ATTACHMENT A
Corrective Action Plan Response Form

Plan: Anthem Blue Cross Partnership Plan **Review Period: 10/1/18 – 9/30/19**

Audit Type: Medical Audit and State Supported Services **Onsite Review: 9/30/19 – 10/11/19**

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.

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1. Utilization Management				
1.1.1 Process to Follow Up on Missed Appointments The Plan did not have procedures to follow up	Anthem's process is illustrated in the attached Policy and Procedure's, and the DHCS FSR &MRR Guideline for this element. Additionally, if the provider is unable to reach the member,	See attached: P&P"CA_PPXX_001" Outreach Request Form		**06/03/20:** The following documentation supports the MCP's efforts to correct this finding: - "Southern Region Workplan – Missed apt meeting tracker" (06/23/20): The implementation

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on missed appointments.	Anthem asks for them to submit an outreach request form (see attached), so Anthem can continue the outreach efforts to the member.	DHCS FSR MMR Guideline (relevant pages)		timeline of Anthem's response to this finding. The document tracks Anthem efforts in fulfilling projected milestones with specified completion dates. - "CA PPX 001: Appointment Scheduling/Missed and Broken Appointments " (06/23/2020): Anthem added modifications to internal policy which shows a demonstration of a periodic monitoring process to check for missed and broken appointments. Policy states that providers should track missed and broken appointments. Policy includes an introduction to the Monthly Provider Survey and explains that data will be reviewed by Anthem associates. - "ACAPEC-2258-20 Outreach Request Form_FINAL" (06/23/2020): A supplemental document which allows for providers to request additional assistance from Anthem in regards to their members. The document lists "no-show for appointment (list dates):" as an option to be noted for the provider to

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				request assistance from Anthem, other options are also provided to be chosen. - "ACAPEC-2192-20 Missed-Broken Appointments Provider Form FINAL" (06/23/20): The first iteration of the Provider Survey Form. This form collects the missed and broken appointments data from Anthem's providers on a monthly basis. The form explains that providers should track missed and broken appointments while also establishing a way for the provider(s) to contact Anthem if they have questions or concerns. The form contains an additional page that the provider should return to Anthem documenting their missed and broken appointments data. - "Missed-Broken Apt Survey Results" (06/23/20): A proof-of-concept tracking document which captures data collected from the Provider Survey Form (previously ACAPEC-2192-20, now updated to ACAPEC-2513-20). The data

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				collected will contain, but is not limited to, how many provider offices request Provider Outreach Forms, types of service, date of outreach, number of follow-up attempts made, and outcome of outreach. This form tracks up to 20 PCP and 20 SPC each month. Anthem will collect the data for internal quarterly trend and gap analysis. **10/20/20:** The following documentation supports the MCP's efforts to correct this finding: - "Missed-Broken Appt SOP 2020" (10/20/2020): Desktop procedures which include detailed steps that Anthem associates follow to track missed and broken appointments. Steps outlined include, but are not limited to, outreach to Anthem's providers as well as internal monitoring processes and tracking. Anthem associates responsible for monitoring and analyzing the missed and broken appointments data are listed within.

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				- "ACAPEC-2513-20 Missed-Broken Appointments Provider Form_FINAL" (10/20/2020): An updated version to the previous iteration of the Provider Survey Form previously named "ACAPEC-2192-20 Missed-Broken Appointments Provider Form FINAL". - "Missed-Broken Appt Survey Data" (10/20/2020): An update to the previous proof-of-concept tracking document with data from providers included. Missed and broken appointment data collected on a monthly basis from the Provider Survey Form is aggregated by Anthem associates. This ongoing document supports Anthem's efforts to track, collect, and analyze missed and broken appointments received from their providers. - "ABC Impl Dates 2020" (10/20/2020): A simplified implementation timeline for Anthem's response to this finding. This documentation shows Anthem experienced no delays in project

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				implementation and completion. **This finding is closed.**
3. Access and Availability of Care				
3.1.1. Corrective Action for Non-Compliant Providers Regarding Routine Appointment Wait Time The Plan did not implement prompt and effective corrective action to address identified timely access deficiencies within its network.	Anthem agrees with this finding and intends to complete the following in order to achieve compliance with this standard: • Anthem will develop training materials to ensure that providers as well as provider medical groups (PMG) are aware of the standards. The target date for distribution will be no later than the end of April 2020. Anthem approved the materials for distribution on March 3, 2020 (see attached). • Anthem will publish an article in the online newsletter with the	Access to Care Standards_Final.pdf		**03/04/20** - The following documentation supports the MCP's efforts to correct this finding: - Provider Bulletin, "Access to Care Standards" (February 2020) in which the MCP has informed providers and provider medical groups of the timely access standards for appointment scheduling, as a reminder. **09/15/20** - The following documentation supports the MCP's efforts to correct this finding: - Email, "Anthem After Hours Access Survey/CAP" (06/30/20) as evidence that the MCP is requesting corrective action plans (CAP) to non-compliant providers who were not sufficient to ensure timely access. In this example for after-hours availability, the CAP is due back in 30 calendar days and

