through February 29, 2020.

On October 24, 2022, the MCP provided DHCS with additional information regarding its Corrective Action Plan (CAP) in response to the report originally issued on August 18, 2020.

All items have been evaluated and DHCS accepts the MCP's submitted CAP. The CAP is hereby closed. Overall effectiveness of the CAP will continue to be assessed, as well as, to what extent the MCP has operationalized proposed corrective actions 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) 345-7942 or Diana O'Neal at (916) 345-8668.

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Sincerely,

[Signature on file]

Oksana Meyer, MPA
Chief, CAP Compliance & FSR Oversight Section
Managed Care Quality & Monitoring Division
Department of Health Care Services

Enclosures: Attachment A (CAP Response Form)

cc: Lyubov Poonka, Chief
CAP Compliance Unit
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Department of Health Care Services

Diana O'Neal, Lead Analyst
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ATTACHMENT A
Corrective Action Plan Response Form

Plan: Santa Clara Family Health

Review Period: 03/01/2019-02/29/2020

Audit Type: Medical Audit and State Supported Services

Onsite Review: 03/09/2020-03/20/2020



CALIFORNIA DEPARTMENT OF
HEALTH CARE SERVICES

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. Deficiency Number and Finding, 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.

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	<p>4. Implement a Sub-delegation Oversight Process to ensure that the Plan has oversight of all sub-delegate arrangements and is in compliance with contractual requirements. The Plan will monitor sub-delegation with the following methods:</p> <ul style="list-style-type: none"> • Create an Excel tracking log to monitor sub- delegated activities. The log will be shared with the Business Units for their routine operational monitoring of the corresponding delegates and their sub-delegates • Follow a risk-based audit schedule where high risk delegates are subjected to annual delegation audit. A new procedure will be 	<p>delegation Attestation Procedure</p> <p><u>3. Auditing</u></p> <p>i. Revised Audit Procedure</p> <p>ii. Audit calendar for 2020-2022 for the 4 network provider delegates (Valley Health Plan – VHP, Kaiser, Physician’s Medical Group of San Jose – PMG, and Premier care of Northern California – PCNC)</p> <p>iii. New tool for auditing the delegates’ oversight of their sub-delegates based on our</p>	<p>12/01/2020</p>	<p>- Updated P&P, “DE.01 v3: Delegation Oversight” (11/03/20) as evidence that the MCP has procedures in place to oversee all delegated services provided to members and/or providers on behalf of the MCP. The MCP will communicate to the delegate all applicable regulatory changes, report delegation oversight issues and activities to the Oversight Committee, and will report to the Managed Care Operations Divisions any significant instances of noncompliance or corrective action pertaining to the Plan’s obligation under the Contract within three business days.</p> <p>- Updated P&P, “DE.01.01 v1: Delegation Oversight Process” (11/03/20) as evidence that the MCP has procedures in place for the delegation oversight process of First Tier, Downstream, and Related Entities (FDRs), subcontractors, and entities of other designations that perform delegated administrative and health care functions on behalf of the MCP. The procedure consists of Pre-Delegation Audits, Risk Assessment and Oversight, an Oversight Workgroup, and Reporting Delegate Issues.</p> <p>- Updated P&P, “DE.07.01 v3: Corrective Actions for FDR/Delegated Entity” (11/03/20) as evidence that the MCP has a procedure in place for addressing and correcting any deficiencies from a First Tier, Downstream, Related Entity (FDR) or delegated entity with a corrective action plan (CAP). The CAP shall contain written documentation identifying the issue, requirements for the delegate to become compliant, examples of the non-compliance, and identification if the non-compliance has previously occurred.</p> <p>03/17/21 - The following additional documentation supports the MCP’s efforts to correct this finding:</p> <p>- Sample Annual Delegation Audits and Tools, “PCNC, PMG, and VHP</p>

