



October 13, 2023

Krisza Vitocruz
Compliance Director & Privacy Officer
CenCal Health
4050 Calle Real
Santa Barbara, CA 93110

RE: Department of Health Care Services Medical Audit

Dear Ms. Vitocruz:

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 October 17, 2022 through October 28, 2022. The audit covered the period of October 1, 2021 through September 30, 2022.

All items have been evaluated and DHCS accepts 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
Managed Care Quality and Monitoring Division
Department of Health Care Services

cc: Stacy Nguyen, Chief
Managed Care Monitoring Branch
Managed Care Quality and Monitoring Division
Department of Health Care Services

Christina Viernes, Lead Analyst
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Crystal Tram, Contract Manager
Medi-Cal Managed Care Division
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ATTACHMENT A
Corrective Action Plan Response Form



Plan: CenCal Health

Review Period: 10/01/21 – 09/30/22

Audit Type: Medical Audit

CAP Submitted: 06/30/23

MCPs are required to provide a 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 that will reduce turnaround time for DHCS to complete its review. According to ADA requirement, 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, and 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. Implementation Documentation, and 4. Completion/Expected Completion Date. The MCP will be required to include 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 detail such as 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. For deficiencies that require short-term corrective action, implementation 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 completely remedy or operationalize, the MCP is to indicate that it has initiated remedial action and is on the way towards achieving an acceptable level of compliance. In those instances, the MCP will be required in addition to the above steps, to include the date when full compliance will be achieved. Policies and procedures submitted during the CAP process must still be sent to the MCP’s Contract Manager for review and approval, as applicable in accordance with existing requirements.

Please note, 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 prior approval for an extended implementation effort is granted by DHCS.

DHCS will maintain close communication with the MCP throughout the CAP process and provide technical assistance to ensure the MCP provides sufficient documentation to correct deficiencies. Depending on the volume and complexity of deficiencies identified, DHCS may require the MCP to provide weekly updates, as applicable.

| Finding Number and Summary | Action Taken | Supporting Documentation | Implementation Date* (*Short-Term, Long-Term) | DHCS Comments |
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| 1. Utilization Management | | | | |
| <p>1.2.1 Contents of Notice of Action</p> <p>The Plan did not provide a direct telephone number for the decision-maker or the specific unit of the UM Department responsible for adverse benefit determinations in the NOA letters.</p> | <p>1. On March 13, 2023, CenCal Health’s Notice of Action (NOA) template letter was updated to include the direct phone number for the decision-maker or specific unit of the UM Department.</p> <p>Kindly Reference: 1a. Peer to Peer Example Letter</p> <p>2. CenCal Health has begun draft updates to revise its standard operating procedure (SOP) to ensure NOA letters provide a direct phone number for the decision-maker or specific UM Department responsible for the adverse benefit decision. This revised SOP will be submitted to DHCS by July 30, 2023.</p> <p>3. Since March 2023, peer to peer calls are documented as they occur, with CenCal Health staff utilizing the “<i>Peer to Peer Steps and Guidance</i>” job-aid document.</p> <p>Kindly Reference: 2a. Peer to Peer Steps and Guidance</p> <p>4. On March 24, 2023, CenCal Health’s process and revised documents (the NOA template letter and job-aid), were communicated internally as part of a staff training.</p> | <p>1a. Peer to Peer Example Letter</p> <p>2a. Peer to Peer Steps and Guidance</p> <p>3a. Peer to Peer Training March 24, 2023</p> <p>3b. Peer to Peer Training Minutes and Attendance</p> <p>Page Number: 3</p> <p>4a. June 2023 UM Peer-to-Peer Audit Memo</p> | <p>Short-Term</p> <p>July 30, 2023</p> | <p>The following documentation supports the MCP’s efforts to correct this finding:</p> <p>POLICY AND PROCEDURES</p> <ul style="list-style-type: none"> Updated P&P, “MM-UMNOA: UM Written NOA Process” to demonstrate that the MCP will provide a direct telephone number for the decision-maker or the specific unit of the UM Department responsible for adverse benefit determinations in the NOA letters. (NOA SOP). Updated Letter Template, “Peer to Peer Example Letter” to demonstrate that the NOA letters include the name and the direct number of the Plan decision maker. (Peer to Peer Example Letter). “Peer to Peer Steps” to demonstrate the MCP’s process when a provider would like to speak with the MCP’s Medical Director (MD). The MCP’s MD will document the peer-to-peer conversation and outcome in the TAR/RAF section within Oracle (UM |

