CALIFORNIA DEPARTMENT OF HEALTH CARE SERVICES
Michelle Baass | Director

April 23, 2025

Michael O'Malley, Plan Administrator
AIDS Healthcare Foundation
6255 West Sunset Blvd, 21st Floor
Los Angeles, CA 90028

Via E-mail

RE: Department of Health Care Services Medical Audit

Dear Mr. O'Malley:

The Department of Health Care Services (DHCS), Audits and Investigations Division conducted an on-site Medical Audit of AIDS Healthcare Foundation, a Managed Care Plan (MCP), from November 27, 2023 through December 28, 2023. The audit covered the period from October 1, 2022, through September 30, 2023.

The items were evaluated, and DHCS accepted the MCP's submitted Corrective Action Plan (CAP). The CAP is hereby closed. 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]
Lyubov Poonka, Chief
Audit Monitoring Unit
Process Compliance Section
DHCS - Managed Care Quality and Monitoring Division (MCQMD)

Enclosures: Attachment A (CAP Response Form)

cc: Bambi Cisneros, Interim Chief *Via E-mail*
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)

Christina Viernes, Lead Analyst *Via E-mail*
Audit Monitoring Unit
Process Compliance Section
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)

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

ATTACHMENT A

Corrective Action Plan Response Form

Plan: **AIDS Healthcare Foundation** **Review Period: 10/01/22 – 09/30/23**

Audit: **Medical Audit and State Supported Services** **On-site Review: 11/27/23 – 12/08/23**

MCPs are required to provide a Corrective Action Plan (CAP) and respond to all documented deficiencies included in the medical 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.

1. Utilization Management

Finding Number and Summary	Action Taken	Supporting Documentation	Implementation Date * (*Short-Term, Long-Term)	DHCS Comments
1.2.1. Documentation of Reasons for Medical Decisions The Plan did not clearly document guidelines or criteria used for prior authorization determinations.	As of Q3 2023, the authorization process was updated to include documentation of the criteria/standards used for all UM decisions. Policies and Procedures were updated to include mandatory documentation on each case as well. Criteria requirements were reinforced on August 16, 2023 internal meeting and reiterated intermittently -verbally during rounds and in writing. Monthly monitoring is captured on the 1-to-1 forms. Staff were provided a template in efforts to set expectations and for self-monitoring purposes.	1-to-1 Monthly Follow-Up_UM_template PHC-CA Authorization Referral Process MCO Rounds F2F Agenda, Sign Off, UM Tools	Q3 2023 Long Term	The following documentation supports the MCP's efforts to correct this finding: **POLICIES AND PROCEDURES** » Plan updated Policy UM28.8 PHC-CA Authorization Referral Process (11/14/23) which requires guidelines or criteria used for all prior authorization decisions are clearly documented in the authorization case notes. » Plan revised Policy 35.4 PHC-CA Clinical Criteria and Guidelines (6/5/24) that requires documentation of utilization review and guidelines for all prior authorization determinations (not just denials). » SOP 502.0 AHF Second Level and Medical Director Review (revised 9/1/22) has been retired. » Policy 35.4 was internally approved by the UM Committee on 8/30/24. **STAFF TRAINING** » 8/16/23 Staff Face to Face agenda (criteria documentation), staff signoff sheet and reference tools, including criteria workflow quick reference sheet and step by step authorization workflow. Workflow was revised to include criteria notes.

