

# ATTACHMENT A

## Corrective Action Plan Response Form



**Plan:** Blue Shield of California Promise Health Plan

**Audit Type:** Medical Audit

**Review Period:** 04/01/2023 – 03/31/2024

**On-site Review:** 04/23/2024 – 05/03/2024

MCPs are required to provide a Corrective Action Plan (CAP) and respond to all documented deficiencies included in the medical audit report within 30 calendar days unless an alternative timeframe is indicated in the CAP Request letter. MCPs are required to submit the CAP in Word format, which will reduce the turnaround time for DHCS to complete its review. According to ADA requirements, the document should be at least 12 pt.

The CAP submission must include a written statement identifying the deficiency and describing the plan of action taken to correct the deficiency, as well as the operational results of that action. The MCP shall directly address each deficiency component by completing the following columns provided for MCP response: 1. Finding Number and Summary, 2. Action Taken, 3. Supporting Documentation, and 4. Completion/Expected Completion Date. The MCP must include a project timeline with milestones in a separate document for each finding. Supporting documentation should accompany each Action Taken. If supporting documentation is missing, the MCP submission will not be accepted. For policies and other documentation that have been revised, please highlight the new relevant text and include additional details, such as the title of the document, page number, revision date, etc., in the column "Supporting Documentation" to assist DHCS in identifying any updates that were made by the plan. Implementing deficiencies requiring short-term corrective action should be completed within 30 calendar days. For deficiencies that may be reasonably determined to require long-term corrective action for a period longer than 30 days to remedy or operationalize completely, the MCP is to indicate that it has initiated remedial action and is on the way toward achieving an acceptable level of compliance. In those instances, the MCP must include the date when full compliance will be completed in addition to the above steps. Policies and procedures submitted during the CAP process must still be sent to the MCP's Contract Manager for review and approval, as applicable, according to existing requirements.

**Please note that DHCS expects the plan to take swift action to implement improvement interventions as proposed in the CAP; therefore, DHCS encourages all remediation efforts to be in place no later than month 6 of the CAP unless DHCS grants prior approval for an extended implementation effort.**

DHCS will communicate closely with the MCP throughout the CAP process and provide technical assistance to confirm that the MCP offers sufficient documentation to correct deficiencies. Depending on the number and complexity of deficiencies identified, DHCS may require the MCP to provide weekly updates.

## 2. Case Management and Coordination of Care

Finding Number and Summary	Action Taken	Supporting Documentation	Implementation Date * <small>(*Short-Term, Long-Term)</small>	DHCS Comments
<p><b>2.4.1 Acknowledgment Letters</b></p> <p>The Plan did not provide acknowledgment letters for COC requests to members.</p>	<p>1. Temporary solutions identified to comply with the timeframes outlined in APL 22-032, while full implementation was in progress:</p> <p>a. If sufficient information was submitted with the original request, the CoC decision was rendered within 7 days for non- urgent requests or 3 days for urgent requests, which is within the required timeframes for providing acknowledgement.</p> <p>b. If sufficient information was not received with the original request, a deferral letter was sent to serve as an acknowledgement of the request within 7 days (non-urgent requests) or 3 days (urgent requests), which is within the required timeframes for providing</p>	<p>1. N/A</p>	<p>1. N/A</p>	<p>The following documentation supports the MCP’s efforts to correct this finding:</p> <p><b>POLICIES AND PROCEDURES</b></p> <ul style="list-style-type: none"> <li>• “DHCS Acknowledgement Letter Approval” and “BSP CoC Acknowledgement Member Notice” (07/10/23) as evidence that the MCP has created a Continuity of Care (CoC) acknowledgement letter template and received review approval from DHCS Contract Oversight Branch. The CoC acknowledgement letter template advises the member that the request has been received, the date of receipt, and the estimated timeframe for resolution. (DHCS Acknowledgement Letter Approval).</li> <li>• “CoC Acknowledgement Letter Sample” as evidence that the MCP has integrated the CoC acknowledgement letter into the system, AuthAccel, on November 1, 2023. (CoC Acknowledgement Letter Sample Redacted).</li> </ul> <p><b>MONITORING AND OVERSIGHT</b></p> <ul style="list-style-type: none"> <li>• Excel Spreadsheet, “MCS Specialty Scorecard” and “Medi-Cal CoC Acknowledgement Letter Audit Review” (11/01/24) as evidence that the MCP has implemented a monthly monitoring process to</li> </ul>

