

**ATTACHMENT A
Corrective Action Plan Response Form**



Plan: CalOptima

Review Period: 2/1/19 – 1/31/20

Audit Type: Medical Audit and State Supported Services

Onsite Review: 1/27/20 – 2/7/20

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
3. Access and Availability of Care				
3.1.1 Communication and enforcement of providers’ compliance with appointment wait times requirement	The Plan respectfully notes that it has modified its efforts in this area in response to DHCS’s finding. Below is an overview of the Plan’s in-progress and planned efforts. The Plan intends to formally incorporate these changes into CalOptima policy GG.1600: Access and Availability, once DHCS has reviewed and approved the approach.	3.1.1_Attachment 1_CalOptima Provider Detail File 3.1.1_Attachment 2_CCN Summary Report and QIP_Example	Q4 2020: The Plan will finalize CalOptima policy GG.1600 and incorporate any DHCS feedback received via this CAP process. GG.1600 will be formally submitted to DHCS for review and	9/11/20 - The following documentation supports the MCP’s efforts to correct this finding: - CalOptima Provider Detail File contains list of surveyed providers that identifies non-compliant providers.

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<p>The Plan did not communicate and enforce providers' compliance with the timeliness standards for members to obtain various types of appointments. The 2019 Timely Access Survey conducted the monitoring and found non-compliance of access timeliness standards by providers for the Plan's entire network. The Plan did not communicate and enforce providers' compliance because the survey report outcome did not identify and analyze the performance of non-compliant individual providers.</p>	<p>In response to the identified deficiency, the Plan respectfully submits the following actions and timeline.</p> <p>To communicate and enforce corrective action for non-compliant providers, the Plan will implement the following:</p> <p>September 2020: The Plan fielded a Timely Access Survey in 2019 and received reports at the plan and delegated entities (health networks) level from the contracted survey vendor in Q1 of 2020. In Q2 of 2020, the Plan received a provider detail file (Attachment 1) from the survey vendor where the Plan was able to identify any non-compliant providers by standard. The Plan has developed and intends to share health network specific 2019 Timely Access Survey results with each of our contracted health networks. The health networks will also receive a summary report (Attachment 2), a full report (Attachment 3) from the survey vendor and a provider detail excel file. These reports will inform the health networks of their rate of compliance by measure and the provider detail file allows the health networks to determine which surveyed providers are compliant or not compliant by</p>	<p>3.1.1_Attachment 3_CCN Full Report_Example</p> <p>3.1.1_Attachment 4_CCN Provider File_Example</p> <p>3.1.1_Attachment 5_Provider Education Letter Template_Measurement 1</p> <p>3.1.1_Attachment 6_Provider Warning Letter Template_Measurement 2</p> <p>3.1.1_Attachment 7_Provider Escalation Letter Template_Measurement 3</p> <p>3.1.1_Attachment 8_Provider Standards</p>	<p>approval.</p> <p>September 2020: The Plan will communicate 2019 Timely Access Survey Health Network specific results and issue a QIP to each Health Network with areas of non-compliance. Health Network responses are expected within 2 weeks of QIP issued date.</p> <p>September-October 2020: The Plan will send out timely access notification letters to all providers not meeting a timely access standard and re-educate them on the Plan's timely access standards. The provider tracking tool will be developed and finalized.</p> <p>October 2020: The Plan will revise the scope of work for the Timely</p>	<p>- CCN Summary Report and QIP Report example and CCN Full Report are used to inform health networks compliance rate.</p> <p>- CCN Provider file identifies individual non-compliant providers from health networks.</p> <p>- Provider Education, Warning and Escalation Letters and Timeliness Standards Attachment to educate non-compliant providers and to escalate for providers who continue to be non-compliant over consecutive measurements.</p> <p>10/8/20 - The following additional documentation supports the MCP's efforts to correct this finding:</p> <p>- 9/21/20 Health Network Notification sent to inform that the MCP will be issuing Quality Improvement Plans to Health Networks not meeting timely access standards. Health Networks were also informed the MCP will reach out to non-compliant HN providers through the sending out of individualized education letters.</p> <p>- Health Network Specific Summary Report and QIP for Monarch Health Network and full report example dated September 2020</p>