Finding Number and Summary	Action Taken	Supporting Documentation	Implementation Date * (*Short-Term, Long-Term)	DHCS Comments
				MONITORING AND OVERSIGHT » Plan implemented monthly UM Chart Audits in November 2023. Elements include Review of Medi-Cal approval CPT codes, appropriate and valid criteria utilized for determinations, case notes provide clear and detailed information, timely authorization determinations, and timely enrollee and provider notification. Three or more failing scores within a 90-day period are subject to corrective action or disciplinary action. **The corrective action for finding 1.2.1 is accepted.**
1.2.2. Authorization Decisions Based on Medical Necessity The Plan did not ensure that prior authorization determinations were based on medical necessity	The Plan process was updated to prevent non-clinical staff from making determinations, which ensures that prior authorization determinations were based on medical necessity.	Auth Prod Report Q1 2024 AHF Second Leve and Medical Director Review l	Q3 2023 Long Term	The following documentation supports the MCP's efforts to correct this finding: **POLICIES AND PROCEDURES** » SOP 502.0 Second Level Appeal and Medical Director Review is no longer in use. » Revised Policy 35.4 PHC-CA Clinical Criteria and Guidelines to include criteria to be documented on all prior authorization cases (case notes) and is supported by medical necessity. » Plan staff were verbally notified on 11/2/8/23. » Revised policy internally approved by UM Committee on 8/30/24. **MONITORING AND OVERSIGHT**

Finding Number and Summary	Action Taken	Supporting Documentation	Implementation Date * (*Short-Term, Long-Term)	DHCS Comments
				» Plan indicates monthly monitoring is captured through the Productivity Report. Per Plan, report identifies the staff that made the decision. DHCS requests further clarification. Please provide a narrative and applicable supporting documentation, including: Column N on the Authorization Productivity reports specifies the user who made the determination. Productivity Report identifies staff that made the decision, thus delineates RNs from Authorization Coordinators. If Authorization Coordinators are identified as making prior authorization determinations, they will be subject to a progressive discipline process. **The corrective action for finding 1.2.2 is accepted.**
1.2.3. Written Notification of Prior Authorization Decisions The Plan did not notify members in writing of decisions to deny prior authorization requests.	The Plan implemented monthly monitoring, which is captured via case audits. The Plan also monitors the UM productivity report, which identifies the staff that made the determination.	1-to-1 Monthly Follow-Up_UM_template Auth Prod Report Q1 2024	Q3 2023 Long Term	The following documentation supports the MCP's efforts to correct this finding: **SYSTEM CORRECTION** » The MCP acknowledged that system error in its software that led to this deficiency has been remedied. **MONITORING** » 1 to1 Monthly Follow-up example and UM Productivity Report demonstrate the MCP has implemented an internal auditing process to confirm staff is sending NOA letters to members. (1-to-1 Monthly Follow-Up_UM_NM_0522024_April Data, Auth Prod Report Q1 2024) **The corrective action plan for finding 1.2.3 is accepted**.

Finding Number and Summary	Action Taken	Supporting Documentation	Implementation Date * (*Short-Term, Long-Term)	DHCS Comments
1.2.4. Prior Authorization for Preventive Services The Plan incorrectly applied prior authorization requirements to preventive services.	The Plan implemented staff remediation on the prior authorization process during Q4 2023. The Plan is supplementing routine monthly monitoring with case audits.	1-to-1 Monthly Follow-Up_UM_template Auth Prod Report Q1 2024	Q4 2023 Long Term	The following documentation supports the MCP's efforts to correct this finding: **POLICY AND PROCEDURES** » Policy UM 21 Access to Self-Referred Covered Services was updated to clarify that preventive services do not require prior authorization. MCP staff was trained on the policy. (PHC-CA Access to Self-Referred Covered Services_Redline) » Screenshot from Provider Manual demonstrates the MCP"S Provider Manual instructs providers that preventive care services do not require prior authorization. (Screenshot 2024-09-06 095415) **TRAINING** » Plan trained staff on MCP's Policy UM 21 Access to Self-Referred Covered Services during a staff huddle. Training included staff being advised to be adamant with providers and sending a link to the provider manual, a provider bulletin, and a prior auth template to delineate which services require prior auth rather than a referral. **MONITORING AND OVERSIGHT** » Authorization Productivity Report Q1 2024 demonstrates the MCP is reviewing services that are excluded from prior authorization. (Auth Prod Report Q1 2024).

