CALIFORNIA DEPARTMENT OF HEALTH CARE SERVICES
Michelle Baass | Director

July 28, 2026

Betty Clark, Chief
Regulatory Affairs and Compliance Officer
Health Plan of San Joaquin
7751 S. Manthey Rd.
French Camp, CA 95231

Via E-mail

RE: Department of Health Care Services Medical Audit

Dear Ms. Clark:

The Department of Health Care Services (DHCS), Audits and Investigations Division conducted a Focused Audit of Health Plan of San Joaquin, a Managed Care Plan (MCP), from October 30, 2023 through November 9, 2023. The focused audit covered the period from October 1, 2022, through July 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, 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
Process Compliance Section
DHCS - Managed Care Quality and Monitoring Division (MCQMD)

Christina Viernes, Lead Analyst *Via E-mail*
Audit Monitoring Unit
Process Compliance Section
DHCS - Managed Care Quality and Monitoring Division (MCQMD)

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

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

ATTACHMENT A

Corrective Action Plan Response Form

Plan: Health Plan of San Joaquin

Review Period: 10/01/2022 – 07/31/2023

Audit: Focused Audit of Behavioral Health and Transportation Services

On-site Review: 10/30/2023 – 11/09/2023

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 Door-to-Door Assistance The Plan did not have a process in place to ensure that door-to-door assistance is provided for all members receiving NEMT services.	a) The Plan will update Policy, *UM 55 Emergency and Non-Emergency Medical Transportation*, and Department Procedures by 12/31/2024. b) The Plan will ensure effective monitoring is implemented to identify issues occurring impacting NEMT service, causative factors, and curative actions for identified deficiencies by 12/31/24. c) The Plan will complete quarterly monitoring activities and provide evidence by 12/31/2024. d) Findings and actions taken based on monitoring to be presented at Clinical Operations and Quality Improvement Health Equity Committee on a quarterly basis, at minimum.	3.1 Door-to-Door_CAP Form	12/31/2024 (Long-Term)	The following documentation supports the MCP's efforts to correct this finding: **POLICIES AND PROCEDURES** » Plan policy "UM55 Emergency Transportation and NEMT 12.23.24" was updated to include revisions to its written policy for the process regarding door-to-door assistance. The policy states "Health Plan monitors NEMT providers quarterly at minimum for the following: Members receiving NEMT service are receiving door-to-door service." (II. Policy, B., 21. C. page 7) **MONITORING AND OVERSIGHT** » Plan policy "UM55 Emergency Transportation and NEMT 12.23.24" was updated to include the Plan's refined monitoring & oversight process of door-to-door assistance. The policy states, "Monitoring and oversight of NEMT providers is completed quarterly at a minimum through report monitoring and random audits for all elements outlined in section II B. 20 above "Non-compliance with door-to-door service requirements will result in a re-education of the provider." The policy includes the process outlining that on a monthly basis, a report is submitted by NEMT providers containing evidence of door-to-door assistance. A random sample of 30 or 5% of members with NEMT services during the prior month to verify if

Finding Number and Summary	Action Taken	Supporting Documentation	Implementation Date * (*Short-Term, Long-Term)	DHCS Comments
				door-to-door assistance was received." (III. Procedure, C., 1. – 5., pages 9-10) » Monitoring document "3.1 Door-to-Door Monitoring" demonstrates the detailed process outlined in its policy. The document shows the updates made to its process now including an outreach to a random sample of 30 members who received NEMT services to verify door-to-door assistance was received. Document shows that 7 members were reached & that 5 of those received door-to-door assistance. The results of these audits are presented at the Plan's Clinical Ops & Quality Improvement Committee. (See 3.1 Door-to-Door Monitoring) » Report Sample "NEMT Call Summary 11.2024 Trips" includes the results of the Plan's monitoring & oversight of outreach to a random 30 members for November 2024. Results include if the member was reached, whether the NEMT provider showed up on time & if the NEMT provider provided door-to-door assistance. (See NEMT Call Summary 11.2024 Trips) » The next Quarterly Clinical Ops & QIHEC Committee meetings are scheduled for March 2025; the audit results will be presented for review & necessary corrective actions. **The corrective action plan for finding 3.1 is accepted.**
3.2 Monitoring Non-Emergency Medical Transportation	a) The Plan will update Policy, *UM 55 Emergency and Non-Emergency Medical Transportation*, and	3.2 No-Show Rates_CAP Form	12/31/2024 (Long-Term)	The following documentation supports the MCP's efforts to correct this finding:

Finding Number and Summary	Action Taken	Supporting Documentation	Implementation Date * (*Short-Term, Long-Term)	DHCS Comments
Provider No-Show Rates The Plan did not monitor NEMT providers no-show rates.	Department Procedures by 12/31/2024. b) The Plan will ensure effective monitoring is implemented to identify issues occurring impacting NEMT service, causative factors, and curative actions for identified deficiencies by 12/31/24. c) The Plan will complete quarterly monitoring activities and provide evidence by 12/31/2024. d) Findings and actions taken based on monitoring to be presented at Clinical Operations and Quality Improvement Health Equity Committee on a quarterly basis, at minimum.			**POLICIES AND PROCEDURES** » Plan policy "UM55 Emergency Transportation and NEMT 12.23.24" was updated to include revisions to its written policy for the process regarding the monitoring of NEMT provider no-show rates. The policy states "Health Plan monitors NEMT providers quarterly at minimum for the following: No-show rates for NEMT providers" (II. Policy, B., 21. e. page 7) **MONITORING AND OVERSIGHT** » Plan policy "UM55 Emergency Transportation and NEMT 12.23.24" was updated to include the Plan's refined monitoring & oversight process of NEMT provider no-show rates. The policy states, "Monitoring and oversight of NEMT providers is completed quarterly at a minimum through report monitoring and random audits for all elements outlined in section II B. 20 above…Non-compliance with door-to-door service requirements will result in re-education of the provider & if continued non-compliance, a CAP will be issued to the provider." The policy includes the process outlining that on a monthly basis, a report is submitted by NEMT providers containing, at minimum, evidence of door-to-door assistance and identification of no-shows by the NEMT provider for scheduled services. (III. Procedure, C., 1. – 5., pages 9-10) » Monitoring document "3.2 NEMT No-Show Rates Monitoring" demonstrates the detailed process outlined in its policy. The

Finding Number and Summary	Action Taken	Supporting Documentation	Implementation Date * (*Short-Term, Long-Term)	DHCS Comments
				document shows the updates made to its process now including an outreach to a random sample of 30 members who had a NEMT encounter to verify no-show rates for NEMT providers. Document shows that 7 members were reached & that 6 had NEMT providers show up. Noted that re-education to NEMT providers was provided to clarify understanding of no-show requirements. The results of these audits are presented at the Plan's Clinical Ops & Quality Improvement Committee. (See 3.2 NEMT No-Show Rates Monitoring) » Report Sample "NEMT Call Summary 11.2024 Trips" includes the results of the Plan's monitoring & oversight of outreach to a random 30 members for November 2024. Results include if the member was reached, whether the NEMT provider showed up & if the NEMT provider provided door-to-door assistance. (See NEMT Call Summary 11.2024 Trips) » The next Quarterly Clinical Ops & QIHEC Committee meetings are scheduled for March 2025; the audit results will be presented for review & necessary corrective actions. **The corrective action plan for finding 3.2 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: Tracy Tran **Title:** Audits & Oversight Compliance Analyst

Signed by: [Signature on file] **Date:** 10/09/2024