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	<p>standard. Upon receipt of these reports, the health networks will be required to submit a quality improvement plan (QIP). The QIP responses will be due to the Plan no later than two (2) weeks after the date of issuance.</p> <p>September-October 2020: The Plan's 2019 Timely Access Survey outcome report did identify and analyze the performance of non-compliant individual providers (Attachment 4). The Plan developed an escalation process for non-compliant providers across all health networks, including CalOptima Community Network, to communicate and enforce providers' compliance with the timeliness standards. The Plan intends to implement the following:</p> <ul style="list-style-type: none"> All providers not meeting a timely access standard will be sent an Education letter (Attachments 5 & 8) informing them of their area of non-compliance and re-educating them of CalOptima's Timely Access Standards. Based upon data from the 2019 Timely Access Survey, letters will be sent to non-compliant providers throughout the months of September and October of 2020. Providers with two (2) consecutive wait 	<p>for Letter</p> <p><u>10/26/2020 Revised letter</u></p> <p>3.1.1_Attachment 1_Provider Education Letter Template_Measurement 1 (Revised)</p>	<p>Access Survey to incorporate changes in this submission.</p> <p>October 31, 2020: The Plan will implement the provider tracking tool to track cycles of non-compliance.</p> <p>November 2020: The Plan will begin fielding the 2020 Timely Access Survey, as deemed necessary.</p>	<ul style="list-style-type: none"> - Monarch Provider file identifies individual non-compliant providers from health networks. - 10/6/20 Meeting Agenda from CalOptima-Health Network Quality Meeting serves as evidence Timely Access Survey results were discussed with the MCP's Health Networks. <p>11/12/20 - The following additional documentation supports the MCP's efforts to correct this finding:</p> <ul style="list-style-type: none"> - Updated Provider Education letter for non-compliant providers. - Draft Provider Tracking Tool was developed to track non-compliant providers. <p>12/10/20 - The following additional documentation supports the MCP's efforts to correct this finding:</p> <ul style="list-style-type: none"> - Updated Policy GG.1600 describes the MCP's procedures for identifying and issuing corrective action to non-compliant providers. - Email communication from 12/10/20 confirms fielding of the Timely Access Survey began on

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	<p>time measurements of non-compliance will receive a Warning letter (Attachments 6 & 8) informing them of their continued areas of non-compliance, re-education of the Plans standards and outlining potential next steps if non-compliance with CalOptima's Timely Access Standards persists.</p> <ul style="list-style-type: none"> Providers with three (3) consecutive wait time measurements of non-compliance will receive a Notice of Escalation letter (Attachments 7 & 8) informing them of their continued areas of non-compliance, re-education of the Plans standards and letting them know that these concerns will be brought to the Member Experience Sub-Committee for further action (i.e. corrective action plan, panel closure, contract termination, etc.). <p>The Plan is in the process of developing a provider tracking tool to track cycles of non-compliance. This tool will leverage data from the 2019 and future Timely Access Surveys.</p> <p>October 2020: For 2020, the Plan had scheduled the Timely Access Study to be</p>			<p>11/18/20</p> <p>This finding is closed.</p>

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	<p>fielded by our contracted survey vendor in Q3 of this year. In light of the COVID-19 pandemic, the Plan placed a temporary hold on conducting this study to ease the burden and allow network providers to focus operations on COVID-19. The Plan is in the process of revising the Timely Access Survey scope of work to include a statistically valid sample size for wait time monitoring utilizing a mystery shopper call methodology to be fielded throughout the year. This will include regular and frequent reporting of non-compliant providers so the Plan can communicate and enforce corrective actions for non-compliant providers more immediately. The Plan intends to execute a contract amendment with our survey vendor to revise this scope of work incorporating these changes.</p> <p>November 2020: The Plan intends to begin the annual Timely Access Survey fielding in November 2020, unless the Plan and DHCS deem it inappropriate in light of COVID-19.</p> <p>The Plan intends to formally incorporate these changes in a forthcoming revision to CalOptima policy GG.1600: Access and Availability once DHCS has reviewed and</p>			

