CALIFORNIA DEPARTMENT OF HEALTH CARE SERVICES
Michelle Baass | Director

August 4, 2026

Kristen Cerf, Chief Executive Officer and President *Via E-mail*
Blue Shield of California Promise Health Plan
3840 Kilroy Airport Way
Long Beach, CA 90806-2452

RE: Department of Health Care Services Focused Medical Audit

Dear Ms. Cerf:

The Department of Health Care Services (DHCS), Audits and Investigations Division conducted a Focused Audit of Blue Shield of California Promise Health Plan, a Managed Care Plan (MCP), from April 17, 2023 through April 28, 2023. The focused audit covered the period from April 1, 2022, through March 31, 2023.

DHCS is closing this Corrective Action Plan (CAP) based on the corrective actions submitted and accepted. As standard practice, DHCS will reassess these areas during subsequent audit cycles to ensure sustained compliance and evaluate implementation over time. DHCS acknowledges the Plan's continued efforts to implement the corrective actions from identified non-compliance in the audit. As DHCS issues updated policy guidance, the Plan must ensure all activities remain aligned with current requirements, including forthcoming updates to Transportation policy and the Behavioral Health Data Exchange expectations outlined in APL 26-004. The enclosed documents will serve as DHCS' final response to the MCP's CAP. Closure of this CAP does not halt any other processes in place between DHCS and the MCP regarding the deficiencies in the audit report or elsewhere, nor does it preclude the DHCS from taking additional actions it deems necessary regarding these deficiencies.

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

If you have any questions, please reach out to CAP Compliance personnel.

Sincerely,

[Signature on file]
Dennis Hsieh, Chief

DHCS - Managed Care Quality and Monitoring Division (MCQMD)

Enclosures: Attachment A (CAP Response Form)

cc: Kelli Mendenhall, Branch Chief *Via E-mail*
Managed Care Monitoring Branch
DHCS - Managed Care Quality and Monitoring Division (MCQMD)

Grace McGeough, Section Chief *Via E-mail*
Process Compliance Section
Managed Care Monitoring Branch
DHCS - Managed Care Quality and Monitoring Division (MCQMD)

Lyubov Poonka, Unit Chief *Via E-mail*
Audit Monitoring Unit
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Anthony Martinez, Lead Analyst *Via E-mail*
Audit Monitoring Unit
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DHCS - Managed Care Quality and Monitoring Division (MCQMD)

Nicole Cortez, Unit Chief *Via E-mail*
Managed Care Contract Oversight Branch
DHCS – Managed Care Operations Division (MCOD)

Chengchoi Saelee, Contract Manager *Via E-mail*
Managed Care Contract Oversight Branch
DHCS – Managed Care Operations Division (MCOD)

ATTACHMENT A

Corrective Action Plan Response Form

Plan: Blue Shield of California Promise Health Plan **Review Period:** 04/01/2022 – 03/31/2023

Audit: Focused Audit of Behavioral Health and Transportation Services **On-site Review:** 04/17/2023 – 04/28/2023

MCPs are required to provide a Corrective Action Plan (CAP) and respond to all documented deficiencies included in the focused audit report within 30 calendar days unless an alternative timeframe is indicated in the CAP Request letter. MCPs are required to submit the CAP in Word format, which will reduce the turnaround time for DHCS to complete its review. According to ADA requirements, the document should be at least 12 pt.