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| | <p>Kindly Reference: 3a. Peer to Peer Training March 24, 2023 3b. Peer to Peer Training Minutes and Attendance</p> <p>5. In June 2023, CenCal Health conducted a retrospective review of peer to peer NOA letters sent out since implementation of the updated letter and have provided a summary of these findings.</p> <p>Kindly Reference: 4a. June 2023 UM Peer to Peer Audit Memo</p> | | | <p>Platform). (Peer to Peer Steps and Guidance).</p> <p>TRAINING</p> <ul style="list-style-type: none"> • “Peer to Peer Training and Meeting Minutes” (03/24/23) to demonstrate that MCP staff were trained on the updated NOA template letter and MCP’s process with Peer to Peer. (Peer to Peer Training March 24 2023, Peer to Peer Training Minutes and Attendance). <p>MONITORING AND OVERSIGHT</p> <ul style="list-style-type: none"> • Audit Results, “Medical Management 2nd Level Quality Review: Peer to Peer / Provider Notification” to demonstrate that the MCP has implemented a monthly audit to demonstrate that NOA letters include the name and the direct number of the Plan decision maker. All letters during the audit period of May 1, 2023, through May 31, 2023, were scored with 100% compliance. (June 2023 UM Peer to Peer Audit Memo). |

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| | | | | The corrective action plan for finding 1.2.1 is accepted. |
| <p>1.3.1 Member's Written Consent for Appeals Filed by a Provider</p> <p>The Plan did not obtain written consent from a member when a provider filed an appeal on the member's behalf.</p> | <p>1. On April 28, 2023, CenCal Health revised processes to ensure that a written consent is obtained from a member when a provider files an appeal on the member's behalf. Additionally, members are informed they have the right to file the appeal on their own behalf, removing the need for CenCal Health to obtain the written consent form for a provider filed appeal.</p> <p>2. CenCal Health has begun revising its SOP to outline changes in process for obtaining members written consent when the provider files an appeal on their behalf. The revised SOP will be submitted to DHCS on July 30, 2023.</p> <p>3. CenCal Health's Appeal letters are reviewed daily by the Grievance & Appeals Quality Improvement Manager prior to being sent to members as part of the quality review.</p> <p>Kindly Reference: 1a. Grievance File Audit Checklist</p> <p>4. On May 30, 2023, the requirement for member</p> | <p>1a. Grievance File Audit Checklist 2022</p> <p>2a. MS Staff Meeting Minutes 5-30-2023</p> <p>Page Number: 2-3</p> | <p>Short-Term</p> <p>July 30, 2023</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"> • "Draft Policy MS-XX Member Appeals" revised to require that written consent is obtained from a member when a provider files an appeal on the member's behalf. Additionally, members are informed they have the right to file the appeal on their own behalf, removing the need for CenCal Health to obtain the written consent form for a provider filed appeal. (Section II Policy C & III Procedure B 1) • "SOP Member Written Consent for Provider-Filed Appeals" explains the process of obtaining member consent for provider-filed appeals on the member's behalf. (Section II Consent Process for Standard 30-Day Appeal) |

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| | <p>written consent for provider filed appeals was reviewed with G&A staff at a Member Service Department meeting.</p> <p>Kindly Reference: 2a. MS Staff Meeting Minutes 5-30-2023</p> | | | <p>TRAINING</p> <ul style="list-style-type: none"> MS Staff Meeting Minutes 5-30-2023 demonstrates the MCP has reviewed Provider initiated appeals and written consent requirements with its G&A staff. <p>MONITORING AND OVERSIGHT</p> <ul style="list-style-type: none"> “Complaints / Appeals Audit Checklist” demonstrates the MCP has a process to monitor grievances and appeals by forwarding all letters to the File Manager for final review. Checklist verifies member’s written consent is obtained. <p>The corrective action plan for finding 1.3.1 is accepted.</p> |
| 2. Case Management and Coordination of Care | | | | |
| 2.4.1 Member Notification of Approved Continuity of Care | 1. As part of CenCal Health’s 2021 DHCS Corrective Action Plan (CAP), CenCal Health updated its Continuity of Care (COC) Policy & Procedure stating that members will be notified of approved COC requests. On May 27, 2023, this COC policy & procedure was again updated and approved by | <p>1a. MM-UM08 Continuity of Care (COC)</p> <p>Page Number: 4 Effective Date:</p> | <p>Short-Term</p> <p>March 2023</p> | <p>The following documentation supports the MCP’s efforts to correct this finding:</p> <p>POLICY AND PROCEDURES</p> |