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	approved the approach in concept.			
<p>3.1.2 Telephone wait times</p> <p>The Plan did not effectively monitor wait times for member's calls to provider's offices (answer and return).</p>	<p>The Plan respectfully notes that it has modified its efforts in this area in response to DHCS's finding. Below is an overview of the Plan's in-progress and planned efforts. The Plan intends on formally incorporating these changes into CalOptima policy GG.1600: Access and Availability, once DHCS has reviewed and approved the approach. The Plan intends to develop and implement a process to effectively monitor telephone wait time.</p> <p>In response to the identified deficiency, the Plan respectfully submits the following actions and timeline.</p> <p>October 2020: For 2020, the Plan had scheduled the Timely Access Study to be fielded by our contracted survey vendor in Q3 of this year. In light of the COVID-19 pandemic, the Plan placed a temporary hold on conducting this study to ease the burden and allow network providers to focus operations on COVID-19. The Plan is in the</p>	Intentionally left blank.	<p>Q4 2020: The Plan will finalize CalOptima policy GG.1600 and incorporate any DHCS feedback received via this CAP process. GG.1600 will be formally submitted to DHCS for review and approval.</p> <p>October 2020: The Plan will revise the scope of work for the Timely Access Survey to incorporate changes in this submission.</p> <p>November 2020: The Plan will begin fielding the 2020 Timely Access Survey as deemed necessary.</p>	<p>12/10/20 - The following documentation supports the MCP's efforts to correct this finding:</p> <ul style="list-style-type: none"> - Updated Policy GG.1600 to state the MCP analyzes performance of telephone access including telephone answer and return call wait times. - Email communication from 12/10/20 confirms fielding of the Timely Access Survey began on 11/18/20 <p>1/12/21 - The following additional documentation supports the MCP's efforts to correct this finding:</p> <ul style="list-style-type: none"> - CSS Amendment contains the updated scope of work of the timely access survey. The scope of work contains the validation measures for monitoring call wait times. <p>This finding is closed.</p>

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	<p>process of revising the Timely Access Survey scope of work to include a statistically valid sample size for wait time monitoring utilizing a mystery shopper call methodology to be fielded throughout the year. This will include regular and frequent reporting of non-compliant providers so the Plan can communicate and enforce corrective actions for non-compliant providers more immediately. The Plan intends to revise the survey scope to include the following:</p> <ul style="list-style-type: none"> • For all calls to providers as part of the Timely Access Survey, the survey vendor call center staff will monitor wait time for answering a call by tracking the time it takes for a provider office to pick up the phone. To calculate telephone answering wait time, time will begin when call center staff makes the call and ends when the call is picked up by a live person. • For calls that reach an answering service during business hours, the survey vendor call center staff will monitor wait time for return calls by tracking the time it takes for a provider office to return a phone call after a message is left with the provider office. The survey vendor call center staff will 			

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	<p>leave a message on the provider office's answering service or voicemail with a call back phone number. The call back number will be a dedicated voicemail line where the survey vendor can track the time of the initial call against the time the provider office calls back to leave a message on this voicemail.</p> <ul style="list-style-type: none"> The Plan intends to execute a contract amendment with our survey vendor to revise this scope of work incorporating these changes. <p>November 2020: The Plan intends to begin the annual Timely Access Survey fielding in November 2020, unless the Plan and DHCS deem it inappropriate in light of COVID-19. The Plan will monitor telephone wait times annually as part of the Timely Access Survey.</p> <p>The Plan intends to formally incorporate these changes in a forthcoming revision to CalOptima policy GG.1600: Access and Availability once DHCS has reviewed and approved the approach in concept.</p>			
3.1.3 Communication and enforcement of provider's	The Plan respectfully notes that it has modified its efforts in this area in response to DHCS's finding. Below is an overview of the Plan's in-progress and planned efforts. The Plan intends	3.1.3_Attachment 1_Provider Education Letter Template_Measurement	Q4 2020: The Plan will finalize CalOptima policy GG.1600 and incorporate any DHCS feedback	9/11/20 - The following documentation supports the MCP's efforts to correct this finding:

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<p>compliance with office wait time requirement</p> <p>The Plan did not communicate, enforce, and effectively monitor providers' compliance with office wait times. The <i>Consumer Assessment of Healthcare Providers and Systems (CAHPS)</i> survey found office wait times non-compliance for its overall network and its delegates, but the survey results from member responses were not able to determine which individual providers did not comply with office wait time requirements. Thus, as a result, the Plan did not communicate,</p>	<p>on formally incorporating these changes into CalOptima policy GG.1600: Access and Availability, once DHCS has reviewed and approved the approach. The Plan intends to develop and implement a process to effectively monitor in-office wait time and to communicate and enforce corrective action for non-compliant providers.</p> <p>In response to the identified deficiency, the Plan respectfully submits the following actions and timeline.</p> <p>To monitor in-office wait times, the Plan intends to conduct a focused study with Plan members who call into the Plan's Customer Service phone line and recently had an office visit. The Plan's Customer Service Representatives (CSR) will field survey questions related to in-office wait times to Plan members who indicated they had a recent provider office visit. During the call, CSRs will collect the following information: the provider name, office site/location, appointment time and time member was seen by the provider or in-office wait time. The Plan will pull reports on a quarterly basis to calculate the wait time and compare it against the Plan's in-office wait time standard of 45 minutes to determine if the</p>	<p>1</p> <p>3.1.3_Attachment 2_Provider Warning Letter Template_Measurement 2</p> <p>3.1.3_Attachment 3_Provider Escalation Letter Template_Measurement 3</p> <p>3.1.3_Attachment 4_Provider Standards for Letter</p>	<p>received via this CAP process. GG.1600 will be formally submitted to DHCS for review and approval.</p> <p>September-October 2020: The Plan will develop questions, revise scripts and train CSRs for collecting in-office wait time data.</p> <p>October 31, 2020: The Plan will implement the provider tracking tool to track cycles of non-compliance.</p> <p>November 2020: The Plan's CSRs will begin fielding in-office wait time questions to members who call the Plan' Customer Service phone line and recently had an office visit.</p>	<p>- Provider Education, Warning and Escalation Letters and Timeliness Standards Attachment to educate non-compliant providers and to escalate for providers who continue to be non-compliant over consecutive measurements.</p> <p>12/10/20 - The following additional documentation supports the MCP's efforts to correct this finding:</p> <p>- Updated Policy GG.1600 describes the MCP's procedures for identifying and issuing corrective action to non-compliant providers.</p> <p>- In Office Wait Time Script will be used by Customer Service Staff to monitor in-office wait times by contact members who recently had appointments.</p> <p>- Agenda for In-Office Wait Time Survey Training held on 12/9/20 demonstrates the MCP has trained appropriate staff on the use of the survey script.</p> <p>1/12/21 - The following additional documentation supports the MCP's efforts to correct this finding:</p> <p>- Email communication dated 1/12/21</p>

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<p>enforce, and effectively monitor providers' compliance with office wait times as required by the Contract.</p>	<p>provider was compliant.</p> <p>September-October 2020: The Plan is in the process of developing survey questions to capture in-office wait time during a member call. Customer service call scripts will be updated, and CSRs will be trained on how to collect in-office wait time data.</p> <p>November 2020: The Plan intends to begin capturing in-office wait time data using the updated customer service script.</p> <p>Based on the data received from the Customer Service department, the Plan will implement an escalation process for non-compliant providers across all health networks, including CalOptima Community Network. The escalation process will include communication and enforcement for providers' who are non-compliant with the timeliness standards. The Plan intends to review the data on a quarterly basis and depending on the outcome will take the following steps:</p> <ul style="list-style-type: none"> All providers not meeting an in-office wait time standard will be sent an Education letter (Attachments 1 & 4) informing them of their area of non-compliance and re-educating them of 			<p>confirmed the MCP began implementation of its in-office wait time survey as planned.</p> <p>This finding is closed.</p>

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	<p>CalOptima's Timely Access Standards.</p> <ul style="list-style-type: none"> • Providers with two (2) consecutive in-office wait time measurements of non-compliance will receive a Warning letter (Attachments 2 & 4) informing them of their continued areas of non-compliance, re-education of the Plans standards, and outlining potential next steps if non-compliance with CalOptima's Timely Access Standards persists. • Providers with three (3) consecutive in-office wait time measurements of non-compliance will receive a Notice of Escalation letter (Attachments 3 & 4) informing them of their continued areas of non-compliance, re-education of the Plans standards, and letting them know that these concerns will be brought to the Member Experience Sub-Committee for further action (i.e. corrective action plan, panel closure, contract termination, etc.). <p>The Plan is in the process of developing a provider tracking tool to track cycles of non-compliance. This tool will leverage data collected from CSR throughout the year.</p>	<p>3.1.3_Attachment 1_Provider Education Letter Template_Measurement 1 (Revised)</p>		