The CAP submission must include a written statement identifying the deficiency and describing the plan of action taken to correct the deficiency, as well as the operational results of that action. The MCP shall directly address each deficiency component by completing the following columns provided for MCP response: 1. Finding Number and Summary, 2. Action Taken, 3. Supporting Documentation, and 4. Completion/Expected Completion Date. The MCP must include a project timeline with milestones in a separate document for each finding. Supporting documentation should accompany each Action Taken. If supporting documentation is missing, the MCP submission will not be accepted. For policies and other documentation that have been revised, please highlight the new relevant text and include additional details, such as the title of the document, page number, revision date, etc., in the column "Supporting Documentation" to assist DHCS in identifying any updates that were made by the plan. Implementing deficiencies requiring short-term corrective action should be completed within 30 calendar days. For deficiencies that may be reasonably determined to require long-term corrective action for a period longer than 30 days to remedy or operationalize completely, the MCP is to indicate that it has initiated remedial action and is on the way toward achieving an acceptable level of compliance. In those instances, the MCP must include the date when full compliance will be completed in addition to the above steps. Policies and procedures submitted during the CAP process must still be sent to the MCP's Contract Manager for review and approval, as applicable, according to existing requirements.

Please note that DHCS expects the plan to take swift action to implement improvement interventions as proposed in the CAP; therefore, DHCS encourages all remediation efforts to be in place no later than month 6 of the CAP unless DHCS grants prior approval for an extended implementation effort.

DHCS will communicate closely with the MCP throughout the CAP process and provide technical assistance to confirm that the MCP offers sufficient documentation to correct deficiencies. Depending on the number and complexity of deficiencies identified, DHCS may require the MCP to provide weekly updates.

3. Access and Availability of Care

Finding Number and Summary	Action Taken	Supporting Documentation	Implementation Date * (*Short-Term, Long-Term)	DHCS Comments
3.1 NEMT—Ambulatory Door-to-Door The Plan did not ensure its delegate, Call the-Car, provided the appropriate level of service for members requiring ambulatory door-to-door service.	Update Physician Certification Statement (PCS) form to note that Wheelchair van should be selected for door-to-door service and submit to DHCS for approval. Distribute updated PCS form to providers with updated instructions. New PCS form to be in effect 1/1/2026. Train call center representatives on new process which will be in effect 1/1/2026. Conduct ongoing monitoring of the Plan's Delegate, Call- the-Car.	DHCS approved updated PCS form Approved Updated PCS form TBD TBD	1. 04/14/2025 2. 11/1/2025 3. 10/15/2025 – 12/31/2025 4. 1/1/2026 and ongoing	The following documentation supports the MCP's efforts to correct this finding: **POLICY AND PROCEDURES** » Plan policy "10.31.1 NEMT and NMT Services and Related Travel Expenses" was revised to include that the Plan provides door-to-door services for NEMT requests. Policy states the Plan will provide NEMT for member who can't reasonably ambulate or are unable to stand or walk without assistance, including use of a walk or crutches. (10.31.1 NEMT and NMT Services and Related Travel Expenses, I. NEMT, page 2) **TRAINING** » The Plan is working with its internal staff to fully integrate the incorporation of ambulatory door-to-door services as a recognized mode of NEMT. The Plan has revised its P&Ps & is revising member communication materials. The Plan will provide staff training once revisions are completed & all changes have been implemented. **MONITORING AND OVERSIGHT** » Plan PCS form was revised to include a note that wheelchair van should be selected for door-to-door service. The PCS form was

Finding Number and Summary	Action Taken	Supporting Documentation	Implementation Date * (*Short-Term, Long-Term)	DHCS Comments
				submitted & approved by DHCS 04/2025. (See BSP_NEMT_Physician Certification Statement) » The Plan demonstrated efforts to address the finding through the corrective "Actions Taken" mentioned. The implementation of certain actions remains ongoing due to the pending release of policies related to the finding. DHCS expects full compliance within 90 days of its release. Future audits will evaluate the implementation and effectiveness of these corrective measures. **The corrective action for finding 3.1 is accepted.**

*Attachment A must be signed by the MCP's compliance officer and the executive officer(s) responsible for the area(s) subject to the CAP.

Submitted by: Yasamin Hafid

Title: Chief Compliance Officer, Blue Shield of California Promise Health Plan

Signed by: [Signature on file]

Date: 10/04/2024