



DHCS 2024 Medical Audit Findings

- Audit period: August 1, 2023 – July 31, 2024
- Dates of Audit Interviews: August 19, 2024 – August 30, 2024
- Process:
 - Included documentation review, verification studies, and interviews with the Plan's representatives
 - Evaluated six categories of performance:
 - Utilization Management (UM)
 - Case Management and Coordination of Care
 - Access and Availability of Care
 - Member's Rights
 - Quality Management
 - Administrative and Organizational Capacity
 - Evaluated Plan's compliance with its DHCS Contract
 - Assessed implementation of the 2023 Corrective Action Plan from the prior 2023 DHCS Medical Audit

- **Finding 1.2.1: The Plan did not explicitly state in Notice of Action (NOA) letters how the member's condition did not meet the applicable clinical criteria or guidelines**
- **Recommendation: Revise and implement policies and procedures to ensure NOA letters explicitly state how the member's condition did not meet the clinical criteria or guidelines**
- Corrective Action Plan:
 - Policies/procedures revised to ensure NOA letters explicitly state how the member's condition did not meet the clinical criteria or guidelines
 - Detailed Training developed and provided to staff on writing NOA letters that comply with regulatory requirements.
 - Monthly auditing of NOA letters

Utilization Management (continued)

- **Finding 1.5.1: The Plan did not ensure that Contra Costa Behavioral Health (CCBH), Plan delegate sent Notice of Action letters (NOAs) and accompanying "Your Rights" information, along with Nondiscrimination Notices (NDN) and Language Assistance Timeline (LAT) notices for prior authorization denial decisions, as required**
- Recommendation: Revise and implement policies and procedures to ensure delegates send required member information with prior authorization denials, including NOAs, "Your Rights" attachments, and NDN and LAT for all prior authorization denials as required.
- Corrective Action Plan:
 - CCHP Behavioral Health Department has insourced all these activities. CCBH is no longer being delegated these duties.
 - Internally, CCHP has robust mechanisms to ensure that NOA letters are sent with appropriate documents.



- **Finding 1.3.1: The Plan did not ensure that the person making the final decision for appeal resolutions did not participate in any prior decisions related to the appeals**
- Recommendation: Implement policies and procedures to ensure the final decision-maker for appeal resolutions has not participated in any prior decisions related to the appeals.
- Corrective Action Plan:
 - Revision of policies and desktop procedure for the Appeals Process
 - Monthly audit

- **Finding 2.1.1: The Plan did not ensure that providers documented all required components of an Initial Health Appointment (IHA)**
- Recommendation: Implement policies and procedures to ensure the completion and documentation of all required components of an IHA.
- Corrective Action Plan:
 - CCHP Clinical Quality Auditing (CQA) is conducting bi-annual audit on IHA components
 - Training will be provided to providers on IHA components at Provider Network Trainings (PNT)
 - Through the Medical Record Review (MRR) process regularly performed by CQA, all IHA components will be reviewed. Corrective action plans (CAPs) will be given to providers who are out of compliance.

- **Finding 2.1.2: The Plan did not ensure that providers documented the completion of blood lead screening tests**
- **Recommendation: Revise and implement policies and procedures to ensure documentation and completion of all blood lead screening tests as required.**
- **Corrective Action Plan:**
 - CCHP Health education team is conducting phone call outreach to parents of children overdue for training.
 - Lists of overdue children are being shared on provider portal, which updates daily.
 - CCHP team actively working with providers to implement Point-of-Care Glucose Training (POCT) for lead screening in office.
 - Lead screening toolkit posted on health plan website.

- **Finding 2.1.3: The Plan did not ensure the provision of oral or written blood lead anticipatory guidance to the parent(s) or guardian(s) of members starting at six months to six years of age.**
- Recommendation: : Develop and implement policies and procedures to ensure oral and written blood lead anticipatory guidance is provided to the members parent(s) or guardian(s) starting at six months to six years of age.
- Corrective Action Plan:
 - CCHP Facility Site Review (FSR) team is conducting audits of whether participatory guidance is collected. If appropriate, Corrective Active Plans (CAPs) are issued to providers
 - Audits being conducted to identify providers that are not providing anticipatory guidance during well care visits.
 - Education has been made available on anticipatory guidance via the CCHP website
 - Personalized provider education was included in the Q1-2025 CCHP provider newsletter.

Enhanced Care Management (ECM) Program

- **Finding 2.6.1: The Plan did not ensure the provision of comprehensive care management and coordination of care for the clinical needs relevant to members enrolled in the ECM program**
- Recommendation: Revise policies and procedures to ensure implementation of a comprehensive ECM program that effectively assesses and addresses the clinical needs of the Plan's ECM population.