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	<p>created and submitted to the Plan's PolicyTech system for review and approval. The new delegation audit process will include reviewing the delegate's oversight of sub- delegates.</p> <p>5. Monitor sub-delegates or potential delegates with the following methods:</p> <ul style="list-style-type: none"> • Pre-Delegation Audit will include a requirement for the delegate to provide a list of sub-delegates and their functions. • Delegates will be contractually required to follow all regulatory requirements in regards to oversight of their sub-delegates A new audit tool will be developed to review the delegates' oversight of sub-delegates. 	<p>contract with DHCS and APL 17-004</p>		<p>Oversight Audit Reports,” “UM File Review Worksheets”, and “Utilization Management Audit Tool” (2019 and 2020) as evidence that the MCP conducts annual delegate oversight audits and routine monitoring activities to oversee the MCP’s delegates. The Oversight Audits reviews seven areas during the audit: Claims, Compliance, Cultural and Linguistic Services, Finance, Health Services, Information Technology, and Provider Network Management. The updated 2020 Utilization Management Audit Tools contain checks for all requirements of Section 1367.01(h). The audit tool also contains elements to review the delegate’s mental health criteria through Policy and Procedure review as well as case sample review.</p> <p>- Sample Reports, “UM Prior Authorization Reports” (December 2020) and Worksheet Template, “Utilization Management – Oversight Worksheet” as evidence that the MCP conducts Prior Authorization Reviews and Reporting on a monthly basis. The MCP implemented monthly Prior Authorization reporting from their delegates starting 2020 to gain insight into volume, decision-making, turn-around times, and file reviews. The MCP conducts a monthly audit of Prior Authorizations to check elements outlined within the MCP’s Oversight Worksheet Template such as the criteria and written notification.</p> <p>The Corrective Action Plan for finding 1.1.1 is accepted.</p>

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<p>1.4.1 Mental Health Screening and Assessment Tool</p> <p>The Plan did not develop or implement policies and procedures that include the APL 17- 018 requirements to use a Medi-Cal approved clinical assessment tool to screen if mental health services should be provided by the Plan or MHP. A mutually agreed upon clinical assessment tool was not identified in the MOU between the Plan and county MHP.</p>	<p>1. SCFHP has discussed the screening tool used at the Santa Clara County Behavioral Health Call Center at the latest joint meeting on August 13, 2020.</p> <p>SCFHP and the County have agreed to attach the current screening tool to the Memorandum of Understanding (MOU) and the Master Agreement.</p>	<p>1. Master Agreement and MOU with County Behavioral Health Screening Tool</p>	<p>01/01/2021</p>	<p>12/22/20 - The following documentation supports the MCP's efforts to correct this finding:</p> <p>-Master Service Agreement executed (1/1/14) between the MCP and Santa Clara County Behavioral Health (MHP) was amended to in order to identify the approved clinical assessment tool as required by APL 17-018.</p> <p>The Corrective Action Plan for finding 1.4.1 is accepted.</p>

