

MEDICAL REVIEW – SOUTHERN SECTION III
AUDITS AND INVESTIGATIONS
DEPARTMENT OF HEALTH CARE SERVICES

CenCal Health

Contract Number: 08-85212

Audit Period: November 1, 2016
Through
October 31, 2017

Report Issued: April 5, 2018

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I. INTRODUCTION

CenCal Health, formerly known as Santa Barbara Regional Health Authority, was established on September 1, 1983 and assumed responsibility for the Medi-Cal program in Santa Barbara County (known as the Santa Barbara Health Initiative or SBHI) as the first state-contracted County Organized Health System (COHS). In March 2008, San Luis Obispo County became part of CenCal's service area of the managed care Medi-Cal program, (San Luis Obispo Health Initiative or SLOHI).

CenCal Health provides managed care health services to Medi-Cal beneficiaries under the provision of Welfare and Institutions Code, Section 14499.5. CenCal Health is a public entity that is governed by a 13-member Board of Directors appointed by the Santa Barbara and San Luis Obispo County Board of Supervisors. The Board of Directors is composed of local government, physicians, hospital, member, and other health care provider and business representatives.

A federal waiver granted under Social Security Act Section 1115(a) permits mandatory enrollment of Medi-Cal only Seniors and Persons with Disabilities (SPD) into Medi-Cal managed care. The waiver allows the Department of Health Care Services to achieve care coordination, better manage chronic conditions, and improve health outcomes.

As of November 1, 2017, CenCal Health's enrollment for Medi-Cal was approximately 178,887 members in Santa Barbara and San Luis Obispo counties. This includes 8,570 SPD members.

II. EXECUTIVE SUMMARY

Under the authority of the California Welfare and Institutions Code §14456, the Department of Health Care Services (DHCS), Audits & Investigations, Medical Review Branch, conducts annual medical audits of contracting health plans. These audits assist the Department with its overall monitoring effort and identify areas of deficiencies that form the basis for corrective actions. The DHCS medical audit covered the period of November 1, 2016 through October 31, 2017 and was conducted on November 7, 2017 through November 9, 2017.

Through a risk assessment, discussions with management, and review of documentation, the audit identified key areas with the greatest significance to include in this audit. The audit consisted of document review, verification studies, and interviews with Plan personnel.

The audit evaluated six categories of performance: Utilization Management, Case Management and Coordination of Care, Access and Availability of Care, Member's Rights, Quality Management, and Administrative and Organizational Capacity. There were no deficiencies noted in any of the categories reviewed.

To ensure parity in services, this medical audit reviewed coverage for the Plan's Medi-Cal only SPD and non-SPD population. The audit identified no significant variance in coverage for either population.

DHCS also evaluated whether contractual requirements were met for the provision of Behavioral Health Therapy (BHT) services to members under 21 years of age diagnosed with Autism Spectrum Disorder (ASD). Per DHCS All Plan Letter (APL) 15-025, the Plan is responsible for the provision of Early and Periodic Screening, Diagnosis and Treatment services to include medically necessary behavioral health therapy.

During the audit period, the Plan did not maintain internal policies and procedures for the provision of BHT services as contractually obligated.

Although the Plan lacked pertinent policies and procedures, members are informed of and are receiving BHT-ASD services. In a verification study, reviewers examined medical records and found evidence of care coordination and continuity of care.

The Plan delegates BHT for ASD services to a Managed Behavioral Health Organization, The Holman Group (Holman). As contractually obligated, the Plan oversees Holman and monitoring efforts are in place for BHT-ASD services.

Subsequent to the onsite, the Plan submitted their draft policies and procedures specific to BHT-ASD. The Plan is in the process of implementing its policies and procedures, in collaboration with Holman, for BHT-ASD coverage as detailed in APL 15-025.

The Plan's overall efforts to meet BHT-ASD contract requirements is determined to be adequate at this time and will be examined in future audits to evaluate the Plan's effective controls.

III. SCOPE/AUDIT PROCEDURES

SCOPE

This audit was conducted by the Department of Health Care Services (DHCS), Medical Review Branch to ascertain that the medical services provided to Plan members comply with federal and state laws, Medi-Cal regulations and guidelines, and the State Contract.

These audits assist the department with its overall monitoring effort and identify areas of deficiency which form the basis for corrective actions.

