December 17, 2025

Robert Franco, Chief Compliance Officer                    *Via E-mail*
Gold Coast Health Plan
711 E. Daily Dr., Suite 106
Camarillo, CA  93010

RE: Department of Health Care Services Medical Audit

Dear Mr. Franco:

The Department of Health Care Services (DHCS), Audits and Investigations Division, conducted an on-site Medical Audit of Gold Coast Health Plan, a Managed Care Plan (MCP), from September 23, 2024 through October 4, 2024. The audit covered the period from July 1, 2023, through June 30, 2024.

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. The 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 DHCS from taking additional actions it deems necessary to address 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 the final CAP remediation document (Attachment A) will be made available on the DHCS website and to the public upon request.

If you have any questions, please contact CAP Compliance personnel.

Sincerely,

[Signature on file]
Grace McGeough, Chief
Process Compliance Section
Managed Care Monitoring Branch
DHCS - Managed Care Quality and Monitoring Division (MCQMD)

Enclosures: Attachment A (CAP Response Form)

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**State of California**
Gavin Newsom, Governor
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Mr. Franco
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cc:    Kelli Mendenhall, Branch Chief      *Via E-mail*
Managed Care Monitoring Branch
DHCS - Managed Care Quality and Monitoring Division (MCQMD)

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Audit Monitoring Unit
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DHCS – Managed Care Operations Division (MCOD)

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

# ATTACHMENT A

## Corrective Action Plan Response Form

**Plan:** Gold Coast Health Plan                     **Review Period:** 07/01/23 – 06/30/24

**Audit:** Medical Audit                     **On-site Review:** 09/23/24 – 10/04/24

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. This document, Attachment A, serves as the published summary of the MCP's final response to each audit finding and represents the MCP's remediation efforts and corrective actions taken to address the CAP.

## 1. Utilization Management

| Finding Number and Summary | Action Taken | Supporting Documentation | Implementation Date * (*Short-Term, Long-Term) | DHCS Comments |
|---|---|---|---|---|
| **1.1.1 Referral Tracking System**<br><br>The Plan did not ensure the UM program included a specialty referral system to track and monitor authorized, denied, deferred, or modified referrals, including out-of-network referrals, and the timeliness of the referrals. | GCHP is currently taking the following actions to remediate:<br><br>1. Update Policy HS 037 Tracking Referrals to Specialist, to include specific details on reporting requirements, which include, track and monitor authorized, denied, deferred, or modified referrals, including out-of-network referrals; and the timeliness of the referrals.<br><br>2. Create new report that includes authorized, denied, deferred, or modified referrals, and timeliness of appointment.<br><br>3. GCHP UM department will receive monthly referral tracking reports that include authorized, denied, deferred, or modified referrals, including out-of-network referrals; and the timeliness of referrals. | | 6/01/2025<br><br>7/01/2025<br><br>7/01/2025<br><br>8/01/2025 | The following documentation supports the MCP's efforts to correct this finding:<br><br>**POLICIES AND PROCEDURES**<br><br>» Policy HS-037 Tracking Referrals to Specialist was updated to include the tracking and monitoring authorized, denied, deferred, or modified referrals, including out-of-network referrals, and the timeliness of the referrals. (1.1.1 HS-037 Tracking Referrals to Specialist_Draft Redline)<br><br>**MONITORING**<br><br>» Specialty Referral Monitoring Template demonstrates the MCP has created a report that can track and monitor authorized, denied, deferred, or modified referrals and the timeliness of the referrals. (1.1 - Speciality Referral Monitoring template)<br><br>» UMC Meeting presentation from July 2025 demonstrates the MCP has updated the UM Committee on the progress of the MCP's referral tracking report. (1.1.1 UMC Meeting Presentation- COC and Referral Tracking July 2025)<br><br>» Specialty Referral Monthly Monitoring Report demonstrates the MCP provides the UM Department with a monthly referral tracking report to track authorized, denied, deferred, or modified referrals, including |

| Finding Number and Summary | Action Taken | Supporting Documentation | Implementation Date * (*Short-Term, Long-Term) | DHCS Comments |
|---|---|---|---|---|
| | 4. Provide regular updates to GCHP Utilization Management Committee on referral tracking system. | | | out-of-network referrals and track for their timeliness. (1.1.1 - Specialty Referral Monitoring Report) **The corrective action for finding 1.1.1 is accepted.** |
| **1.2.1 Preventive Services** The Plan did not ensure that prior authorization requirements were not applied to preventive services. | GCHP is currently taking the following actions to remediate: GCHP reviewed prior authorization list to ensure no other preventive service codes were listed besides CPT Code 71271. GCHP issued a Provider Operational Bulletin to notify providers of the removal of preventive screen code (CPT Code 71271) from prior authorization list. GCHP updated prior authorization list to remove preventive screen code (CPT Code 71271) from prior authorization list and posted to GCHP Website. Prior Authorization List updates will be shared with GCHP Utilization Management Committee. | HS-001 – Prior Authorization Requests Policy Preventive Services Provider Bulletin – Dec 2024 GCHP Preventive Services Prior Authorization List – March 2025 | 10/16/2024 12/01/2024 2/01/2025 5/01/2025 6/01/2025 | The following documentation supports the MCP's efforts to correct this finding: **POLICIES AND PROCEDURES** » Policy HS-01 Prior Authorization Requests correctly states that preventive services do not require prior authorization. It has been revised to include language that the prior authorization list will be reviewed at least annually. (1.2.1 HS-001 Prior Authorization Requests Policy, 1.2.1 HS-001 Prior-Authorization Requests_draft redline) » March 2025 Prior Authorization List demonstrates the MCP has removed CPT code 71271 (preventive screening) which was mistakenly present on an earlier version of the list. March list is present on MCP's website. (1.2.1 GCHP Prior Authorization List - March 2025) **TRAINING** » Provider Bulletin from 12/2024 informs providers that CPT code 71271 was removed from the list of services requiring prior authorization. (1.2.1 Preventive Services Provider Bulletin_Dec2024) |

