

Delegation Plan



**Community
Health Plan**
OF IMPERIAL VALLEY



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I. Introduction

In 2021, the Department of Healthcare Services (DHCS) approved Imperial County's application to move to a single plan model. In 2022, the County initiated the process to obtain a Knox Keene License (KKL) to service Medi-Cal members under this new model. As a result, Community Health Plan of Imperial Valley (CHPIV) was formed as the county's new local initiative. Effective January 1, 2024, CHPIV and Health Net enter into a Plan-to-Plan agreement and Health Net will service as CHPIV's Subcontractor or "Delegate", whereby Health Net's provider network and administrative services will be used to support Imperial County.

CHPIV's Delegation Oversight Program promotes the value and importance of legal and ethical behavior as it pertains to adherence to all regulatory and contractual requirements and reducing the prospect of wrongdoing at Community Health Plan of Imperial Valley (CHPIV). CHPIV is committed to a culture of compliance and ensuring compliance and oversight activities of its subcontractors and their associated Downstream Contractors.

CHPIV will perform ongoing oversight of the Delegate's performance to ensure adherence to regulatory, contractual, and operational requirements. CHPIV's oversight activities include, but are not limited to, annual audits and monitoring. The oversight is intended to assess the Subcontractor's performance against benchmarks and thresholds to validate regulatory and contractual compliance. Health Net may delegate its responsibilities to downstream entities. These downstream entities or "Delegates" are subject to all Delegation Oversight activities.

The Delegation Plan is updated at least annually to address the continually evolving nature of health plan needs and operations. The Plan is reviewed and approved by the CHPIV compliance and oversight committee and Commission routinely and not less than biennially.

A copy of the Compliance Program is available on [CHPIV's website](#).

II. Delegation Assessment

CHPIV conducts a pre-delegation assessment and review before assigning a function to a delegate. Once the assessment is completed, a Delegation Agreement may be issued to the potential delegate. These agreements are reviewed at least once a year and can be renewed based on the Compliance Department's recommendation after completing either a pre-delegation assessment or an annual audit. To be delegated by CHPIV, a delegate must achieve a passing score in their individual audit area.

The pre-delegation assessment is carried out by the Compliance department and internal stakeholders. It considers various factors, including member experience, operational internal procedures and other relevant criteria for approval.

CHPIV assesses the delegate's ability to perform the delegated activities, monitors their ongoing performance, and conducts annual audits to ensure compliance with Medi-Cal, California Code of Regulations Titles 22, data accuracy and completeness, truthfulness of generated and submitted data, as well as compliance with sub-regulatory guidance, State and Federal law, and NCQA accreditation standards.

CHPIV has a continuous evaluation process for Health Net, its Subcontractor, and their oversight of CHPIV's downstream entities, as specified in the Plan-to-Plan agreement between CHPIV and Health Net. As part of

the Delegation Oversight Program, CHPIV oversees Health Net's performance in effectively managing the delegation/vendor oversight of CHPIV's downstream entities. Health Net is required to provide regular reports on their oversight activities, including compliance risk assessment, auditing results, monitoring results, issue detection, and corrective action plans.

CHPIV evaluates and tracks Health Net's Delegation Oversight activities and takes appropriate actions to address any issues in accordance with CHPIV's Delegation Oversight and Compliance Program.

III. Delegation Oversight

The following CHPIV policies and procedures are shared with its subcontractors as it pertains to the processes within Delegation Oversight. These entities are expected to abide by applicable and relevant policies and procedures provided at the time of contracting and annually thereafter.

- CMP-002 Delegation Oversight
- CMP-003 Corrective Action Plans

Communications and relevant trainings are communicated to CHPIV's Subcontractors on an annually basis and through ad-hoc communications when a policy or procedure has been updated, new guidance has been provided or a change in relevant benefits has occurred.

Communications will also be provided during the Joint Operation Meetings (JOM).

CHPIV conducts annual audits and ongoing monitoring of Delegates to ensure compliance with all federal, state statutory, regulatory, contractual, and National Committee for Quality Assurance (NCQA) accreditation requirements related to Delegated Activities including but not limited to:

- Access & Availability/Provider Network
- Appeals & Grievances
- Member Services Call Center
- Behavioral/Mental Health and Substance Abuse
- Credentialing
- Cultural and Linguistic Services, Language Assistance
- Claims and PDRs
- Health Education
- Quality Improvement
- Utilization Management

A. Annual Audits

At least annually, the Delegation Oversight Department shall schedule an audit with the delegated entity and will be conducted as desktop and on-site audits. The Compliance Department or the Compliance & Policy Committee (CPC) may determine to conduct more frequent audits and/or targeted audits.