- **Finding 2.6.2: The Plan did not ensure that all members received all seven ECM core service components**
- Recommendation: Revise and implement policies and procedures to ensure all ECM core service components are completed.

- **Finding 2.6.3: The Plan did not ensure that ECM members and their authorized support persons received a copy of the members' Care Management plan, along with information about how to request updates**
- Recommendation: Develop and implement policies and procedures to ensure that members and their authorized support persons receive a copy of the Care Management Plan, along with and information about how to request updates.

- Corrective Action Plan:
 - CCHP policy regarding ECM Engagement, Operations, and Evaluation was updated to emphasize oversight process to ensure that ECM providers implemented a comprehensive ECM program to address a member's clinical needs and addresses core service components.
 - ECM providers will conduct regular internal audits, no less than quarterly, to ensure their ECM Program provides a comprehensive and whole-person, interdisciplinary approach to offering ECM, ensuring it addresses the clinical and non-clinical needs of high-need and high-cost members
 - CCHP will audit ECM Providers after they have been providing service for one year.
 - Monthly complex case rounds with all ECM providers to discuss non-clinical and clinical needs of members
 - ECM cases will be regularly audited to track trends and improvements

- **Finding 4.1.1: The Plan did not have policies and procedures to ensure medical Quality of Care (QOC) grievances were immediately submitted to the Medical Director for action**
- Recommendation: Develop and implement policies and procedures to ensure that medical QOC grievances are immediately submitted to the Medical Director for action.
- Corrective Action Plan:
 - Revised desktop procedure for QOC grievances to ensure that all QOC grievances are sent to the Medical Director immediately for review.
 - Monthly audit is performed to review samples of Grievance cases to ensure that this process is occurring.

- **Finding 4.1.2: The Plan did not submit grievances alleging discrimination, along with detailed information regarding the grievances to the DHCS as required**
- Recommendation: Implement policies and procedures to ensure grievances alleging discrimination, along with detailed information regarding the grievances are submitted to the DHCS.
- Corrective Action Plan:
 - Revised Discrimination desktop procedure to ensure that all key steps in discrimination complaints are followed
 - The CCHP Health Equity Department conducts regular audits to ensure submission

- **Finding 4.1.3: The Plan did not ensure all grievances, including exempt grievances, were reviewed and analyzed on at least a quarterly basis**
- Recommendation: Implement policies and procedures to include review and analysis of all grievances in the grievance quarterly track and trend monitoring report.
- Corrective Action Plan:
 - Grievance policy has been updated to ensure that all grievances, including exempt grievances, are incorporated into quarterly reports for review and analysis

Provider Preventable Conditions

- **Finding 5.1.1: The Plan did not report all Provider Preventable Conditions (PPCs) to the DHCS as required**
- Recommendation: : Revise and implement policies and procedures to ensure all PPCs are reported to the DHCS.
- Corrective Action Plan:
 - The Clinical Quality Auditing Department has conducted a detailed training for the team on the submission of PPCs to the DHCS as required.
 - Since August 2024, all PPCs have been reported to DHCS.

- **Finding 5.3.1: The Plan did not provide written notices to all impacted members for terminations of network providers, subcontractors, or downstream subcontractors**
- Recommendation: Develop and implement policies and procedures to ensure that all impacted members are provided written notice when the Plan, network providers, subcontractors, or downstream subcontractors terminate contracts.
- Corrective Action Plan:
 - Policies and procedures regarding written notification of members were enhanced to clearly delineate the process for CCHP Contracts and CCHP Member Services

- **Finding 6.2.1: The Plan did not ensure the designated Compliance Officer did not also serve in an operational role or capacity.**
- Recommendation: Revise and implement policies and procedures to ensure the Compliance Officer is independent and does not serve in both compliance and operational roles.

- **Finding 6.2.2: The Plan did not have policies and procedures that included criteria for selecting a Compliance Officer or job description outlining the responsibilities and authority of the position**
- Recommendation: Revise and implement policies and procedures to include criteria for selecting a Compliance Officer and a job description outlining the responsibilities and the authority of the position.

- **Finding 6.2.3: Finding: The Plan did not maintain a compliance program which included all required elements of a compliance plan.**
- Recommendation: Revise and implement a compliance program that includes all required compliance plan elements.