| Finding Number and Summary | Action Taken | Supporting Documentation | Implementation Date * (*Short-Term, Long-Term) | DHCS Comments |
|---|---|---|---|---|
|  | GCHP will run monthly authorization reports to ensure authorizations for CPT code 7127 are not being submitted by providers. If authorization requests are received for CPT code 71271, GCHP will outreach to providers and provide education |  |  | **MONITORING**<br><br>» April 2025 Auth Request for CPT 71271 demonstrates that the MCP runs monthly reports to check for authorizations received for CPT code 71271 and conducts outreach to providers to inform them that prior authorization is not required. (1.2.1 April 2025 Auth Request for CPT 71271)<br><br>» UM Committee Audit CAP Presentation 4/30/25 demonstrates that the MCP presented the updated Prior Authorization list, in which CPT code 71271 was removed, to the UM Committee.  (1.1.2 UM Committee Audit CAP Presentation 4.30.2025)<br><br>**The corrective action for finding 1.2.1 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 |
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| **2.1.1 Initial Health Appointment Timeliness**<br><br>The Plan did not provide IHAs to members within 120 calendar days of enrollment with the Plan. | GCHP is currently taking the following actions to remediate:<br><br>» Updating policy QI-034 Initial Health Appointment to include methods for provider and member education, mechanism for monitoring IHA completion within 120 days, and detail regarding intake and quality review of outreach logs completed by providers.<br><br>» Development of Member flyer to include in new member packets<br><br>» Enhanced GCHP website to include provider-facing content regarding IHA<br><br>» Provider Training at April 2025 PCP Joint Operations Meeting.<br><br>» Quarterly IHA Medical Record Reviews | Policy QI-034 Initial Health Appointment – Revised<br><br>GCHP IHA Member Flyer – Revised<br><br>GCHP Website Screenshots- Provider IHA<br><br>PCP IHA JOM Presentation<br><br>QIHEC Meeting IHA Report<br><br>IHA Documentation Process<br><br>Joint Quality Operating Meetings and Joint Quality | 4/16/2025<br><br>6/01/2025<br><br>3/20/2025<br><br>4/09/2025<br><br>3/18/2025<br><br>6/01/2025<br><br>April 2025<br><br>1/01/20 | The following documentation supports the MCP's efforts to correct this finding:<br><br>**POLICIES AND PROCEDURES**<br><br>» Plan policy "QI-034 Initial Health Appointment" demonstrates how the Plan revised its policy to reflect methods for provider & member education, mechanism for monitoring IHA completion within 120 days, & quality review of outreach logs completed by providers. (IV. Procedure, A. – I., pages 2 – 5)<br><br>**MONITORING AND OVERSIGHT**<br><br>» Meeting materials "Clinical Joint Quality Program Committee Meeting" demonstrates the Plan's quarterly review of IHA Medical Record Review Results. The results include data for IHA Compliance within the 120-day timeframe by age group. (See 2.1.1 – CDCR JQPC Meeting_04 11 2025)<br><br>» Plan update "Provider Update" outlines the Plan's monthly IHA reports for newly enrolled members & outreach logs the providers must use. The logs must be completed monthly & submitted to the Plan once completed. The Plan's QI nurses review all submissions for quality assurance & assessment of compliance with IHAs within the 120-day period. (See 2.1.1 - IHA, HRA, and IHA Reports and Outreach Logs - Provider Update) |

| Finding Number and Summary | Action Taken | Supporting Documentation | Implementation Date * (*Short-Term, Long-Term) | DHCS Comments |
|---|---|---|---|---|
| | » Monthly monitoring/quality check of IHA Outreach Logs through enhanced procedures and monitoring tool for IHA Outreach Log review and quality check, in addition to medical record review.<br><br>» Presentation of IHA findings at provider Joint Quality Operating Meetings (JQOM) and Joint Quality Program Committee (JQPC) meetings<br><br>» Requirement to be in good standing and remedy compliance deficiencies (to be eligible for payment) incorporated into 2025 provider Quality Incentive Pool and Program (QIPP) agreements. | Program Committee Meetings<br><br>Quality Incentive Pool and Program Agreement language | | **TRAINING**<br><br>» Plan training materials "IHA System Training" demonstrates how & what the Plan did with its staff to properly train on revisions with the IHA Outreach System. (See IHA System Training)<br><br>» Meeting materials "IHA Overview and Outreach" demonstrates the Plan's internal training meeting where they reviewed the IHA requirements in detail & the revised outreach process. (See 2.1.1 PCP JOM IHA Presentation_04.09.2025)<br><br>» Plan update "Provider Update" demonstrates the Plan sent out notice to the providers regarding the updates to IHA & the IHA reports/Outreach logs. The provider notice included details regarding the 120-day timeframe for an IHA to be completed for newly enrolled members & the monthly IHA reports/logs that will continue to go out to providers of newly assigned members. (See 2.1.1 - IHA, HRA, and IHA Reports and Outreach Logs - Provider Update)<br><br>**The corrective action plan for finding 2.1.1 is accepted.** |
| **2.1.2 Initial Health Appointment Outreach**<br><br>The Plan did not make reasonable | GCHP is currently taking the following actions to remediate:<br><br>» Enhanced policy QI-034 Initial Health Appointment includes methods for provider and member | » Policy QI-034 Initial Health Appointment - Revised | 4/16/2025<br><br>3/20/2025<br><br>4/09/2025<br><br>6/01/2025 | The following documentation supports the MCP's efforts to correct this finding:<br><br>**POLICIES AND PROCEDURES**<br><br>» Plan policy "QI-034 Initial Health Appointment" demonstrates how the Plan revised its policy to reflect the provider outreach |

