CALIFORNIA DEPARTMENT OF HEALTH CARE SERVICES
Michelle Baass | Director

Revised

August 17, 2026

Francisca Chavez, Compliance and Fraud Prevention Officer *Via E-mail*
Community Health Group Partnership Plan
2420 Fenton St. Ste. 100
Chula Vista, CA 91914

RE: Department of Health Care Services Focused Medical Audit

Dear Ms. Chavez:

The Department of Health Care Services (DHCS), Audits and Investigations Division, conducted a Focused Audit of Community Health Group Partnership Plan, a Managed Care Plan (MCP), from July 10, 2023 through July 21, 2023. The audit covered the period from June 1, 2022, through May 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 revised 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 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]

Dennis Hsieh, Chief
Managed Care Quality and Monitoring Division (MCQMD)
Department of Health Care Services

Enclosures: Revised Attachment A (CAP Response Form)

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

Grace McGeough, Section Chief
Process Compliance Section
Managed Care Monitoring Branch
DHCS – Managed Care Quality and Monitoring Division (MCQMD)

Lyubov Poonka, Unit Chief *Via E-mail*
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Christina Viernes, Lead Analyst *Via E-mail*
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Aldo Flores, Unit Chief *Via E-mail*
Managed Care Contract Oversight Branch
DHCS – Managed Care Operations Division (MCOD)

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

ATTACHMENT A

CORRECTIVE ACTION PLAN RESPONSE FORM

Plan: Community Health Group Partnership Plan

Review Period: 06/01/2022 – 05/31/2023

Audit Type: Focused Audit of Behavioral Health and Transportation Services

On-site Review: 07/10/2023 – 07/21/2023

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 Telephone Authorization The Plan failed to allow for telephone authorization of NEMT requests when a member required a covered medically necessary service of an urgent nature, and a PCS form could not have reasonably been submitted beforehand.	The plan (CHG) provides telephone authorizations for NEMT requests when a member requires a covered medically necessary service of an urgent nature, and a PCS form could not be reasonably submitted.	» NEMT POLICY 6059 » "6059 NMT NEMT Policy RL DCHS CAP 10.1.24" » Please see attached training material and sign-in sheets for 7/12/2024, 9/26/2024, and 09/27/2024: » "BPG for NEMT" » "NEMT Training Sign-in sheet 7.12.24"	1. 10/01/2024 2. 07/12/2024	The following documentation supports the MCP's efforts to correct this finding: **POLICIES AND PROCEDURES** » Plan policy, "6059_NEMT & NMT" was updated to demonstrate the process the Plan has implemented to provide telephone authorization for NEMT requests when a member requires a covered medically necessary service of an urgent nature. Revisions included language that states the Plan "provides telephone authorization for NEMT requests when a member requires a CHG-covered medically necessary service of an urgent nature and a PCS form could not have reasonably been submitted beforehand. The member's provider must submit a PCS form post-service for the telephone authorization to be valid." (6059_NEMT & NMT, NEMT – PCS Form, pages 2-3) **OVERSIGHT AND MONITORING** » The Plan provided "BPG: NEMT AND THE PCS FORM" as evidence that the Plan is conducting a monthly review on the telephone NEMT requests & demonstrates how the Plan addresses non-compliance. The internal document outlines that the Plan "provides telephone authorization for NEMT requests when a member requires a CHG-covered medically necessary service of an urgent nature and a PCS form could not have reasonably been submitted beforehand. The

Finding Number and Summary	Action Taken	Supporting Documentation	Implementation Date * (*Short-Term, Long-Term)	DHCS Comments
		» "NEMT Training Sign-in Sheet 9.26.24" » "NEMT Training Sign-in sheet 09.27.2024".		member's provider must submit a PCS form post-service for the telephone authorization to be valid. The Case will be sent to the case management department to obtain the PCS form. The Case Management staff will make 3 good-faith efforts to obtain the PCS form." (BPG: NEMT AND THE PCS FORM, NEMT PCS Form, pages 1-2) » Sample tracker, "NEMT Monitoring Audit Tool, Analysis & Non-Compliance Tracking" as evidence that the Plan is monitoring for NEMT requests (urgent included), obtaining of the PCS forms and if no PCS form, tracking any non-compliance. » Plan process guide, "Best Practice Guide: Auditing the Telephone Requests for NEMT, PCS Forms, and Addressing Non-Compliance" demonstrates the steps taken by the Plan to audit NEMT requests & PCS forms on a monthly basis. The guide outlines that if it is identified through the monthly audits that urgent NEMT requests PCS form follow-up are not being followed, targeted education and training will be provided to the non-compliant Department or staff member. (BEST PRACTICE AUDITING GUIDE PHONE NEMT, PCS & NONCOMPLIANCE) » Sample audit report, "MONTHLY ANALYSIS TELEPHONE NEMT REQUESTS" was provided as evidence to demonstrate the monthly audit reporting for NEMT requests for September 2024. Evidence shows that no requests were denied of the requests that were made.

Finding Number and Summary	Action Taken	Supporting Documentation	Implementation Date * (*Short-Term, Long-Term)	DHCS Comments
				TRAINING » The sign-in sheets (07/12/24, 09/26/24, 09/27/24, and 11/07/2024) demonstrate that the Plan trained staff on NEMT Policy 6059 regarding the requirement of providing telephone authorization for NEMT transportation in urgent situations. **The corrective action plan for finding 3.1 is accepted.**

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

Submitted by: Barbara Vargas RN, MSN, CENP

Title: Director of Utilization Management