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	<p>acknowledgement.</p> <p>2. Concurrently with #1, the Plan worked to develop the letter template, route for internal approvals, and received DHCS approval.</p> <p>3. The acknowledgement letter was integrated into the system, AuthAccel, on November 1, 2023, at which time these letters were immediately in production</p> <p>4. Implementation of monthly auditing to ensure timely acknowledgement letter. Update to audit tool was made to this effect.</p> <p>5. Create dashboard to monitor acknowledgement letter timeliness metric in real-time.</p>	<p>2. 2.4.1 DHCS Acknowledgement letter approval</p> <p>3. 2.4.1 CoC Acknowledgement Letter Sample_Redacted</p> <p>4. 2.4.1 MCS Specialty Scorecard</p> <p>5. Pending</p>	<p>2. Completed by 7/10/23</p> <p>3. Completed by 11/1/23</p> <p>4. Completed by 11/1/24</p> <p>5. To be completed 12/31/24</p>	<p>track that acknowledgment letters for CoC requests are being sent to members. The monitoring process includes selecting cases from the authorization universe at random. The Scorecard tracks that a CoC acknowledgement letter for Promise cases was sent within seven calendar days of request receipt date (right letter selected, correct fax # used, rationale, include correct MD determination). (MCS Specialty Scorecard, Promise MCal CoC Ack Letter Audit Review 11-2024).</p> <ul style="list-style-type: none"> <li>Dashboard, "Timeliness of Completed Utilization Reviews" (12/01/24) as evidence that the MCP has implemented a monitoring process to track that acknowledgment letters for CoC requests are being sent to members. The MCP has created a dashboard to monitor acknowledgement letter timeliness metrics in real-time. The MCP's UM team reviews the dashboard daily to demonstrate no CoC cases are missing turnaround times. (Dashboard View).</li> </ul> <p><b>The corrective action plan for finding 2.4.1 is accepted.</b></p>

### 3. Access and Availability of Care

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<p><b>3.8.1 Transportation Provider Enrollment</b></p> <p>The Plan did not ensure transportation providers were enrolled in the Medi-Cal program.</p>	<ol style="list-style-type: none"> <li>The Plan has a monthly validation process of transportation provider enrollment as a Medi-Cal provider using the CHHS Open Data Portal</li> <li>The Plan implemented a process where it requested a copy of each provider’s full approved Medi-Cal application based on DHCS guidance. These efforts were put on hold based on discrepancies in the applications and feedback received from the executive director of the California Medical Transportation Association (CMTA). DHCS shared there will be forthcoming guidance on the appropriate validation</li> </ol>	<ol style="list-style-type: none"> <li>3.8.1_Blue Shield Promise_NEMT &amp; NMT Medi-Cal enrollment validation_March 2024 <i>*Note: Documentation is of last month of 2024 audit period</i></li> <li>3.8.1 Transportation Provider Enrollment - DHCS Email</li> </ol>	<ol style="list-style-type: none"> <li>Completed</li> <li>Completed</li> </ol>	<p>The following documentation supports the MCP’s efforts to correct this finding:</p> <p><b>POLICIES AND PROCEDURES</b></p> <ul style="list-style-type: none"> <li>Plan policy “NEMT and NMT Medi-Cal Enrollment Monitoring” states that plan “on a monthly basis, blue shield promise shall validate subcontractor status and NEMT/NMT provider type by confirming status and type on the California Health and Human Services (CHHS) open data portal” (E. MONITORING, I. e., page 4)</li> </ul> <p><b>MONITORING AND OVERSIGHT</b></p> <ul style="list-style-type: none"> <li>Plan policy “NEMT and NMT Medi-Cal Enrollment Monitoring” includes revisions made regarding the Plan’s monitoring process. Updates include the enhanced monthly validation process of transportation provider enrollment using the CHHS Open Data Portal to verify providers are enrolled as Medi-Cal providers. (E. MONITORING, I. e. &amp; g., page 4)</li> <li>Sample report “Blue Shield_NEMT_NMT_Medi-Cal enrollment validation_March 2024” demonstrates the verification process the</li> </ul>