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	<p>The Plan intends to formally incorporate these changes in a forthcoming revision to CalOptima policy GG.1600: Access and Availability once DHCS has reviewed and approved the approach in concept.</p> <p><u>10/26/20 – Revised CAP</u></p> <p>The Plan respectfully notes that it has modified its efforts in this area in response to DHCS’s finding. Below is an overview of the Plan’s new in-progress and planned efforts. The Plan intends on formally incorporating these changes into CalOptima policy GG.1600: Access and Availability, once DHCS has reviewed and approved the approach. In the Plan’s conversation with MCQMD staff on October 26, 2020, the Plan understood DHCS to approve these revisions in concept, and also to direct the Plan to move forward with revising GG.1600. The Plan intends to develop and implement a process to effectively monitor in-office wait time and to communicate and enforce corrective action for non-compliant providers.</p> <p>In response to the identified deficiency, the Plan respectfully submits the following proposed new actions and timeline.</p>	<p>3.1.3_Attachment 2_Provider Warning Letter Template_Measurement 2</p> <p>3.1.3_Attachment 3_Provider Escalation Letter Template_Measurement 3</p> <p>3.1.3_Attachment 4_Provider Standards for Letter</p>	<p>Q4 2020: The Plan will finalize CalOptima policy GG.1600 and incorporate any DHCS feedback received via this CAP process. GG.1600 will be formally submitted to DHCS for review and approval.</p> <p>Q4 2020: The Plan will develop a phone script with a survey question to capture in-office wait time during an outbound member call.</p> <p>Q4 2020: Plan staff will be trained on how to collect in-office wait time data during an outbound member call.</p> <p>Q4 2020: The Plan will implement the provider tracking tool to track cycles of non-compliance.</p> <p>Jan 2021: The Plan</p>	

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	<p>To monitor in-office wait times, the Plan still intends to conduct a focused study with Plan members who have recently had an office visit. The Plan's initial plan of action stated that the Plan's Customer Service Representatives (CSR) would field survey questions related to in-office wait times to Plan members who indicated they had a recent provider office visit. As the implementation phase began, Plan staff identified that the Plan receives very few in-bound calls from members that specifically indicate that they had a recent office visit. Due to this small sample size and potential selection bias, the Plan has revised its approach. As a result, Plan staff will now conduct outbound calls to members who have had a recent visit and field a question asking the member to provide the in-office wait time at their last office visit. The Plan will compare the wait time against the Plan's in-office wait time standard of 45 minutes to determine if the provider was compliant and calculate an aggregate compliance rate. Fielding will begin in Quarter 4 of 2020.</p> <p>Quarter 4, 2020: The Plan will develop a phone script with a survey question to capture in-office wait time during an outbound member call. Plan staff will be trained on how to collect</p>		intends to begin capturing in-office wait time data using the developed script.	

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	<p>in-office wait time data during an outbound member call. The Plan intends to begin capturing in-office wait time data using the developed script.</p> <p>Based on the data received from the outbound in-office wait time survey, the Plan will implement an escalation process for non-compliant providers across all health networks, including CalOptima Community Network. The escalation process will include communication and enforcement for providers who are non-compliant with the timeliness standards. The Plan intends to track in-office wait time outcomes at the provider level and take the following steps:</p> <ul style="list-style-type: none"> • All providers not meeting an in-office wait time standard will be sent an Education letter (Attachment 1 & 4) informing them of their area of non-compliance and re-educating them of CalOptima's Timely Access Standards. • Providers with two (2) consecutive in-office wait time measurements of non-compliance will receive a Warning letter (Attachment 2 & 4) informing them of their continued areas of non-compliance, re-education of the Plans standards, and outlining potential next 			

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	<p>steps if non-compliance with CalOptima's Timely Access Standards persists.</p> <ul style="list-style-type: none"> Providers with three (3) consecutive in-office wait time measurements of non-compliance will receive a Notice of Escalation letter (Attachment 3 & 4) informing them of their continued areas of non-compliance, re-education of the Plans standards, and letting them know that these concerns will be brought to the Member Experience Sub-Committee for further action (i.e. corrective action plan, panel closure, contract termination, etc.). <p>The Plan is in the process of developing a provider tracking tool to track cycles of non-compliance. This tool will leverage in-office data collected from the survey.</p> <p>The Plan intends to formally incorporate these changes in a forthcoming revision to CalOptima policy GG.1600: Access and Availability.</p>			
4. Member Rights				

