

May 7, 2025

Allison Bartee, Director of Regulatory Compliance
CenCal Health
4050 Calle Real
Santa Barbara, CA 93110

Via E-mail

RE: Department of Health Care Services Medical Audit

Dear Ms. Bartee:

The Department of Health Care Services (DHCS), Audits and Investigations Division conducted an on-site Medical Audit of CenCal Health, a Managed Care Plan (MCP), from November 12, 2024 through November 22, 2024. The audit covered the period from November 1, 2023, through October 31, 2024.

The items were evaluated, and DHCS accepted the MCP's submitted Corrective Action Plan (CAP). The CAP is hereby closed. The enclosed documents will serve as DHCS' final response to the MCP's CAP. Closure of this CAP does not halt any other processes in place between DHCS and the MCP regarding the deficiencies in the audit report or elsewhere, nor does it preclude the DHCS from taking additional actions it deems necessary regarding these deficiencies.

Please be advised that in accordance with Health & Safety Code Section 1380(h) and the Public Records Act, the final audit report and final CAP remediation document (final Attachment A) will be made available on the DHCS website and to the public upon request.

If you have any questions, please reach out to CAP Compliance personnel.

Sincerely,

[Signature on file]

Lyubov Poonka, Chief

Audit Monitoring Unit

Process Compliance Section

DHCS - Managed Care Quality and Monitoring Division (MCQMD)

Enclosures: Attachment A (CAP Response Form)

cc: Bambi Cisneros, Interim Chief
DHCS - Managed Care Quality and Monitoring Division (MCQMD)

Via E-mail

Grace McGeough, Section Chief
Process Compliance Section
Managed Care Monitoring Branch
DHCS - Managed Care Quality and Monitoring Division (MCQMD)

Via E-mail

Christina Viernes, Lead Analyst
Audit Monitoring Unit
Process Compliance Section
DHCS - Managed Care Quality and Monitoring Division (MCQMD)

Via E-mail

Lyubov Poonka , Unit Chief
Managed Care Contract Oversight Branch
DHCS – Managed Care Operations Division (MCOD)

Via E-mail

Crystal Tram, Contract Manager
Managed Care Contract Oversight Branch
DHCS – Managed Care Operations Division (MCOD)

Via E-mail

ATTACHMENT A

Corrective Action Plan Response Form

Plan: CenCal Health

Review Period: 11/01/23 – 10/31/24

Audit: Medical Audit

On-site Review: 11/12/24 – 11/22/24

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>2.1.1 Preventive Services for Members Under Age 21</p> <p>The Plan did not ensure the provision of lead risk assessments to all members less than 21 years of age.</p>	<p>CenCal Health has undertaken a series of actions aimed at ensuring full compliance with the established guidelines and requirements. Outlined below are steps taken to rectify this issue and improve our practices moving forward:</p> <p>1. Policy Updates: CenCal Health has revised its internal policy and procedures related to blood lead level testing and lead risk assessments. These updates align with the Bright Futures/AAP periodicity schedule to guarantee all members are assessed appropriately.</p> <p>2. New Provider Orientation: CenCal Health has implemented enhanced procedures for new provider orientation. An added feature now includes specific reminders and training on the requirements to adhere to the Bright Futures/AAP periodicity schedule, ensuring clarity and</p>	<p>1a. QU-07 Ensuring EPSDT Screening, AAP Bright Futures Preventative Services (p.4)</p> <p>1b. QU-21 Blood Lead Screening of Young Children</p> <p>2a. PCP_CenCal Health New Provider Orientation Presentation_2025 (pp.59-60)</p>	<p>1a. May 1, 2025 (short-term)</p> <p>1b. May 1, 2025 (short-term)</p> <p>2a. April 24, 2025 (short-term)</p>	<p>The following documentation supports the MCP’s efforts to correct this finding:</p> <p>POLICIES AND PROCEDURES</p> <ul style="list-style-type: none">Updated P&P, “QU-07: Ensuring EPSDT Screening, AAP Bright Futures Preventive Services, and Medically Necessary Diagnostic and Treatment Services, for Members Under Age 21” (05/01/2025) which states that the MCP promotes and ensures its Network Providers follow the AAP Bright Futures Periodicity schedule as it pertains to lead risk assessments. (QU-07 Ensuring EPSDT Screening, AAP Bright Futures Preventative Services, Page 4).Updated P&P, “QU-21: Blood Lead Screening of Young Children” (05/01/2025) which states that the MCP will ensure that their contracted providers perform lead risk assessments with appropriate follow-up, if positive, on all children in accordance with the Bright Futures Periodicity Schedule at 6 months, 9 months, 18 months, 36 months,

