

CONTINUOUS QUALITY IMPROVEMENT ANNUAL CORRECTIVE ACTION REPORT EVALUATION

SUMMARY

Forvis Mazars provides expanded Medical Quality Assurance (QA) services for the Alameda County Sheriff's Office (ACSO) through the performance of Continuous Quality Improvement (CQI) program review and support to evaluate ongoing CQI monitoring activities, performance improvement strategies, and change implementation effectiveness.

For each CQI study, Forvis Mazars conducted medical record review of up to 30 incarcerated individual (patient) files against Wellpath's CQI criteria for the defined studies outlined in the Wellpath 2023 CQI calendar and guidance. Forvis Mazars performs medical record review after Wellpath's scheduled initial audit, proven implementation of a related Improvement Plan, and re-evaluation. Forvis Mazars performed the review to examine change implementation effectiveness and long-term performance of the improvement strategy, consistent with the widely used cyclical quality improvement Plan-Do-Study-Act (PDSA) model:

- Plan – Plan a change or test aimed at an identified problem:
 - Wellpath CQI study calendar by month, date range for data collection, and criteria questions specific to plan details.
- Do – Carry out the change or test:
 - Initial Wellpath CQI study audit and evaluation.
- Study – Analyze the results of the CQI study to learn opportunities of improvement:
 - Wellpath Improvement Plan development, implementation, and re-evaluation for initial overall compliance performance of less than 90-95% compliance threshold.
- Act – Run through the cycle again to determine adopt or abandon change:
 - Forvis Mazars CQI review to identify additional risks for non-compliance and need for corrective action plan (CAP).

The compliance threshold of 90% or 95% is determined by Wellpath's CQI study guidance. A compliance score less than a 90-95% threshold warrants a CAP. The CAP includes enhanced action steps consistent with the observations and recommendations provided, including re-evaluation within six months or more to demonstrate long-term change implementation effectiveness, as applicable.

Continuous Quality Improvement Corrective Action Plan Evaluation Executive Summary

During the 2023 CQI performance year, Forvis Mazars' medical CQI reviews identified four priority high-risk areas of non-compliance requiring corrective action:

- **Receiving Screening:** Is the Receiving Screening completed within 8 hours of Book-In? If not, is the patient refusal form completed correctly and timely?
- **Medically Supervised Withdrawal and Treatment: Alcohol Withdrawal (CIWA) & Opiate Withdrawal (COWS):** Are incarcerated individuals who are intoxicated or undergoing withdrawal appropriately managed and treated?
- **Chronic Care:** Do patients with chronic disease, other significant health conditions, and disabilities receive ongoing multidisciplinary care aligned with evidence-based standards?
- **Initial Health Assessment (IHA):** Is the IHA completed within 14 calendar days? If not, is the patient refusal form completed correctly and timely?

Based on these findings, Wellpath was issued a 2023 CQI Corrective Action on 10/7/2024, with a requirement to provide a response within 30 calendar days. Wellpath submitted and presented a CQI CAP Response on 11/11/2024, outlining a proposed CAP and associated timelines.

CQI CAP Implementation Evaluation

Forvis Mazars conducted a thorough review of proof of practice documentation and focused reviews to evaluate the effectiveness of CAP implementation. Although the CAP initial response and proposed implementation was deemed adequate, the evaluation revealed persistent gaps and shortcomings:

- **Missed deadlines:** Process development, training, and implementation timelines were not consistently met.
- **Incomplete documentation:** Required documentation was incomplete or missing.
- **Ongoing non-compliance:** Focused reviews demonstrated continued non-compliance, with performance consistently falling below the compliance threshold of 90-95%.

These findings indicate that while the CQI CAP response itself was acceptable, the actual execution and evidence of implementation did not yield the necessary improvements. As a result, the identified CQI areas of non-compliance from 2023 remain uncorrected and will roll over into the 2024 annual CQI calendar year for continued corrective action and monitoring.