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<p>4.1.1 Grievance classification of call inquiries</p> <p>The Plan classified members' written or verbal complaints as inquiries rather than grievances. The Plan does not have a policy and procedure to distinguish a grievance from an inquiry.</p>	<p>In response to the finding, the Plan respectfully submits CalOptima's updated policy and procedure: DD.2013 Customer Service Grievance Process (Attachment 1). The Plan's policy was revised to reflect additional language that distinguishes grievances from inquiries.</p> <p>On 9/2/20, the Plan's Policy Review Committee (PRC) approved DD.2013. In accordance with the Plan's policy review process, the revised policy will undergo review and approval by its Board of Directors (BOD), following the receipt of the DHCS CAP acceptance. The Plan anticipates these actions to occur in the 4th quarter of 2020 (Q4 2020).</p> <p>In the interim, the Plan will take preliminary actions to initiate staff training in October 2020. The staff training will occur in small numbers to ensure all staff is trained effectively and understanding is consistent. The Plan anticipates a completion date for all training by no later than 11/1/2020.</p>	<p>4.1.1_Attachment 1_DD.2013 Customer Service Grievance Process</p>	<p>Q4 2020: DD.2013 Review/Approval (including BOD review and approval)</p> <p>11/1/2020: Customer Service staff training completed.</p>	<p>09/11/20 – The following documentation supports the MCP's efforts to correct this finding:</p> <ul style="list-style-type: none"> - A draft P&P "DD 2013 Customer Service Grievance" has been revised to distinguish a grievance from an inquiry. (Section II, B) <p>09/17/20 – The MCP's written response confirmed the monitoring will be conducted daily to ensure proper classification of inquiries and grievances. The Customer Service (CS) Analyst in tandem with the Customer Service Audit team which consist of 10 auditors and oversight by the teams Supervisor and Manager.</p> <p>The Customer Service staff will also be trained to ensure appropriate understanding of inquiry vs. grievance.</p> <p>10/08/20 – The MCP submitted the following additional documentation as evidence of staff training:</p> <ul style="list-style-type: none"> - Attachment 1_Desktop-QOC Grievance Process_Rev. 092020_Final - Attachment 2_QI Referral List

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				<p>- Training materials "Attachment 3_DHCS Audit Findings Overview 9.23.20"</p> <p>- Meeting invite and Sign-In Sheets "Attachment 4_QOC Grievance Process Training 9.23.20_Meeting Invite" and "Attachment 5_QOC Grievance Process Training 9.23.20_Sign-In Sheet"</p> <p>This finding is closed.</p>
<p>4.1.2 Grievance identification and processing</p> <p>The Plan did not correctly identify and process Quality of Care grievances. The Plan classified clinical grievances as care delivery and investigated them as Quality of Service grievances.</p>	<p>In response to the finding, the Plan respectfully notes that in its review of Plan policies and procedures, it was determined that the category details were most appropriate for a desktop procedure. As such, in September 2020, the Grievance and Appeals Resolution Services (GARS) department updated its desktop procedure "QOC Grievance Process" (Attachment 1) to remove the categorization of Care Delivery for clinical grievances. All grievances related to the member's medical care as described in the QI Referral List (Attachment 2) will be categorized as Quality of Care and referred to the Medical Director, or designee, for review.</p> <p>The Plan is in the process of initiating</p>	<p>4.1.2 Attachment 1_Desktop-QOC Grievance Process_Redlined</p> <p>4.1.2_Attachment 2_QI Referral List</p>	<p>Staff preliminary retraining: September 2020</p> <p>Testing of process: October 2020</p> <p>All staff final training completion, as necessary: 11/16/2020</p> <p>Final process effective: 11/16/2020</p>	<p>09/11/20 – The following documentation supports the MCP's efforts to correct this finding:</p> <p>- Updated Desktop procedure: "Grievance & Appeals Resolution Services (GARS) Desktop Procedure" (Attachment 1, Redlined), and "QI Referral List" (Attachment 2), along with the MCP's initial response to the CAP (09/11/20), confirm updated desktop procedure. The MCP removed the Care Delivery category for clinical grievances and now treats all grievances related to the member' medical care as Quality of care.</p> <p>10/08/20 – The MCP submitted the following additional documentation as evidence of staff</p>

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	<p>preliminary staff training on the revised process and anticipates completion of training by 9/30/20. During the month of October 2020, GARS will work collaboratively with the Quality Improvement (QI) department in testing the revised process and ensuring it is successful. Based on lessons learned and best practices identified during the testing period, the Plan will revise (if necessary) the QOC Grievance Process and QI Referral List. The Plan anticipates full implementation, including any necessary re-training and document revisions, no later than 11/16/20.</p> <p>Following implementation on 11/16/20, the Plan will initiate a two (2) week monitoring phase. The Plan will take this opportunity to ensure staff's understanding is correct and proper procedure is being followed. If it is deemed appropriate, the Plan will transition the weekly monitoring of Quality of Care grievances into its routine monitoring process.</p>			<p>training:</p> <ul style="list-style-type: none"> - Attachment 1_Desktop-QOC Grievance Process_Rev. 092020_Final - Attachment 2_QI Referral List - Training materials "Attachment 3_DHCS Audit Findings Overview 9.23.20" - Meeting invite and Sign-In Sheets "Attachment 4_QOC Grievance Process Training 9.23.20_Meeting Invite" and "Attachment 5_QOC Grievance Process Training 9.23.20_Sign-In Sheet" <p>The MCP's response to the CAP (Action Taken column 4.1.2) commits the MCP to a two (2) week monitoring phase: "The Plan will take this opportunity to ensure staff's understanding is correct and proper procedure is being followed. If it is deemed appropriate, the Plan will transition the weekly monitoring of Quality of Care grievances into its routine monitoring process."</p> <p>11/05/20 – MCP's written response (11/05/20) confirms updated monitoring procedures: "CalOptima's GARS department is currently</p>