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	<p>source.</p> <p>3. Update monthly validation process to include which service each provider is approved for, based upon the information on the DHCS-issued validation source file.</p>	<p>3. Pending</p>	<p>3. Pending – dependent on DHCS guidance.</p>	<p>Plan has in place for monitoring &amp; overseeing the enrollment of transportation providers in the Medi-Cal program. The Plan uses the CHHS Open Data Portal to cross-check to verify transportation providers are enrolled in the Medi-Cal program.</p> <p><b>The corrective action plan for finding 3.8.1 is accepted.</b></p>

#### 4. Member's Rights

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<p><b>4.1.1 Grievance Resolution Letter</b></p> <p>The Plan's written resolution did not contain a clear explanation of the Plan's decision.</p>	<p><b>Non-Clinical AGD</b></p> <ol style="list-style-type: none"> <li>1. Revise the Appeals and Grievances Department (AGD) Policy and Procedure (P&amp;P), Beneficiary Grievance Management System, language to include the grievance resolution letter includes a clear and concise explanation of the resolution.</li> <li>2. Revise AGD desk-level procedures (DLPs) to include that the resolution letter to the member needs to have a clear and concise explanation of the resolution of the grievance.</li> <li>3. Retrain the AGD staff in creating letters that are clear and concise for the members to understand the resolution of their grievance.</li> </ol>	<ol style="list-style-type: none"> <li>1. Pending</li> <li>2. Pending</li> <li>3. Pending</li> </ol>	<p><b>Non-Clinical AGD</b></p> <ol style="list-style-type: none"> <li>1. To be completed by 11/29/2024</li> <li>2. To be completed by 11/1/2024</li> <li>3. To be completed by 11/29/2024</li> </ol>	<p>The following documentation supports the MCP's efforts to correct this finding:</p> <p><b>POLICIES AND PROCEDURES</b></p> <ul style="list-style-type: none"> <li>• Beneficiary Grievance Management System Policy was updated to include language requiring grievance resolution letters to include a clear and concise explanation of the resolution. (4.1.1_1a_Beneficiary_Grievance_Management_System)</li> <li>• Standard and Expedited Grievances_MHK Desk Level Procedure was updated with language to require grievance resolution letters to contain clear and concise explanation of the resolution of the grievance. (4.1.1_2a_Blue Shield Promise_Standard and Expedited Grievances_MHK)</li> </ul> <p><b>TRAINING</b></p> <ul style="list-style-type: none"> <li>• Resolution Letters: Clear and Concise Documentation Training from 11/12/24 and attendance log demonstrate the MCP trained its staff demonstrate the MCP has trained its staff on creating grievance resolution letters with clear and concise language. (4.1.1_3a_Training- Resolution Letters (Clear and Concise), 4.1.1_3b_Training- Resolution Letters (Clear and Concise) -</li> </ul>