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| <p>The Plan did not notify members of approved COC requests.</p> | <p>DHCS for recent APL 22-032 revisions. The process for notifying members of approved COC requests is outlined in the current policy and procedure, “<i>MM-UM08 Continuity of Care (COC)</i>,” and states that upon approval of a COC request, CenCal Health will notify the member.</p> <p>Kindly Reference: 1a. MMUM-08 Continuity of Care (COC)</p> <p>2. In March 2023, CenCal Health outlined the steps for review & approval of COC requests and how these approvals are communicated to members in an SOP and job aid, to ensure accurate reporting of COC requests.</p> <p>Kindly Reference: 2a. SOP MM-COC-01 2b. COC Steps for CSA March 2023</p> <p>3. The new COC template approval letter was sent to DHCS in October 2022 and approved. Immediately following this approval, CenCal Health implemented use of the written COC approval letter. CenCal Health also incorporated a verbal notification process of COC approvals in October 2022.</p> <p>Kindly Reference: 3a. COC Approval Notice DHCS Approved</p> | <p>February 1, 2023</p> <p>2a. SOP MM-COC-01</p> <p>Page Number: 1 Revision Date: March 2023</p> <p>2b. COC Steps for CSA March 2023</p> <p>Page Number: 4</p> <p>3a. COC Approval Notice DHCS Approved English</p> <p>4a. COC Training Session #1 Attendance March 8, 2023</p> <p>4b. COC Training Session #2 Attendance March 9, 2023</p> <p>4c. COC Training March 2023</p> | | <ul style="list-style-type: none"> Updated P&P, “MM-UM08: Continuity of Care” to state that the MCP shall send a notice by mail to the member within seven calendar days within the COC decision. (MM-UM08 Continuity of Care (COC)). Updated Standard Operating Procedure (SOP), “MM_COC_01: Continuity of Care” to demonstrate that a written approval NOA is sent to the member and provider using the MCP’s COC Approval Template. Once draft approval is completed and saved, the case will be moved to the letter generation queue for final review and letter process. (SOP MM-COC-01). “CSA COC Steps” to demonstrate that the CSA will review COC Approval Letter for accuracy and completeness and follow normal NOA process for mailing the letter to the member and faxing a copy to the provider. Letter must be sent within 7 calendar days of approval date or 3 calendar days for an urgent request. (COC Steps for CSA March 2023). |

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| | <p>English</p> <p>4. All COC processes for communicating approvals to members were reviewed in staff training in two (2) sessions.</p> <p>Kindly Reference:</p> <p>4a. COC Training Session #1 Attendance March 8, 2023</p> <p>4b. COC Training Session #2 Attendance March 9, 2023</p> <p>4c. COC Training March 2023</p> | Slides: 9 and 11 | | <p>TRAINING</p> <ul style="list-style-type: none"> PowerPoint Presentation, “Continuity of Care Training Update,” (March 2023) to demonstrate that MCP staff had training on the COC letter process. A written approval letter will be sent to the member within 7 calendar days of approval date. (COC Training March 2023). <p>MONITORING AND OVERSIGHT</p> <ul style="list-style-type: none"> Two monthly report samples, “Health Services Continuity of Care Review” (July 2023 and August 2023) to demonstrate that the MCP has implemented monitoring procedures to verify that notifications were sent to members of approved COC requests. The MCP will conduct a monthly audit to confirm that member requests for COC are acknowledged, notifications of the determinations are provided (including approvals, modifications, or denials), and are completed timely. The prospective review of all COC letters from May 17, 2023 – June 30, 2023, |