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				<p>monitoring Quality of Care Grievances on a weekly basis.</p> <p>The routine monitoring currently in place allows GARS leadership an opportunity to monitor adherence to regulatory and policy requirements, such as: turn-around-times, appropriate identification of issues and resolution, and to observe any trends.”</p> <p>This finding is closed.</p>
<p>4.1.3 Immediate submission of Quality of Care Grievances for Medical Director’s review and action</p> <p>The Plan did not immediately submit all the Quality of Care grievances to its Medical Director for action.</p>	<p>In response to the identified deficiency, the Plan respectfully submits the following actions and timeline:</p> <p>September 2020: The Plan's Quality Improvement (QI) department created a new desktop procedure titled: Quality of Care Grievance Review Process (Attachment 1) to reflect the requirement to have quality of care grievance cases immediately reviewed by a Medical Director for action. In the new process, upon identification of a quality of care grievance, the GARS Resolution Specialist will obtain a response from the provider and at the same time send the case to the QI nurse for an initial clinical review.</p>	<p>4.1.3_Attachment 1_Quality of Care Grievance Review Process</p>	<p>Testing of process: September/October 2020</p> <p>All impacted staff training completion: 11/30/2020</p> <p>Final process effective: 11/30/2020</p>	<p>09/11/20 – The following documentation supports the MCP’s efforts to correct this finding:</p> <ul style="list-style-type: none"> - Updated Desktop procedure: “Grievance & Appeals Resolution Services (GARS) Desktop Procedure” (Attachment 1, Redlined), along with the MCP’s initial response to the CAP (Action Taken column), affirm updated desktop procedures for immediate review by a Medical Director for action. <p>10/08/20 – The MCP’s written update (10/08/20) confirm the Plan conducted and completed system updates and back-end process testing. In October, the Plan will</p>

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	<p>Upon receipt of the response from the provider, the QI nurse will evaluate the case and supporting documentation and provide a recommendation to the Medical Director for final review and approval. The final recommended action, provided by the Medical Director, will be sent to GARS and incorporated into the member's GARS Resolution Letter, within the required 30-day grievance timeframe.</p> <p>September-October 2020: A GARS Resolution Specialist, two QI nurses, and a Medical Director will be dedicated to testing the new process to ensure a smooth workflow between departments. This testing period will allow the Plan an opportunity to determine whether additional resources or systems support is needed.</p> <p>November 2020: The Plan anticipates full implementation of the new process, including any staff training, will occur by 11/30/20.</p>			<p>continue to test the new process by implementing the proposed process and anticipates continuing its testing through mid-November. The Plan remains on track to finalize the process and train all impacted staff by 11/30/20.</p> <p>10/08/20 - The MCP submitted the following additional documentation as evidence of staff training:</p> <ul style="list-style-type: none"> -Attachment 5_QOC Grievance Process Training 9.23.20_Sign-In Sheet" - Attachment 1_Desktop-QOC Grievance Process_Rev. 092020_Final - Attachment 2_QI Referral List - Training materials "Attachment 3_DHCS Audit Findings Overview 9.23.20" - Meeting invite and Sign-In Sheets "Attachment 4_QOC Grievance Process Training 9.23.20_Meeting Invite" and "Attachment 5_QOC Grievance Process Training 9.23.20_Sign-In Sheet"

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				<p>The MCP’s response to the CAP (Action Taken column 4.1.2) commits the MCP to a two (2) week monitoring phase: “The Plan will take this opportunity to ensure staff's understanding is correct and proper procedure is being followed. If it is deemed appropriate, the Plan will transition the weekly monitoring of Quality of Care grievances into its routine monitoring process.”</p> <p>11/05/20 – MCP’s written response (11/05/20) confirms updated monitoring procedures: “CalOptima’s GARS department is currently monitoring Quality of Care Grievances on a weekly basis.</p> <p>The routine monitoring currently in place allows GARS leadership an opportunity to monitor adherence to regulatory and policy requirements, such as: turn-around-times, appropriate identification of issues and resolution, and to observe any trends.”</p> <p>This finding is closed.</p>