| Finding Number and Summary | Action Taken | Supporting Documentation | Implementation Date * <br> (*Short-Term, Long-Term) | DHCS Comments |
|---|---|---|---|---|
| attempts to contact members and document all attempts to schedule an IHA. | education, mechanism for monitoring IHA completion within 120 days, and detail regarding intake and quality review of outreach logs completed by providers. <br><br> » Enhanced GCHP website to include provider-facing content regarding IHA. <br><br> » Provider Training at April 2025 PCP Joint Operations Meeting (JOM). <br><br> » Monthly monitoring/quality check of IHA Outreach Logs through enhanced procedures and monitoring tool for IHA Outreach Log review and quality check. <br><br> » Presentation of IHA findings at provider Joint Quality Operating Meetings (JQOM) and Joint Quality Program Committee (JQPC) meetings <br><br> » Requirement to be in good standing and remedy compliance | » GCHP IHA Member Flyer - Revised <br><br> » GCHP Website Screenshots- Provider IHA <br><br> » PCP IHA JOM Presentation <br><br> » QIHEC Meeting IHA Report <br><br> » IHA Documentation Process <br><br> » Joint Quality Operating Meetings and Joint Quality Program Committee Meetings <br><br> » Quality Incentive Pool and Program | April 2025 <br><br> 1/01/2025 | requirements & the Plan's quality review of outreach logs completed by providers. (IV. Procedure, D - F., page 3) <br><br> **MONITORING AND OVERSIGHT** <br><br> » Plan update "Provider Update" outlines the Plan's monthly IHA reports for newly enrolled members & outreach logs the providers must use. The logs/reports are to be used for documenting mandatory IHA outreach attempts. These logs must be completed monthly & submitted to the Plan. The Plan's QI nurses review all submissions for quality assurance & assessment of compliance with IHAs within the 120-day period. (See 2.1.1 - IHA, HRA, and IHA Reports and Outreach Logs - Provider Update) <br><br> » The Plan revised its IHA process "QIHEC IHA Process Updates" demonstrating the Plan shifting from IHA MRR audits to a third-party SharePoint Online portal for providers to document IHA outreach activities/outcomes. The portal provides reporting capabilities for timely intervention. This new process allows the Plan to focus on the timely provision of IHA within 120 da increases oversight of IHA outreach. (See 2.1.1 QIHEC IHA Process Updates) <br><br> » Plan report "Quality Improvement Initial Health Appointment (IHA) Dashboard Review and Report" demonstrates the Plan's Q3 data for IHA MRRs. Data showing the overall percentage of IHA criteria being met at 76%. (See 2.1.1 – QIHEC Meeting_IHA Report) <br><br> **TRAINING** |

| Finding Number and Summary | Action Taken | Supporting Documentation | Implementation Date * (*Short-Term, Long-Term) | DHCS Comments |
|---|---|---|---|---|
| | deficiencies (to be eligible for payment) incorporated into 2025 provider Quality Incentive Pool and Program (QIPP) agreements | Agreement language | | » Plan training materials "IHA System Training" demonstrates how & what the Plan did with its staff to properly train on revisions with the IHA Outreach System. (See IHA System Training) <br><br> » Plan outreach letters demonstrate how the Plan implemented an IHA outreach letter for newly enrolled members as part of the vised process for IHA outreach. (See 2.1.2 CDCR, CMH & VCMC GCHP IHA Outreach Letters) <br><br> **The corrective action plan for finding 2.1.2 is accepted.** |
| **2.1.3 Blood Lead Screening Test** <br><br> The Plan did not ensure the provision of blood lead screening tests to members at one and two years of age, including up to six years of age as specified in APL 20-016. | GCHP is currently taking the following actions to remediate: <br><br> Partner with Ventura County Childhood Lead Poisoning Prevention Program (CLPPP) to provide Provider education. <br><br> Blood Lead Level Training <br><br> Access to monthly training for new clinic staff. <br><br> Access to on demand trainings <br><br> Improve External Communication and Tracking of Blood Lead Level Screenings (BLS) | QI-020 Blood Lead Screening of Young Children Policy <br><br> Blood Lead Screening GAP Report Template | 6/01/2025 <br> 6/01/2025 <br> 8/01/2025 | The following documentation supports the MCP's efforts to correct this finding: <br><br> **POLICIES AND PROCEDURES** <br><br> » Updated P&P, "QI-029 Blood Lead Screening of Young Children" (08/01/2025) which states that blood lead screening/anticipatory guidance by use of the audit tool and blood lead lab testing are monitored through the MCP's ongoing lead and periodic medical record reviews. Screening in Children (LSC) MRR tool captures if the blood lead test was not ordered, did provider inquire/document previous blood lead testing. (QI-029 Blood Lead Screening Policy, Page 6). <br><br> **TRAINING** <br><br> » Training Sign-In Sheets, "VCPH Childhood Lead Prevention Program Training" (02/11/25) and "Childhood Lead Poisoning Prevention |

| Finding Number and Summary | Action Taken | Supporting Documentation | Implementation Date * (*Short-Term, Long-Term) | DHCS Comments |
|---|---|---|---|---|
| | Send BLS quarterly gap reports to medical clinics every. | | | Program" (04/29/25) to demonstrate that clinics have received training on childhood blood lead prevention. (CLPPP Training CDCR sign in sheet 2-11-2025, CLPPP Training VCMC sign in sheet 4-29-25). |
| | Receive monthly Gap report updates from medical clinics. | | | |
| | Review BLL Screening requirements at PCP joint operation meetings. | | | **MONITORING AND OVERSIGHT** |
| | Improve Monitoring of BLS | | | » "Blood Lead Screening MRR Tool 2025" (06/01/2025) to demonstrate that the MCP has implemented a monitoring process to track for documenting inquiries into previous BLL testing in members' charts. (Blood Lead Screening MRR Tool 2025). |
| | Monitor Provider annual training. | | | |
| | Bi-annual Medical Record Reviews (MRR). | | | » "Lead Screening in Children (LSC) Medical Record Review Results" (Quarter 1, 2025) to demonstrate that the MCP has updated their monitoring process to include documenting inquiries into previous blood lead level testing in members' charts. The Clinic Performance section includes the following categories: Inquire/Document Previous (12 Months), Inquire/Document Previous (24 Months). (CDCR JQOM LSC MRR Q1 2025 Results, CMHS JQOM LSC MRR Q1 2025 Results, VCMC JQOM LSC MRR Q1 2025 Results). |
| | | | | » Excel Spreadsheet "Quarterly Gap Report Sample Quarter 3 2025" and "Quarterly Gap Report Cover Letter" (10/16/2025) to demonstrate that the MCP has implemented a monitoring process to track Lead Screening in Children (LSC) Gaps in Care Report. Providers will receive these reports on a quarterly basis with actionable data to improve LSC rates. The report includes members |