CORRECTIVE ACTION PLAN EVALUATION

The CAP Evaluation section provides detailed outcomes of document review, focused reviews, compliance scores, and areas requiring further evidence of improvement to ensure patient safety and regulatory compliance.

Area of Non-Compliance		Level of Compliance <i>*percentage compliant goal 90-95%</i>		
Corrective Action		Wellpath Initial Evaluation	Wellpath Re-Evaluation	Forvis Mazars Evaluation
1	Receiving Screening NCCHC Jail Standard E-02 (Essential): Screening is performed on all incarcerated patients upon arrival at the intake facility to ensure that emergent and urgent health needs are met.	100.0% (7/2023) (17 files)	NA	85.0% (12/2023) (30 files)
Is the Receiving Screening completed within 8 hours of Book-In? If not, is the patient refusal form completed correctly and timely? <u>Observation:</u> <ul style="list-style-type: none"> Receiving Screening not consistently completed timely. Appropriate specialty referrals not consistently identified on the Receiving Screening. 				
Summary of Wellpath's Initial CAP Response	Wellpath's 11/11/2024 CAP response included proposed methods for implementing and completing corrective actions, with specific timelines for each activity. The response outlined a structured plan aimed at addressing the identified Receiving Screening area of non-compliance.	CAP Implementation Activity (proposed completion deadline)		
	<ul style="list-style-type: none"> Develop ITR training guidelines. Develop a checklist for entering alerts that can be used by ITR RNs. Develop an ITR refusal Process to reduce individual outliers who need special attention because they are currently unable to be processed through at this time. 	Process development (Ongoing)	Staff training (12/15/2024)	Chart review to measure progress (1/15/2025)
Forvis Mazars CAP Evaluation	Forvis Mazars' evaluation of the 2023 Annual CQI Receiving Screening CAP implementation included proof of practice documentation review and evaluation reviews. Despite the comprehensive nature of Wellpath's CAP Response, subsequent evaluations revealed that the implementation of the proposed actions was inconsistent and incomplete. This gap between planning and execution highlights the need for continued monitoring and further interventions to ensure sustained compliance and improved patient safety.			
	Proof of practice documentation review <u>Documents received and reviewed:</u> <ul style="list-style-type: none"> Attachment 2 - Screening Nurse check off list 11.6.24 (1/31/2025). Attachment 4 - Nursing Procedure Update Problem Lists-Alerts (1/31/2025). Attachment 1 - ITR Site Specific to Refusal Protocol 10.31.24 (1/31/2025). <u>Outstanding documents and evidence of implementation pending:</u> <ul style="list-style-type: none"> Incorporate training guidelines and checklists into onboarding training and provide additional review during annual/periodic policy training. Continue to provide ongoing specialized training for ITR RNs. 			
	Evaluation review <ul style="list-style-type: none"> Forvis Mazars conducted evaluation reviews to verify completion and implementation of the proposed Receiving Screening corrective actions. <p><u>Part 1:</u> The initial and re-evaluation CQI medical record reviews for Receiving Screening beyond 2023 continued to demonstrate unsatisfactory compliance scores, consistently falling below the 90-95% compliance threshold.</p>			