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<p>4.1.4. Grievance resolution</p> <p>The Plan sent resolution letters to members without completing the investigation process to resolve both Quality of Service and Quality of Care grievances.</p>	<p>In response to the finding, the Plan respectfully submits its updated desktop titled: QOC Grievance Process (Attachment 1). The Plan notes that in September 2020, the Grievance and Appeals Resolution Services (GARS) department updated its desktop procedure to include a timelier and more robust request from the Provider. In the revised process, the GARS staff will request a response to the grievance as well as a copy of medical records. Upon receipt of the Provider response, the GARS staff will forward the information to the Quality Improvement (QI) department for Medical Director review. The Medical Director will review for final conclusion and include any recommendations to be incorporated into the GARS Resolution Letter. The revised process will ensure Medical Director has an opportunity to review information in a timelier manner as well as allow GARS an opportunity to incorporate any recommendations into the Resolution Letter.</p> <p>The Plan is in the process of initiating preliminary staff training on the revised process and anticipates completion of training by 9/30/20. During the month of October 2020, GARS will work collaboratively with the Quality Improvement (QI) department in testing the</p>	<p>4.1.4_Attachment 1_Desktop-QOC Grievance Process_Redlined</p> <p>4.1.4_Attachment 2_QI Referral List</p>	<p>Staff preliminary retraining: September 2020</p> <p>Testing of process: October 2020</p> <p>All staff final training completion, as necessary: 11/16/2020</p> <p>Final process effective: 11/16/2020</p>	<p>09/11/20 – The following documentation supports the MCP’s efforts to correct this finding:</p> <p>- Updated Desktop procedure: “Grievance & Appeals Resolution Services (GARS) Desktop Procedure” (Attachment 1, Redlined), along with the MCP’s initial response to the CAP (Action Taken column), confirm updated desktop procedures will ensure Medical Director has an opportunity to review information in a timelier manner as well as allow GARS an opportunity to incorporate any recommendations into the Resolution Letter.</p> <p>10/08/20 – The MCP’s written update (10/08/20) confirm the Plan conducted and completed system updates and back-end process testing. In October, the Plan will continue to test the new process by implementing the proposed process and anticipates continuing its testing through mid-November. The Plan remains on track to finalize the process and train all impacted staff by 11/30/20.</p> <p>The MCP submitted the following additional documentation as evidence of staff training:</p>

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	<p>revised process and ensuring it is successful. Based on lessons learned and best practices identified during the testing period, the Plan will revise (if necessary) the QOC Grievance Process and QI Referral List. The Plan anticipates full implementation, including any necessary re-training and document revisions, no later than 11/16/20.</p> <p>Following implementation on 11/16/20, the Plan will initiate a two-week monitoring phase. The Plan will take this opportunity to ensure staff's understanding is correct and proper procedure is being followed. If it is deemed appropriate, the Plan will transition the weekly monitoring of Quality of Care grievances into its routine monitoring process.</p>			<ul style="list-style-type: none"> - Attachment 1_Desktop-QOC Grievance Process_Rev. 092020_Final - Attachment 2_QI Referral List - Training materials "Attachment 3_DHCS Audit Findings Overview 9.23.20" - Meeting invite and Sign-In Sheets "Attachment 4_QOC Grievance Process Training 9.23.20_Meeting Invite" and "Attachment 5_QOC Grievance Process Training 9.23.20_Sign-In Sheet" <p>The MCP's response to the CAP (Action Taken column 4.1.2) commits the MCP to a two (2) week monitoring phase: "The Plan will take this opportunity to ensure staff's understanding is correct and proper procedure is being followed. If it is deemed appropriate, the Plan will transition the weekly monitoring of Quality of Care grievances into its routine monitoring process."</p> <p>11/05/20 – MCP's written response (11/05/20) confirms updated monitoring procedures: "CalOptima's GARS department is currently monitoring Quality of Care Grievances on a weekly basis."</p>

Deficiency Number and Finding	Action Taken	Supporting Documentation	Implementation Date* (*Short-Term, Long-Term)	DHCS Comments
				<p>The routine monitoring currently in place allows GARS leadership an opportunity to monitor adherence to regulatory and policy requirements, such as: turn-around-times, appropriate identification of issues and resolution, and to observe any trends.”</p> <p>This finding is closed.</p>

Submitted by: Original electronically signed by Richard Sanchez
Title: Chief Executive Officer

Date: 9/11/20