| Finding Number and Summary | Action Taken | Supporting Documentation | Implementation Date * (*Short-Term, Long-Term) | DHCS Comments |
|---|---|---|---|---|
| | | | | due for the 12-month and/or 24-month screening, and the 72 months catch up screening. (Quarterly Gap Report Cover Letter, Quarterly GAP Report Sample Q3 2025). **The corrective action plan for finding 2.1.3 is accepted.** |
| **2.1.4 Blood Lead Level Anticipatory Guidance** The Plan did not provide oral or written blood lead anticipatory guidance to the parent or guardian of members starting at six months to six years of age. | GCHP is currently taking the following actions to remediate: » Partnering with Ventura County Childhood Lead Poisoning Prevention Program (CLPPP) to provide Provider education on BLL anticipatory guidance. » Annual Anticipatory Guidance training. » Access to monthly training for new clinic staff. » Access to on demand training » Improve Communication and tracking » Send Quarterly Gap reports to clinics | QI-020 Blood Lead Screening of Young Children Policy Blood Lead Screening Presentation for Providers | 6/01/2025 8/01/2025 8/01/2025 | The following documentation supports the MCP's efforts to correct this finding: **POLICIES AND PROCEDURES** » Updated P&P, "QI-029 Blood Lead Screening of Young Children" (08/01/2025) which states that the MCP's providers are required to provide oral or written anticipatory guidance to the parent(s) or guardian(s) of a child member particularly at risk of lead poisoning from the time the child begins to crawl until seventy-two (72) months of age (six (6) months – seventy-two (72) months, during each PHA (Physical Health Assessment). The updated P&P also states that the MCP's blood lead testing, the provision of age-appropriate anticipatory guidance, and the presence of lead testing refusal forms for children ages 6 months to six years are also monitored by the FSR medical record review conducted at least once every three years. (QI-029 Blood Lead Screening of Young Children Policy, Page 1 and Page 6). **TRAINING** |

| Finding Number and Summary | Action Taken | Supporting Documentation | Implementation Date * (*Short-Term, Long-Term) | DHCS Comments |
|---|---|---|---|---|
| | » Receive monthly Gap report updates from medical clinics.<br><br>» Review BLL anticipatory guidance at PCP joint operation meetings.<br><br>» Improve Monitoring<br><br>» Monitor Provider annual training.<br><br>» Bi-annual Medical Record Reviews (MRR).<br><br>» Monitor the use of Anticipatory Guidance materials. | | | » Training Sign-In Sheets, "VCPH Childhood Lead Prevention Program Training" (02/11/25) and "Childhood Lead Poisoning Prevention Program" (04/29/25) to demonstrate that clinics have received training on childhood blood lead prevention. (CLPPP Training CDCR sign in sheet 2-11-2025, CLPPP Training VCMC sign in sheet 4-29-25).<br><br>**MONITORING AND OVERSIGHT**<br><br>» "Blood Lead Screening MRR Tool 2025" (06/01/2025) to demonstrate that the MCP has updated their Medical Record Review Tool to include reviewing anticipatory guidance compliance for children starting at six months to six years of age. (Blood Lead Screening MRR Tool 2025)<br><br>» "Lead Screening in Children (LSC) Medical Record Review Results" (Quarter 1, 2025) to demonstrate that the MCP has updated their monitoring process to include documenting inquiries into previous blood lead level testing in members' charts. The Clinic Performance section includes the following categories: Inquire/Document Previous (12 Months), Inquire/Document Previous (24 Months). (CDCR JQOM LSC MRR Q1 2025 Results, CMHS JQOM LSC MRR Q1 2025 Results, VCMC JQOM LSC MRR Q1 2025 Results).<br><br>» Excel Spreadsheet "Quarterly Gap Report Sample Quarter 3 2025" and "Quarterly Gap Report Cover Letter" (10/16/2025) to demonstrate that the MCP has implemented a monitoring process |

| Finding Number and Summary | Action Taken | Supporting Documentation | Implementation Date * (*Short-Term, Long-Term) | DHCS Comments |
|---|---|---|---|---|
| | | | | to track Lead Screening in Children (LSC) Gaps in Care Report. Providers will receive these reports on a quarterly basis, containing actionable data to help improve LSC rates. The report includes members due for the 12-month and/or 24-month screening, and the 72-month catch-up screening. (Quarterly Gap Report Cover Letter, Quarterly GAP Report Sample Q3 2025). **The corrective action plan for finding 2.1.4 is accepted.** |
| **2.4.1 Continuity of Care Requests by Telephone** The Plan did not implement its policies and procedures to accept COC requests from providers over the telephone. | GCHP is currently taking the following actions to remediate: » Update Policy HS 049 to clarify providers can request Continuity of Care (COC) for members over the telephone without having to submit a Prior Authorization Treatment Request form. » Update applicable procedures for COC processes for handling COC provider requests over the telephone. » Develop and implement COC tracking report showing received, decision and notification dates. | | 6/01/2025 8/01/2025 8/01/2025 8/01/2025 | The following documentation supports the MCP's efforts to correct this finding: **POLICIES AND PROCEDURES** » Updated P&P, "HS-049: Continuity of Care" (5/29/25) which has been amended to include Providers submitting COC requests over the phone will not have to submit a Prior Authorization Treatment Request Form. (2.4. - HS-049 Continuity of Care - draft redline, page 6) » Updated DTP, "Continuity of Care Process" (6/19/25) includes a section on processing COC requests. Providers submitting COC requests over the phone will not have to submit a Prior Authorization Treatment Request Form. (2.4.1 - Continuity of Care Process JAM DHCS Reply) **TRAINING** |