Finding Number and Summary	Action Taken	Supporting Documentation	Implementation Date * (*Short-Term, Long-Term)	DHCS Comments
				» 1:1 Monthly Template demonstrates the MCP has included the use of monthly case audits for MCP staff to verify preventive services are not requiring prior authorization. (1-to-1 Monthly Follow-Up_UM_template) **The corrective action plan for finding 1.2.4 is accepted.**

2. Case Management and Coordination of Care

Finding Number and Summary	Action Taken	Supporting Documentation	Implementation Date * (*Short-Term, Long-Term)	DHCS Comments
2.5.1 Alcohol and Substance Use Disorder Validated Assessment Tools for Positive Screening The Plan utilized incomplete validated assessment tools for members with positive SUD screening results.	The Plan Staff performed staff remediation on the Substance Use Disordered Validated Assessment Tool for positive screening in Q4 2023. The Plan is supplementing routine monthly monitoring with case audits. Additionally, the TAPS Tool Part 2 was adopted as the validated brief assessment tool	TAPS Tool Part 2 1-to-1 Monthly Follow-Up_UM_template	Q4 2023 Long Term	The following documentation supports the MCP's efforts to correct this finding: **POLICY AND PROCEDURES** » P&P, "UM 34.6 V 6: PHC-CA Substance Use Disorder Treatment Services" (10/13/23) states the following: The Plan provides appropriate referrals for additional evaluation and treatment. Also, the Plan provides brief interventions, which include: Providing feedback to the member regarding screening and assessment results; Discuss consequences which may have occurred due to substance use and the overall severity of the problem; Assess members for readiness to change or motivation to engage in treatment services, if appropriate. » "The Tobacco, Alcohol, Prescription Medications, and other Substance (TAPS) Tool Part 2" in which the MCP utilizes as their validated assessment tool. The TAPS Tool is an assessment for tobacco, alcohol, and illicit substance use and prescription medication misuse. (TAPS Tool Part 2). » "Session Notes" (04/02/24) as evidence that the MCP provides brief interventions, which include providing feedback to the member regarding screening and assessment results, discuss consequences

Finding Number and Summary	Action Taken	Supporting Documentation	Implementation Date * (*Short-Term, Long-Term)	DHCS Comments
				which may have occurred due to substance use, and the overall severity of the problem. Assess members for readiness to change or motivation to engage in treatment services, if appropriate. (2.5.1 Supporting Documentation). » Updated Workflow, "Specialty Mental Health Services (SMHS), Non-Specialty Mental Health Services (NSMHS), and Substance Use Disorder Services (SUDS) End-to-End Care Management Workflow" (08/20/24) as evidence that the MCP has included a process for conducting a validated assessment and brief intervention procedure for members who were screened positive for alcohol use or SUD. The assigned PHC California RNCTM contacts member and completes HRA (if not completed within past 30 days), PHQ-2, & PHQ-9. If positive, TAPS tool is completed. The assigned PHC California UM RN reviews the referral for any authorization requests and processes, if applicable. The member is referred to the Behavioral Health (BH) Vendor for BH CM services, if applicable and assists with establishing care with a BH Provider (BHP), if the enrollee is not in care. PHC California Care Management & Utilization Management leadership teams monitor the referral, updates the monitoring form and sends status updates via email to the LACDMH. (PHC CA SMHS NSMHS SUDS End to End Workflow). **MONITORING AND OVERSIGHT** » "SUD IGI Monitoring Report" and "SUD Referral Workflow Example" as evidence that the MCP has implemented a monitoring process to