	2024	Wellpath Initial Evaluation	Wellpath Re-Evaluation	
	Overall Percentage Compliant (Files Reviewed)	73% (7/2024) (17 files)	95% ** (10/2024) (17 files)	
			82% (12/2024) (17 files)	
<p><i>*The "Grand Average" score is the mean of all the numerators and denominators combined across all questions. This is more accurate than finding the average of each measure then averaging those averages.</i></p> <p>** While Wellpath achieved an overall compliance score of 95% for the Receiving Screening study in October 2024, meeting the required 90-95% threshold, the specific measure of Receiving Screening timeliness fell short, with an initial score of 71%. A subsequent reevaluation showed improvement; however, this still did not meet the compliance threshold and was classified as noncompliant.</p> <p><u>Part 2:</u> Despite allowing Wellpath adequate time to implement corrective actions in 2024, preliminary review results indicate that compliance remains unsatisfactory. The Forvis Mazars January 2025 CQI compliance review achieved an overall compliance score of 90%, however, the specific measure of Receiving Screening timeliness fell short, with an initial score of 53% (17 files).</p>				
CAP Status	Receiving Screening CAP Implementation Evaluation: NOT CORRECTED			
	<ul style="list-style-type: none">Despite Wellpath's Receiving Screening CAP implementation efforts, performance improvement in initial and re-evaluation CQI reviews remains insufficient, with fluctuating compliance scores below the 90-95% threshold. This raises concerns about the effectiveness and sustainability of the corrective measures taken.The Consent Decree mandates that patients are processed through intake within 8-hours. Delayed Receiving Screening and corresponding intake orders causes unintentional barriers to access to care, including receiving immediate treatment and management interventions, resulting in an increased risk for patient injury and/or harm.Despite CAP implementation efforts, the Receiving Screening corrective action remains uncorrected. Continued corrective action, monitoring, and potential escalation are necessary to ensure patient safety and regulatory compliance.			
Corrective Action		Wellpath Initial Evaluation	Wellpath Re-Evaluation	Forvis Mazars Evaluation
2	Medically Supervised Withdrawal and Treatment: Alcohol Withdrawal (CIWA)* NCCHC Jail Standard F-04 (Essential): Incarcerated individuals who are intoxicated or undergoing withdrawal are appropriately managed and treated. <i>*Two studies were conducted in 2023</i>	70.0% (3/2023) (24 files)	Incomplete (6/2023)	38.0% (12/2023) (15 files)
		60.0% (12/2023) (24 files)	57.0% (3/2024) * (21 files) <i>*2023 re-evaluation and 2024 initial evaluation timeframes coincide</i>	42.0% (8/2024) (24 files)
	Medically Supervised Withdrawal and Treatment: Opiates Withdrawal (COWS) NCCHC Jail Standard F-04 (Essential): Incarcerated individuals who are intoxicated or undergoing withdrawal are appropriately managed and treated.	63.0% (3/2023) (24 files)	Incomplete (6/2023)	42.0% (12/2023) (15 files)
	<i>Are incarcerated individuals who are intoxicated or undergoing withdrawal appropriately managed and treated?</i> <u>Observation:</u> <ul style="list-style-type: none">Initial identification of required withdrawal monitoring not consistently completed timely to coincide with Receiving Screening.Inconsistent order and form completed for applicable Opioid Withdrawal Kick-Start Pack.Frequent incomplete documented observations and assessments performed.Inconsistent electrolyte replacement offered and documented.Evidence of related scanned patient refusals is not consistent.			
Summary of Wellpath's Initial CAP Response	Wellpath's 11/11/2024 CAP response included proposed methods for implementing and completing actions, with specific timelines for each activity. The response outlined a structured plan aimed at addressing the identified CIWA and COWS areas of non-compliance.	CAP Implementation Activity (proposed completion deadline)		