The annual audits will evaluate the delegated entity's performance of delegated activities and responsibilities, as evidenced by the Delegation Agreement, compliance with applicable legal requirements, and CHPIV's policies and procedures. The audit will include validation based on

documentation (e.g., policies & procedures, training, reports, systems) and file review(s) based on percentages for elements assessed. CHPIV shall provide a delegated entity with a written report within thirty (30) calendar days after completing a review. If the delegated entity receives a score of less than one hundred percent (100%) on any audit element of the delegation standards, the delegated entity shall be required to develop a Corrective Action Plan (CAP).

CHPIV's Compliance Department will have ultimate responsibility for the CAP remediation and for monitoring and reporting the CAP to the Compliance & Policy Committee (CPC). Annual audit findings will be presented to the CPC, and the CPC shall determine the following based upon the Compliance Department's recommendations:

- Continued Delegation without interruption if one hundred percent (100%) of the annual Audit elements are met.
- Continued Delegation without interruption under a CAP, if scores are less than one hundred percent (100%) of the annual Audit elements are met.
- Any sanction that shall be imposed, such as suspension, revocation or termination, suspension of enrollment or other action if less than eighty percent (80%) of the annual Audit elements are met.
- CHPIV may impose progressive disciplinary actions on delegated entity with consistent performance issues or findings regarding significant complaints. The Compliance Department shall refer all incidents to the CPC for further action. CPC may recommend de-Delegation to the Regulatory Oversight Committee of the Commission (RCOC). If the RCOC agrees and recommends de-Delegation, the contract owner will be notified by the Compliance Department.

If, at any time during the term of the delegation agreement, a non-compliance of Delegation issue arises, it should be referred immediately to the Compliance Department, who will alert the CPC. The CPC shall determine whether ad hoc Audits, reviews, and/or other remediation are necessary to resolve any identified issues. Issues escalated will be reviewed by the Compliance Department, CPC, and RCOC, as applicable.

Delegates will allow CHPIV, DHCS, CMS, DHHS Inspector General, the Comptroller General, DOJ, and the DMHC, or their designees, to audit, inspect, and evaluate information related to CHPIV Members. The Subcontractor must make available for the purposes of any audit, evaluation or inspection of its premises, physical facilities, equipment, books, records, contracts, computers, or other electronic systems related to the services rendered to CHPIV Members and/or Delegated Activities performed. Unless a longer time is specified by a law, rule or regulation, the right to audit will exist through 10 years from the final date of the contract period, or from the date of completion of any audit, whichever is later as required by State and Federal laws, regulations, and guidance.

Additional details about the Annual Audit Program and process are extensively described in the Delegation Oversight Audit and Monitoring Program.

B. Risk-Based Monitoring

The purpose of the risk-based monitoring is to oversee CHPIV's Delegates on an ongoing basis and more frequently than annual audits. The monitoring program utilizes data (that CHPIV validates for accuracy and completeness) to score quantitative KPIs and case file reviews to score qualitative KPIs.

Reports used for quantitative KPIs have detailed report templates and specifications that must be followed to measure performance. The reports are detailed in the Monitoring Program Reporting Specifications and include information related to the Report Name, Report ID, File Naming Convention, and Data

Specifications. Qualitative case file reviews may be conducted through collection of case files and/or live system walk throughs.

Additional details regarding the Risk-Based Monitoring program and its process are comprehensively delineated in the Delegation Oversight Audit and Monitoring Program.

IV. Delegation Model

CHPIV is contracted with Health Net to arrange and render Covered Services and their accompanying administrative services for all assigned Medi-Cal (including SPD) Beneficiaries in CHPIV's service area, Imperial County. As the local initiative organized by the Imperial County Local Health Authority, CHPIV's mission is to work with Health Net to drive quality care for our members by advancing opportunities for improved health and access to comprehensive health care services; promote the long-term viability of safety net providers; increase prevention, education, and early intervention services; and partner with Medi-Cal managed care plans to monitor and improve the local healthcare system.

Within the framework of its operations, CHPIV's subcontractor Health Net delegates specific functions that directly impact its members to downstream subcontractors. These subcontractors play crucial roles in ensuring the provision of essential services to Health Net's members. For instance, Community Care, IPA, a Participating Provider Group, contracts with healthcare providers in Imperial County to deliver services to 27% of CHPIV's members. In addition, American Specialty Health Plans enables CHPIV members' access to chiropractic and acupuncture services. Behavioral Health and Nurse Advice Line services, as well as Health Risk Assessments for SPD members, are provided by Centene Management Company. Furthermore, Health Net's subcontractor ModivCare operates an extensive transportation network that caters to the transportation needs of CHPIV members. In executing this responsibility, ModivCare delegates transportation call center support to four organizations: Arise Virtual Solutions, Inc., GeBBS Healthcare Solutions, ibex Global Solutions, and VXI Global Solutions, Inc. These collaborative efforts ensure the seamless delivery of essential healthcare services to CHPIV's members, providing them with comprehensive care and support.

A copy of the Delegation Reporting and Compliance Program is available on [CHPIV's website](#).