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2. Case Management and Coordination of Care				
<p>2.1.1 Completion of Initial Health Assessment</p> <p>The Plan did not meet contractual requirements to complete a comprehensive IHA within the required timeframe.</p>	<p>1. Create a Quality Dashboard on our provider portal that can capture outreach attempts providers make</p> <p>2. Revise new member packet to include information for members to schedule an appointment with their PCP right away and to align with revised member PCP assignment process.</p> <p>3. Revise the member PCP assignment process to give members a month to choose a PCP prior to auto-assignment, to support better member-PCP alignment</p> <p>4. Update the HIF/MET call script to encourage scheduling an appointment with their PCP</p> <p>5. Conduct an IHA outreach in partnership with a community clinic by mailing members an introduction to their</p>	<p>1. Screenshots from the provider portal</p> <p>2. A copy of the new member packet</p> <p>3. Member materials explaining the process</p> <p>4. A copy of the HIF/MET call script</p> <p>5. A copy of the outreach training</p>	<p>02/01/2021</p> <p>02/01/2021</p> <p>02/01/2021</p> <p>11/01/2020</p> <p>04/01/2021</p>	<p>12/30/20 - The following documentation supports the MCP's efforts to correct this finding:</p> <p>1. The MCP's written response (03-12-21) confirms completion of Action Item #1. A Quality Improvement Dashboard on Provider Portal now captures Provider's outreach attempts for IHA. Additionally, a PowerPoint training, "Initial Health Assessment (03/15/21), shows how to use the quality dashboard and includes screenshots.</p> <p>2. Revised new member packet, "Welcome Kit Materials," includes information for members to schedule an appointment with their PCP. Welcome letters were approved by MCOB on 3/11/2021, on track for implementation with the fulfillment vendor by 04/11/21.</p> <p>MCP update (04/23/21) item #2: "Approved welcome letters were added to welcome packets and went live April 6th."</p> <p>3. The proposal to send members a notice of online availability and implement a partial provider directory was submitted to DHCS on 9/30/2020. Once we gain approval, we will work to implement the partial provider directory and include it in the new member packets for members who have not selected a PCP.</p> <p>MCP Update (03/12/21): "The proposal was approved by DHCS on 3/5/2021 and it is currently in progress with IT to configure the PCP assignment process. This is on track to be implemented by the due date."</p> <p>MCP Update (04/23/21) on item #3: "In progress with IT to configure the PCP assignment process. This is on track to be implemented by end of June</p>

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	<p>assigned/selected PCP.</p> <p>6. Include 'Scheduling an appointment with PCP to get IHA' in the care plan for all new high-risk SPD members</p>	<p>6. A sample care plan including the IHA goal</p>	<p>01/01/2021</p>	<p>2021." "Welcome Kit Materials" Zip File; The language in the NO PCP Selected Letters (50384, 50419, and 50427) explains the process.</p> <p>4. "HIF-MET Outbound Call Project," a call script to encourage a beneficiary to schedule an appointment with their PCP. (Completed December 4, 2020)</p> <p>5. MCP Update (03/12/21): "The content for mailer has been approved by the clinic partner. It has been submitted for translation and is on track for the implementation date of 04/01/21."</p> <p>MCP Update (04/23/21): "The April letters for all new members who either selected or were assigned School Health Clinic were mailed on 4/9/2021. A report listing all members who were mailed a letter was sent to School Health Clinics on 4/12/2021. We have established a process where letters will be sent around the first of each month with a monthly report to be sent to the School Health Clinic contact."</p> <p>6. Include scheduling an appointment with PCP to get IHA in the care plan for all new high-risk SPD members.</p> <p>New language has been added to the care management platform.</p> <p>The case management team has been formally educated on 1/5/2021 regarding the goal of 45 days associated with the Annual Wellness Visit.</p> <p>2021 Medical audit did not reveal deficiency in this finding.</p> <p>The Corrective Action Plan for finding 2.1.1 is accepted.</p>

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<p>2.3.1 Early and Periodic Screening, Diagnosis and Treatment Requirements for Behavioral Health Treatment Services</p> <p>The Plan did not ensure that the approved behavioral treatment plan met the 11 criteria required in accordance with APL 19-014 or previous 18-006</p>	<p>1. Update SCFHP's policy QI.17 and procedure QI.17.01 on Behavioral Health Care Coordination to reflect the current APL guidelines.</p>		<p>10/01/2020</p>	<p>12/22/20 - The following documentation supports the MCP's efforts to correct this finding:</p> <p>- Procedure QI.17 was updated to include the eleven behavioral treatment plan requirements and criteria changes listed in APL 19-014.</p> <p>The Corrective Action Plan for finding 2.3.1 is accepted.</p>
<p>2.4.1 Timely Access to NEMT and NMT Services</p> <p>The Plan did not ensure that members received transportation services in a timely manner</p>	<p>1. Develop and implement transportation vendor dashboard to closely monitor transportation vendor performance and grievance/complaint response timeframe.</p> <p>2. Ensure transportation vendors notify the Plan of any potential driver no-shows in a timely fashion. In the event that SCFHP is unable to re-arrange</p>		<p>12/01/2020</p> <p>11/01/2020</p>	<p>01/08/21- The following documentation supports the MCP's efforts to correct this finding:</p> <p>- Sample Report, "MCP Transportation Dashboard" (2020-Q3 & Q4) is evidence of the MCP's implementation of the dashboard and utilizing the report to closely monitor transportation vendors. The data is gathered through grievances and appeals, customer services and providers</p> <p>- An email 01/08/21 which also includes an update as it relates to the vendors reoccurring themes. The MCP reported that Green Cab had received a Correction Action Plan (CAP) for no shows, and reported that this had been put in place prior to the dashboard.</p>

