



State of California—Health and Human Services Agency
Department of Health Care Services



GAVIN NEWSOM
GOVERNOR

October 15, 2020

Krisza Vitocruz, Compliance Manager
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 November 4, 2019 through November 15, 2019. The survey covered the period of November 1, 2018 through October 31, 2019.

On October 9, 2020, the MCP provided DHCS with additional information regarding its Corrective Action Plan (CAP) in response to the report originally issued on March 13, 2020.

All items have been reviewed and DHCS accepts the MCP's submitted CAP. The CAP is hereby closed. Full implementation of the CAP will be monitored on the subsequent audit. The enclosed report will serve as DHCS' final response to the MCP's CAP.

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

If you have any questions, feel free to contact me at (916) 345-7829 or Anthony Martinez at (916) 345-7828.

Page 2

Sincerely,

Original Signed by

Michael Pank, Chief
Compliance Unit

Enclosures: Attachment A CAP Response Form

cc: Katryna Fific, Contract Manager
Department of Health Care Services
Medi-Cal Managed Care Division
P.O. Box 997413, MS 4408
Sacramento, CA 95899-7413

**ATTACHMENT A
Corrective Action Plan Response Form**



Plan: CenCal Health

Review Period: 11/1/18 – 10/31/19

Audit Type: Medical Audit and State Supported Services

Onsite Review: 11/4/19 – 11/15/19

MCPs are required to provide a CAP and respond to all documented deficiencies within 30 calendar days, unless an alternative timeframe is indicated in the letter. MCPs are required to submit the CAP in word format that will reduce turnaround time for DHCS to complete its review.

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. For deficiencies that require short-term corrective action, implementation should be completed within 30 calendar days. For deficiencies that require long-term corrective action or a period longer than 30 calendar days for implementation, the MCP must demonstrate it has taken remedial action and is making progress toward achieving an acceptable level of compliance. The MCP will be required to include the date when full compliance is expected to be achieved. **Policies and procedures submitted during the CAP process must still be sent to the MCP’s Contract Manager for review and approval in accordance with existing requirements.**

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.

Deficiency Number and Finding	Action Taken	Supporting Documentation	Implementation Date* <small>(* Short-Term, Long-Term)</small>	DHCS Comments
1. Utilization Management				
1.1.1: Oversight and Concurrent Reviews of Contracted Skilled Nursing Facilities, Intermediate Care	The Plan has amended HS-UM01 Concurrent Review policy. The policy has been revised to clearly define the concurrent review procedures	See: #1 HS-UM01 Draft Concurrent Review Policy #2 CCH PAB	September 2020	05/01/20 - The following documentation supports the MCP’s efforts to correct this finding: - Updated P&P, HS-UM01:

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<p>Facilities, and Long Term Care Facilities</p> <p>The Plan did not meet oversight and concurrent review levels for beneficiaries residing in SNF, ICF, and LTC facilities managed by a contracted entity.</p>	<p>and application of criteria to ensure quality of care for all levels of care in an inpatient setting. Additionally, the Plan will require the attending physician to submit their medical necessity recertification for members residing in long term care facilities to the Plan at least every 60 days. Attached is the draft policy, the Plan will provide a signed copy once approved (HS-UM01 Draft Concurrent Review Policy, Section K, #1). Representatives from our LTC provider network have been and continue to be active members of the Plan's Provider Advisory Board (Membership Roster 2020 #2).</p> <p>The Plan is drafting a policy and procedure for a comprehensive quality oversight program of our extended care facilities to include onsite and desk top reviews. This will be provided to DHCS once approved and</p>	<p>Member Roster 2020</p>		<p>Concurrent Review (Drafted 04/15/20) revised to define the concurrent review procedures and application of criteria to ensure quality of for all levels of inpatient care and requirement that the attending physician submit to the Plan their medical necessity recertification for members residing in LTC facilities at least every 60 days.</p> <p>- CenCal Provider Advisory Board Membership (4/29/20) reflects representatives from SNF (VNA health, Compass Health, Inc., etc.).</p> <p>05/20/20 - The following additional documentation submitted supports the MCP's subsequent efforts to correct this finding:</p> <p>- Quality of Care Investigations P&P HS-QI403 was amended to specify the Plan's procedure for monitoring QOC Timely Resolution (section D and issuing Clinical Corrective Action (Section E). This policy also captures QOC improvements through Member</p>