	<ul style="list-style-type: none">Develop ITR Receiving Screening Checklist (Completed).Develop an ITR Refusal Process identifying patients who are refusing secondary to significant withdrawal concerns (Completed).Focus staff training on critical non-compliance areas.Focus provider training to follow the expectation of medicating all CIWA patients unless there is clear medical contraindication.	Staff Training (12/1/2024)	Implement guidelines & checklists (12/15/2024)	Chart review to measure progress (1/15/2025)									
Forvis Mazars CAP Evaluation	Forvis Mazars' evaluation of the 2023 CQI CIWA and COWS CAP implementation included proof of practice documentation review and focused reviews. Despite the comprehensive nature of Wellpath's CAP Response, subsequent evaluations revealed that the implementation of the proposed actions was inconsistent and incomplete. This gap between planning and execution highlights the need for continued monitoring and further interventions to ensure sustained compliance and improved patient safety.												
	Proof of practice documentation review <u>Documents received and reviewed:</u> <ul style="list-style-type: none">Attachment 2 - Screening Nurse check off list 11.6.24 (1/31/2025).Attachment 1 - ITR Site Specific to Refusal Protocol 10.31.24 (1/31/2025).Attachment 15 –ITR Roster 12.6.24 (1/31/2025). <u>Outstanding documents and evidence of implementation pending:</u> <ul style="list-style-type: none">Focus staff training on critical non-compliance areas.Focus provider training to follow the expectation of medicating all CIWA patients unless there is clear medical contraindication.Incorporate the new processes into onboarding training and provide additional review during annual/periodic policy training.Implement new ITR/HU 3 guidelines and checklists.Collaborate with ACSO for deputy awareness of refusal process for CIWA/COWS.												
	Evaluation review <ul style="list-style-type: none">Forvis Mazars conducted evaluation reviews to verify completion and implementation of the proposed CIWA and COWS corrective actions.												
	Medically Supervised Withdrawal and Treatment: Alcohol Withdrawal (CIWA)												
	Part 1: The initial and re-evaluation medical record reviews for CIWA beyond 2023 continued to demonstrate unsatisfactory compliance scores, consistently falling below the 90-95% compliance threshold.												
	<table><tr><th>2024</th><th>Wellpath Initial Evaluation</th><th>Wellpath Re-Evaluation</th></tr><tr><td rowspan="3">Overall Percentage Compliant (Files Reviewed)</td><td>57% (3/2024) (21 files)</td><td>39% (7/2024) (24 files)</td></tr><tr><td>43% (10/2024) (18 files)</td><td>37% (12/2024) (21 files)</td></tr><tr><td></td><td>43% (1/2025) (21 files)</td></tr></table>				2024	Wellpath Initial Evaluation	Wellpath Re-Evaluation	Overall Percentage Compliant (Files Reviewed)	57% (3/2024) (21 files)	39% (7/2024) (24 files)	43% (10/2024) (18 files)	37% (12/2024) (21 files)	
2024	Wellpath Initial Evaluation	Wellpath Re-Evaluation											
Overall Percentage Compliant (Files Reviewed)	57% (3/2024) (21 files)	39% (7/2024) (24 files)											
	43% (10/2024) (18 files)	37% (12/2024) (21 files)											
		43% (1/2025) (21 files)											
<i>*The "Grand Average" score is the mean of all the numerators and denominators combined across the months. This is more accurate than finding the average of each measure then averaging those averages.</i>													
Part 2: Despite allowing Wellpath adequate time to implement corrective actions in 2024, preliminary review results indicate that compliance remains unsatisfactory. The Forvis Mazars August 2024 CQI compliance review revealed continued non-compliance with the CIWA compliance review, achieving only 42% (24 files) compliance and the January 2025 CQI compliance review revealed continued non-compliance with the CIWA compliance indicator, achieving only 45% (24 files).													