Finding Number and Summary	Action Taken	Supporting Documentation	Implementation Date * (*Short-Term, Long-Term)	DHCS Comments
				track the utilization of validated assessment tools and the provision of brief interventions for members. The report is reviewed monthly to identify any positive SUD or depression screening questions. Charts are then screened for any validated assessment or brief intervention tools, and referrals to the appropriate agency. (SUD IGI Monitoring Report, SUD Referral Workflow Example). **The corrective action plan for finding 2.5.1 is accepted.**
2.5.2 Care Coordination The Plan did not ensure the provision of coordination of care with LACDMH in the delivery of SMHS to members.	The Plan initiated contact with LACDMH's Intensive Care Division via TarUnit@dmh.lacounty.gov and is the process of establishing an effective communication process.	LACDMH COC Email	Q2 2024 Long Term	The following documentation supports the MCP's efforts to correct this finding: **POLICIES AND PROCEDURES** » P&P, "CM 97.2: PHC-CA Exchange of information with the LACDMH to Facilitate Care Coordination of Mental Health and Substance Use Disorder Treatment" (08/31/2023) states the MCP shall ensure care coordination with LACDMH as follows: To carry out the provision of all medically necessary covered services; When the MCP is determined to be responsible for covered BHS, the MCP shall initiate, provide, and maintain ongoing care coordination as mutually agreed upon in the MOU with the LACDMH; Transition of care is provided for members transiting to or from the MCP or LACDMH. » "PHC to DMH Encryption Test Email, DMH to PHC Encryption Test Email, and Screenshots" (March 2025) to demonstrate that the MCP has implemented the closed loop referral exchange process. PHC

Finding Number and Summary	Action Taken	Supporting Documentation	Implementation Date * (*Short-Term, Long-Term)	DHCS Comments
				California reviews the utilization files that are provided to the MCP by LACDMH. The referrals are sent to the MCP via email and the utilization reports are sent to the MCP via FTP. (PHC to DMH Encryption Test Email, DMH to PHC Encryption Test Email, Screenshots). » Meeting Notes, "PHC and LAC DMH: Bi-Weekly MOU Meetings" (09/30/24) to demonstrate that the MCP and LACDMH have established Bi-Weekly MOU meetings to strengthen the alliance and alignment of care coordination processes. (Recap PHC and LAC DMH Bi-Weekly MOU Meetings 09-30-24). **MONITORING AND OVERSIGHT** » "MOU Closed Loop Report Sample" (11/08/24) to demonstrate that the MCP has implemented a monitoring process to ensure the provision of coordination of care with LACDMH in the delivery of specialty mental health services to members. Closed Loop Referral Report exchanges are conducted on a monthly basis with PHC and LAC DMH. The report includes disposition categories such as Initialed Outreach and Engagement, Screened and Referred to Managed Care Plan, Already Receiving Appropriate MH Services, Appointment Given, and Unable to Contact Individual/Collateral. (PHC and DMH Follow Up MOU Closed Loop Report Sample). **The corrective action plan for finding 2.5.2 is accepted.**

3. Access and Availability of Care

Finding Number and Summary	Action Taken	Supporting Documentation	Implementation Date * (*Short-Term, Long-Term)	DHCS Comments
3.8.1 Physician Certified Statement The Plan did not ensure PCS forms were approved before NEMT services were rendered.	The Member Services Department, in collaboration with the UM/Care Coordination team, has successfully implemented a process to ensure that a valid PCS form is obtained and recorded before NEMT services are provided to enrollees.	Monthly Compliance Audit Results 2024 Transportation CA Logs_Jan-March 2024 2024 Transportation CA Logs_Template PCS Form Monitoring Log Template PCS Form Monitoring Log PHC-CA NEMT Transportation Process and PCS Form Monitoring SOP	Q4 2023 Long Term	The following documentation supports the MCP's efforts to correct this finding: **POLICIES AND PROCEDURES** » Updated P&P "PHC-CA NEMT Transportation Process and PCS Form Monitoring SOP" has been updated to include: the PCS form process requires a completed PCS form for NEMT requests. Plan staff verify the presence of a valid PCS form for NEMT for the respective member. If the form is not on file, staff is trained to promptly contact the provider. Staff is trained to verify the required form has been obtained before scheduling transportation services. Policy states that transportation services will not be arranged without a valid PCS form for NEMT in place. (PHC-CA Transportation Services PCS Form Process and Monitoring SOP, pages 1-2). **OVERSIGHT AND MONITORING** » Plan report "2024 Transportation CA Logs_Jan-March 2024" is an example of the Plan's monthly internal audits that are conducted by Member Services leadership, UM Care Coordination Leadership & the Plan's Compliance department. (2024 Transportation CA Logs_Jan-March 2024) » Plan report "PCS Form Monitoring Log" provides evidence of the monitoring of all NEMT requests made, whether or not a valid PCS form is on file & steps taken to obtain the proper documentation in