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	signed.			<p>Services complaints/grievances process and other sources that identify QOC concerns which require improvements and corrections. The Plan utilizes a Grievance System COGS to track QOC concerns. The COGS system includes an aging system that tracks timely resolution of grievances and quality of care issues which is overseen by the Member Services Grievance & Appeals Supervisor and reported up through the Plan's Health Care Operations Committee (HOC) (Section C).</p> <p>06/29/20 - The following additional documentation submitted supports the MCP's subsequent efforts to correct this finding:</p> <ul style="list-style-type: none"> - Meeting dates for UM and CM onsite collaboration serve as evidence the MCP's nurses participate in on-site collaboration meetings with contracted facilities. - Completed Confidential Medical Director Clinical Review Worksheet

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				<p>used to track member initiated complaints</p> <p>- As a result of a Power of Attorney complaint filed on behalf of member sample QOC letter to physician.</p> <p>08/14/20 - The following additional documentation submitted supports the MCP's subsequent efforts to correct this finding:</p> <p>- Draft Extended Care Facilities Oversight Policy describes how the MCP will monitor its extended care facilities through annual assessments which include the reviews of annual accrediting survey results and quality of care concerns, clinical quality review in which the Medical Management clinical team will review a random file sample on a quarterly basis.</p> <p>10/09/20 - The following additional documentation submitted supports the MCP's subsequent efforts to correct this finding:</p>

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				<p>- Email communication dated 10/9/20 confirms that the MCP has completed its full review of Clinical Committees and identified two representatives to join the Quality Improvement Committee. The two individuals were extended invitations to join and their responses are pending.</p> <p>This finding is closed.</p>
<p>1.2.1: Annual Assessment of a Sub-Delegate</p> <p>The Contract requires the Plan to maintain a system to ensure accountability for delegated quality improvement activities. The Plan failed to conduct initial and ongoing assessments of their PBM sub-contracted delegated entity responsible for the PBM's UM activities</p>	<p>During the audit period, the Plan implemented Policy No. CPL-30 Delegate Annual Audit Process (#1), which includes our Pharmacy Benefits Manager (PBM), MedImpact. Please see policy CPL-30 Delegate Annual Audit Process.</p> <p>MedImpact's annual audit was executed in January of 2020. Within the audit scope, the Plan captured the review of sub-delegation to ensure this was not occurring for CenCal Health members. It was affirmed through the Plan's delegated</p>	<p>See: #1 CPL-30 Delegate Annual Audit Process #2 MedImpact 2020 Final Audit Results #3 CCH NonDelegation Attestation #4 MedImpact Fully Executed DA</p>	<p>January 2020</p>	<p>05/01/20 - The following documentation supports the MCP's efforts to correct this finding:</p> <ul style="list-style-type: none"> - Revised Policy CPL-30 Delegate Annual Audit Process (10/11/19) to maintain a system to ensure ongoing auditing and monitoring of Delegated Entities is properly executed, documented, and evidenced at least annually. - MedImpact's January 2020 Final Audit Results (4/6/20) had no UM sub-delegation findings.

