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

JENNIFER KENT
DIRECTOR

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March 21, 2018

Bradley Gilbert, M.D., M.P.P., CEO
Inland Empire Health Plan
10801 Sixth Street, Suite 120
Rancho Cucamonga, CA 91729

RE: Department of Health Care Services Medical Audit

Dear Dr. Gilbert:

The Department of Health Care Services (DHCS), Audits and Investigations Division conducted an on-site Medical Audit of Inland Empire Health Plan, a Managed Care Plan (MCP), from October 16, 2017 through October 20, 2017. The survey covered the period of October 1, 2016 through September 30, 2017.

On March 13, 2018, the MCP provided DHCS with additional information regarding its Corrective Action Plan (CAP) in response to the report originally issued on February 9, 2018.

All items have been reviewed and DHCS accepts the MCP's submitted CAP. The CAP is hereby closed. Full implementation of the CAP will be monitored 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) 552-8946 or Farzaneh Aflatooni at (916) 319-8298.

Sincerely,

Jeanette Fong, Chief
Compliance Unit

Enclosures: Attachment A CAP Response Form

cc: Brenda Gomez, Contract Manager
        Department of Health Care Services
        Medi-Cal Managed Care Division
        P.O. Box 997413, MS 4408
        Sacramento, CA 95899-7413

Plan: Inland Empire Health Plan

Audit Type: Medical Audit   **Review Period: 10/01/2016 – 09/30/2017**

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 via email in word format which 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 long term corrective action or a period of time longer than 30 days to remedy or operationalize, 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.

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* (*anticipated or completed)	DHCS Comments
3. Access and Availability of Care				
3.1.1 Monitoring of Waiting Times in the Providers' Offices The Contract requires the Plan to "develop, implement, and maintain a procedure	**Remediation Activity:** **#1: Provider Wait Times to be collected during semi-annual Provider Directory Verification Process** **Process Change:** IEHP will begin to collect self-reported	Attachment 1 - Enhanced Provider Directory Verification Form	Remediation Activity #1: May and June 2018 Remediation Activity #2: April 2018.	**03/13/18** – The following documentation supports the MCP's efforts to correct this finding: -MCP's written response in the "Action Taken" column of the CAP document details

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to monitor waiting times in the providers' offices…" (Contract, Exhibit A, Attachment 9 (3) (C)) According to Policy and Procedure MC_09A, Access Standards, waiting time for scheduled appointments must not exceed sixty (60) minutes and when members are advised to "walk-in" for an appointment are to be seen within four (4) hours." Although the Plan has a policy regarding waiting times in providers' offices, the Plan does not have a procedure to monitor waiting times. The Plan's Facility Site Review (FSR) and Medical Record Reviews (MRR) did not measure,	wait times by Provider offices during the semi-annual Provider Directory Verification process. This would add an additional question per Provider office to the existing process. All active network Providers (both Direct and Delegated) for all credentialed types (PCP, Specialist, Vision, Behavioral Health, Therapist, Mid-levels) are included in the verification process. Current outreach for this process to Provider offices to confirm information is two faxes or emails, followed by at least one phone call attempt. In some cases (i.e. failure to respond to verification within one year per SB 137 requirements), a Provider Service Representative (PSR) goes on-site to the Provider office to obtain the information in person. The Credentialing team enters the collected data into the Network Development Database (NDDB). Initial set-up would require several changes in NDDB (i.e. SQL table changes, report changes, form changes, less than 40 hours of work), but on-going would require minimal maintenance. The scheduled start date for this process is May 2018 for NDDB changes and June 2018 for data collection to begin.		Remediation Activity #3: Following completion of remediation activity #1 and #2	MCP's proposed process for monitoring wait times in providers' offices via: • Self-reported wait times by provider offices during the semi-annual Provider Directory Verification process (to begin May and June 2018) • Enhanced collection of wait times during Provider Office Visits (to begin April 2018) • Annual Study assessing wait times along with upward reporting to the Quality Improvement Subcommittee for recommendation and further action. -"Enhanced Provider Director Verification Form" as evidence MCP has developed a survey tool to collect providers' in-office wait times.