Finding Number and Summary	Action Taken	Supporting Documentation	Implementation Date * (*Short-Term, Long-Term)	DHCS Comments
				order to fulfill the transportation request. (2024 PCS form Monitoring Log). **TRAINING** *The Plan highlighted that "Insufficient training or awareness among staff including RNCTM's, Member Services Staff regarding the importance of adhering to PCS approval protocols and the potential consequences of non-compliance may have contributed to oversight or neglect in this area." contributed to the root cause of this finding.* » Staff training "NEMT PCS Form Training for Positive Healthcare (PHC) Medical Enrollees" demonstrates the Plan met with staff to discuss the changes made to the PCS form monitoring process. The training went over the process of submitting & managing transportation requests properly & efficiently. (Slides 2-13) **The corrective action plan for finding 3.8.1 is accepted.**
3.8.2 Maintaining NMT Service Records The Plan did not maintain records for NMT services provided to members	The Member Services Department has successfully implemented a process to ensure and maintain all NMT service records for PHC enrollees are kept using an internal transportation log and within the 8x8 documentation platform as well as conducting monthly internal audits conducted by the Member Services Leadership	Monthly Compliance Audit Results 2024 Transportation CA Logs_Jan-March 2024	Q4 2023 Long Term	The following documentation supports the MCP's efforts to correct this finding: *The Plan cited that the overall root cause analysis was the lack of maintained records for NMT services provided to members. Issues of oversight and accountability were noted, as staff members were inconsistent in documenting inbound NMT transportation inquiries. During the review period, the Plan faced resource constraints, including staff absences, which impacted documentation procedures and created a backlog of tasks. The manual documentation process was found to be*

Finding Number and Summary	Action Taken	Supporting Documentation	Implementation Date * (*Short-Term, Long-Term)	DHCS Comments
	(Supervisor and Director of Member Services) » Monthly internal audits conducted by Member Services leadership. » Monthly internal audit conducted by Compliance.	2024 Transportation CA Logs_Template		*prone to discrepancies, increasing the risk of errors and inconsistencies, particularly when faced with resource constraints or staff absence.* **OVERSIGHT AND MONITORING** » Plan report "2024 Transportation CA Logs_Jan-March 2024" is an example of the Plan's monthly internal reviews/audits of all NMT transportation records. These audits are compared & reconciled against actual transportation invoices to guarantee consistency between documented records & services provided. (2024 Transportation CA Logs_Jan-March 2024). » Plan internal report "Monthly Compliance Audit Results" demonstrates the review of the monthly audit results by the Compliance SIU Manager. The report identifies any deficiencies found for that month & actions taken. **TRAINING** » Staff training "Member Services NMT Documentation Training" demonstrates the training the Member Services department received that included that all inbound calls into the call center are accurately documented, including Transportation services. This process verifies that every NMT Transportation service request & fulfillment are recorded properly for proper comprehensive record-keeping practices. » Staff training "Member Services NEMT and NMT Training Meeting Minutes" demonstrates the Plan discussed the updated NEMT &

Finding Number and Summary	Action Taken	Supporting Documentation	Implementation Date * (*Short-Term, Long-Term)	DHCS Comments
				NMT documentation processing for transportation requests. The training went over step-by-step procedure for completing the forms, the types of transportation services covered, required documents needed for requests, procedures for handling urgent requests & best practices for maintaining accurate & complete records. The meeting minutes included all that were in attendance & who presented on the Plan's behalf. **The corrective action plan for finding 3.8.2 is accepted.**