| Finding Number and Summary | Action Taken | Supporting Documentation | Implementation Date *<br>(*Short-Term, Long-Term) | DHCS Comments |
|---|---|---|---|---|
| | Provide regular updates GCHP Utilization Management Committee on COC tracking. | | | » PowerPoint training, "GCHP Continuity of Care Training" (6/25) and "Training Completed Report" as evidence staff received training on the updated COC process. (2.4.1 - COC Training Presentation June 2025, 2.4.1 - COC Training Completed Report)<br><br>» Screenshot, "GHCP Website" as evidence the Plan updated their website to include providers submitting COC requests over the phone will not have to submit a Prior Authorization Treatment Request Form. (2.4.1 GCHP Website - COC Updated Screenshot)<br><br>**MONITORING AND OVERSIGHT**<br><br>» Sample report, "COC Monitoring Report" (Implemented 8/1/25) demonstrates the MCP is monitoring timeframes for COC requests. The report includes COC received, decisions and notification dates. (2.4.1 - Continuity of Care Monitoring Report_06062025-07152025)<br><br>» Meeting minutes (7/23/25) and PowerPoint, "2024 DHCS Medical Audit" demonstrates the MCP presented DHCS audit findings, 2.4.1-2.4.5 and updated UM Committee on the progress of the MCP's COC tracking process.<br><br>**The corrective action plan for finding 2.4.1 is accepted.** |
| **2.4.2 Member Notification for Continuity of Care Requests** | GCHP is currently taking the following actions to remediate:<br><br>» Review existing Continuity of Care (COC) policy HS-049. | » HS-049 Continuity of Care Policy | 4/1/2025<br><br>4/01/2025<br><br>7/01/2025 | The following documentation supports the MCP's efforts to correct this finding:<br><br>**POLICIES AND PROCEDURES** |

| Finding Number and Summary | Action Taken | Supporting Documentation | Implementation Date * (*Short-Term, Long-Term) | DHCS Comments |
|---|---|---|---|---|
| The Plan did not send the member notification by mail within seven calendar days of the COC decision. | » Developed new member COC approval letters.<br><br>» Develop new member COC denial letters.<br><br>» Update applicable procedures related to COC processes to include new processes for notifying members of COC decisions.<br><br>» Develop and implement tracking mechanism to ensure GCHP is tracking COC requirements for received decision and notification dates.<br><br>» Provide regular updates GCHP Utilization Management Committee on COC tracking. | » Member Notification Letters of Approved COC | 8/01/2025<br><br>8/01/2025<br><br>8/01/2025 | » Updated P&P, "HS-049: Continuity of Care" (5/29/25) which has been amended to include the requirement that denial notification letters will be mailed to members within seven calendar days of COC decision. (2.4. - HS-049 Continuity of Care - draft redline, page 10)<br><br>» Updated DTP, "Continuity of Care Process" (6/19/25) includes a section on review of COC requests. The Member is notified of the approval of services within 7 days of the determination using the Member's preferred contact method. Denial notification letters are mailed by UM within seven calendar days of the COC decision. (2.4.1 - Continuity of Care Process JAM DHCS Reply)<br><br>» Letter sample, "COC Approval Letter" (Implemented 4/1/2025) which demonstrates MCP developed COC approval notification template letter that includes all the required components in accordance with APL 23-022. The MCP submitted an approval template letter to MCOD, which was approved on 3/14/2025. (2.4.2 Member Notification Letter of Approved COC - DHCS Approved, 2.4 - DHCS Continuity of Care Member Letters – Approved)<br><br>» Letter Sample, "COC Denial Letter" (implemented 9/1/25), which demonstrates the MCP developed COC denial notification template letter that includes all the required components in accordance with APL 23-022. The MCP submitted a denial template letter to MCOD, which was approved on 7/21/2025. (2.4.2 - COC Denial Letter DHCS Approval, 2.4.2 - COC Denial Letter Sample) |

| Finding Number and Summary | Action Taken | Supporting Documentation | Implementation Date * (*Short-Term, Long-Term) | DHCS Comments |
|---|---|---|---|---|
| | | | | **TRAINING** |
| | | | | » PowerPoint training, "GCHP Continuity of Care Training" and "Training Completed Report" as evidence staff received training on the updated COC process. (2.4.1 - COC Training Presentation June 2025, 2.4.1 - COC Training Completed Report) |
| | | | | **MONITORING AND OVERSIGHT** |
| | | | | » Sample report, "COC Monitoring Report" as evidence the Plan is monitoring timeframes for COC requests. The monthly COC tracking report contains received date, decision date, COC effective date, COC expiration date and COC notification date. (2.4.1 - Continuity of Care Monitoring Report 06062025-07152025) |
| | | | | » Meeting minutes (7/23/25) and PowerPoint, "2024 DHCS Medical Audit" demonstrates the MCP presented DHCS audit findings, 2.4.1-2.4.5 and updated UM Committee on the progress of the MCP's COC tracking process. |
| | | | | **The corrective action plan for finding 2.4.2 is accepted.** |
| **2.4.3 Member Notification Letter of Continuity of Care Denial** <br><br> The Plan's notification of denial for COC | GCHP is currently taking the following actions to remediate: <br><br> » Review existing Continuity of Care (COC) policy HS-049. | HS-049 Continuity of Care Policy | 4/1/2025 <br><br> 7/01/2025 <br><br> 8/01/2025 <br><br> 8/01/2025 <br><br> 8/01/2025 | The following documentation supports the MCP's efforts to correct this finding: <br><br> **POLICIES AND PROCEDURES** <br><br> » Updated P&P, "HS-049: Continuity of Care" (5/29/25) which has been amended to include the requirement that denial notification |

| Finding Number and Summary | Action Taken | Supporting Documentation | Implementation Date * (*Short-Term, Long-Term) | DHCS Comments |
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| requests did not include the required information as specified in APL 23-022. | » Develop new member COC denial letters.<br><br>» Update applicable procedures related to COC processes to include new processes for notifying members of COC decisions.<br><br>» Develop and implement tracking mechanism to ensure GCHP is tracking COC requirements for received, decision and notification dates.<br><br>» Provide regular updates GCHP Utilization Management Committee on COC tracking. | | | letters will be mailed to members within 7 calendar days of COC decision. (2.4. - HS-049 Continuity of Care - draft redline, page 10)<br><br>» Updated DTP, "Continuity of Care Process" (6/19/25) includes a section on review of COC requests. Denial notification letters will be mailed by UM within seven calendar days of the COC decision. (2.4.1 - Continuity of Care Process JAM DHCS Reply)<br><br>» Letter Sample, "COC Denial Letter" (implemented 9/1/25), which demonstrates the MCP developed COC denial notification template letter that includes all the required components in accordance with APL 23-022. The MCP submitted a denial template letter to MCOD, which was approved on 7/21/2025. (2.4.2 - COC Denial Letter DHCS Approval, 2.4.2 - COC Denial Letter Sample)<br><br>**TRAINING**<br><br>» PowerPoint training, "GCHP Continuity of Care Training" and "Training Completed Report" as evidence staff received training on the updated COC process. (2.4.1 - COC Training Presentation June 2025, 2.4.1 - COC Training Completed Report)<br><br>**The corrective action plan for finding 2.4.3 is accepted.** |
| **2.4.4 Member Notification Letter of Continuity of Care Approval** | GCHP is currently taking the following actions to remediate:<br><br>» Review existing Continuity of Care (COC) policy HS-049. | HS-049 Continuity of Care Policy<br><br>Member Notification | 4/1/2025<br><br>4/01/2025<br><br>7/01/2025 | The following documentation supports the MCP's efforts to correct this finding:<br><br>**POLICIES AND PROCEDURES** |