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	requirements every quarter in 2020, beginning in Q2. • Once the 2019 results are received (expected in Q2), Anthem will send noncompliance letters, first time and repeat, (either via USPS or electronic mail) to directly contracted providers within 60 days of receiving the survey results. • PMGs will be sent corrective action plans (via electronic mail) for any repeat offender contracted providers (based on 2018 and 2019 survey results) within 60 days of receiving the survey results. • All repeat offenders that have not responded to Anthem within 15			must detail how the provider will resolve the deficiencies and include the following items: • Policies and procedures on all after hours standards • Supporting documentation to demonstrate your groups is enforcing after-hours standards • Training materials to demonstrate all providers are educated on after-hours access and standards • Documents that demonstrate the group has outreached to the noncompliant providers to remedy the deficiencies noted - Completed sample CAP Response, “Anthem After-Hours Access Survey Corrective Action Plan” as evidence that the provider has submitted a complete CAP response back to the MCP. The CAP response addresses all of the items with a written response and supporting documentation.

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	business days, with steps taken to be in compliance; will be contacted within 180 days of receiving the survey results. • For repeat offenders who have not responded to Anthem's request for a response either in writing or to the phone contact; Anthem will send a breach of contract notice within 15 business days from the provider contact.			**This finding is closed.**
3.1.2 Telephone Wait Times The Plan did not monitor wait times for providers to answer and return members' calls.	Anthem agrees with this finding and intends to complete the following in order to achieve compliance with this standard: • Anthem will develop training materials to ensure that providers as well as provider medical groups (PMG) are aware of the developed standards. The target			**03/04/20** - The following documentation supports the MCP's efforts to correct this finding: - Microsoft Excel Spreadsheet, "CA Access Wait Time" (04/30/20) as evidence that the MCP is monitoring and tracking telephone wait times for providers. The MCP reviews data from grievances from members to monitor and identify accessibility and availability issues. Results of the

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	date for distribution will be no later than the end of Q2, 2020. • Anthem will publish an article in the online newsletter with the requirements every quarter beginning in Q3, 2020. • Anthem will monitor patient wait times for providers to return a members' call through the Grievance and Appeals (G&A) department as follows: • The G&A department will review all relevant member submissions and create a quarterly report to be reviewed in the Provider Performance Advisory Committee (PPAC). • Providers who have			analysis are reported into the MCP's Provider Performance and Advisory Committee (PPAC) at least quarterly. In cases where a concerning trend is discovered, the MCP assesses the grievance data and conducts outreach to providers for additional education and/or training, when needed. **11/05/20** - The following additional documentation supports the MCP's efforts to correct this finding: - Meeting Agenda, "CA Medicaid Provider Performance Advisory Committee" (05/20/20) as evidence that the MCP includes discussions during the advisory committee about grievance and appeals telephone wait and wait times at provider offices. - PowerPoint slides, "Grievance & Appeals" (05/20/20) as evidence that the results and analysis of the telephone wait times and wait times at provider offices was discussed during the CA Medi-Cal Provider Performance Advisory Committee Meeting.

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	repeat complaints about call wait times will be contacted by the Provider Relations staff for additional training/education. • Anthem is exploring having wait time questions added to the CAHPS survey to further engage members. • Anthem is researching the possibility of contracting with a vendor to "secret shop" and develop a report for monitoring.			**This finding is closed.**
3.1.3. Wait Times at Provider Offices The Plan did not have a procedure to monitor wait times at providers' offices.	Anthem agrees with this finding and intends to complete the following in order to achieve compliance with this standard: • Anthem will monitor patient wait times for providers to return a members' call through the Grievance and			**03/20/20** - The following documentation supports the MCP's efforts to correct this finding: - Updated P&P, "CA_PNXX_033: Access To Care Standards" which has been revised to include procedures to monitor wait times at provider offices. The MCP monitors in office and call wait times via quarterly reports