PROCEDURE

The on-site review was conducted from November 7, 2017 through November 9, 2017. The audit included a review of the Plan's policies for providing services, the procedures used to implement the policies, and verification studies of the implementation and effectiveness of those policies. Documents were reviewed and interviews were conducted with Plan administrators and staff. To ensure parity in services, the verification studies included both SPD and non-SPD members in the samples.

The following verification studies were conducted:

Category 1 – Utilization Management

Prior Authorization Requests: 25 medical (sample includes 10 SPD) and 25 pharmacy (sample includes 10 SPD) prior authorization requests were reviewed for timeliness, consistent application of criteria, appropriate review, and communication of results to members and providers.

Appeal Procedures: 20 (sample includes 12 SPD) prior authorization appeals were reviewed for appropriate and timely adjudication.

Category 2 – Case Management and Coordination of Care

Initial Health Assessment: 24 (sample includes 10 SPD) medical records were reviewed for completeness and timeliness.

Behavioral Health Therapy: 19 medical records were reviewed for evidence of coordination of care between the Plan and providers.

Category 3 – Access and Availability of Care

Appointment Availability: 15 providers from the Plan's Provider Network were reviewed. The first available appointment was used.

Emergency Services and Family Planning Claims: 8 (sample includes 5 SPD) emergency service claims and 8 (sample includes 1 SPD) family planning claims were reviewed for appropriate and timely adjudication.

Category 4 – Member’s Rights

Grievance Procedures: 44 (sample includes 14 SPD) grievances were reviewed for timely resolution, response to complainant, and submission to the appropriate level of review.

MEDICAL REVIEW – SOUTHERN SECTION III
AUDITS AND INVESTIGATIONS
DEPARTMENT OF HEALTH CARE SERVICES

CenCal Health

Contract Number: 08-85219
State Supported Services

Audit Period: November 1, 2016
Through
October 31, 2017

Report Issued: April 5, 2018

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I. INTRODUCTION

This report presents the audit findings of CenCal Health State Supported Services Contract No. 08-85219. The State Supported Services contract covers contracted abortion services with CenCal Health.

The on-site audit was conducted from November 7, 2017 through November 9, 2017. The audit period is November 1, 2016 through October 31, 2017 and consisted of document review of materials supplied by the Plan and interviews conducted on-site.

❖ COMPLIANCE AUDIT FINDINGS (CAF) ❖	
PLAN: CenCal Health	
AUDIT PERIOD: Nov. 1, 2016 through Oct. 31, 2017	DATE OF AUDIT: Nov. 7 through November 9, 2017

STATE SUPPORTED SERVICES CONTRACT REQUIREMENTS
<p>Abortion <i>Contractor agrees to provide, or arrange to provide, to eligible Members the following State Supported Services:</i> <i>Current Procedural Coding System Codes*: 59840 through 59857</i> <i>HCFA Common Procedure Coding System Codes*: X1516, X1518, X7724, X7726, Z0336</i></p> <p><i>*These codes are subject to change upon the Department of Health Services' (DHS) implementation of the Health Insurance Portability and Accountability Act of 1996 (HIPAA) electronic transaction and code sets provisions. Such changes shall not require an amendment to this Contract.</i> <i>State Supported Services Contract Exhibit A.1</i></p>

SUMMARY OF FINDINGS:

The Plan's Policy, State Supported Services/Pregnancy Termination/Abortion (800-2006-A), states that the Plan's review and payment policy for pregnancy termination procedures applies to both contracted and non-contracted providers; and that access to state supported services do not require prior authorization.

The policy lists Current Procedural Terminology (CPT) codes 59840, 59841, 59850-59852, and 59855-59857 for surgical abortion, and Healthcare Common Procedure Coding (HCPCS) codes S0199 (oral Mifepristone 200 mg), S0190 (RU-486), and S0191 (Misoprostol 200 mg). Miscellaneous medical surgical supplies, abortion procedure codes A4649-U1 and A4649-US (formerly known codes X1516 and X1518) are not included in this policy. However, the Abortion Procedure Code List includes all appropriate codes including A4649.

The Plan's Member Handbook states pregnancy termination (abortion) services are covered for members. Further, Member Handbook includes information regarding sensitive services and providers' right to refuse service.

Abortion services are classified as sensitive services, in which minors under the age of 18 may access these services without parental consent. Inpatient hospitalization for the performance of an abortion requires prior authorization in accordance to *California Code of Regulations [CCR], Title 22, Section 51327.*

The audit found no discrepancies for this section.