| Finding Number and Summary | Action Taken | Supporting Documentation | Implementation Date * (*Short-Term, Long-Term) | DHCS Comments |
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| The Plan's member notification letters regarding approvals for COC requests did not include the required information as specified in APL 23-022. | » Developed new member COC approval letters.<br>» Develop new member COC denial letters.<br>» Update applicable procedures related to COC processes to include new processes for notifying members of COC decisions.<br>» Develop and implement tracking mechanism to ensure GCHP is tracking COC requirements for received, decision and notification dates.<br>» Provide regular updates GCHP Utilization Management Committee on COC tracking. | Letters of Approved COC | 8/01/2025<br><br>8/01/2025<br><br>8/01/2025 | » Plan policy, "HS-049: Continuity of Care" (revised 02/20/2024), stated that COC requests that are approved, the notice to the member will include: 1) A statement of the decision; 2) The duration of the COC arrangement; 3) The process that will occur to transition the member's care at the end of the COC period; and 4) The member's right to choose a different provider from the Plan's provider network. (DHCS Medical Audit Report (Issued 3/12/25), page 20)<br><br>» Updated DTP, "Continuity of Care Process" (6/19/25) includes a section on COC requests review. If the request is approved the member is notified within seven days of determination using the Member's preferred contact method. (2.4.1 - Continuity of Care Process JAM DHCS Reply)<br><br>» Letter Sample, "COC Approval Letter" (implemented 6/4/2025), which demonstrates the MCP developed COC approval notification template letter that includes all the required components in accordance with APL 23-022. The MCP submitted approval template letter to MCOD, which was approved on 3/14/2025. (2.4.2 Member Notification Letter of Approved COC - DHCS Approved, 2.4 - DHCS Continuity of Care Member Letters – Approved)<br><br>**TRAINING**<br><br>» PowerPoint training, "GCHP Continuity of Care Training" and "Training Completed Report" as evidence staff received training on |

| Finding Number and Summary | Action Taken | Supporting Documentation | Implementation Date * (*Short-Term, Long-Term) | DHCS Comments |
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| | | | | the updated COC process. (2.4.1 - COC Training Presentation June 2025, 2.4.1 - COC Training Completed Report) **The corrective action plan for finding 2.4.4 is accepted.** |
| **2.4.5 Tracking and Monitoring of Continuity of Care Services** The Plan's policies and procedures did not include mechanisms to continuously monitor, review, and evaluate COC services for all members. | GCHP is currently taking the following actions to remediate: » Update Policy HS 049 with procedures for continuously monitoring, reviewing, evaluating, and improving COC services to members. » Update applicable procedures related to monitoring and evaluation of COC processes to include new processes. » Develop and implement tracking mechanism to ensure GCHP is tracking COC requirements for received, decision and notification dates. » Provide regular updates to Utilization Management Committee on COC tracking. | | 6/01/202 8/01/2025 8/01/2025 8/01/2025 | The following documentation supports the MCP's efforts to correct this finding: **POLICIES AND PROCEDURES** » Updated P&P, "HS-049: Continuity of Care" (5/29/25) which has been amended to include the MCP will monitor, track and evaluate COC requests and services.  COC tracking report will be reviewed monthly to demonstrate COC requests are responded to within regulatory timeframes and care coordination is provided. (2.4. - HS-049 Continuity of Care - draft redline, page 11) » Updated DTP, "Continuity of Care Process" (6/19/25) demonstrates the MCP has developed a process for tracking, reporting and coordination of COC requests. (2.4.1 - Continuity of Care Process JAM DHCS Reply) **TRAINING** » PowerPoint training, "GCHP Continuity of Care Training" and "Training Completed Report" as evidence staff received training on the updated COC process. (2.4.1 - COC Training Presentation June 2025, 2.4.1 - COC Training Completed Report) |

| Finding Number and Summary | Action Taken | Supporting Documentation | Implementation Date * (*Short-Term, Long-Term) | DHCS Comments |
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| | | | | **MONITORING AND OVERSIGHT**<br><br>» Sample report, "COC Monitoring Report" as evidence the Plan is monitoring timeframes for COC requests. The monthly COC tracking report contains received date, decision date, COC effective date, COC expiration date and COC notification date. (2.4.1 - Continuity of Care Monitoring Report 06062025-07152025)<br><br>» Meeting minutes (7/23/25) and PowerPoint, "2024 DHCS Medical Audit" demonstrates the MCP presented DHCS audit findings, 2.4.1-2.4.5 and updated UM Committee on the progress of the MCP's COC tracking process.<br><br>**The corrective action plan for finding 2.4.5 is accepted.** |