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	<p>audit discipline that MedImpact does not sub-delegate any Utilization Management (UM) functions for CenCal Health members , this is further evidenced by MedImpact’s Non-Delegation Attestation (#3). Please see MedImpact 2020 Final Audit Results and MedImpact Non-Delegation Attestation (#2).</p> <p>In addition, the Plan’s Delegation Agreement (DA) with MedImpact (#4). ‘Section L’ of the DA states MedImpact must obtain written approval from the Plan prior to sub-delegation of UM or Credentialing (CR) activities. The Plan currently does not have any written agreement in place that would allow MedImpact to sub-delegate any functions. Please see MedImpact Delegation Agreement.</p>			<ul style="list-style-type: none"> - MedImpact Fully Executed Delegated Agreement Section L – states DE must obtain written approval from MCP prior to sub-delegation of UM or Credentialing (CM) activities. <p>05/19/20 – The following additional documentation submitted supports the MCP’s subsequent efforts to correct this finding:</p> <ul style="list-style-type: none"> - 2020 MedImpact’s Annual Audit Confirmation Letter (11/20/19) contains audit documentation requirements. - MedImpact’s On-Site Audit – UM Questions – specifically #2, “Are any UM functions, including but not limited to clinical case review, delegated to any other entity?” - CenCal Sub-Delegation Attestation UM- specifies MedImpact’s non-sub-delegation of UM activities.

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				<ul style="list-style-type: none"> - CenCal Sub-Delegation Attestation Credentialing- specifies MedImpact's non-sub-delegation of credentialing activities. - Delegate Oversight Committee Audit Schedule 2020-2021 includes PBM, MedImpact's schedule. <p>This finding is closed.</p>
<p>1.5.1: Outpatient Mental Health Services</p> <p>APL 17-018 allows non-physician medical practitioner referrals to mental health providers when the condition is above his/her scope of practice. The Plan's delegate's policies and procedures allow for improper denial of mental health services</p>	<p>The Plan Delegate, The Holman Group, has provided an updated UM Program Description Draft to demonstrate compliance with APL 17-018. This guides PCP's that both a physician or physician medical practitioner (NMP) may refer a member to Plan's delegate for an initial mental health assessment by an in-network and licensed mental health provider. (Refer to Holman UM Program Description, Pg. 9)</p>	<p>See: Holman UM Program Description</p>	<p>April 20, 2020</p>	<p>05/01/20 - The following documentation supports the MCP's efforts to correct this finding:</p> <ul style="list-style-type: none"> - The Holman Group 2020 UM Plan Medicare Medicaid UM Program Description DRAFT (page 9) has been updated to reflect they, as the Plan's delegate, will accept both physician or non-physician medical practitioner referrals in compliance with APL 17-018. <p>05/14/20- The following additional documentation submitted supports</p>

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if requested by a non-physician medical practitioner.				<p>the MCP's subsequent efforts to correct this finding</p> <ul style="list-style-type: none"> - The Holman Group 2020 UM Plan Medicare Medicaid UM Program Description (page 9) update (FINAL version). <p>This finding is closed.</p>
2. Case Management and Coordination of Care				
<p>2.1.1: CCS Maintenance and Transportation Reimbursement</p> <p>The Plan's policies and procedures for Maintenance and Transportation reimbursement do not comply with <i>APL 18-023</i> which cites the authority of CCS Numbered Letter (N.L.) 03-0810. The Plan's Maintenance and Transportation Program policy HS-PEDS254SOP,</p>	<p>The Plan has transitioned SOP (Standard Operating Procedures) #HS-PEDS254SOP in to a Plan Policy and Procedure). The Plan's P&P "Maintenance and Transportation for CCS Members Draft" has been revised to align with All Plan Letter (APL) 18-023 and CCS N.L. 03-0810. Draft Policy is set for approval at the Plan's Administrative Oversight Committee (AOC) meeting on 6/2/2020. Please see P&P (#1), "Maintenance and Transportation for CCS Members". This policy is submitted in draft and will be</p>	<p>See: #1 Maintenance & Transportation for CCS Members Draft Policy</p>	<p>June 2020</p>	<p>05/04/20 - The following documentation supports the MCP's efforts to correct this finding:</p> <ul style="list-style-type: none"> - Maintenance & Transportation for CCS Members Draft Policy to align with APL 18-023 and CCS N.L. 03-0810 rates. <p>05/28/20 – The following additional documentation submitted supports the MCP's subsequent efforts to correct this finding:</p> <ul style="list-style-type: none"> - M&T Reimbursement Quick Reference Guide with updated rates for Clinical Support Staff who support the CCS maintenance and

