

MEDICAL REVIEW – NORTH II SECTION
AUDITS AND INVESTIGATIONS
DEPARTMENT OF HEALTH CARE SERVICES

REPORT ON THE MEDICAL AUDIT OF

PARTNERSHIP HEALTHPLAN OF CALIFORNIA
2021

Contract Number: 08-85215

Audit Period: January 1, 2020
through
June 30, 2021

Report Issued: February 17, 2022

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I. INTRODUCTION

Partnership HealthPlan of California (Plan) is a non-profit community based health care organization. The Plan is a County Organized Health System established in 1994 in Solano County. The Plan is governed by a Board of Commissioners. The Board is comprised of locally elected officials, provider representatives, and patient advocates.

The Plan provides services to 14 Northern California counties: Del Norte, Humboldt, Lake, Lassen, Marin, Mendocino, Modoc, Napa, Shasta, Siskiyou, Solano, Sonoma, Trinity, and Yolo. Plan members account for 29 percent of all residents in the 14 county service area.

The Plan began operations in 1994 serving only Solano County. Between 1998 and 2011, Yolo, Sonoma, Marin, and Mendocino counties were added. On September 1, 2013, as part of the Rural Expansion, eight more counties were added: Del Norte, Humboldt, Lake, Lassen, Modoc, Shasta, Trinity, and Siskiyou.

As of December 9, 2021, the Plan had 629,935 Medi-Cal members. Medi-Cal members are distributed as follows: Del Norte 12,260, Humboldt 58,549, Lake 33,412, Lassen 8,353, Marin 44,937, Mendocino 39,386, Modoc 3,842, Napa 32,405, Shasta 67,526, Siskiyou 18,894, Solano 126,037, Sonoma 120,579, Trinity 5,287, and Yolo 58,468.

II. EXECUTIVE SUMMARY

This report presents the audit findings of the Department of Health Care Services (DHCS) medical audit for the audit period of January 1, 2020 through June 30, 2021. The review was conducted from November 1, 2021 through November 10, 2021. The audit consisted of document reviews, verification studies, and interviews with Plan representatives.

The audit evaluated five categories of performance: Utilization Management, Case Management and Coordination of Care, Access and Availability of Care, Member's Rights, and Quality Improvement (QI).

The prior DHCS medical audit (for the period of January 1, 2019 through December 31, 2019) was issued on May 6, 2020. There were no deficiencies found for audit year 2019.

An Exit Conference with the Plan was held on January 14, 2022. There were no deficiencies found.

The summary of the findings by category follows:

Category 1 – Utilization Management

No findings were noted for the audit period.

Category 2 – Case Management and Coordination of Care

No findings were noted for the audit period.

Category 3 – Access and Availability of Care

No findings were noted for the audit period.

Category 4 – Member's Rights

No findings were noted for the audit period.

Category 5 – Quality Management

No findings were noted for the audit period.

III. SCOPE/AUDIT PROCEDURES

SCOPE

The DHCS Medical Review Branch conducted the audit 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

DHCS conducted an audit of the Plan from November 1, 2021 through November 10, 2021. The audit included a review of the Plan's Contract with DHCS, its policies and procedures for providing services, the procedures used to implement the policies, and verification studies of the implementation and effectiveness of the policies. DHCS reviewed the Plan's documents and conducted interviews with Plan administrators and staff.

The following verification studies were conducted:

Category 1 – Utilization Management

Prior authorization requests: 22 medical and 12 pharmacy prior authorization requests were reviewed for timeliness, consistent application of criteria, and appropriateness of review.

Prior authorization appeal procedures: 38 prior authorization appeals (18 medical and 20 pharmacy) were reviewed for appropriateness and timeliness of decision-making.

Category 2 – Case Management and Coordination of Care

California Children's Services (CCS): Five member records were reviewed to ensure the Plan's adherence to policies and procedures for identifying and referring members with CCS eligible conditions and to ensure that the Plan is in compliance with Contract requirements for coordination of care for members.

Non-Emergency Medical Transportation (NEMT) and Non-Medical Transportation (NMT): 30 member records (15 NEMT and 15 NMT) were reviewed for completeness and compliance with the Contract.

Category 4 – Member's Rights

Grievance System: 70 grievances (31 Quality of Care, 23 Quality of Service, and 16 exempt) were reviewed for timely resolution, response to complaint, and submission to the appropriate level for review.

Category 5 – Quality Management

Potential quality of care issues: Five cases were reviewed for reporting, investigation, and remediation.

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PARTNERSHIP HEALTHPLAN OF CALIFORNIA
2021

Contract Number: 08-85222
State Supported Services

Audit Period: January 1, 2020
Through
June 30, 2021

Report Issued: February 17, 2022

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I. INTRODUCTION

This report presents audit results for Partnership HealthPlan of California (Plan) State Supported Services Contract No. 08-85222. The State Supported Services Contract covers contracted abortion services with the Plan.

The audit was conducted from November 1, 2021 through November 10, 2021. The audit period was January 1, 2020 through June 30, 2021 and consisted of document reviews, verification studies, and interviews with Plan representatives.

An Exit Conference with the Plan was held on January 14, 2022. There were no deficiencies found.

❖ COMPLIANCE AUDIT FINDINGS (CAF) ❖

PLAN: Partnership HealthPlan of California

AUDIT PERIOD: January 1, 2020 through June 30, 2021

DATE OF AUDIT: November 1, 2021 through November 10, 2021

STATE SUPPORTED SERVICES

The Plan's policies and procedures, Provider Manual, and Member Handbook were reviewed for the provision of State Supported Services.

The Plan had policies and procedures in place to provide abortion services to members. Members are informed of these services through the Member Handbook. Providers are informed of their responsibility to provide abortion services without prior authorization through the Plan's Provider Manual.

A verification study of 15 State Supported Service claims was conducted to determine appropriate and timely adjudication of claims. There were no systemic compliance issues identified in the verification study.

There were no deficiencies identified in this audit.

Recommendation: None