**DHCS**

## 4. Member's Rights

| Finding Number and Summary | Action Taken | Supporting Documentation | Implementation Date * (*Short-Term, Long-Term) | DHCS Comments |
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| **4.1.1 Urgent Grievances**<br><br>The Plan's policy does not include written procedures to allow DHCS to contact the Plan regarding urgent grievances. | GCHP is currently taking the following actions to remediate:<br><br>» Develop policy and procedure for handling urgent grievances from DHCS.<br><br>» Update related procedures and process documents around grievances to include urgent DHCS grievance process.<br><br>» Develop monitoring procedures for urgent DHCS grievances process.<br><br>» Develop work plan to operationalize urgent DHCS grievance process.<br><br>» Update grievance tracking reports.<br><br>» Provide updates and reports to Grievance & Appeals Committee | | 7/01/2025<br><br>9/01/2025<br><br>9/01/2025<br><br>8/01/2025<br><br>10/01/2025<br><br>10/01/2025 | The following documentation supports the MCP's efforts to correct this finding:<br><br>**POLICIES AND PROCEDURES**<br><br>» Revised P&P, "GA-009, Urgent Grievance Policy" (09/29/25), which outlines the procedures to allow DHCS to contact the MCP regarding urgent grievances.<br><br>» Desktop, "Urgent Grievance Process" (09/01/25) demonstrates the MCP has developed a step-by-step process for identifying, documenting, processing, and resolving urgent grievance cases within the required DHCS timeframe.<br><br>**MONITORING AND OVERSIGHT**<br><br>» Meeting, "Grievance & Appeals Committee Meeting, 2nd Quarter 2025" (07/31/25) demonstrates that the MCP presented the DHCS audit finding, 4.1.1, to the G&A Committee and discussed operational process developments.<br><br>» Tracking Report, "Urgent Grievance Tracking Report" (10/01/25) demonstrates the MCP created a grievance tracking report,<br><br>**TRAINING**<br><br>» Training, "DHCS Designated Urgent Grievances Training" (09/2025) demonstrates that the Plan provided training to its Health Services Department, Grievance & Appeals Department, Contact Center |

| Finding Number and Summary | Action Taken | Supporting Documentation | Implementation Date * (*Short-Term, Long-Term) | DHCS Comments |
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| | | | | Department, Operations Oversight Department, and the Operations Manager. The training included the requirement to allow DHCS to contact the Plan regarding urgent grievances 24 hours a day, 7 days a week. Attestations also provided. **The corrective action plan for finding 4.1.1 is accepted.** |
| **4.1.2 Written Record** The Plan's written grievance log was not periodically reviewed by the board of directors, public policy body, and a designated officer. | GCHP is currently taking the following actions to remediate: » Develop Policy & Procedure updates for the process to provide redacted grievance tracking report to GCHP Commission. » Develop and implement redacted grievance tracking log report to GCHP Commission. » Develop tracking log for reporting grievance log to GCHP Commission. » Provide updates to Grievance & Appeals Committee on process to provide grievance log to GCHP Commission. | | 7/01/2025 9/01/2025 9/01/2025 10/01/2025 10/01/2025 | The following documentation supports the MCP's efforts to correct this finding: **POLICIES AND PROCEDURES** » Revised P&P, "GA-001: Member Grievance Appeals Policy" (05-28-2025), which has been revised to include a section on the G&A Manager providing data to various internal committees and presents a quarterly grievance log to the Commission Board (Governing Body and Public Policy Body) for review and oversight. » Desktop Procedures, "Grievance Log Written Record Process" (Date to be issued 09/01/25). This step-by-step process outlines the reporting of a redacted quarterly written grievance log of all the member grievance cases to the Ventura County Medi-Cal Managed Care Commission, which includes the Governing Board and Public Policy Body. » Roster, "Grievance and Appeals Committee Charter Roster" (06/2025) demonstrates the MCP has created a roster that details the responsibilities and lists the members of the Grievance and Appeal Committee, including the designated officer. |

| Finding Number and Summary | Action Taken | Supporting Documentation | Implementation Date * <br> (*Short-Term, Long-Term) | DHCS Comments |
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| | Provide redacted Grievance Log report to GCHP Commission. | | | **MONITORING AND OVERSIGHT** <br><br> » Report, "Grievance Log Summary" (Q1 2025) demonstrates that the MCP has developed a written grievance log report without member information, so that the Board of Directors and the Public Policy Body can periodically review. <br><br> » Meeting, "Grievance & Appeals Committee Meeting" (Q1 2025) demonstrates the MCP had a discussion regarding this finding, and the reporting of written grievance logs. Two separate meetings have been scheduled to finalize the process to ensure alignment with regulatory requirements. <br><br> » Meeting, "Grievance & Appeals Committee Meeting, 2nd Quarter 2025" (07/31/25) demonstrates that the MCP presented the DHCS audit finding, 4.1.2, to the G&A Committee and discussed operational process developments. <br><br> » Tracking Log Template, "Grievance Review Documentation Submission Log" (09/01/25) demonstrates that the Plan has developed a grievance tracking log that records the review date, review period covered, reviewing body, submitted by, submission date, and document type (agenda, minutes, and attestations. The G&A Senior Operations Manager will be responsible for maintaining the written grievance tracking log. <br><br> **MEETINGS** |

| Finding Number and Summary | Action Taken | Supporting Documentation | Implementation Date * <br> (*Short-Term, Long-Term) | DHCS Comments |
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| | | | | » Meeting, "GCHP Commission Board Meeting" (10/14/25) demonstrates that the MCP provided the grievance log to the GCHP Commission Board, which includes the Board of Directors and Public Policy Body, on 10/13/25. This grievance log was inadvertently omitted from the 09/22/25 GCHP Commission Board Meeting. A memo was sent to the Commission Board on October 13, 2025, notifying the Board that the grievance log had been mistakenly omitted from the report. <br><br> » Meeting, "GCHP Commission Board Meeting" (11/17/25) demonstrates that the MCP provided the grievance log to the GCHP Commission Board, which includes the Board of Directors and Public Policy Body on 11/17/25. <br><br> » Meeting, "Community Advisory Committee (CAC) Special Meeting", (11/12/25) demonstrates that the MCP provided the grievance log to the CAC, which includes the Designation Officer/Designee. <br><br> **TRAINING** <br><br> » Materials, "Training and Meeting Agendas" (10/25) demonstrate that the MCP has provided to staff an overview of what occurs during the Community Advisory Committee and the GCHP Commission Board meetings, including the scheduled meeting dates, and confirm that the written record of grievances is reviewed during these meetings. <br><br> » Training, "Written Record Compliance with APL 21-011" (10/14/25) demonstrates that the Plan provided to the Director of Operations, who is over grievances and appeals, is made aware of the required |

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| | | | | components outlined in APL 21-011, which also includes the periodic review of written records of grievances. Attestation provided. **The corrective action plan for finding 4.1.2 is accepted.** |

