

MEDICAL REVIEW - NORTHERN SECTION II  
AUDITS AND INVESTIGATIONS  
DEPARTMENT OF HEALTH CARE SERVICES

**Health Plan of San Joaquin**

Contract Number: 04-35401

Audit Period: July 1, 2016  
Through  
June 30, 2017

Report Issued: June 8, 2018

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## I. INTRODUCTION

The Health Plan of San Joaquin (The Plan) is a non-profit corporation headquartered in French Camp, CA and established in 1995. In 1996, the Plan received its Knox-Keene license and contracted with the State of California to provide health care services to Medi-Cal members in San Joaquin County.

On January 12, 1995, the State of California contracted with the San Joaquin County Board of Supervisors to serve as the Local Initiative under the 2-Plan Model, pursuant to the California Welfare and Institutions Code, Section 14087.31. On January 1, 2013, the Plan started to serve as the Stanislaus Local Initiative. The San Joaquin County Health Commission governs the Plan through an 11-member commission consisting of local government members, clinical, and non-clinical community representatives.

Health care services are provided through contracts with independent medical groups and individual physicians (over 340 primary care physicians). Health care services not provided directly by primary care physicians are arranged through contracts with other medical groups/physicians, allied health service suppliers, and all local hospitals. The Plan has a network of over 1,700 specialists and over 2,000 physicians. As of July 2017, the Plan had over 330,000 Medi-Cal members. The Plan's market share is about 90% in San Joaquin County and 60% in Stanislaus County.

## **II. EXECUTIVE SUMMARY**

This report presents the audit findings of the Department of Health Care Services (DHCS) medical audit for the period of July 1, 2016 through June 30, 2017. The on-site review was conducted from July 31, 2016 through August 9, 2017. The audit consisted of document reviews, verification studies, and interviews with Plan personnel.

An exit conference was held on April 10, 2018 with the Plan. The Plan was allowed 15 calendar days from the date of the exit conference to provide supplemental information addressing the draft audit report finding. The Plan submitted supplemental information after the exit conference which is reflected in this report.

The audit evaluated six categories of performance: Utilization Management (UM), Continuity of Care, Access and Availability to Care, Member Rights, Quality Management (QI), and Administrative and Organizational Capacity. There were no findings from last year's audit. This year the findings are as follows:

### **Category 2 – Case Management and Coordination of Care**

The Plan delegates Behavioral Health Services (BHT) for autism spectrum disorder to Beacon and College Health IPA (CHIPA). The delegate's policy was missing four required elements as detailed in the All Plan Letter 15-025 (APL 15-025). In a verification study the reviewers examined medical records and found these elements missing in the treatment plans. The Plan is responsible for oversight to ensure the provision of Early and Periodic Screening, Diagnosis and Treatment services to include medically necessary BHT.

### **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.

#### **PROCEDURE**

The on-site review was conducted from July 31, 2017 through August 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 the policies. Documents were reviewed and interviews were conducted with Plan administrators and staff.

The following verification studies were conducted:

#### **Category 2 – Case Management and Coordination of Care**

Initial Health Assessment: 21 medical records were reviewed for completeness and timely completion.

Behavioral Health Treatment: 10 files were reviewed for completeness.

#### **Category 3 – Access and Availability of Care**

Emergency Service Claims: 20 emergency service claims were reviewed for appropriate and timely adjudication.

#### **Category 4 – Member's Rights**

Grievance Procedures: 50 grievances (25 Quality of Care and 25 Quality of Service) were reviewed for timely resolution, response to complainant, and submission to the appropriate level for review.

HIPAA: 31 HIPAA cases were reviewed for appropriate reporting and processing.

#### **Category 6 – Administrative and Organizational Capacity**

Fraud and Abuse: 8 cases were reviewed for appropriate reporting and processing.

A description of the findings for each category is contained in the following report.

