



Health Net®

Government Programs

Training: Issue Identification, Tracking, Escalation, and
Resolution for First-Tier, Downstream and Related Entities

Training Objectives

- Health Net is committed to complying with all federal and state regulations, standards and sub-regulatory guidance. When an issue of non-compliance is identified, all Health Net Medicare Advantage (MA) first-tier, downstream and related entities (FDRs) are required to report it to their Health Net business contact. Depending on the issue identified, the Health Net business contact varies. The FDR follows existing Health Net processes to contact whomever they normally would to resolve similar issues
- An issue of non-compliance is defined as a deviation or suspected deviation from the Centers for Medicare and Medicaid Services (CMS) program requirements or other regulations that impact one or more beneficiaries. This training is designed to ensure that all Health Net MA FDRs understand the escalation process for reporting issues of non-compliance to Health Net
- Training goals:
 - Explain requirements
 - Outline policy expectations
 - Ensure clarity on FDR expectations for implementation

Requirements

- CMS requires that Health Net operate in compliance with CMS regulations and report any issues that may be out of compliance. Health Net MA FDRs are required to report any issues that may be considered out of compliance to their Health Net business contact immediately upon learning of the issue
- All Health Net first-tier providers (those who hold a direct contract with Health Net) and downstream providers (entities with which a first-tier entity contracts to provide services to MA members) and first-tier and downstream employees must complete this training. First-tier entities are responsible for their downstream entities' completion of the training. Training must be completed annually by December 31 and must also be a part of orientation for new employees. This process is subject to audit upon request from Health Net
- This process is not related to and is separate from any provider appeals and grievance process

Issue Reporting

- All Health Net MA FDRs must report issues to the established Health Net business contact as soon as the issue is identified (not to exceed 12 hours after identification)
- FDRs should include the following information when reporting the issue to the Health Net business contact:
 - a. Member(s) name
 - b. Date of incident
 - c. Identification of issue
 - d. Summary of issue

- Upon receipt of a reported issue, or within 12 hours of observing the issue, the Health Net business contact must evaluate it to determine whether an issue write-up is required
- An issue write-up is required if the answer is yes to any of the following questions:
 - a. Does the issue have a negative impact on the member, such as impeding access to care?
 - b. Does the issue impact, or potentially impact, more than one member?
 - c. Will there be political or media interest in the issue?
 - d. Could this be harmful to the member's health?
 - e. Will the issue result in a complaint to Medicare through the Complaint Tracking Module (CTM)?
 - f. Does the issue impact appeals and grievances, or first-tier, downstream and related entities or vendors' access to medication, enrollment/disenrollment or sales/marketing systems?

Issue Write-Up Requirements

- Issue write-up may not be required for a one-time mistake or error, unless there is a systemic problem that impacts multiple members, such as a wrong letter or form template
- If unable to determine whether the issue is reportable, follow the procedures for a reportable issue submission as outlined in this training

- If the Health Net business contact deems the issue to be reportable, he or she works with the FDR to report the issue according to the following requirements:
 - a. The FDR completes an issue write-up form, with as much information and detail that is available. Be sure to explain any incomplete information in the email to the Health Net business contact, providing clear explanation for the omissions and estimated dates when each item will be available
 - b. Submit the issue write-up form and supporting impact reports to the Health Net business contact for approval via email no later than the end of the current business day (not to exceed 12 hours from identification of the issue)
 - c. Place a telephone call to the Health Net business contact to ensure he or she has received the issue write-up
 - d. Continue to follow up until the Health Net business contact is reached (not to exceed 12 hours from identification of the issue)
 - e. Within five business days, the FDR must develop and submit a corrective action plan (CAP) to the Health Net business contact if the issue has been found to be a reportable issue. If the issue was not deemed reportable to CMS, a CAP may still be required as determined by the Health Net business contact
 - A CAP contains actions to be taken to correct deficiencies identified during an audit, ongoing monitoring or self-reporting and ensures future compliance with the applicable requirements. A CAP usually contains accountabilities and set timelines

Completion of the Issue Write-Up Form

- Use clear language that a layperson could understand. Any person reading any section of the issue write-up should be able to understand the system issues, actions and timeline
- Identify systems involved, such as pharmacy or enrollment
- Use only widely accepted abbreviations after completely spelling out the term the first time. Explain all acronyms
- Do not place blame when explaining issues

Completion of the Issue Write-Up Form (continued)

- Consider or describe the following when drafting the issue for Health Net review:
 - a. Who: Were members impacted? How many members were directly or indirectly impacted?
 - b. What: What occurred? What systems, if any, failed? What oversight protocols, if any, were in place or will be put in place?
 - c. When: When did the issue occur? When was the issue identified? When will the issue be resolved? (Provide an estimate.) What are the key dates for addressing the issue or resolving the problem and to ensure follow-up occurs? (Remember to keep the dates realistic. FDRs may work with their Health Net representative to determine the response.)
 - d. Why: Why did the issue occur? Why did the systems or processes fail? Why did existing oversight protocols fail?
 - e. How: How were members impacted? How was the issue identified? How will the issue be resolved? (FDRs may work with their Health Net representative to determine the response.)

Issue Monitoring to Closure

- Once a CAP has been created, and approved by the Health Net business contact, the FDR should implement the CAP and report CAP status updates to the Health Net business contact at least weekly or more often if needed
 - To report status, the FDR must confirm whether activities are on-track or if there are any actions that need to be modified. The FDR must provide weekly updates (for example, by close of business Thursday) or according to the agreed-upon frequency. The FDR must provide a specific update for any steps with an action due
 - If the original CAP requires any modifications, such as change in deadline or change in tasks, the FDR must send a detailed rationale for the change with supporting evidence to the Health Net business contact. Modifications should be submitted immediately, as soon as they are known
 - The CAP should include any training activities, as needed, for new or updated processes resulting from the issue remediation process

Issue Monitoring to Closure (continued)

- The Health Net business contact oversees progress of CAP implementation until the issue is closed
- The Health Net business contact reviews completed activities, completes internal processes and determines when the issue has been remediated
- If a previously closed issue recurs, the FDR should report the finding as a new issue with specific details of the issue write-up and the CAP implemented under the field titled, "Description of Similar Past Incidents With Dates." The FDR must review the write-up and the CAP implemented on all related submitted issues and provide final CAP
- The Health Net business contact confirms closure of the CAP when completed

Questions

- If you have any questions regarding this reporting requirement and the procedures that must be followed, please contact your established Health Net business contact