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	Appeals (G&A) department as follows: • The G&A department will review all relevant member submissions and create a quarterly report to be reviewed in the Provider Performance Advisory Committee (PPAC). • Providers who have repeat complaints about wait times in providers' offices will be contacted by the Provider Relations staff for additional training/education. • Anthem is exploring having wait time questions added to the CAHPS survey to further engage members. • Anthem is researching the possibility of contracting with a vendor			created by the Grievance and Appeals department that are reviewed by the CA Medicaid Provider Performance Advisory Committee (PPAC) (page 6). - Microsoft Excel Spreadsheet, "CA Access Wait Time" (04/30/20) as evidence that the MCP is monitoring and tracking telephone wait times for providers. The MCP reviews data from grievances from members to monitor and identify accessibility and availability issues. Results of the analysis are reported into the MCP's Provider Performance and Advisory Committee (PPAC) at least quarterly. In cases where a concerning trend is discovered, the MCP assesses the grievance data and conducts outreach to providers for additional education and/or training, when needed. **11/05/20** - The following additional documentation supports the MCP's efforts to correct this finding: - Meeting Agenda, "CA Medicaid Provider Performance Advisory Committee" (05/20/20) as evidence

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	to “secret shop” and develop a report for monitoring.			that the MCP includes discussions during the advisory committee about grievance and appeals telephone wait and wait times at provider offices. - PowerPoint slides, “Grievance & Appeals” (05/20/20) as evidence that the results and analysis of the telephone wait times and wait times at provider offices was discussed during the CA Medi-Cal Provider Performance Advisory Committee Meeting. **This finding is closed.**
3.1.4. Provider Directories The Plan did not ensure its’ printed and online Provider Directories were accurate.	Currently the DHCS contracts with Health Services Advisory Group, Inc. (HSAG) to perform a survey of providers in order to evaluate the overall quality of DHCS’ provider data. Anthem receives the results from this survey quarterly and does the following: o PMGs are sent the list of	Express Provider Roster Sub Ltr to PMGs_Final Express Universal PMG Roster Template_Final		**03/30/20** – The MCP submitted the following documentation to support its effort to correct this deficiency: - 3.1.4. Provider Roster Letter to PMGs_033020 & 3.1.4. Universal PMG Roster Template_033020" updated quarterly. This process allows the MCP to capture and load all required provider information in an efficient manner.

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	providers whose data was inaccurate on the survey and the PMGs are asked to update the rosters. ○ All providers directly contracted with Anthem are sent a letter to validate their demographic data and asked to update any incorrect information listed. Anthem has developed a standard roster template for all PMGs to use moving forward (see attached). This will allow Anthem to capture and load the provider information more efficiently. Additionally, Anthem will be requiring quarterly updates on the form moving forward. The target date for beginning the use of the new form is no			- Anthem utilizes a web-based application (Provider Lifecycle Maintenance (PLM) tool) for providers and medical groups to submit updates and corrections to the information. Requests are processed and updated after authentication to ensure accuracy. **10/15/20** – The following additional documentation submitted supports the MCP's subsequent efforts to correct this finding: - The MCP's written response (10/15/20) informs that a new network data team has been created at Anthem. A quarterly random sample of the online provider directory will be performed to ensure accuracy, and Provider follow-up will be performed as needed. The process is in addition to the regular monitoring activities and will start at the beginning of 2021. **11/05/20** – The following additional documentation submitted supports the MCP's subsequent efforts to correct

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	later than the end of Q1, 2020. 03/30/20 – MCP submitted additional response: - Anthem acknowledges the findings and has developed a standard roster template for all PMGs to use moving forward. This will help ensure printed and online provider directories are accurate. Please see attachments "3.1.4. Provider Roster Letter to PMGs_033020 & 3.1.4. Universal PMG Roster Template_033020" • This new process will ensure that the majority of Anthem's network is updated on a quarterly basis. • This process allows Anthem to capture and load all required provider information in an efficient manner. • The first update is due			this finding: - "DHCS Finding Response Rosters-Submission Grid" as evidence of monitoring the accurate submission of Provider submissions. In the 1st quarter of 2020, Anthem launched a new roster outreach program. The MCP confirmed (11/24/20) that all 3rdQ 2020 Rosters have been submitted to Anthem. **11/24/20** – The following additional documentation submitted supports the MCP's subsequent efforts to correct this finding: - Draft P&P "Quarterly Roster Updates, Provider Medical Groups" (effective date 11/23/20) commits the MCP to quarterly monitoring of all PMGs, accurate submission by the PMGs, and the follow on non-compliant PMGs. The MCP confirmed that the process described in this P&P has been used for Q1 through Q3 and reflects already implemented procedures. (E-mail 11/24/20)