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| | | | | <p>and July 1, 2023 – July 31, 2023, resulted in 100% compliance including acknowledgement notification and determination letters. (Health Services COC Audit Summary Memo July 21, 2023, and August 28, 2023).</p> <p>The corrective action plan for finding 2.4.1 is accepted.</p> |
| 3. Access and Availability of Care | | | | |
| <p>3.8.1 Physician Certification Statement</p> <p>The Plan did not ensure that PCS forms were complete and included the transportation modality to determine the appropriate level of service for members.</p> | <p>1. On August 19, 2022, in response to APL 22-008, CenCal Health submitted non-substantive changes to the Physician Certification Statement (PCS) Form. The PCS Form was approved by DHCS on September 27, 2022. Policy and Procedure MM-UM33 reflects that the PCS form must indicate the transportation modality and most appropriate level of service for members. The policy and PCS form were approved by DHCS on September 27, 2022.</p> <p>Kindly Reference: 1a. MM-UM33 NEMT NMT Clean APL 22-008</p> <p>2. CenCal Health's NEMT SOP outlines the process for staff to ensure they obtain a completed PCS form that includes the modality indicated for the member. If the PCS form is received with incomplete</p> | <p>1a. MM-UM33 NEMT NMT Clean APL 22-008</p> <p>Page Number: 3-4, 10-11 Revision Date: August 17, 2022</p> <p>2a. NEMT SOP Revised February 2023</p> <p>Page Number: 2-3 Revision Date: June 2023</p> | <p>Short-Term</p> <p>March 18, 2023</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"> Plan Policy "MM-UM33 NEMT NMT" <ul style="list-style-type: none"> P&P reflects that the PCS form must indicate the transportation modality and most appropriate level of service for members. (III. Procedure, B. d., Page 4) <p>MONITORING AND OVERSIGHT</p> <ul style="list-style-type: none"> NEMT SOP Revised February 2023 <ul style="list-style-type: none"> Plan document outlines the process |

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| | <p>information, CenCal Health will reach out to the prescribing provider.</p> <p>Kindly Reference: 2a. NEMT SOP Revised February 2023</p> <p>3. Training on NEMT authorizations and PCS forms was completed by Plan staff on February 14, 2023. The training covered review of the PCS form for completeness, and indication of the transportation modality to determine the appropriate level of service for the member.</p> <p>Kindly Reference: 3a. NEMT Training 2.14.23</p> | 3a. NEMT Training 2.14.23 | | <p>for staff to obtain a completed PCS form that includes the modality indicated for the member.</p> <ul style="list-style-type: none"> ○ If the PCS form is received with incomplete information, the Plan will attempt to reach out to the prescribing provider 3 times. ○ If PCS form is not received after three outreach attempts, the authorization will be processed for denial. (III. Procedure, Pages 1-3) <ul style="list-style-type: none"> ● Plan Policy “MM-UM33 NEMT NMT” <ul style="list-style-type: none"> ○ The Plan’s Transportation Oversight Committee (TOC) monitors & reports on a monthly basis that includes but is not limited to NMT & NEMT trip utilization, call center metrics, cancellations, no-shows & door-to-door service. (III. Procedure, E. f., Page 8) <p>The corrective action plan for finding 3.8.1 is accepted.</p> |
| 3.8.2 Monitoring of Transportation Brokers | 1. As of January 1, 2023, CenCal Health monitors no show rates of NEMT and NMT providers through monthly reporting from CenCal Health’s | | Short-Term | The following documentation supports the MCP’s efforts to correct this finding: |

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| <p>The Plan did not monitor no show rates of NEMT and NMT providers.</p> | <p>transportation broker. The reporting was implemented as part of a CAP with the transportation vendor.</p> <p>2. Reporting of transportation metrics is reviewed during the quarterly Delegation Oversight Committee (DOC) meeting, the committee responsible for oversight of the transportation vendor. The transportation metrics specific to no-show rates were discussed and reviewed by the DOC in Q1 2023 and will be reviewed on a quarterly basis moving forward.</p> <p>Kindly reference: 1a. CCH-DOC Presentation-April 2023_noshow</p> | <p>1a. CCH-DOC Presentation-April 2023_noshow</p> | <p>January 1, 2023</p> | <p>POLICIES AND PROCEDURES</p> <ul style="list-style-type: none"> Plan Policy “MM-UM33 NEMT NMT” demonstrates the Plan’s Transportation Oversight Committee (TOC) monitors & reports on a monthly basis which includes NMT & NEMT trip utilization, call center metrics, cancellations, no-shows & door-to-door service. (III. Procedure, E. f., Page 8) <p>MONITORING AND OVERSIGHT</p> <ul style="list-style-type: none"> Plan monitoring report “CenCal Health No Show Reporting” demonstrates the implemented monitoring & reflects a sample of all Provider no-shows (missed trips) occurring between 1/1/2023 - 6/30/2023. The Plan’s Transportation Oversight Committee (TOC) monitors & reports on a monthly basis no-shows & door-to-door service. (MM-UM33 NEMT NMT ,III. Procedure, E. f., Page 8) “CCH Doc Presentation April 2023_No Show” presentation, demonstrates the |