❖ COMPLIANCE AUDIT FINDINGS (CAF) ❖

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**CATEGORY 2 – CASE MANAGEMENT AND COORDINATION OF CARE**

2.6

**BEHAVIORAL HEALTH TREATMENT**

**2-Plan Contract E.A.10.4**

**Services for Members under Twenty-One (21) Years of Age**

Contractor shall cover and ensure the provision of screening, preventive and Medically Necessary diagnostic and treatment services for Members under 21 years of age, including Early and Periodic Screening, Diagnosis and Treatment (EPSDT) Supplemental Services. Contractor shall inform Members that EPSDT services are available for Members under 21 years of age, as well as how to access services.

**ALL PLAN LETTER 15-025 Responsibilities for Behavioral Health Treatment Coverage for Children Diagnosed with Autism Spectrum Disorder**

The MCP is responsible for the provision of EPSDT supplemental services to include medically necessary Behavioral Health Treatment (BHT) services such as Applied Behavior Analysis (ABA) and other evidence-based behavioral interventions that develop or restore, to the maximum extent practicable, the functioning of a member with Autism Spectrum Disorder (ASD). The MCP must ensure all children, including children with ASD, receive EPSDT screenings designed to identify health and developmental issues, including ASD, as early as possible. When a screening exam indicates the need for further evaluation of a child's health, the child must be referred for medically necessary diagnosis and treatment without delay. The MCP is required to:

1. Inform members that EPSDT services are available for members under 21 years of age
2. Provide access to comprehensive screening and prevention services in accordance with the most current Bright Futures periodicity schedule
3. Provide access to comprehensive diagnostic evaluation based upon recommendation of a licensed physician and surgeon or a licensed psychologist for treatment of ASD including all medically necessary services, including but not limited to, BHT services
5. Ensure appropriate EPSDT services are initiated in accordance with timely access standards as set forth in the contract
6. Ensure coverage criteria for BHT are met.

For individuals diagnosed with ASD who are under the age of three with a rule out or provisional ASD diagnosis, or those diagnosed with an intellectual disability, the MCP must ensure appropriate referrals are made to the Regional Center and Special Education Local Plan Area (SELPA) for Regional Center services and supports and/or special education services, respectively.

**MCP Approved Treatment Plan**

MCPs must ensure that BHT services are medically necessary and are provided and supervised under an MCP-approved behavioral treatment plan developed by a contracted (or other form of agreement between the MCP and provider) and MCP-credentialed "qualified autism service provider," as defined by H&S Code Section 1374.73(c)(3) and the MCQMD ALL PLAN LETTER 15-025, Responsibilities for Behavioral Health Treatment Coverage for Children Diagnosed with Autism Spectrum Disorder.

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BHT services must be provided under a behavioral treatment plan that has measurable goals over a specific timeline for the specific beneficiary being treated and developed by a qualified autism service provider. The behavioral treatment plan must be reviewed, revised and/or modified no less than once every six months by a qualified autism service provider.

**Continuity of Care (APL 15-025)**

MCPs must ensure continuity of care in accordance with existing contract requirements, ALL PLAN LETTER 15-025, and Health & Safety Code Section 1373.96 for the provision of BHT services.

**Delegation Oversight (APL 15-025)**

*The MCP must ensure that delegates comply with all applicable state and federal laws and regulations, contract requirements, and DHCS guidance, including APLs for the provision of BHT services*

**SUMMARY OF FINDINGS:**

**2.6 Behavioral Health Treatment Plan Requirements**

Pursuant to the contract, “For Members under 21 years of age diagnosed with Autism Spectrum Disorder (ASD), or for Members under 3 years of age with a rule out or provisional diagnosis, Contractor shall cover Medically Necessary BHT services as defined in the federally approved State Plan, and in accordance with Health and Safety Code sections 1374.72 and 1374.73, 28 California Code of Regulations 1300.74.72, APL 15-019, and APL 15-025 to the extent that they are consistent with the State Plan. APLs superseding APL 15-019 and APL 15-025 that clarify the delivery of BHT services shall be incorporated herein by this reference and become part of this Contract as of their effective date.” (Contract, Amendment 18, Exhibit A, Attachment 10 (5)(G))