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	from the PMGs on 4/30/20. Anthem offers a convenient online process for Providers to update demographic data called the Provider Lifestyle Management (PLM) tool that ensure updates can be relayed to Anthem in real time in a proactive matter. Anthem also performs annual Provider data accuracy outreach in line with NCQA accreditation requirements and SB137. Anthem leverages existing processes and current surveys that are in place via the DHCS contract with Health Services Advisory Group, Inc. (HSAG). 11/05/20 – MCP submitted additional response: In the 1st quarter of 2020, Anthem launched new roster outreach program. Rosters			- Two Sample CAP Response letters issued to non-compliant groups related to timely submission of Rosters demonstrate the MCP's monitoring procedures and follow up on non-compliant PMGs. (MCP's submission 11/24/20) - MCP's written response (11/24/20) clarifies the Provider Network team's monitoring activities and Performance Advisory Committee; this includes meetings with the groups, targeted education on the roster requirements, and Corrective Action Plans (CAP). **This finding is closed.**

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	were requested from contracted medical groups. The third quarter saw the greatest improvement, with only two medical groups not responding. These medical groups will be issued a corrective action plan no later than November 13 2020. For the 4th quarter roster, Anthem is currently communicating with the groups about the December 31 deadline.			
4. Member Rights				
4.1.1 Grievance Classification The Plan did not correctly classify exempt and regular grievance cases. Exempt and quality of service grievances should have been classified as quality of care and/or coverage disputes.	A refresher training began in February 2020 for the Customer Service Representatives to review Clinical (Quality of Care) and Administrative (Quality of Service) Grievance examples provided by the Grievance and Appeals Department to assist the CSR's in properly classifying grievances. In addition, Anthem has established focused monitoring efforts to	See attached sign-in sheets for trainings conducted so far, training is still on-going.		**03/17/20** -The following documentation supports the MCP's efforts to correct this findings: - Multiple examples of training including: sign-in sheets, Administrative Standard Grievance, Clinical Grievance Examples, Exempt, Inquiry Examples, as well as the Member Grievance Escalation Process are evidence that staff received a refresher training that relates to properly

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	ensure compliance.			classifying grievances. (02/20-03/20) **03/19/20** - The following additional documentation supports the MCP's efforts to correct this finding: - Updated Process, "Member Grievance Escalation Process" (01/28/2020) has been amended to include the maintenance of a grievance log that aligns with APL-17-006 and will be reviewed periodically with all the necessary data: Data of call, name of complaint, beneficiary ID, nature of grievance, nature of resolution, and representative's name who took the call and resolved the grievance. **05/14/20** - The following additional documentation supports the MCP's efforts to correct this findings: - Multiple Sample Reports including: "Anthem Q4

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				Grievances," (2019-Q4) "Exempt Grievance Log" (4/2020), "April Exempt Grievances Manager Audit Summary" (4/2020), and DHCS Quarterly Exempt Grievance Report" (2019-Q4) and are evidence that the MCP is monitoring grievances. The report is broken down by month and then is rolled into a quarterly report. The report is reviewed by management on a monthly bases with a rotating list of managers to review the log. - An Email (5/14/20) which includes a description of the MCP's continued effort to ensure that staff are receiving ongoing training with huddles and team meetings, to remind them of the grievance process. Monthly auditing will continue to be a foundation as well as providing one-on-one coaching to all Agents in the Call Center. The MCP has also included

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				Exempt Grievance Reporting as a topic in the Quality Management Committee (QMC) to focus in on areas and issues that may need to be improved and corrected. **5/21/20** - The following additional documentation supports the MCP's efforts to correct this findings: - Updated P & P, Policy Number: CA_GAMC_015: Policy Title: Grievance Process Members, (07/12/19) which has been amended to include a section monitoring of grievance reports. The MCP will continue to monitor aged items on their management reports to oversee those that are open and pending. The MCP will submit quarterly aged grievance monthly grievances which will be inclusive of those that have already received resolution within the 24 hours. (Page 9, sec H)

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				- Updated P & P, Policy Number: CA_GAMC_015: Policy Title: Grievance Process Members, (07/12/19) which has been amended to include a section monitoring of grievance reports. The MCP will prepare quarterly reports that track beneficiaries' grievances, the report is provided to the Quality Management Committee (QMC) and to the BCC Partnership Plan, Inc. Board of Directors. Both areas- QMC and BCC review grievances, this areas will include: access to care, quality of care, and any areas that may need continued focus. (Page 9 Sec K) **5/26/20** - The following additional documentation supports the MCP's efforts to correct this findings: - Conference call (5/25/20) with the MCP confirmed Quality of Care Grievances that arise as a standard concern are being reviewed by the clinical team

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				and escalated to the medical director. This is being done as each situation is received. **This finding is closed.**

Submitted by: Barsam Kasravi, MD [Signature on file] **Date:** March 4, 2020
Title: President of Medicaid