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evaluate, or assess waiting times in the provider's office. In addition, the Plan's FSR and MRR reports did not show studies completed for waiting times. During onsite interview, the Plan confirmed their lack of procedure and stated waiting times in the providers' offices were primarily tracked through member's grievances. Lack of monitoring procedures for waiting times in providers' offices may lead to delays in medically necessary treatments and may potentially affect member's health and well-being.	**Policy & Procedures:** No new Policy and Procedure updates needed. Job aides will be updated once process is established (June 2018). A visual of the enhanced Provider directory verification form with the new question to be added is included in Attachment 1. **Training:** Training will be provided during the Provider Directory Process training (June 2018). **Quality Assurance:** QA processes will be in place in the NDDB data entry screen for the Provider Directory data collection process. Edits will include: Checks for expected values (i.e., limited to only the options provided in the question; completeness of data (i.e., verification queries to determine the number of completed questions received back by Provider); limited access to data entry screens to only include trained Team Members identified for the project. **Remediation Activity:** #2: **Enhanced collection of Provider Wait Times during IEHP Provider**			DHCS will monitor full implementation and effectiveness of the MCP's proposed CAP on the subsequent audit. **This finding is closed.**

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	Office Visits During in-services, PSRs will collect wait times for Providers Offices. New or changes to wait times will be communicated by PSRs to Credentialing to update in NDDB. Modifications to the PSR in-service form to include the new office wait time questions are in progress. The scheduled start date for this process is April 2018. During periodic FSR audits, Quality Program Nurses (QPNs) would collect wait times for IEHP's established Providers. QPNs will communicate changes to wait times to the PSRs, who will communicate then to Credentialing to update in NDDB. Additional enhancements to the FSR process will include assessment and documentation of the current practice for Office Wait Times. QPNs will also provide education for office staff on IEHP's standards during the FSR site visit. The start date for this new process is April 2018. **Process Change:** Additional data collection opportunities will be leveraged during PSR Provider site visits and QPN FSR Provider audits.			

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	The collection of Provider Wait Times will be added to the standard work of these activities. Results of these activities will be stored in a central location of all Provider Wait Time data (i.e., NDDB). **Policy & Procedures:** No new Policy and Procedure updates needed. Job aides will be enhanced as new processes are established. **Training:** Training will be provided to each team (PSRs and QPNs) as the new processes are launched. (April 2018). **Quality Assurance:** QA processes will be in place in the NDDB data entry screen for the Provider Directory data collection process. Edits will include: Checks for expected values (i.e., limited to only the options provided in the question; completeness of data (i.e., verification queries to determine the # of completed questions received back by Provider); limited access to data entry screens to only include trained Team Members identified for the project. **Remediation Activity:**			

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	#3: **Annual Study Assessing Provider Wait Times** **Process Change:** Using the data collected in the 2 above activities, IEHP will develop a new annual study (similar to Provider Appointment Availability study) to examine results by office type to review trends, presented to December Quality Improvement Subcommittee (QISC) for review and recommendation for further actions. At a minimum, the study will assess: - The percentage of PCPs who meet the Provider Wait Time Standards - The percentage of OB/GYNs who meet the Provider Wait Time Standards - The percentage of Specialists who meet the Provider Wait Time Standards **Policy & Procedures:** This new study: Annual Review of Provider Office Wait Times will be added to the Quality Improvement Work Plan for 2018.			

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	Training: The Data Analyst responsible for pulling the data will be trained on the data set prior to pulling the metrics for the study. Existing Quality Systems Team Members will implement the study following established study development protocol, in partnership with the Healthcare Informatics and Provider Services teams. **Quality Assurance:** QA processes will be in place consistent with other quality studies. The Data Analyst responsible for pulling the data will be trained on the data set prior to pulling the metrics for the study and results will be QA'd by a QA Specialist within the Healthcare Informatics Department, prior to report finalization.			

Submitted by: Rebecca Mayer   **Date: March 13, 2018**
Title: State Programs Manager