	Medically Supervised Withdrawal and Treatment: Opiates Withdrawal (COWS)			
	Part 1: The initial and re-evaluation CQI medical record reviews for COWS beyond 2023 continued to demonstrate unsatisfactory compliance scores, consistently falling below the 90-95% compliance threshold.			
	2024	Wellpath Initial Evaluation	Wellpath Re-Evaluation	
	Overall Percentage Compliant (Files Reviewed)	49% (3/2024) (22 files)	32% (7/2024) (23 files)	
			52% (11/2024) (21 files)	
			47% (12/2024) (19 files)	
			45% (1/2025) (21 files)	
	*The “Grand Average” score is the mean of all the numerators and denominators combined across the months. This is more accurate than finding the average of each measure then averaging those averages.			
	Part 2: Despite allowing Wellpath adequate time to implement corrective actions in 2024, preliminary review results indicate that compliance remains unsatisfactory. The August 2024 CQI compliance review revealed continued non-compliance with the COWS compliance review, achieving only 40% (24 files) compliance and the January 2025 CQI compliance review revealed continued non-compliance with the COWS compliance indicator, achieving only 38% (24 files).			
CAP Status	CIWA and COWS CAP Implementation Evaluation: NOT CORRECTED			
	<ul style="list-style-type: none">Despite Wellpath’s CIWA and COWS CAP implementation efforts, performance improvement in monthly and quarterly QA reviews remains insufficient, with compliance scores consistently below the 90-95% threshold. This raises concerns about the effectiveness and sustainability of the corrective measures taken.The inability to execute an order for medically necessary care, including performing a patient assessment, can lead to inadequate care, inappropriate care, delayed care, and result in patient injury and/or harm. <i>Wellpath Policy and Procedure HCD-110_F-04 Medically Supervised Withdrawal and Treatment-Alameda CA</i> states, “At each encounter, the patient is offered a minimum of eight ounces (8oz) of electrolyte replacement drink.Additionally, without evidence of patient refusals to show that the patient was provided education and understands the risks involved with not being evaluated or treated, there is an increased risk for patient injury and/or harm, as well as organizational risk.Despite CAP implementation efforts, the CIWA and COWS corrective action remains uncorrected. Continued corrective action, monitoring, and potential escalation are necessary to ensure patient safety and regulatory compliance.			
	Corrective Action	Wellpath Initial Evaluation	Wellpath Re-Evaluation	Forvis Mazars Evaluation
3	Chronic Care NCCHC Jail Standard F-01 (Essential): Patients with chronic disease, other significant health conditions, and disabilities receive ongoing multidisciplinary care aligned with evidence-based standards.	74.0% (4/2023) (24 files)	Incomplete	60.0% (11/2023) (30 files)
	Do patients with chronic disease, other significant health conditions, and disabilities receive ongoing multidisciplinary care aligned with evidence-based standards? <u>Observation:</u> <ul style="list-style-type: none">Inconsistent referral issued for existing chronic conditions or newly identified chronic conditions during Receiving Screening.Problem Lists and Alerts not consistently up to date.Ongoing 90-day chronic care visits not consistently completed timely, as indicated.Evidence influenza vaccine offered annually, as applicable.			
Summary of Wellpath’s Initial CAP Response	Wellpath’s 11/11/2024 CAP response included proposed methods for implementing and completing corrective actions, with specific timelines for each activity. The response outlined a structured plan aimed at addressing the identified Care area of non-compliance.	CAP Implementation Activity (proposed completion deadline)		