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	<p>due to short notice from the vendors, the Plan will immediately reach out to the members to assist with rescheduling the soonest appointment and rebooking the rides.</p> <p>3. Train staff who handle the transportation request intake to educate the members to contact the Plan within 15 minutes from the pick-up time if the driver does not show up. This will allow the Plan to rearrange the rides to ensure timely access to members' scheduled appointment(s).</p>		10/01/2020	<p>02/02/21- The following documentation supports the MCP's efforts to correct this finding:</p> <ul style="list-style-type: none"> - Training Agenda (10/28/20) is evidence that Call Center Staff received training regarding Transportation Services and a refresher on managing missed rides. - Desktop Procedures include: "CS Transportation Resource," "Transportation Intake Workflow," and "Customer Service Transportation-No Show Outbound Call," is evidence that the customer service staff received training to ensure transportation is received timely <p>02/10/21- The following documentation supports the MCP's efforts to correct this finding:</p> <ul style="list-style-type: none"> - P & P, Policy Number: PN.08 V1 has been created to serve as an outline to the MCP monitoring process and dashboard to detect and prevent transportation complications through verification and reporting with vendors. <p>The Corrective Action Plan for finding 2.4.1 is accepted.</p>
<p>2.4.2 Medi-Cal Enrollment of NEMT/NMT Providers</p> <p>The Plan did not ensure that three NEMT providers</p>	<p>1. Update SCFHP policy to require NEMT network providers be screened for Medi-Cal enrollment in accordance with APL requirements. If the NEMT/NMT provider is not enrolled in the Medi-Cal Program, SCFHP will ensure they get enrolled</p>		10/01/2020	<p>11/04/22 - The following documentation supports the MCP's efforts to correct this finding:</p> <ul style="list-style-type: none"> • The Plan has worked with the two providers cited during the audit period – Yellow Cab [CHHS ID: 209606] & Green Cab [CHHS ID: 250563] – & both have been enrolled in the Medi-Cal program. CHHS website has been verified to ensure enrollment. • Updated P&P "PN.03.01 Transportation Oversight & Monitoring_v2", which has been amended to highlight the Plan is responsible for fulfilling

Finding Number and Summary	Action Taken	Supporting Documentation	Implementation Date* (*Short-Term, Long-Term)	DHCS Comments
<p>were screened and enrolled in the Medi-Cal Program in accordance with APL 19-004 requirements.</p> <p>The Plan does not have policies and procedures requiring NEMT network providers to be screened for Medi-Cal enrollment in accordance with APL requirements.</p>				<p>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]</p> <ul style="list-style-type: none"> • 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. • CS.14.01 NEMT & NMT_v6 <ul style="list-style-type: none"> ○ 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 <ul style="list-style-type: none"> ○ 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] ○ 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] <p>The Corrective Action Plan for finding 2.4.2 is accepted.</p>

Submitted by (Plan): Christine M. Tomcala

 Digitally signed by Christine M. Tomcala
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Date: 9/18/2020

Title: Chief Executive Officer