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| | | | | reporting that the TOC gathers to present of monitored components. The corrective action plan for finding 3.8.2 is accepted. |
| 4. Member Rights | | | | |

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| <p>4.1.1 Exempt Grievance</p> <p>The Plan did not resolve exempt grievances by the next business day.</p> | <p>1. In response to the 2021 DHCS Medical Audit CAP for this finding, CenCal Health instituted several changes, as outlined in its CAP remediation. DHCS accepted the Plan's CAP remediation and closed the CAP on December 12, 2022.</p> <p>CenCal Health's CAP remediation included no longer categorizing member billing calls as exempt as of June 17, 2022. All grievances that are categorized as exempt are resolved by the next business day. CenCal Health was in process of resolving the 2021 CAP when the 2022 DHCS Medical Audit occurred, resulting in a repeat finding. All the files cited as non-compliant were before the CAP remediation date of June 17, 2022.</p> <p>Below is a summary of action taken for the CAP remediation, and subsequently approved by DHCS:</p> <ul style="list-style-type: none"> A. Call tracking system was updated to not allow member billing calls to be classified as exempt. This was implemented on June 17, 2022. B. Staff training on classification of exempt grievances and all process changes related to exempt grievances was conducted on June 24, 2022. C. SOP MSSOP 59 – Call Tracking/Ticketing, was updated to outline the classification | <p>1a. Cover Letter–2021 CenCal CAP Close Out</p> <p>1b. 2021 CenCal Attachment A</p> <p>Page Number: 13-15</p> | <p>Short – Term</p> <p>December 12, 2022</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"> • Draft Policy MS-XX Member Grievances correctly states that Exempt Grievances are to be resolved by the next business day. • Draft SOP Exempt Grievance Process outlines the classification process for exempt grievances classification. <p>TRAINING</p> <ul style="list-style-type: none"> • Meeting minutes from MS Staff meeting from 6/24/22 and 5/30/23 demonstrate Exempt Grievances SOP was reviewed by appropriate staff. <p>MONITORING</p> <ul style="list-style-type: none"> • Daily, the G&A QI Manager's review of grievance classifications are completed. At the end of each day, a data analyst emails the G&A QI Manager an excel report listing all exempt grievance calls to demonstrate |

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| | <p>process for exempt grievances classification. This was implemented on July 1, 2022.</p> <p>D. Policy & Procedure MS-20 was updated to reflect regular review of exempt grievance classifications by the Grievance & Appeals Quality Improvement Manager. This policy was implemented on August 11, 2022.</p> <p>E. Daily review of all exempt grievance classifications is conducted by the Grievance & Appeals Quality Improvement Manager to ensure accuracy.</p> <p>F. DHCS approved CenCal Health's CAP remediation and closed the 2021 CAP for this finding on December 12, 2022.</p> <p>Kindly Reference: 1a. Cover Letter–2021 CenCal CAP Close Out 1b. 2021 CenCal Attachment A</p> <p>2. CenCal Health is further addressing this finding by focusing on best practices in call classifications. This work includes refining the policy & procedures for exempt grievances. These revisions are expected to be completed by July 30, 2023.</p> | | | <p>proper classification. Additionally, the "Resolved Date" is reviewed to confirm all calls are resolved by the close of the next business day; if not resolved by close of the next business day, the call is identified as no longer "Exempt Eligible" prompting the standard grievance process.</p> <p>SYSTEMIC REMEDIATION</p> <ul style="list-style-type: none"> The MCP identified the root cause to be classifying member billing calls as exempt, and implemented a systematic remediation on June 17, 2022, that resulted in no longer categorizing member billing calls as exempt since that day. <p>The corrective action plan for finding 4.1.1 is accepted.</p> |