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	<p>4. Continue monitoring for clear and concise explanation of the resolution via quality team on a monthly basis.</p> <p><b><u>Clinical AGD</u></b></p> <p>5. Develop Clinical Oversight Team (COT) job aid, which will outline procedures on reviewing resolution prior to being sent to the member.</p> <p>6. Conduct training on COT job aid.</p> <p>7. Revise the oversight audit tool to ensure its alignment with the COT review resolution process utilized by the clinical quality audit team.</p> <p>8. Implement revised oversight audit tool to ensure its alignment with the COT review resolution process utilized by</p>	<p>4. 4.1.1 2024 Standard Med-Cal Monitoring Definitions</p> <p>5. Pending</p> <p>6. Pending</p> <p>7. Pending</p> <p>8. Pending</p>	<p>4. Completed on 1/1/2024</p> <p><b><u>Clinical AGD</u></b></p> <p>5. To be completed by 11/1/2024.</p> <p>6. To be completed by 11/29/2024.</p> <p>7. To be completed by 11/29/2024.</p> <p>8. To be completed by 12/31/2024.</p>	<p>Attendee list)</p> <p><b>MONITORING AND OVERSIGHT</b></p> <ul style="list-style-type: none"> <li>Nurse – Review Medi-Cal Resolution Job Aid was developed by the MCP to assist staff in reviewing resolution letters prior to sending to the member. Job Aid includes reviewing for clear and concise language. (4.1.1 Promise AGD MD &amp; COT Nurse - Review Medi-Cal Resolution Job Aid (2249))</li> <li>G&amp;A Scorecards demonstrate the MCP has revised its audit tools to monitor for clear and concise explanation of the MCP’s decision. (4.1.1 AGD_MCL_Grievance_Scorecard_FINAL, 4.1.1_AGD_MCL_Appeal_Scorecard_FINAL), 4.1.1_AGD_MCL_Appeals &amp; Grievance_Scorecard_Staff Example_FINAL)</li> <li>G&amp;A Oversight Report from 1/22/25 demonstrates the MCP has implemented its monitoring procedure using the approved G&amp;A tools. The look bac period was 12/16/24 – 1/16/25. (4.1.1_2024-2025_Appeals and Grievance Oversight Report)</li> </ul> <p><b>The corrective action plan for finding 4.1.1 is accepted.</b></p>

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	the clinical quality audit team.			
<p><b>4.1.2 Grievance Classification and Processing</b></p> <p>The Plan misclassified QOC grievances as QOS.</p>	<p><b>Clinical AGD</b></p> <ol style="list-style-type: none"> <li>Commence biweekly clinical oversight team rounds involving nurses, Medical Directors, and non-clinical staff to facilitate oversight of case classification.</li> <li>Develop Clinical AGD Medi-Cal COT Rounds Job Aid.</li> <li>Conducted retraining regarding classifying QOS/QOC with the Nurses and Physicians.</li> <li>Develop 2024 Clinical AGD Categorization Monitoring Program proposal.</li> <li>Implement 2024 Clinical AGD Categorization Monitoring Program.</li> </ol>	<p><b>Clinical AGD</b></p> <ol style="list-style-type: none"> <li>4.1.12 AGD Medi-Cal Rounds Log Training</li> <li>Pending</li> <li>4.1.2 QOS-QOC Leveling Trainings</li> <li>Pending</li> <li>Pending</li> </ol>	<p><b>Clinical AGD</b></p> <ol style="list-style-type: none"> <li>Completed on 7/30/2024</li> <li>To be completed by 10/29/2024</li> <li>Trainings completed 6/5/2024 and 8/14/2024 (Nursing Staff); Completed 6/5/2024 (Physicians)</li> <li>To be completed by 11/29/2024</li> </ol>	<p>The following documentation supports the MCP’s efforts to correct this finding:</p> <p><b>TRAINING</b></p> <ul style="list-style-type: none"> <li>QOC/QOS Leveling Training demonstrate the MCP has retrained appropriate staff have been retrained on classifying QOC and QOS grievances. (4.1.2 QOS-QOC Leveling Trainings)</li> <li>AGD Medi-Cal Rounds Log Training demonstrate the MCP trained appropriate staff on the use of Medi-Cal AGD Rounds Log for the biweekly meetings to oversee case classification. (4.1.2 2024 Medi-Cal AGD Rounds Log Training)</li> </ul> <p><b>MONITORING AND OVERSIGHT</b></p> <ul style="list-style-type: none"> <li>Promise AGD Clinical Oversight Team (COT) Rounds Job Aid was created by the MCP to assist in the oversight of case classification. (4.1.2_Promise AGD COT Rounds Job Aid (2246))</li> <li>Clinical AGD Categorization Monitoring Program was developed to assess proper categorization of grievances as quality of care or quality of service. (4.1.2 2024_Clinical AGD Categorization</li> </ul>