- Corrective Action Plan:
 - Compliance Plan and related Compliance policies and procedures have been revised to include an enhanced description of the Compliance Officer role and to ensure that the Compliance Officer is independent and does not serve in both compliance and operational roles
 - Compliance Program has been revised and implemented to ensure that all of the required Compliance Plan elements are included. This is detailed in revised Compliance Plan

Fraud, Waste, & Abuse Reporting

- **Finding 6.2.4: The Plan did not report all suspected fraud cases to the DHCS within ten working days**
- Recommendation: Implement policies and procedures to ensure all suspected cases of fraud are reported to the DHCS within ten working days
- Corrective Action Plan:
 - Relevant policies have been revised to ensure that all suspected cases of fraud are reported to the DHCS within ten working days.

Notification of Changes in Member's Circumstances

- **Finding 6.2.5: The Plan did not have policies and procedures to promptly notify the DHCS upon receipt of information about changes in a member's circumstances for income and death.**
- Recommendation: Develop and implement policies and procedures to ensure changes in a member's circumstances, including income and death, are promptly reported to the DHCS
- Corrective Action Plan:
 - Relevant policies/procedures and Member Services workflow have been revised to ensure that the DHCS is promptly notified regarding changes in a member's circumstances for income and death

Audit Findings – Progress Report

Overall Corrective Action Plan Status: Excellent

AUDIT FINDING	STATUS	POLICIES AND PROCEDURES UPDATED	STAFF TRAINING COMPLETE	NEXT STEPS
1.2.1 Clinical Reasons for Prior Authorization Denials		+	+	<ul style="list-style-type: none"> Internal audits ongoing Ongoing training
1.3.1. Appeal Resolution Decision-Maker		+	+	<ul style="list-style-type: none"> Internal audits ongoing
1.5.1 Notice of Action letters, Nondiscrimination Notice and Language Assistance Taglines		+	+	<ul style="list-style-type: none"> CCHP continues to perform all responsibilities related to BH UM, including letters
2.1.1 Required Components of the Initial Health Appointment		+	+	<ul style="list-style-type: none"> Ongoing provider training Ongoing provider audits
2.1.2 Blood Lead Screening		+	+	<ul style="list-style-type: none"> Ongoing member outreach Ongoing provider training Ongoing provider audits
2.1.3 Blood Lead Anticipatory Guidance		+	+	<ul style="list-style-type: none"> Ongoing provider training Ongoing provider audits

Audit Findings – Progress Report (continued)

Overall Corrective Action Plan Status: Excellent

AUDIT FINDING	STATUS	POLICIES AND PROCEDURES UPDATED	STAFF TRAINING COMPLETE	NEXT STEPS
2.6.1 Comprehensive Enhanced Care Management Program		+	+	<ul style="list-style-type: none"> • Ongoing provider training • Ongoing provider audits • Ongoing chart review • Ongoing complex case rounds
2.6.2 ECM Core Service Components		+	+	<ul style="list-style-type: none"> • Ongoing provider training • Ongoing provider audits • Ongoing chart review • Ongoing complex case rounds
2.6.3 Care Plans for Member and Family Supports		+	+	<ul style="list-style-type: none"> • Ongoing provider training • Ongoing provider audits • Ongoing chart review • Ongoing complex case rounds • Ongoing member/family supports education and outreach

Audit Findings – Progress Report (continued)

Overall Corrective Action Plan Status: Excellent

AUDIT FINDING	STATUS	POLICIES AND PROCEDURES UPDATED	STAFF TRAINING COMPLETE	NEXT STEPS
4.1.1 Quality of Care Grievances		+	+	• Ongoing internal audits
4.1.2 Grievances Alleging Discrimination		+	+	• Ongoing internal audits
4.1.3. Grievance Tracking and Trending		+	+	• Ongoing reporting
5.1.1 Reporting of Provider Preventable Conditions to Department of Health Care Services		+	+	• Ongoing reporting
5.3.1 Provider Terminations		+	+	• Ongoing notifications
6.2.1 Compliance Officer Independence		+	+	
6.2.2 Compliance Officer Criteria		+	+	
6.2.3 Compliance Plan		+	+	
6.2.4. Fraud, Waste, or Abuse Reporting		+	+	• Ongoing reporting
6.2.5 Notification of Changes in Member's Circumstances		+	+	• Ongoing notifications

- Corrective Action Plan responses submitted to DHCS 3/28/2025.
 - Corrective Action Plans include:
 - Root cause analyses
 - Update of relevant policies and procedures
 - Submission of relevant documents to demonstrate implementation, continuous self-monitoring, and effective oversight structure
- CCHP will continue proactive approach towards DHCS audits
 - Ongoing monitoring and oversight of 2024 DHCS Medical Audit Corrective Action Plan
 - Regular review of policies and procedures
 - Ongoing internal audits
 - Ongoing collaboration with amongst internal CCHP departments
 - Regular review of audit findings, best practices, and lessons learned from other Managed Care Plans
 - Preparation for future audits