4. Member's Rights

Finding Number and Summary	Action Taken	Supporting Documentation	Implementation Date * (*Short-Term, Long-Term)	DHCS Comments
4.1.1 Grievance Records Oversight The Plan did not ensure the Governing Body periodically reviewed the written record of grievances.	The Plan revised its policies and procedures to ensure that the Governing Body periodically reviewed the written record of grievances. Additionally, the staff was reeducated on 12/14/2023.	Written Grvc Record Teachback 121423 PHC-CA Enrollee Grievance Process	Q4 2023 Long Term	The following documentation supports the MCP's efforts to correct this finding: **POLICIES AND PROCEDURES** » Updated P&P, "PHC-CA RM 7.6: PHC-CA Enrollee Grievance Process" (05/19/24) has been amended to include a section on the written record of grievances and appeals must be reviewed periodically by the Executive Oversight Committee (EOC), Public Body, and by an officer of the Plan or their designee. **IMPLEMENTATION** » Meeting Minutes, "Executive Oversight Committee, (EOC) Meeting Minutes" (06/18/24) demonstrates the Plan's Governing Body reviewed the written record of grievances for Q1 2024. **TRAINING** » E-Mail, E-Mail blast to the grievance staff on the contractual requirement regarding the grievance written record being periodically reviewed by the Plan's EOC, Public Body and by an officer of the Plan or designee. **The corrective action plan for finding 4.1.1 is accepted.**

5. Quality Management

Finding Number and Summary	Action Taken	Supporting Documentation	Implementation Date * (*Short-Term, Long-Term)	DHCS Comments
5.1.1. Quality Management Committee The Plan did not ensure its QMC met at least quarterly in accordance with the Contract requirements.	The QIHEC Charter was updated to align with NCQA standards. The Health Equity Officer is the Co-Chair of this meeting, thus there is an additional chairperson to run the meeting in the event of unexpected absences.	2024 QIHEC Charter_draft	Q2 2024 Long Term	The following documentation supports the MCP's efforts to correct this finding: **POLICIES AND PROCEDURES** » Plan Policy, "QM 1.4: PHC-CA Quality Improvement Program" (revised 10/27/2023) already included language regarding the requirement for Quality Management Committee, to meet at the very minimum quarterly. (DHCS Medical Audit Report (Issued 04/11/2024), page 22) » Revised Policy, "QM 9.4: PHC-CA Quality Improvement Health Equity Transformation Program (QIHETP)" (5/31/2024), and revised "QIHEC" Charter (5/19/2024) which has been amended to include Health Equity Officer responsibilities as Co-Chair to address the gap that contributed to the audit finding. **OVERSIGHT AND MONITORING** » The Plan provided schedule of quarterly meetings for December 2023, February 2024, May 2024, and December 2024. This demonstrates that the MCP is following the Contract requirements to meet quarterly. » The Plan provided meeting minutes, "Quality Improvement Health Equity Committee" (02/26/2024) as evidence that the MCP is

Finding Number and Summary	Action Taken	Supporting Documentation	Implementation Date * (*Short-Term, Long-Term)	DHCS Comments
				identifying and acting upon quality improvement issues in a timely manner. (02.26.2024 QIHEC Meeting Minutes) **The corrective action plan for finding 5.1.1 is accepted.**

6. Administrative and Organizational Capacity

Finding Number and Summary	Action Taken	Supporting Documentation	Implementation Date * (*Short-Term, Long-Term)	DHCS Comments
6.3.1 Encounter Data Reporting The Plan did not ensure that rendering provider information in its submitted encounter data was accurate and complete.	The Plan will ensure contracted providers bill claims performed by Non-Physician Medical Practitioners in accordance with Medi-Cal provider manual and applicable encounter data submission requirements. Quarterly audits are being conducted by Compliance. The Plan has updated our Policies and Procedures to ensure that encounter data submissions are accurate and complete.	Internal Audit Rendering Providers Q4 2023 PHC-CA Encounter Data Submissions for Managed Care	Q1 2024 Long Term	DHCS has identified that finding 6.3.1 was a repeat finding on the 2024 Medical Audit; therefore, DHCS will assess full remediation for the finding 6.3.1 in the superseding 2024 Corrective Action Plan (CAP). The open finding is transferred to the subsequent CAP which has the same finding.

*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: Sandra Holzner

Title: Compliance Officer

Signed by: [Signature on File]

Date: May 19, 2024