Finding Number and Summary	Action Taken	Supporting Documentation	Implementation Date * (*Short-Term, Long-Term)	DHCS Comments
	<p>6. Revise the oversight audit tool to ensure its alignment with the Medi-Cal case categorization process utilized by the clinical quality audit team.</p> <p>7. Implement the revised oversight audit tool to ensure its alignment with the Medi-Cal case categorization process utilized by the clinical quality audit team.</p>	<p>6. Pending</p> <p>7. Pending</p>	<p>5. To be completed by 12/31/2024</p> <p>6. To be completed by 12/31/2024</p> <p>7. To be completed by 12/31/24</p>	<p>Monitoring Program_FINAL)</p> <ul style="list-style-type: none"> <li>COT Monitoring Tool was revised to monitoring proper categorization of grievances. (4.1.2 COT Nurse_Case Categorization Review Tool_FINAL)</li> <li>Nurse Categorization Review Reports and Categorization Review Tools demonstrate the MCP is actively monitoring grievance case classification. (4.1.2_COT Nurse _Case Categorization Review Report, 4.1.2_COT Nurse_Case Categorization Review Tools).</li> </ul> <p><b>The corrective action plan for finding 4.1.2 is accepted.</b></p>
<p><b>4.1.3 Clinical Grievance Decision Maker</b></p> <p>The Plan did not ensure that the person who made the final decision to resolve a grievance or appeal had not participated in any</p>	<p><b><u>Non-Clinical AGD</u></b></p> <p>1. Develop report to facilitate CMO/MD oversight of Medical Directors (MD) making the final decision on appeal and grievance cases.</p> <p>2. Implement report to facilitate CMO/MD oversight of Medical Directors (MD) making the final</p>	<p>1. Pending</p> <p>2. Pending</p>	<p><b><u>Non-Clinical AGD</u></b></p> <p>1. To be completed by 11/29/2024</p> <p>2. To be completed by 12/31/2024</p>	<p>The following documentation supports the MCP’s efforts to correct this finding:</p> <p><b>POLICIES AND PROCEDURES</b></p> <ul style="list-style-type: none"> <li>Job Aid, “Promise AGD COT (Clinical Oversight Team) Nurse – Review Clinical Decision Maker” (10/30/24) demonstrates the Plan's Clinical Oversight Team confirms the Medical Director responsible for the final decision has not previously reviewed any related cases.</li> </ul>