According to All Plan Letter (APL) 15-025 there are thirteen required elements for a behavioral treatment plan. Four of the thirteen elements are:

- #5 Identify measurable long, intermediate and short-term goals and objectives that are specific, behaviorally defined, developmentally appropriate, socially significant and based upon clinical observation
- #6 Include outcome measurement assessment criteria that will be used to measure achievement of behavior objectives
- #7 Include the current level (baseline, behavior parent/guardian is expected to demonstrate, including condition under which it must be demonstrated and mastery criteria [the objective goal]), date of introduction, estimated date of mastery, specify plan for generalization and report goal as met, not met, modified (include explanation)
- #13 Include an exit plan

Behavioral health treatment is fully delegated by the plan to Beacon and CHIPA. Treatment plans are developed and treatment is delivered by delegate providers in

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conformance to the delegate's policy, Authorization Procedures for Applied Behavioral Analysis, Medi-Cal Authorization Process, as follows:

“Services are delivered in accordance with the recipient’s treatment plan. The treatment plan has measurable goals over a specific timeline that is developed and approved by the qualified autism service provider for the specific patient being treated. The treatment plan must identify the service type, number of hours, parent/caregiver participation needed to achieve the plan’s goals and objectives, and the individual providers responsible for providing the service. The treatment plan must incorporate training and support and include active participation from the patient’s parent/caregiver. Treatment plan interventions identify, emphasize, and focus on generalization of skills and the development of spontaneous social communication, adaptive skills, and appropriate behaviors. All treatment interventions must be consistent with BHT best practice. Treatment must be provided in a home or community-based setting, including clinics”

The plan is responsible for ensuring that delegates have policies and procedures in place that conform to the plan’s contractual requirements. For BHT, these policies and procedures provide direction on treatment plans to providers. Since the delegated entity’s policy does not fully address elements 5, 6, 7, and 13, contained in APL 15-025, clear direction on these requirements was not given to the providers. A verification study showed that ten of eleven BHT files did not contain documentation and/or identify one or more of the required elements listed in APL 15-025.

The treatment plan elements are critical in the evaluation of the member’s progress. The elements can potentially indicate whether a treatment plan adjustment may be required to provide positive benefit to the member and prevent any delay in the member’s progression. The crisis plan will potentially provide guidance when a member becomes too difficult to handle, preventing harm to themselves or others. The exit plan provides the transition out of BHT services and into school, or other outside education or training.

**RECOMMENDATIONS:**

- 2.6 Work with the delegate to ensure they provide clear direction on treatment plans to providers, and their policies and procedures comply with the plan’s contractual requirements along with the requirements specified in APL#18-006 (Supersedes APL 15-025).



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AUDITS AND INVESTIGATIONS  
DEPARTMENT OF HEALTH CARE SERVICES

**Health Plan of San Joaquin**

Contract Number: 03-75801  
State Supported Services

Audit Period: July 1, 2016  
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## **INTRODUCTION**

This report presents the audit findings of The Health Plan of San Joaquin (The Plan) State Supported Services Contract No. 03-75801. The State Supported Services contract covers contracted abortion services with The Plan.

The onsite audit was conducted from July 31, 2017 through August 9, 2017. The audit period is July 1, 2016 through June 30, 2017 and consisted of document review of materials supplied by The Plan and interviews conducted onsite.

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**STATE SUPPORTED SERVICES CONTRACT REQUIREMENTS**

**Abortion**

*Contractor agrees to provide, or arrange to provide, to eligible Members the following State Supported Services:*

*Current Procedural Coding System Codes\*: 59840 through 59857*

*HCFA Common Procedure Coding System Codes\*: X1516, X1518, X7724, X7726, Z0336*

*\*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.*

*State Supported Services Contract Exhibit A.1*

**SUMMARY OF FINDINGS:**

No deficiencies were noted during this review.

**RECOMMENDATIONS:**

None