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| <p>4.1.2 Quality of Care Resolution Letters</p> <p>The Plan's QOC grievance resolution letters did not contain a clear and concise explanation of the Plan's decisions.</p> | <p>1. CenCal Health resolution letters are reviewed daily by the Grievance & Appeals Quality Improvement Manager prior to being sent to members as part of the quality review to ensure clear and concise explanations. This was implemented in August 2022.</p> <p>Kindly Reference: 1a. Grievance File Audit Checklist 2022</p> <p>2. CenCal Health has begun to revise its policy and procedure and SOP to ensure QOC resolution letters contain a clear and concise explanation of decisions when a grievance has a quality of care component. The revised P&P and SOP will be submitted to DHCS on July 30, 2023.</p> <p>3. CenCal Health is updating the QOC grievance resolution letter template, which will be utilized for QOC issues upon approval by DHCS. The revised template will be submitted to DHCS on July 30, 2023.</p> <p>4. CenCal Health's remediation efforts were discussed in a Member Services Department staff meeting on May 30, 2023.</p> <p>Kindly Reference: 2a. MS Staff Meeting Minutes 5-30-2023</p> | <p>1a. Grievance File Audit Checklist 2022</p> <p>Implemented: August 2022</p> <p>2a. MS Staff Meeting Minutes 5-30-2023</p> <p>Page Number: 4</p> | <p>Short-Term</p> <p>July 30, 2023</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"> • Draft Policy MS-XX revised to require a clear and concise explanation of the MCP's decision. Policy also states the Manager reviews all letters to verify issues raised are addressed in a clear and concise manner. (4.1.2 MS-XX Grievances DRAFT 20230725_clean page 2) • Standard Grievance SOP updated to include the review of resolution letters to confirm the letter contains a clear and concise explanation of the Plan's decisions. (4.1.2 MSSOP-XX Standard Grievance Process DRAFT 20230725_clean page 9) <p>TRAINING</p> <ul style="list-style-type: none"> • MS Staff Meeting Minutes 5-30-2023 demonstrates the MCP discussed remediation efforts with G&A staff to improve explanations for QOC and QOS resolution letters to be clearer |

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| | | | | <p>and more concise. (2a.MS Staff Meeting Minutes 5-30-2023)</p> <p>MONITORING AND OVERSIGHT</p> <ul style="list-style-type: none"> Grievance File Audit Checklist demonstrates the MCP has a process to monitor grievances and appeals by forwarding all letters to the File Manager for final review. (1a.Grievance File Audit Checklist 2022) QOC sample letters demonstrate the MCP's resolution letters contain clear and concise explanations of the Plan's decision. (QOC Sample 1,2,3) <p>The corrective action plan for finding 4.1.2 is accepted.</p> |
| <p>4.1.3 Quality of Service Resolution Letters</p> <p>The Plan's QOS grievance resolution letters did not contain a clear and concise explanation of the Plan's decisions.</p> | <p>1. CenCal Health resolution letters are reviewed daily by the Grievance & Appeals Quality Improvement Manager prior to being sent to members as part of the quality review to ensure clear and concise explanations. This was implemented in August 2022.</p> <p>Kindly Reference: 1a. Grievance File Audit Checklist 2022</p> | <p>1a. Grievance File Audit Checklist 2022</p> <p>Implemented: August 2022</p> <p>2a. QOS Grievance Sample_Redacted</p> | <p>Short-Term</p> <p>August 11, 2022</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"> "MS Staff Meeting Minutes 5-30-2023" demonstrates the MCP discussed remediation efforts with G&A staff to |