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<p>prior decisions.</p>	<p>decision on appeal and grievance cases.</p> <p><b><u>Clinical AGD</u></b></p> <p>3. Develop job aid designed to delineate the procedure by which the COT will confirm that the designated Medical Director, for grievance or appeal cases, has not previously reviewed a related case.</p> <p>4. Conduct training on job aid designed to delineate the procedure by which the COT will confirm that the designated Medical Director, for grievance or appeal cases, has not previously reviewed a related case.</p> <p>5. Revise the oversight audit tool to ensure its alignment with the</p>	<p>3. Pending</p> <p>4. Pending</p> <p>5. Pending</p>	<p><b><u>Clinical AGD</u></b></p> <p>3. To be completed by 11/1/2024</p> <p>4. To be completed by 11/29/2024</p> <p>5. To be completed by 11/29/2024</p>	<p><b>MONITORING AND OVERSIGHT</b></p> <ul style="list-style-type: none"> <li>• Report, "Medi-Cal Closed Reports" (Implementation Date, 11//29/24) demonstrates the MCP has a weekly report that is reviewed to demonstrate the Chief Medical Officer (CMO) or Managing Director (MD) oversees the medical directors' final decisions on appeals and grievance cases. Below is an overview of the columns related to oversight of this process: <ul style="list-style-type: none"> <li>○ Column Z, titled "Initial Medical Director Name", represents the name of the initial medical director that reviewed the case at the prior authorization level.</li> <li>○ Column AG, titled "Final Medical Director Name" represents the medical director that made the final decision on appeals cases and QOC grievance cases.</li> </ul> </li> <li>• Scorecard Tool, "Appeals and Grievance Department, Appeal and Grievance Scorecards" (11/29/24) demonstrates the MCP's Clinical Appeals and Grievances Department's (AGD) nurse case file reviews are conducted monthly by the Clinical Quality Assurance Team, which randomly selects five (5) case files for appeals and five (5) case files for grievances per AGD nurse from a Medi-Cal Appeal and Grievance monthly closed case report. One of the focuses is on the nurse's ability to demonstrate that the Medical Director is</li> </ul>

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	<p>COT process in confirming that the designated Medical Director, for grievance or appeal cases, has not previously reviewed a related case utilized by the clinical quality audit team.</p> <p>6. Implement the revised oversight audit tool to ensure its alignment with the COT process in confirming that the designated Medical Director, for grievance or appeal cases, has not previously reviewed a related case utilized by the clinical quality audit team.</p>	<p>6. Pending</p>	<p>6. To be completed by 12/31/2024</p>	<p>responsible for making the final decision of the appeal/grievance and has not been involved in any previous decisions pertaining to this request. The findings from this review are shared with the Clinical AGD's Leadership team through email. The correspondence includes a copy of the audit tool, audit findings, identified trends, and recommendations. If a nurse is identified as showing no improvement over three (3) consecutive months, the Clinical AGD Manager will initiate a Performance Improvement Plan.</p> <ul style="list-style-type: none"> <li>Scorecard, "Appeals and Grievance Scorecard Staff Example" (12/16/24 - 01/16/25) demonstrates the MCP's AGD nurse case file reviews are conducted monthly by the Clinical Quality Assurance Team. This review highlights that the Nurse achieved a perfect score of 10 out of 10 on the requirement of verifying that the Medical Director responsible for making the final resolution of the appeal has not been involved in any previous decisions pertaining to this request.</li> <li>Oversight Report, "Appeals and Grievance Oversight Report" (01/22/25) demonstrates the MCP is reviewing, monitoring, and evaluating the performance of AGD nurses on a monthly basis. As a result of this report, it is noted that although the nurses were not informed of these requirements, they still received the full point allocation.</li> </ul>

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				<ul style="list-style-type: none"> <li>Emails, "Medi-Cal Closed Report Emails to CMO" (12/17/24, 12/25/24, 12/30/24, and 01/09/25) demonstrates the MCP reports to support CMO/MD oversight of Medical Directors (MDs) in making final decisions on appeal and grievance cases. The MCP's current intervention is, 1:1 training and/or AGD team training and monthly feedback.</li> </ul> <p><b>TRAINING</b></p> <ul style="list-style-type: none"> <li>Training, "AGD COT (Clinical Oversight Team) Nurse: Review Clinical Decision Maker" (November 2024) demonstrates the MCP outlined the procedure by which the COT will verify that the designated Medical Director has not previously reviewed a related case in grievance or appeal matters.</li> </ul> <p><b>The corrective action plan for finding 4.1.3 is accepted.</b></p>

\*Attachment A must be signed by the MCP's compliance officer and the executive officer(s) responsible for the area(s) subject to the CAP.

**Submitted by:** Yasamin Hafid

**Title:** BSC Promise Health Plan Chief Compliance Officer

**Signed by:** [Signature on file]

**Date:** 10/16/2024