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reimburses members below the standards set in CCS N.L. 03-0810	provided to DHCS once signed.			<p>transportation services.</p> <ul style="list-style-type: none"> - M&T Tracking and Monitoring Log to track all reimbursements. <p>This finding is closed.</p>
<p>2.2.1: Initiating Behavioral Health Services</p> <p>APL 18-006 criteria for BHT no longer requires a CDE to initiate BHT services. The Plan's delegated entity still requires a CDE to initiate BHT services</p>	<p>The Plan's delegate, The Holman Group, has updated their Behavioral Health Therapy (BHT) Guidelines by removing Comprehensive Diagnostic Examination (CDE) requirements in order to initiate Behavioral Health services. Please see The Holman Group's Behavioral Health Therapy Guidelines (#1).</p>	<p>See: #1 Guideline to Authorizing BHT Services</p>	<p>March 31, 2020</p>	<p>05/01/20- The following documentation supports the MCP's efforts to correct this finding:</p> <p>Desktop procedure, "Guideline to Authorizing Behavioral Health Treatment" as an outline for the MCP's delegate, the Holzman Group, which serves as evidence that the document has been amended to align with APL 18-006 verifying that a CDE is no longer a requirement to initiate BHT services. (page 4)</p> <p>05/20/20- The following additional documentation supports the MCP's efforts to correct this finding:</p> <p>-Updated P & P, Policy Number:</p>

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				<p>HS-BH300, Policy Name: Behavioral Health Treatment (BHT) (04/07/20) has been amended to remove requirements of a CDE for medical necessity under the BHT requirements. (Section C, Pg.3)</p> <p>This finding is closed</p>
3. Access and Availability of Care				
<p>3.1.1: Enrollment of Pharmaceutical Providers</p> <p>Review of a sample of pharmacies in the network indicated they were not enrolled in the Medi-Cal program. There is no documentation indicating that the Plan conducted oversight of the PBM to ensure the requirements outlined in the APL 19-004 or APL 17-019 were</p>	<p>CenCal Health has obtained MedImpact's Policy 915-PL-119 (#1); Medicaid Provider Enrollment and Policy 860-PD-1517 (#2); Annual California Pharmacy Information Verification Procedure which define the PBM's oversight of pharmacy enrollment and participation in the California Medicaid program. CenCal Health will obtain and review these policies annually through the CenCal Health Delegation Oversight Committee, Delegation Assessments and through the annual Delegate Annual Audit Process of the</p>	<p>See: #1 915-PL-1119 Medicaid Provider Enrollment #2 860-PD-1517 CA Rx Verification PP #3 CenCal Attestation Rx Network</p>	<p>January 2020</p>	<p>05/04/20- The following documentation supports the MCP's efforts to correct this finding:</p> <ul style="list-style-type: none"> - An email (05/27/20) is evidence of the MCP's screening and enrollment process which has been delegated to the PBM-Medimpact. It is outlined in the delegates P & P, Policy Number "915-PL-1119- Attachment #1," All pharmacy providers are to be screened as well as enrolled in the state process. The delegate also

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implemented.	<p>PBM, MedImpact.</p> <p>CenCal Health is also providing a letter of attestation from MedImpact (#3) about the monthly 274 network provider file. This was provided by MedImpact to CenCal Health and reflects that only Medi-Cal pharmacies are enrolled to the best of their knowledge.</p>			<p>monitors the enrollment data which is downloaded on a monthly basis from the DHCS Open Data Portal and compared to the delegate's network. The Delegate's 274 file is received monthly and sent by the MCP to the DHCS PACE System, which validates the data, in addition to confirming all 274 data requirements have been met. Only those providers that have been enrolled are reported through the 274- compliant data file that the delegate provides to the MCP. If an inconsistency should arise, the MCP is contacted by way of the PACE System and the file is rejected until the issue with the data is able to be resolved. In order to confirm accuracy with the delegate's data the MCP will need to regularly sample random Pharmacy's NPI's, from the delegates monthly</p>

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				<p>274 file in order to verify the pharmacy demographic as well as the enrollment statues with DHCS and to verify the enrollment statues is accurate The MCP is regularly reviewing the delegates P & P's, as well as other documents and reports related to the delegated processes. In addition, the MCP reviews the credentialing reports and files to oversee monitoring of the credentialing functions that have been delegated. The MCP has added in an additional monitoring effort to take effect in Q3 of 2020, which will introduce the verification process of a sample of pharmacy providers to verify status.</p> <p>06/05/20- The following additional documentation supports the MCP's efforts to correct this finding:</p>

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				<ul style="list-style-type: none"> - Updated P & P, Policy Number 892-PD-1089: Pharmacy Compliance Credentialing which has been amended to include a section on ongoing monitoring for sanctioned pharmacies. The section will have continued focus on the review process and if a pharmacy should be found to have a sanction by the state Board of Pharmacy it will be submitted to the Pharmacy Adjudication Committee to review and look at potentially prohibiting the pharmacy from the Medi-Cal Network. - Updated P & P, Policy Number : 860-PD-1517 (05/01/2020) Policy Title: Annual California Pharmacy Information Verification Procedure which has been amended to include the new vendor: Pharmacy Verification Network (PVN) and delete out the prior

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				<p>vendor Chaindrugstore.net (CDS). PVN Will now assume all the prior duties of the vendor CDS.</p> <p>This finding is closed</p>
<p>3.1.2: Provider Directory</p> <p>The Plan's printed and online Provider Directories did not list behavioral and mental health providers name, address, NPI, telephone number, and hours of business.</p>	<ol style="list-style-type: none"> 1. Upload complete roster of behavioral health network into CenCal Health's data system 2. Notify delegated behavioral health provider of changes to the directory and work to address workflow issues 3. Enhance current print and on-line directories to include behavioral health providers 4. Implement behavioral health enhancements to the print and on-line directories 		<ol style="list-style-type: none"> 1. Jan 31, 2020 – completed 2. April 30, 2020 3. May 31, 2020 4. June 30, 2020 	<p>07/01/20 - The following documentation supports the MCP's efforts to correct this finding:</p> <ul style="list-style-type: none"> - Updated Provider Directory, "CenCal Health Provider Directory for Members" (06/01/20) as evidence that the MCP's printed Provider Directory includes the behavioral and mental health providers name, address, NPI, telephone number, and hours of business (Behavioral Health pages 47-50; Mental Health pages 138-207). - Updated Online Provider Directory, "https://providir.cencalhealth.org/"

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				<p>as evidence that the MCP's online Provider Directory includes the behavioral and mental health providers name, address, NPI, telephone number, and hours of business.</p> <p>This finding is closed.</p>
4. Member Rights				
<p>4.1.1: Grievance Resolution</p> <p>The Plan's policy PS-CR07 read that all grievances are resolved in 45 business days. All grievances must be resolved within 30 calendar days.</p>	<p>Plan has revised policy and procedure PS-CR07 to clarify that it only pertains to provider complaints related to Plan operations, rather than authorization, claims, or quality of care grievances or appeals, which are addressed in policy and procedure <i>MS20 Member Grievance and Appeals System</i></p>	<p>See: Revised policy and procedure PS-CR07 Provider Complaints and Grievances</p>	<p>4/1/2020</p>	<p>05/01/20 - The following documentation supports the MCP's efforts to correct this finding:</p> <p>P&P PS-CR07 Provider Complaints and Grievances Section III. A. Page 1 – Revised to clarify that it only pertains to MCP operations rather than authorization, claims, or Quality of Care grievance or appeals.</p> <p>This finding is closed.</p>

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<p>4.1.2: Recording of Grievances.</p> <p>The Plan failed to document grievances received from beneficiaries regarding mental health issues.</p>	<p>CenCal Health provided evidence pre-audit of all delegated mental health grievances, via The Holman Group’s Grievance Logs and Minutes from our joint Grievance Committee Meetings throughout the audit period, which inventoried all mental health grievances processed by the Holman Group, with CenCal Health’s oversight.</p> <p>In order to better address this concern, CenCal Health will now incorporate all grievances processed by the Holman Group and by CenCal Health, into one “Master” grievance log, of which the source will be the new Managed Care Program Data Improvement Project (MCPD). Although the compliance date was recently changed by DHCS due to COVID-19 from July 1, 2020 to July 1, 2021, CenCal Health will continue moving forward in test submissions for the future MCPD requirements.</p>	<p>See: “MCPD Technical Documentation from the Managed Care Quality and Monitoring Division”</p>	<p>July 1, 2020</p>	<p>05/28/20 – The following documentation supports the MCP’s efforts to correct this finding:</p> <p>-An email (05/28/20) which includes a description of the MCP’s process for documenting grievances received from beneficiaries regarding mental health issues:</p> <p>The MCP receives a monthly Grievance Log from The Holman Group and conducts oversight of the grievance therein via a joint Grievance Committee held monthly and on occasion bi-monthly. The MCP also performs an annual delegation audit of The Holman Group and reviews grievances as a component of that review.</p> <p>The MCP has an electronic grievance and appeals tracking system called, COGS, that allows for tracking and reporting of all grievance and appeals.</p> <p>The MCP is enhancing their COGS</p>

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	<p>As part of the MCPD, unique “Grievance IDs” must be created specific to the MCPD report, will account for each Holman Grievance and the CenCal Health COGS grievance data. This will bring all grievances, for which CenCal Health has oversight, into one “master” log for tracking and reporting, and this log will be our source for tracking every grievance filed internally and by our mental health delegate for mild to moderate mental and behavioral health grievances.</p> <p>Additionally, CenCal Health performs an annual case file audit of the Holman Group, which is performed every year in December, similar in process to this DHCS Medical Audit.</p> <p>This audit consists of randomly selecting 25 complete case files for review of various types of grievances processed during</p>			<p>System to absorb The Holman Group Grievance Log first, and create grievance records within COGS, for each of Holman’s grievances. COGS will electronically update records as cases are reported closed by The Holman Group via the Holman Grievance Log. COGS will now host a record of every grievance submitted by The Holman Group for tighter oversight. The COGS System enhancement is to be completed by July 1, 2020.</p> <p>- Sample Excel worksheet reports, “Appeals Log, Exempt Grievance Log, Grievance Log, Holman Group Mental Health Behavioral Health Treatment Grievance Log” as evidence that the MCP is documenting grievances received from beneficiaries regarding mental health issues.</p> <p>- Screenshot Report, “Data Elements Used to Combine Grievance Files from The Holman Group” (07/06/20) which lists the data structure elements used for</p>

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	<p>the audit period by The Holman Group. Entire case file reviews occur to determine if all regulatory timeframes are met for processing and to verify a licensed psychiatrist/psychologist reviews any clinical cases. Findings are issued through a CAP as necessary.</p> <p>Lastly, complete case files of mental health grievances are available upon CenCal Health's request and can be supplied The Holman Group at any time during the year. Each monthly grievance log supplied by The Holman Group contains the inventory of cases with key dates for open and closure, case type, reason etc. All cases are discussed during the Joint Grievance Committee Meetings between CenCal Health and the Holman Group.</p>			<p>combining grievance files of The Holman Group with the MCP grievances monthly. The MCP began absorbing the data in May 2020.</p> <p>This finding is closed.</p>

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<p>4.2.1: HIPAA Breach Reporting</p> <p>The Plan did not report the security incidents, breaches, unauthorized access, use or disclosure of PHI or PI to the appropriate DHCS officers within the required timeframes.</p>	<p>The Plan has taken steps to ensure reporting occurs in compliance with State Contract <i>Exhibit G,(3)(J)(1)</i>). To effectuate this compliance, the Plan has done the following –</p> <p>1) To ensure continuity of operations, the Plan has successfully staffed the Privacy Office with 1-FTE, tasked with maintaining day-to-day operations of the Privacy Office. Hired on 9/9/2019, this FTE is responsible for privacy incident reporting, tracking and investigations. In addition, the privacy office has successfully cross-trained Privacy Office staff in privacy operations to ensure there will always be more than 1-person capable of continuing the day-to-day operations of the Privacy Office. The Plan has successfully trained the following staff in Privacy Operations in an effort to ensure continuity in Privacy</p>	<p>See:</p> <p>1) Compliance Department Org. Chart.</p> <p>2) P&P PRIV-20: Privacy & Security Incident Reporting</p> <p>2A) P&P PRIV12: Business Associates</p>	<p>1. 9/9/19 2. 10/16/19 2A. 1/1/20</p>	<p>05/01/20 - The following documentation supports the MCP’s efforts to correct this finding:</p> <ul style="list-style-type: none"> - Updated P&P, “PRIV-20: Privacy and Security Incident Reporting” (02/25/20) which includes that the MCP will investigate the incident and submit an initial Privacy Incident Report (PIR) to DHCS within 24 hours of notification of a breach or security incident, submit a supplemental PIR within 72 hours of notification of a breach or security incident, and submit a complete PIR to DHCS within 10 working days of notification of a breach or security incident (page 2). - Updated P&P, “PRIV-12: Business Associates” (02/25/20) which includes that the MCP will report privacy incidents or data breaches involving covered entities in accordance with PRIV-20 (page 2). - Tracking Log Template, “CenCal Health HIPAA Privacy Incident Log

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	<p>Office operations (Compliance Specialist, Compliance Manager, Compliance and Privacy Officer) <i>See Compliance Department Org. Chart.</i></p> <p>2) To ensure the Plan reports suspected security incidents in the appropriate timeframe, on 10/16/19 the Plan enacted <i>P&P PRIV-20: Privacy & Security Incident Reporting</i>. PRIV-20, clearly defines the reporting timeframes for privacy incidents, and delineates to which government entities privacy incidents are reported too. In addition, PRIV-20 establishes the Privacy Incident Tracking Log, in <i>Section VI</i>, a tool used for monitoring in real time, the timeframes for which Privacy Incidents are reported to government entities.</p> <p>2A) In addition to the above,</p>			<p>2020” which includes columns to track the submission filing timeframes to DHCS. The log includes tracking elements such as “Initial PIR Filed (24 hours), Supplemental PIR Filed (72 hours), and Supplemental PIR Filed (10 days).</p> <p>05/21/20 - The following additional documentation submitted supports the MCP’s subsequent efforts to correct this finding:</p> <ul style="list-style-type: none"> - “Privacy Touchbase” Agendas and Meeting Attendees List (October 2019 – April 2020) in which the MCP Compliance Staff meets on a monthly basis to discuss current topics regarding MCP privacy issues. - PowerPoint training, “Privacy Policies and Procedures” (01/17/20) and training calendar invite as evidence that the MCP Compliance Staff received training. The training contains an overview of the P&P: PRIV-20, Privacy and Security Incident Reporting. The

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	<p>the Plan has retired <i>P&P Section I.C.2.</i> – Business Associates. This was an old P&P created before the Privacy Office was transitioned under Compliance. The P&P was replaced by <i>P&P PRIV – 12: Business Associates</i>, effective 1/1/20. Section <i>III.4.C</i>, cross-references <i>PRIV-20</i> reporting timeframes and reporting entities for Business Associates.</p>			<p>MCP reports privacy and security incidents and breaches within the required state and federal requirements. The MCP investigates and documents all privacy and security incidents. The MCP also reports both incidents and breaches within the required state and federal requirements (page 10).</p> <p>- Completed Tracking Log, “GenCal Health HIPAA Privacy Incident Log 2020” (January 2020 – April 2020) as evidence that the MCP is monitoring their reporting of security incidents, breaches, unauthorized access use or disclosure of PHI or PI to DHCS within the required timeframes.</p> <p>This finding is closed.</p>

Deficiency Number and Finding	Action Taken	Supporting Documentation	Implementation Date* <small>(* Short-Term, Long-Term)</small>	DHCS Comments
5. Quality Management				
6. Administrative and Organizational Capacity				
State Supported Services				

Submitted by: Original Signed by Robert Freeman

Date: 04/30/2020

Title: Chief Executive Officer