## 5. Quality Management

| Finding Number and Summary | Action Taken | Supporting Documentation | Implementation Date * (*Short-Term, Long-Term) | DHCS Comments |
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| **5.1.1 New Provider Training**<br><br>The Plan's newly contracted providers did not complete training within 30 working days of active status. | GCHP is currently taking the following actions to remediate:<br><br>» Updated Policy NO-001 Provider Orientation to include escalation process.<br><br>» Updated Job Aid Manual and included escalation process and in person site visit<br><br>» Updated Provider Manual with regulatory requirements for orientation.<br><br>» Internal staff training conducted to review changes to policies and procedures and increased monitoring frequency and escalation process to management.<br><br>» Updated Provider Orientation Tracking Log to track outreach dates to providers for training.<br><br>» Developed updated provider welcome page on GCHP website to | Policy N0-001 Provider Orientation<br><br>2024 Provider Manual<br><br>Provider Relations Job Aid Manual<br><br>Provider Orientation Tracking Log<br><br>Provider Resources for Communicating New Provider Orientations. | 12/11/2024<br><br>3/31/2025<br><br>12/23/2024<br><br>10/18/2024<br><br>2/23/2025<br><br>9/17/2024<br><br>4/01/2024 | The following documentation supports the MCP's efforts to correct this finding:<br><br>**POLICIES AND PROCEDURES**<br><br>» Plan policy NO-001, New Provider Orientation, Section IV. Procedure, A. New Provider Training, subsections vii–xi (approved by the Committee on 12/11/2024), has been revised to specify that a Provider Relations Representative must escalate any non-responsive provider to Provider Network Operations Management no later than the fifteenth (15th) business day for follow-up. Provider Network Operations management (PNO) will then reach out to the provider or clinic administrator to address the orientation requirement outlined in the contract. PNO will also assist in coordinating the orientation training and completion of the attestation form. In addition, a process was set in place for providers that do not respond after the third attempt to complete the required training, stating that if no response is received by the 20th day following the contract's effective date, PNO management will coordinate an in-person site visit to the provider's office. (5.1.1 NO-001 New Provider Orientation Policy – Revised, page 2)<br><br>» Plan policy NO-001, New Provider Orientation, Section IV. Procedure, A. New Provider Training, subsections vii–xi (approved by the Committee on 12/11/2024), now also includes a provision requiring |

| Finding Number and Summary | Action Taken | Supporting Documentation | Implementation Date * (*Short-Term, Long-Term) | DHCS Comments |
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| | provide orientation materials and training attestation forms. <br><br> » Conducted escalations for new providers to conduct orientation within required time frames. | | | Provider Relations Leads and/or Management to review the Orientation Tracking Log on a weekly basis to ensure compliance with the New Provider Orientation process. (5.1.1 NO-001 New Provider Orientation Policy – Revised, page 3) <br><br> » The Plan updated the Provider Job Aid Manual on Provider Orientation to specify that a Provider Relations Representative must escalate any non-responsive provider to Provider Network Operations Management no later than the fifteenth (15th) business day for follow-up. Provider Network Operations Management will then reach out to the provider or clinic administrator to address the orientation requirement outlined in the contract. They will also assist in coordinating the orientation training and completion of the attestation form. In addition, a clause was added stating that if no response is received by the 20th day following the contract's effective date, Network Operations Management will coordinate an in-person site visit to the provider's office. (5.1.1 Job Aid Manual - Provider Orientation – Revised, page 2) <br><br> » The Plan has added a new section to the 2024 Provider Manual titled "New Provider Orientations" (page 21, added on 12/23/2024). This section states that all new providers, including newly added practitioners joining an existing provider group, are required to complete the New Provider Orientation Training as part of their contractual obligation to participate as a Medi-Cal managed care provider with the Plan. The new language also specifies that an |

| Finding Number and Summary | Action Taken | Supporting Documentation | Implementation Date *<br><br>(*Short-Term, Long-Term) | DHCS Comments |
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| | | | | orientation attestation form must be completed and submitted to the Plan within 30 days of the contract's effective date. (5.1.1 Provider Manual - Pg 21 Update)<br><br>**TRAINING/RE-EDUCATION**<br><br>» The Plan conducts weekly Provider Relations meetings to review reporting requirements and ensure that Provider Relations Representatives are meeting Service Level Agreements and departmental requirements. These meetings include a review of providers with deficiencies, verification of appropriate site visit documentation, and updates on the ongoing monitoring of the Orientation Tracking Log, which is now reviewed weekly. (5.1.1 Provider Relations Team Meeting Agenda)<br><br>» The Plan provided a sample Welcome Provider Page website link, which is sent to new providers with the welcome letter, which contains vital information regarding the regulatory 10-day timeline for onboarding and training. The information in the Welcome Page clearly indicates that "To remain in compliance with the state Department of Health Care Services (DHCS) regulatory standards, new providers must attest to completion of their orientation within 30 days from their contract effective date." The website provides links for providers to register for training and includes an Orientation Attestation Form. (5.1.1 Provider Welcome Webpage and 5.1.1 New Provider Orientation Attestation Form) |

DHCS

| Finding Number and Summary | Action Taken | Supporting Documentation | Implementation Date *<br><br>(*Short-Term, Long-Term) | DHCS Comments |
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| | | | | **OVERSIGHT AND MONITORING**<br><br>» Excel Spreadsheet, Orientation Tracking Log, as evidence that the Plan is monitoring to ensure new providers complete the required training. The Orientation Tracking Log tracks and monitors the following elements: Provider Name, Contract Effective Date, Initial Outreach Welcome Letter, Orientation Completion Date, and if provider "Completed within timeframe (30 days from contract eff date) Y/N. (5.1.1 Orientation Tracking Log)<br><br>» The Plan provided a sample from the Quality Improvement and Health Equity Committee (QIHEC) meeting held on March 18, 2025, which is part of the Committee's quarterly meeting schedule. The sample agenda included updates from Provider Network Operations, a review of provider welcome letters and orientation processes, and presentation of the Q4 report on completed orientations. During Q4, only one new provider orientation remained incomplete and was escalated to Plan management for follow-up. (5.1.1 PNO QIC Dashboard Review Committee Agenda)<br><br>**The corrective action plan for finding 5.1.1 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: Robert Franco
Title: Chief Compliance Officer
Signed by: [Signature on file]
Date: ____04/16/2025_____