

ATTACHMENT A
Corrective Action Plan Response Form



Plan: Anthem Blue Cross Partnership Plan

Review Period: 10/1/18 – 9/30/19

Audit Type: Cal MediConnect

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.

Deficiency Number and Finding	Action Taken	Supporting Documentation	Implementation Date* <small>(*Short-Term, Long-Term)</small>	DHCS Comments
4. Member Rights				
4.1.1 Acknowledgement letters The Plan did not send acknowledgement	The two grievances noted in which the acknowledgement letter was not mailed were routed to the Appeals & Grievances Department past five (5) calendar days from	1. Email sent on 10/02/2019 regarding acknowledgement letter for late routes	Short Term: 10/02/2019 Long Term: 02/25/2020	03/05/20 - The following documentation supports the MCP’s efforts to correct this finding: - Email sent to staff on

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<p>letter for grievances. (This finding is based on Quality of Service Grievances 6 and 7)</p>	<p>receipt. Cases were routed on Day 30 and the other on Day 34. Due to the cases being routed past the five (5) calendar day acknowledgement timeframe the Appeals & Grievances Representative did not mail an acknowledgement letter.</p> <p>The training materials were reviewed and it is confirmed that the manual indicates a letter of confirmation will be mailed within (5) five calendar days confirming receipt of the grievance.</p> <p>The short term action taken on October 02, 2019 was to notify the Appeals & Grievances Representatives via email that an acknowledgement letter must be mailed for all cases, even if they are routed to the department late. (Refer to Supporting Documentation #1)</p> <p>The long term action taken on February 25, 2020 was to</p>	<p>2. MMP Training Manual updated 02/25/2020</p>		<p>10/2/19 instructing that late routed grievance will need acknowledgment letters sent to member within 24 hours of receiving the case.</p> <p>- MMP Appeals and Grievance Training Manual was updated on 2/25/20 requiring acknowledgment letters to be sent to members within 24 hours for cases that were routed to the G&A department after the five calendar day timeframe.</p> <p>This finding is closed</p>

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	update the training manual requiring an acknowledgement letter to be mailed by the next business day for any cases routed to the Appeals & Grievances Department past the five (5) calendar day timeframe. (Refer to Supporting Documentation #2)			
<p>4.1.2 Grievance Resolution</p> <p>The Plan did not resolve the grievances within 30 days. (This finding is based on Quality of Service Grievances 5, 6 and 7)</p>	<p>For Sample #5</p> <p>The Plan received a complaint from daughter on December 14, 2018. On January 03, 2019 we obtained verbal permission from member to proceed with the grievance review. The details of this complaint involved both a potential Quality of Care and service issue. The Plan conducted a review of both issues and responded timely to member on February 01, 2019. (Refer to Supporting Documentation #3)</p> <p>A review was conducted of completed cases at which time we discovered the service issue was not yet tracked in the system for reporting purposes.</p>	<p>3. Member Resolution Letter 02/01/2019</p> <p>4. Member Resolution Letter 05/29/2019</p> <p>5. Facets Basics Power Point</p> <p>6. Grievance Training – MS Manual</p> <p>7. Member Services Refresher Power Point February 2020</p>	<p>Short Term: 06/25/2019</p> <p>Long Term: 02/25/2020</p>	<p>03/05/20 - The following documentation supports the MCP’s efforts to correct this finding:</p> <ul style="list-style-type: none"> - Facets Basics and Grievance Training Manual contain the necessary information to adequately instruct customer service reps on identifying processing grievances. These documents were reviewed by the MPP on 2/20/20 - Member Services Refresher PowerPoint Training, sign-in sheets and email to reps on LOA or on scheduled time off notifying of refresher documents serve as evidence

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	<p>The Appeals & Grievances Representative was instructed to document the service issue. The representative misunderstood the request and sent the member a new letter on May 29, 2019 reiterating the details included in her previous letter. (Refer to Supporting Documentation #4)</p> <p>This caused the resolution letter to the member to appear untimely as a second letter was mailed past the thirty (30) calendar day timeframe. Timely resolution was conducted on February 01, 2019.</p> <p>For Samples #6 & 7 The two grievances noted in which the resolution letter was mailed past the thirty (30) calendar day timeframe were routed to the Appeals & Grievances Department on Day 30 and the other on Day 34. Due to the cases being routed</p>	<p>8. February 2020 Member Services Refresher Training Sign-in sheets</p> <p>9. Email to Reps on LOA or scheduled time off notifying of refresher document</p> <p>10. CME-MS-MNTRG-01 Member Experience Quality Monitoring Policy</p> <p>11. Oct 2019 Call Monitoring Dept Results</p> <p>12. Nov 2019 Call Monitoring Dept Results</p> <p>13. Dec 2019 Call Monitoring Dept</p>		<p>the MPP trained its member services reps on their responsibilities on identifying member dissatisfaction and routing to the grievance department by the end of the business day. The refresher training also focuses on the reps responsibilities on properly recording the grievance in the grievance template.</p> <p>3/25/20 - The following additional documentation supports the MCP's efforts to correct this finding:</p> <p>- P&P CME-MS-MNTRG-0 describes the auditing process used by the Quality Auditing team. The team will conduct random audits of recorded customer care representative calls. Audit results will count toward each representative's yearly monitoring average.</p> <p>- Four examples of call</p>