| Finding Number and Summary | Action Taken | Supporting Documentation | Implementation Date* (*Short-Term, Long-Term) | DHCS Comments |
|----------------------------|---|---|--|---|
| | <p>2.CenCal Health has begun to revise its policy and procedure and SOP, to ensure QOS resolution letters contain a clear and concise explanation of decisions when a grievance has a quality of service component. The revised P&P and SOP will be submitted to DHCS on July 30, 2023.</p> <p>3. On July 11, 2022, CenCal Health implemented changes to QOS grievance resolution letters adding a more clear and concise explanation of decisions. Changes were implemented as part of the 2021 DHCS CAP resolution.</p> <p>Kindly Reference: 2a.QOS Grievance Sample_Redacted</p> <p>4. CenCal Health has further refined the QOS grievance resolution letter. The revised member template letter will be utilized when a QOS issue is being addressed, upon approval by DHCS.</p> <p>Kindly Reference: 3a. Member Letter – Non-Clinical Grievance Draft</p> <p>5. CenCal Health’s remediation efforts were discussed in a Member Services Department staff meeting on May 30, 2023.</p> <p>Kindly Reference:</p> | <p>3a. Member Letter – Non-Clinical Grievance Draft</p> <p>4a. MS Staff Meeting Minutes 5-30-2023</p> <p>Page Number: 4</p> | | <p>improve explanations for QOC and QOS resolution letters to be clearer and more concise. (4a.MS Staff Meeting Minutes 5-30-2023)</p> <ul style="list-style-type: none"> “QOS Grievance Sample_Redacted non- clinical letter” demonstrate the Plan has made changes to improve the decision explanation language. (2a.QOS Grievance Sample_Redacted) “Non-Clinical Grievance Draft” specifies the requirement for clear and concise language. (3a. Member Letter - Non-Clinical Grievance DRAFT) <p>MONITORING AND OVERSIGHT</p> <ul style="list-style-type: none"> “Complaints / Appeals File Audit Checklist” demonstrates the MCP has a process to monitor grievances by forwarding all letters to the File Manager for final review. (1a. Grievance File Audit Checklist 2022) MCP written response (09/01/23) clarified monitoring process. On a monthly basis, all grievance resolution |

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|---|---|--|--|---|
| | 4a. MS Staff Meeting Minutes 5-30-2023 | | | <p>letters are reviewed again during the audit checklist review process for all cases. These quality reviews of all grievance resolution letters are performed by the Manager, Grievance & Appeals/Quality Improvement. (Attachment B_ 2022 CenCal September Deliverables Tracker)</p> <p>The corrective action plan for finding 4.1.3 is accepted.</p> |
| 6. Administrative and Organizational Capacity | | | | |
| <p>6.2.1 Notification Regarding Changes in Member's Circumstances</p> <p>The Plan did not ensure notification of DHCS regarding changes in a member's circumstances that may affect member eligibility.</p> | <p>1. On January 10, 2023, CenCal Health began providing notification to the DHCS Process Unit of all changes in a member's circumstances that may affect member eligibility, twice a month by secured email.</p> <p>2. CenCal Health created Policy & Procedure, "<i>CPL-XX Member Demographic Updates</i>" that outlines CenCal Health's process of reporting changes in member's circumstances that may affect member eligibility to DHCS. The new Policy & Procedure replaces MSSOP-03 that did not reflect the change in process.</p> <p>Kindly Reference: 1a. CPL-XX Member Demographic Updates</p> | <p>1a. CPL-XX Member Demographic Updates</p> <p>2a. Member Demographic Update Training 6.30.2023</p> | <p>Short-Term</p> <p>January 10, 2023</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"> "CPL-XX Member Demographic Updates" (Eff. Date 5-23-23). The Plan implemented new policies and procedures to address the gap that contributed to the audit finding. Plan reports to county DSS and DHCS twice per month changes in member circumstances (income, address, death). <p>MONITORING AND OVERSIGHT</p> |

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|----------------------------|--|--------------------------|--|---|
| | <p>3. On June 30, 2023, CenCal Health conducted training to review the new Member Demographic Updates Policy. Training included staff responsible for recording and reporting changes to DHCS.</p> <p>Kindly Reference: 2a. Member Demographic Update Training 6.30.2023</p> | | | <ul style="list-style-type: none"> The Plan sends Information Update Logs on the 1st and 15th of each month to the Plan's Compliance Department. The Compliance Department submits to DHCS twice a month via secure email. DHCS verified with MCOD that Plan implemented twice monthly notification via secure email notifying department of changes in member circumstances. <p>TRAINING</p> <ul style="list-style-type: none"> "2a. Member Demographic Update Training 6.30.2023" The Plan provided training regarding updates to member demographic update policy. Training included staff responsible for recording and reporting changes. <p>The corrective action plan for finding 6.2.1 is accepted.</p> |

Submitted by Plan: Marina Owen

Date: 06/30/2023

Title: Chief Executive Officer