



JENNIFER KENT
DIRECTOR

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



EDMUND G. BROWN JR.
GOVERNOR

August 2, 2018

Ms. Kimberly Fritz
Associate Vice President, GMC Contract Management
Care 1st Partner Plan, LLC
601 Potrero Grande Drive
Monterey Park, CA 91755

RE: Department of Health Care Services Medical Audit

Dear Ms. Fritz:

The Department of Health Care Services (DHCS), Audits and Investigations Division conducted an on-site Medical Audit of Care 1st Partner Plan, LLC, a Managed Care Plan (MCP), from February 1, 2017 through January 31, 2018. The survey covered the period of February 26, 2018 through February 28, 2018.

On July 18, 2018, the MCP provided DHCS with additional information regarding its Corrective Action Plan (CAP) in response to the report originally issued on June 12, 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) 345-7831 or Michael Pank at (916) 345-7829.

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Sincerely,

Hannah Robins, Chief
Compliance Unit

Enclosures: Attachment A CAP Response Form

cc: O.Z. Kamara, 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**



Plan: Care 1st Health Plan

Audit Type: Medical Audit and State Supported Services

Review Period: 2/1/17 – 1/31/18

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
2. Case Management and Coordination of Care				
2.4.1 Initial Health Assessment The Plan did not ensure the provision of an IHA to each new member within 120	1. Member Outreach a. Three additional staff have been approved and are making calls directly to members to encourage and	1. Member Outreach a. IHA Coordinator Job Descriptions	1. Member Outreach a. Completed 6/1/18 -- 2 coordinators in place/ 1 pending	07/10/18 – The following documentation supports the MCP’s efforts to correct this deficiency: -Updated Provider Manual. Reviewed both screenshot and website – 9.6 Initial Health

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calendar days of enrollment.	<p>assist in making the IHA appointments</p> <p>b. Robo-call system upgrades are in discussion. There is opportunity to utilize new telephony system installed 7/2/18.</p> <p>2. Provider Communication and Training</p> <p>a. IHA communication letters now explicitly explain the Health Plan and PCP roles and responsibilities</p> <p>.</p> <p>b. The Care 1st Website has been updated to include language that provides additional information and resources to the PCP to support the completion of a</p>	<p>defining role, including member outreach</p> <p>2. Provider Communication and Training</p> <p>a. QI_033 QI_034 QI_035 QI_036</p> <p>b. See attached Care 1st Website IHA screenshot and hyperlink</p>	<p>b. Anticipated Q2 2019 Robo-call updates will be discussed 3rd-4th quarter 2018</p> <p>2. Provider Communication and Training</p> <p>a. Completed 6/1/18</p> <p>b. Completed 7/3/18</p>	<p>Assessment (pgs. 84-86) which outlines MCP policy, components of a complete IHA for members under age 21 and for members 21 and older. Includes procedures for new member outreach, provider education and MCP oversight.</p> <p>-Updated website (Health Education for Providers) that provides information on IHA requirements, including timeframes, IHA/SHA, preventative services, coordination and member outreach</p> <p>-Sample template letters that explain MCP and provider roles and responsibilities regarding scheduling of an IHA.</p> <p>-Additional staff to assist in IHA outreach and monitoring activities, including the hiring of an IHA Coordinator to oversee member and provider outreach.</p> <p>-Email (07/02/18) which includes description of IHA Team training</p>

Deficiency Number and Finding	Action Taken	Supporting Documentation	Implementation Date* (*anticipated or completed)	DHCS Comments
	<p>timely IHA..</p> <p>c. The Care 1st Provider Manual has been updated to include language that provides additional information and resources to the PCP to support the completion of a timely IHA</p> <p>d. Care 1st Staff have been trained and will continue to receive training and support, to provide information, support and collaborate with our PCP offices to better equip our PCPs and their staff to facilitate and complete all aspects of the IHA.</p> <p>e. A second layer of outreach to the PCP has been added to our IHA Outreach and Monitoring Process. A letter</p>	<p>c. See attached Care 1st Medi-Cal Provider Manual IHA update screenshot and hyperlink</p> <p>d. Training agenda and attendees</p> <p>e. QI_037</p>	<p>c. Completed 6/22/18</p> <p>d. Completed 7/2/18</p> <p>e. Completed 6/1/18</p>	<p>agenda, including review of DHCS APL 08-003, MCP IHA policy, discussion of IHA coordinator role in member and provider outreach, as well as, audit findings.</p> <p>-PowerPoint training (06/28/18), “Initial Health Assessment” as evidence that staff received training on IHA requirements, compliance, oversight, including barriers to complete timely IHAs and next steps.</p> <p>07/18/18 – The following additional documentation submitted supports the MCP’s efforts to correct this deficiency:</p> <p>-An email (07/18/18) which indicates MCP phone system was upgraded on 07/02/18. MCP has plans to discuss robo vendor upgrades in the 3rd or 4th quarter of 2018.</p> <p>This deficiency is closed.</p>

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	<p>will be sent for those members that have been identified as not having a timely IHA (via encounter data), with the goal of encouraging and reminding providers to schedule an IHA.</p> <p>f. Care 1st has evaluated the content and submission patterns of the new member lists from the IPAs to our delegated PCP Network and have found inconsistencies. We have addressed this, as well as other IHA information, via a IPA /FQHC Webinar that occurred on 6/28/18</p> <p>g. Care 1st has evaluated the content and submission patterns of new member lists to our direct network PCPs, including FQHCs and have found the process to be sound and includes</p>	<p>f. Webinar presentation</p> <p>g. New member list includes</p> <ul style="list-style-type: none"> • Member ID • Member Name • DOB • Gender 	<p>f. Completed 6/28/18</p> <p>g. Completed 6/1/18</p>	

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	sufficient information to contact new members. We provided our FQHCs contact information to report issues with new member lists via the 6/28/18 IPA/FQHC Webinar.	<ul style="list-style-type: none"> • Address • Phone • Enrollment date 		

Submitted by:
Title:

Date: