CONTRACT AND ENROLLMENT REVIEW DIVISION
RANCHO CUCAMONGA
AUDITS AND INVESTIGATIONS
DEPARTMENT OF HEALTH CARE SERVICES

REPORT ON THE MEDICAL AUDIT OF

SANTA CRUZ-MONTEREY-MERCED MANAGED MEDICAL CARE COMMISSION DBA: CENTRAL CALIFORNIA ALLIANCE for HEALTH

2023

Contract Number:	08-85216
Audit Period:	November 1, 2021 Through October 31, 2022
Dates of Audit:	February 6, 2023 Through February 17, 2023
Report Issued:	April 26, 2023

TABLE OF CONTENTS

I. INTRODUCTION

The Santa Cruz-Monterey-Merced Managed Medical Care Commission is the governing board that oversees the Central California Alliance for Health (Plan). The Plan is a regional, non-profit health plan, established in 1996. As a County Organized Health System (COHS), the Plan serves members in Santa Cruz, Monterey, and Merced Counties. The Plan's members represent about 42 percent of the population in Santa Cruz, Monterey, and Merced. Forty-five percent of the Plan's members are children under 19 years old.

The Plan collaborates with over 11,100 physicians and contracts with 86 percent of the primary care physicians and 86 percent of the specialists within the Plan's three-county service area. The Plan has a delegated entity that contracts with an additional 3,100 mental health providers to serve the Plan's members.

As of October 2022, the Plan's enrollment for its Medi-Cal line of business was approximately 412,378 and 654 for the Alliance Care In-Home Supportive Services in Santa Cruz, Monterey, and Merced Counties. Total enrollment was 413,032 members.

II. EXECUTIVE SUMMARY

This report presents the findings of the Department of Health Care Services (DHCS) medical audit of the Plan for the period November 1, 2021 through October 31, 2022. The audit was conducted from February 6, 2023 through February 17, 2023. The audit consisted of document review, verification studies, and interviews with Plan personnel.

An Exit Conference was held on March 29, 2023. The Plan was allowed 15 calendar days from the date of the Exit Conference to address the preliminary audit report.

The audit evaluated six categories of performance: utilization management, case management and coordination of care, access and availability of care, member's rights, quality management, and administrative and organizational capacity.

The prior DHCS medical audit report issued on June 28, 2022, (audit period November 1, 2019 through October 31, 2021) identified deficiencies incorporated in the Corrective Action Plan (CAP). The prior year CAP was not completely closed at the time of onsite; however, this year's audit included review of documents to determine the implementation and effectiveness of the Plan's corrective actions.

The summary of findings follows:

Category 1 – Utilization Management

Audit of category one yielded no findings.

Category 2 – Case Management and Coordination of Care

Audit of category two yielded no findings.

Category 3 – Access and Availability of Care

Audit of category three yielded no findings.

During the prior audit, the Plan did not ensure transportation providers were enrolled in the Medi-Cal program. Although the prior year CAP was not closed for this finding, the Plan updated procedures to ensure new transportation providers were enrolled in the Medi-Cal program and is currently working with the Managed Care Quality and Monitoring Division to correct the prior deficiency.

Category 4 – Member's Rights

Audit of category four yielded no findings.

During the prior audit, the Plan did not classify all members' expressions of dissatisfaction as grievances during inquiry calls. The Plan updated policies and procedures, trained staff on the new grievance process, and implemented oversight to ensure the appropriate classification of member grievances. Review of the Plan's response to the CAP yielded no findings.

During the prior audit, the Plan did not submit a complete DHCS Privacy Incident Report (PIR) to the DHCS Program Contract Manager, DHCS Privacy Officer, and DHCS Information Security Officer. The Plan revised and implemented new instructions to ensure the submission of a complete PIR to all DHCS entities. Review of the Plan's response to the CAP yielded no findings.

Category 5 – Quality Management

Audit of category five yielded no findings.

During the prior audit, the Plan did not conduct new provider training for all newly contracted providers within ten working days. The Plan revised policies and integrated a new process to ensure timely completion of provider training within ten business days. Review of the Plan's response to the CAP yielded no findings.

Category 6 – Administrative and Organizational Capacity

Audit of category six yielded no findings.

III. SCOPE/AUDIT PROCEDURES

SCOPE

The DHCS, Contract and Enrollment Review Division conducted the audit to ascertain that medical services provided to Plan members complied with federal and state laws, Medi-Cal regulations and guidelines, and the state's COHS contract.

PROCEDURE

The audit was conducted from February 6, 2023 through February 17, 2023, for the audit period November 1, 2021 through October 31, 2022. The audit included a review of the Plan's policies for providing services, the procedures used to implement the policies, and verification studies to determine the effectiveness of the policies. Documents were reviewed and interviews were conducted with Plan personnel.

The following verification studies were conducted:

Category 1 – Utilization Management

Prior Authorization Requests: 25 medical (17 approved and 8 denied), 10 pharmacy, and 15 private duty nurse prior authorization requests were reviewed for timeliness, consistent application of criteria, appropriate review, and communication of results to members and providers.

Appeals Process: 20 medical appeals (9 upheld and 11 overturned) were reviewed for appropriate and timely adjudication.

Category 2 – Case Management and Coordination of Care

Initial Health Assessment (IHA): 11 member files were reviewed to confirm the completion of an IHA and five files were reviewed for completion of Blood Lead Screening tests.

Behavioral Health Treatment (BHT): Ten member files were reviewed to confirm coordination of care and fulfillment of BHT.

Category 3 – Access and Availability of Care

Emergency Service Claims: 11 emergency service claims were reviewed for appropriate and timely adjudication.

Non-Emergency Medical Transportation (NEMT): 20 records were reviewed to confirm compliance with NEMT requirements.

Non-Medical Transportation (NMT): 20 records were reviewed to confirm compliance with NMT requirements.

Category 4 – Member's Rights

Grievance Procedures: 64 grievances (including 14 quality of care, 20 quality of service, 10 inquiries, 10 expedited, and 10 exempt) were reviewed for timely resolution, classification, appropriate response to complainant, and submission to appropriate level for review.

Health Insurance Portability and Accountability Act: Five cases were reviewed for appropriate reporting and processing.

Category 5 – Quality Management

Quality Improvement System: 15 potential quality incident files were reviewed for proper decision-making and effective actions taken to address needed quality improvements.

Provider Qualifications: 26 new provider training records were reviewed for timeliness.

Category 6 – Administrative and Organizational Capacity

Fraud, Waste, and Abuse Reporting: Seven cases were reviewed for proper reporting of suspected Fraud, Waste, and Abuse to DHCS within the required time frame.

CONTRACT AND ENROLLMENT REVIEW DIVISION
RANCHO CUCAMONGA
AUDITS AND INVESTIGATIONS
DEPARTMENT OF HEALTH CARE SERVICES

REPORT ON THE MEDICAL AUDIT OF

SANTA CRUZ-MONTEREY-MERCED MANAGED MEDICAL CARE COMMISSION DBA: CENTRAL CALIFORNIA ALLIANCE for HEALTH

STATE SUPPORTED SERVICES

2023

Contract Number: 08-85223

Audit Period: November 1, 2021
Through
October 31, 2022

Dates of Audit: February 6, 2023
Through
February 17, 2023

Report Issued: April 26, 2023

TABLE OF CONTENTS

I. INTRODUCTION

This report represents the result of the audit of Santa Cruz-Monterey-Merced Managed Medical Care Commission dba Central California Alliance for Health (Plan) State Supported Services Contract No. 08-85223. The State Supported Services Contract covers contracted abortion services with the Plan.

The audit was conducted from February 6, 2023 through February 17, 2023 for the audit period November 1, 2021 through October 31, 2022. The audit consisted of document review of materials supplied by the Plan, verification study, and interviews.

Thirteen State Supported Service claims were reviewed for appropriate and timely adjudication.

An Exit Conference with the Plan was held on March 29, 2023. There were no deficiencies found for the audit period on the Plan's State Supported Services.

❖ COMPLIANCE AUDIT FINDINGS ❖

PLAN: Central California Alliance for Health (CCAH)

AUDIT PERIOD: November 1, 2021 through October 31, 2022
DATES OF AUDIT: February 06, 2023 through February 17, 2023

STATE SUPPORTED SERVICES CONTRACT REQUIREMENTS

The Plan agrees to provide, or arrange to provide, to eligible members the following State Supported Services: Current Procedural Coding System Codes 59840 through 59857 and Health Care Finance Administration Common Procedure Coding System Codes X1516, X1518, X7724, X7726, and Z0336. These codes are subject to change upon the Department of Health Care Services implementation of the Health Insurance Portability and Accountability Act of 1996 electronic transaction and code sets provisions. *(Contract, Exhibit A, (4))*

Plan policy 404-1309, *Member Access to Self-Referred Services (revision date: 11/01/2021)*, stated Medi-Cal members have access to receive sensitive services from any Medi-Cal enrolled provider. Providers do not have to be contracted with the Plan.

Plan policy 404-1702, *Provision of Family Planning Services to Members (revision date: 10/19/2021)*, stated members have access to family planning that include abortion services in or out of network without prior authorization.

Review of the Plan's State Supported Services claims processing system and abortion services billing procedure codes yielded no findings for the audit period.

RECOMMENDATION: None.