



MICHELLE BAASS
DIRECTOR

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



GAVIN NEWSOM
GOVERNOR

June 17, 2022

Ann Warren, Associate Chief Executive Officer
Community Health Group Partnership Plan
2420 Fenton Street, Suite 100
Chula Vista, CA 91914

RE: Department of Health Care Services Cal MediConnect Audit

Dear Ms. Warren:

The Department of Health Care Services (DHCS), Audits and Investigations Division conducted an on-site Cal MediConnect Audit of Community Health Group Partnership Plan, a Medicare-Medicaid Plan (MMP), from June 21, 2020 through July 2, 2021. The audit covered the period of June 1, 2020 through May 31, 2021.

On April 1, 2022, the MMP provided DHCS with additional information regarding its Corrective Action Plan (CAP) in response to the report originally issued on October 19, 2021.

All items have been evaluated and DHCS accepts the MMP'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 MMP has operationalized proposed corrective actions on the subsequent audit. The enclosed report will serve as DHCS' final response to the MMP'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 Christina Viernes at (916) 345-7833.

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Sincerely,

[Signature on file]

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

Enclosures: Attachment A, CAP Response Form

cc: Janel Lovato, 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



CALIFORNIA DEPARTMENT OF
HEALTH CARE SERVICES

Plan: Community Health Group Partnership Plan

Review Period: 06/01/2019 – 05/31/2021

Audit Type: Cal Med-Connect Audit

Onsite Review: 06/21/2021 – 07/02/2021

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, as applicable 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* (*Short-Term, Long-Term)	DHCS Comments
CMC Cal Mediconnect				
<p>2.1.1 Interdisciplinary Care Team</p> <p>Finding: The Plan does not have procedures to monitor and ensure members' election of PCP participation in the ICT</p>	<p>In collaboration with the Informatics Department, the Case Management Department completed a project for a new feature within the Plan's Core Case Management system, which will invite members' PCP to participate in the ICT in an automated fashion starting 1/1/2022 following members' election.</p> <p>Until 12/31/2021, the Case Managers will work with the Department Administrative Assistant to notify the Primary Care Provider and send the invitation manually prior to the ICT.</p>	<ul style="list-style-type: none"> 7292.b ICT 	<p>Short Term Implementation Date: 11/01/2021-12/31/2021</p> <p>Long Term Implementation Date: 3/15/2022</p>	<p>04/01/2022 – The following documentation supports the MCP's efforts to correct this finding:</p> <p>POLICIES & PROCEDURES:</p> <ul style="list-style-type: none"> P&P "7292.b ICT" outlines the following: <ul style="list-style-type: none"> The Plan outlines the new automated procedure that invites the PCP to participate in ICT presentations, at the member's discretion. The P&P states "The MMP Will invite the Primary Care Provider assigned to the member to participate at their discretion in all ICT presentations via an automatic generated invitation in the Provider Portal to collaborate in the development of a comprehensive, culturally competent and person-centered ICP for the enrollee." <p>MONITORING & OVERSIGHT:</p> <ul style="list-style-type: none"> "05-06-22 MCP Response" in follow-up to the submitted

Deficiency Number and Finding	Action Taken	Supporting Documentation	Implementation Date* <small>(*Short-Term, Long-Term)</small>	DHCS Comments
				<p>supporting documentation, DHCS requested additional information of how the Plan is monitoring/overseeing PCP participation now with the new automated system, implemented 03/15/2022. The Plan's response encompasses the Plan's process of tracking/monitoring PCP participation after the member has made the request. The new system tracks the member's selection (Y/N), at which point, if yes, prompts the system to automatically invite the member's PCP to participate. The Plan stated the below as additional supporting evidence:</p> <ul style="list-style-type: none"> ○ The Plan states: "Tracking and monitoring the member's election is done at different levels in the case management process. <ol style="list-style-type: none"> 1. Case Managers discuss the members' preferences when following up after an HRA has been completed, and they confirm the member's election.

Deficiency Number and Finding	Action Taken	Supporting Documentation	Implementation Date* <small>(*Short-Term, Long-Term)</small>	DHCS Comments
				<p>2. In addition, a report is generated weekly by the Informatics Department for the management staff of the Case Management Department. This report provides a list of the members that elected Primary Care Provider (PCP) participation during the completion of the Health Risk Assessment (Initial or Annual) during the previous week. The department supervisors review the report to ensure that PCPs are invited to participate in the ICT following the member's request." (Refer to the 05-06-22 MCP Response for a screenshot of this feature in the Plan's system).</p> <p>This finding is closed.</p>

Submitted by: Norma Diaz
Title: Chief Executive Officer

Date: November 19, 2021