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	<p>understanding from the outset of the provider relationship.</p> <p>Facility Site Review and Medical Record Review: CenCal Health incorporated a new workflow into the medical record review process. This change is designed to identify and address any instances where providers fail to adhere to the regulatory obligations to follow the Bright Futures /AAP periodicity schedule. This process 'closes the loop' with periodic monitoring and by ensuring corrective action can be swiftly implemented where necessary.</p> <p>3. Provider Communication: CenCal Health issued Provider Bulletins in January 2025 and April 2025, informing all providers about the requirements and emphasizing the importance of conducting lead risk assessments on all eligible members.</p> <p>CenCal Health's Provider Manual is currently being revised to explicitly include language that mandates lead risk assessments, serving as an ongoing reference for providers.</p>	<p>3a. Screening Reminders Bulletin Jan 2025</p> <p>3b. Lead Screening Provider Bulletin Apr 2025</p> <p>3c. Provider Manual</p>	<p>3a. Jan 1, 2025 (short-term)</p> <p>3b. April 1, 2025 (short-term)</p> <p>3c. May 31, 2025 (short-term)</p>	<p>48 months, 60 months, and 72 months. (QU-21 Blood Lead Screening of Young Children, Page 2).</p> <p>TRAINING</p> <ul style="list-style-type: none"> PowerPoint Slides, "New Provider Training – Primary Care Provider" to demonstrate that the MCP has included specific reminders and training on the requirements to adhere to the Bright Futures/AAP periodicity schedule, ensuring clarity and understanding from the outset of the provider relationship. (PCP CenCal Health New Provider Orientation Presentation 2025, Pages 59-60). Provider Communication, "Screening Reminders Bulletin" (January 2025), "Lead Screening Provider Bulletin" (April 2025), to demonstrate that the MCP has informed all providers about the requirements and emphasizing the importance of conducting lead risk assessments on all eligible members. (Screening Reminders Bulletin Jan 2025, Lead Screening Provider Bulletin Apr 2025).

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	<p>4. Website Enhancement: CenCal Health has enhanced our lead testing website content. This update includes specific language and guidance on lead risk assessments, providing an accessible resource for both providers and members. Link: https://www.cencalhealth.org/providers/care-guidelines/medi-cal-for-kids-teens-services/lead-testing/</p> <p>5. Medical Record Review Program: CenCal Health has a mature and effective process for continuous self-monitoring to detect and prevent non-compliance with lead risk assessments. This includes specific measurement of lead risk assessments when clinically indicated, required through CenCal Health’s robust, year-round Medical Record Review Program. This program not only supports compliance with lead screening requirements but also serves as a mechanism for monitoring other Medi-Cal preventive screening and treatment requirements across our Primary Care Provider network. CenCal Health’s clinical staff utilize a standardized audit tool to conduct</p>	<p>4a. Lead Testing Webpage Updates Jan 2025</p> <p>5a. Scoring Tool - Peds_Template (p.4)</p> <p>5b. MRR Q1 2025 Findings (p.7)</p> <p>5c. MRR 2024 Trends (p.6)</p>	<p>4a. Jan 31, 2025 (short-term)</p> <p>5a. March 1, 2025 (short-term)</p> <p>5b. April 1, 2025 (short-term)</p> <p>5c. Dec 31, 2024 (short-term)</p>	<ul style="list-style-type: none"> Updated Website, “Lead Testing” to demonstrate that the MCP has included specific language and guidance on lead risk assessments, providing an accessible resource for both providers and members. (Lead Testing Webpage Updates Jan 2025). <p>MONITORING AND OVERSIGHT</p> <ul style="list-style-type: none"> Updated P&P, “QU-21: Blood Lead Screening of Young Children” (05/01/2025) which states that through the DHCS-required Facility Site and Medical Record Review process, CenCal Health verifies that applicable contracted providers reliably report BLL results to CLPPB and follow the Bright Futures Periodicity Schedule for age-specific lead risk assessment and testing requirements. (QU-21 Blood Lead Screening of Young Children, Page 2). “Scoring Tool” to demonstrate that the MCP has implemented a monitoring process to track the provision of lead risk assessments to all members. The Scoring Tool tracks the

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	<p>consistent medical record audits and report findings quarterly, reinforcing CenCal Health’s commitment to quality and accountability.</p> <p>By implementing these actions, CenCal Health is confident in its rigorous and newly enhanced processes and their ability to meet the requirements for lead risk assessments. CenCal Health remains committed to the health and well-being of our members and will continue to refine our processes to ensure compliance and deliver the highest standard of care.</p>			<p>following categories: Lead Risk Assessment (6 months, 9 months, 18 months, 3-6 years), Documented Refusal, and Blood Lead Test if Indicated. (Scoring Tool – Peds Template, Page 4).</p> <ul style="list-style-type: none">• Review Results “Medical Record Review Program” (Quarter 1, 2025) to demonstrate that the MCP has implemented a monitoring process to detect and prevent non-compliance with lead risk assessments. The MRR Review Results include the Lead Risk Assessment and the score. (MRR Q1 2025 Findings, Page 7).• Review Results “2024 Medical Record Review Overview” (December 2024) to demonstrate that the MCP has implemented a monitoring process to detect and prevent non-compliance with lead risk assessments. The 2024 MRR Overview include the Lead Risk Assessment, Quarterly Scores, and Year-End Score. (MRR 2024 Trends, Page 6). <p>The corrective action plan for finding 2.1.1 is accepted.</p>

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*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: CenCal Health

Name/ Title: Carlos Hernandez, Chief Quality Officer

Signature: _____

Date: _____

Name/ Title: Karen Kim, Chief Compliance Officer

Signature: _____

Date: _____