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	<p>late this caused the cases to be resolved untimely.</p> <p>For Sample #6, the case was documented on the incorrect member's account. This error was not discovered until Day 30.</p> <p>For Sample #7, the Member Service Representative did not identify the grievance at the time of the call. This was discovered during a call monitoring review on Day 34.</p> <p>When it was discovered that the representative did not identify a grievance at the time of the call, the representative received immediate coaching from the auditor and/or Manager on June 25, 2019. The grievance was then forwarded to the appropriate area to ensure tracking and resolution. This was the short term remediation.</p> <p>The Member Services training</p>	<p>Results</p> <p>14. Jan 2020 Call Monitoring Dept Results</p> <p>15. Oct 2019 Call Monitoring Scores_B Medina .msg</p> <p>16. Nov 2019 Call Monitoring Scores_B Medina .msg</p> <p>17. Dec 2019 Call Monitoring Scores_B Medina .msg</p> <p>18. Jan 2020 Call Monitoring Scores_B Medina .msg</p> <p>19 Subject and Reason</p>		<p>monitoring results of CCRs demonstrate the MPP is actively monitoring its CCRs</p> <p>- Call monitoring scores for four CCRs demonstrates the MPP provides feedback to its associates and managers.</p> <p>- Subject and Reason Activity reports are reviewed by management to identify instances where tasks are incorrectly routed.</p> <p>This finding is closed.</p>

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	<p>materials were reviewed on February 20, 2020 and confirmed no changes were needed ((Refer to Supporting Documentation #5 and #6)</p> <p>Member Services conducted a refresher for the representatives February 21, 2020 – February 24, 2020 as a reminder to:</p> <ol style="list-style-type: none"> 1) Always document the correct member's account 2) The requirement of identifying any expression of dissatisfaction and taking the appropriate action <p>The refresher documents were shared with the Learning & Development Team on February 21, 2020 & February 25, 2020 to emphasize the importance of the above requirements in future training sessions for new associates. This was the final step in the</p>	Activity_Classic Duals		

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	<p>long term remediation. (Refer to Supporting Documentation #7 and #8)</p> <p>A total of 112 representatives were present during the refresher. Any representative(s) on Leave of Absence (LOA) or scheduled time off have received the information via email, and will be required to review it upon their return to the office. Representatives returning to the office after being off are required to review their email for any updates to processes that may impact their daily work. (Refer to Supporting Documentation #9)</p> <p>March 25, 2020 Update: The Member Experience department has dedicated Performance Quality Auditors who conduct Quality Auditing for the department. The QA team performs ongoing monitoring of incoming calls to ensure proper resolution,</p>			

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	<p>adherence to process and guidelines, and that hospitality expectation are met. Process and guidelines metrics measure proper classification and processing of incoming calls. Incoming calls are monitored on a regular cadence following department policies and procedures. (Refer to Supporting Documentation #10)</p> <p>Each representative has 2-4 randomly selected call audits completed each month. If it is identified during the auditing process, that incorrect steps were taken by the associate, immediate action is taken to make appropriate corrections, including routing work to appropriate department. (Refer to Supporting Documentation #11, #12, #13, and #14)</p> <p>Feedback is provided to associates and managers to aid in improved performance. (Refer to Supporting</p>			

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	<p>Documentation #15, #16, #17, and #18)</p> <p>Associates who present a trend of repeat errors are coached face to face by a member of the auditing team. The direct manager will coordinate additional side by side coaching with a mentor, training, or performance management if needed based on continued performance. Performance Quality Auditors and Management work closely with Learning & Development team to remediate and improve deficiencies in the department when identified. None of the associate trends identified since October 2019 had negative impacts on appeals or grievances.</p> <p>In addition, management reviews weekly reports to identify any tasks that may be routed incorrectly by associates. Immediate coaching is provided and the</p>			

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	<p>mistake is corrected. (Refer to Supporting Documentation #19)</p> <p>The Anthem MCAG (Medicare Appeals and Grievance) department also reports any errors made by associates; managers coach and track mistakes. Appropriate performance management is taken for repeat offenders. There is an ongoing collaboration with Member Services Management, Anthem MCAG, and L&D to continue to increase compliance with proper grievance identification and routing.</p>			

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Date: February 25, 2020

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Date: March 25, 2020