	<ul style="list-style-type: none">Review with the Medical Providers the conditions relevant for CCC services.Develop a Provider Checklist to assist with CC Services – Include the aspects that focus on the QA CAP response for Problems and Alerts and process for when a patient refuses their CCC service encounter.Train Providers on the expectation for addressing and offering the Influenza Vaccine during each CCC service encounter during the Influenza season.	Process development (12/15/2024)	Staff training (December 2024 or Early January 2025)	Chart review to measure progress (1/15/2025)								
Forvis Mazars CAP Evaluation	Forvis Mazars' evaluation of the 2023 Chronic Care CAP implementation included proof of practice documentation review and focused reviews. Despite the comprehensive nature of Wellpath's CAP Response, subsequent evaluations revealed that the implementation of the proposed actions was inconsistent and incomplete. This gap between planning and execution highlights the need for continued monitoring and further interventions to ensure sustained compliance and improved patient safety.											
	Proof of practice documentation review <u>Documents received and reviewed:</u> <ul style="list-style-type: none">Attachment 17 - SRJ Medical Provider Sick Call Checklist (1/31/2025). <u>Outstanding documents and evidence of implementation pending:</u> <ul style="list-style-type: none">Review with the Medical Providers the conditions relevant for CCC services.Train Providers on the expectation for addressing and offering the Influenza Vaccine during each CCC service encounter during the Influenza season.Incorporate training guidelines and checklists into onboarding training and provide additional review during annual/periodic policy training.Develop a periodic chart review system for the timeliness of CCC service encounters.											
	Evaluation review <ul style="list-style-type: none">Forvis Mazars conducted evaluation reviews to verify completion and implementation of the proposed Chronic Care corrective actions.											
	<u>Part 1:</u> The initial and re-evaluation CQI medical record reviews for Chronic Care beyond 2023 continued to demonstrate unsatisfactory compliance scores, consistently falling below the 90-95% compliance threshold.											
	<table><tr><th>2024</th><th>Wellpath Initial Evaluation</th><th>Wellpath Re-Evaluation</th></tr><tr><td rowspan="4">Overall Percentage Compliant (Files Reviewed)</td><td rowspan="4">75% (3/2024) (16 files)</td><td>74% (8/2024) (16 files)</td></tr><tr><td>67% (10/2024) (15 files)</td></tr><tr><td>68% (12/2024) (13 files)</td></tr><tr><td>57% (2/2025) (13 files)</td></tr></table> <p><i>*The "Grand Average" score is the mean of all the numerators and denominators combined across the months. This is more accurate than finding the average of each measure then averaging those averages.</i></p>				2024	Wellpath Initial Evaluation	Wellpath Re-Evaluation	Overall Percentage Compliant (Files Reviewed)	75% (3/2024) (16 files)	74% (8/2024) (16 files)	67% (10/2024) (15 files)	68% (12/2024) (13 files)
2024	Wellpath Initial Evaluation	Wellpath Re-Evaluation										
Overall Percentage Compliant (Files Reviewed)	75% (3/2024) (16 files)	74% (8/2024) (16 files)										
		67% (10/2024) (15 files)										
		68% (12/2024) (13 files)										
		57% (2/2025) (13 files)										
<u>Part 2:</u> Despite allowing Wellpath adequate time to implement corrective actions in 2024, preliminary review results indicate that compliance remains unsatisfactory. The Forvis Mazars August 2024 CQI compliance review revealed continued non-compliance with the Chronic Care compliance review, achieving only 76% (17 files).												
CAP Status	Chronic Care CAP Implementation Evaluation: NOT CORRECTED <ul style="list-style-type: none">Despite Wellpath's Chronic Care CAP implementation efforts, performance improvement in monthly and quarterly QA reviews remains insufficient, with compliance scores consistently below the 90-95% threshold. This raises concerns about the effectiveness and sustainability of the corrective measures taken.Without consistent and accurate documentation of all current and existing major and Chronic Disease diagnoses on the Problem List and Alerts, the Clinical Teams cannot adequately meet the patient's transitional and continuity of care needs and increases the risk of inappropriate or delayed care delivery, which could negatively impact patient outcome(s), and result in patient injury and/or harm.											

	<ul style="list-style-type: none">Despite CAP implementation efforts, the Chronic Care corrective action remains uncorrected. Continued corrective action, monitoring, and potential escalation are necessary to ensure patient safety and regulatory compliance.			
Corrective Action		Wellpath Initial Evaluation	Wellpath Re-Evaluation	Forvis Mazars Evaluation
4	Initial Health Assessment. NCCHC Jail Standard E-04 (Essential): Incarcerated individuals receive initial health assessments (IHA).	87.0% (5/2023) (24 files)	93.0% (2/2024) (13 files)	23.0% (1/2024) (30 files)
Is the IHA completed within 14 calendar days? If not, is the patient refusal form completed correctly and timely? <u>Observation:</u> <ul style="list-style-type: none">Untimely or incomplete IHA performed within 14 days of Receiving Screening (Book-in).Inconsistent co-signature of appropriate clinician credentials, as required when IHA initiated by a licensed vocational nurse.				
Summary of Wellpath's Initial CAP Response	Wellpath's 11/11/2024 CAP response included proposed methods for implementing and completing corrective actions, with specific timelines for each activity. The response outlined a structured plan aimed at addressing the identified Care area of non-compliance.		CAP Implementation Activity (proposed completion deadline)	
	<ul style="list-style-type: none">Develop a refined H&P process after collaborating with the NCCHC and Wellpath Clinical Leadership.Determine a prioritization for compliance with the IHA in a timely fashion.Retrain the H&P nurses to conduct the physical exam and dental screening.		Process development (12/1/2024)	Staff training (12/15/2024) Chart review to measure progress (1/15/2025)
Forvis Mazars CAP Evaluation	Forvis Mazars' evaluation of the 2023 Chronic Care CAP implementation included proof of practice documentation review and focused reviews. Despite the comprehensive nature of Wellpath's CAP Response, subsequent evaluations revealed that the implementation of the proposed actions was inconsistent and incomplete. This gap between planning and execution highlights the need for continued monitoring and further interventions to ensure sustained compliance and improved patient safety.			
	Proof of practice documentation review <u>Documents received and reviewed:</u> Attachment 8 - New IHA Process (1/31/2024). <u>Outstanding documents and evidence of implementation pending:</u> <ul style="list-style-type: none">Determine a prioritization for compliance with the IHA in a timely fashion.Retrain the H&P nurses to conduct the physical exam and dental screening.Incorporate the refined H&P process into onboarding training and provide additional review during annual/periodic policy training.			
	Evaluation review <ul style="list-style-type: none">Forvis Mazars conducted evaluation reviews to verify completion and implementation of the proposed Chronic Care corrective actions.			
	Part 1: The initial and re-evaluation CQI medical record reviews for Initial Health Assessments beyond 2023 continued to demonstrate unsatisfactory compliance scores, consistently falling below the 90-95% compliance threshold.			
2024		Wellpath Initial Evaluation	Wellpath Re-Evaluation	
Overall Percentage Compliant (Files Reviewed)		73% (5/2024) (14 files)	89% (7/2024) (15 files)	
			75% (11/2024) (18 files)	
			83% (12/2024) (15 files)	
<i>*The "Grand Average" score is the mean of all the numerators and denominators combined across the months. This is more accurate than finding the average of each measure then averaging those averages.</i>				

	<p><u>Part 2:</u> Despite allowing Wellpath adequate time to implement corrective actions in 2024, preliminary review results indicate that compliance remains unsatisfactory. The Forvis Mazars December 2024 CQI compliance review revealed continued non-compliance with the Initial Health Assessment compliance review, achieving only 77% (17 files) compliance and the March 2025 compliance review revealed continued non-compliance with the Initial health Assessment compliance review, achieving only 82% (17 files) compliance.</p>
CAP Status	<p>Initial Health Assessment Implementation Evaluation: NOT CORRECTED</p> <ul style="list-style-type: none"> Despite Wellpath's IHA CAP implementation efforts, performance improvement in monthly and quarterly QA reviews remains insufficient, with compliance scores consistently below the 90-95% threshold. This raises concerns about the effectiveness and sustainability of the corrective measures taken. Integrating the IHA with an updated H&P examination process, along with a complete and timely initial medical history and physical exams ensures that an appropriate and personalized care plan can be established, appropriately identified and assured patient health care needs are met. Despite CAP implementation efforts, the IHA corrective action remains uncorrected. Continued corrective action, monitoring, and potential escalation are necessary to ensure patient safety and regulatory compliance.

CORRECTIVE ACTION PLAN EVALUATION CONCLUSION

On behalf of the ACSO, Forvis Mazars has completed its 2023 annual Continuous Quality Improvement Corrective Action Plan Evaluation. Despite proposed CAP implementation efforts, Wellpath has not corrected any of the four areas of non-compliance originally identified in the 2023 Annual Continuous Quality Improvement Corrective Action report issued on 10/7/2024. Consequently, these corrective actions remain uncorrected and will be carried forward for continued corrective action and monitoring in the subsequent quarterly reporting periods. Ongoing oversight and potential escalation are necessary to ensure patient safety and regulatory compliance.

Our evaluation revealed that while Wellpath submitted CAP responses and amended plans, the execution and documentation of corrective action implementation activities were inconsistent. Key issues included:

- Missed deadlines for process development, training, and implementation.
- Incomplete or missing proof of practice documentation.
- Focused reviews showing continued non-compliance with performance consistently falling below the 90-95% compliance threshold.

To address these persistent gaps, Wellpath must submit outstanding proof of practice documents and evidence of implementation in their next annual CAP response. Failure to respond in a timely, accurate, and in compliant manner may result in further action.