DHCS
CALIFORNIA DEPARTMENT OF
HEALTH CARE SERVICES
Michelle Baass | Director

July 31, 2026

Ms. Brandy Armenta, Compliance Director *Via E-mail*
Health Plan of San Mateo
801 Gateway Blvd.
Suite 100.
South San Francisco, CA 94080

RE: Department of Health Care Services Focused Medical Audit

Dear Ms. Armenta:

The Department of Health Care Services (DHCS), Audits and Investigations Division, conducted a Focused Audit of Health Plan of San Mateo, a Managed Care Plan (MCP), from July 31, 2023 through August 11, 2023. The focused audit covered the period from July 1, 2022, through June 30, 2023.

DHCS is closing this Corrective Action Plan (CAP) based on the corrective actions submitted and accepted. As standard practice, DHCS will reassess these areas during subsequent audit cycles to ensure sustained compliance and evaluate implementation over time. DHCS acknowledges the Plan's continued efforts to implement the corrective actions from identified non-compliance in the audit. As DHCS issues updated policy guidance, the Plan must ensure all activities remain aligned with current requirements, including forthcoming updates to Transportation policy and the Behavioral Health Data Exchange expectations outlined in APL 26-004. The enclosed documents will serve as DHCS' final response to the MCP's CAP. 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]

Dennis Hsieh, Chief
DHCS - Managed Care Quality and Monitoring Division (MCQMD)

Enclosures: Attachment A (CAP Response Form)

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

Grace McGeough, Chief *Via E-mail*
Process Compliance Section
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Nicole Cortez, Unit Chief *Via E-mail*
Managed Care Contract Oversight Branch
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: Health Plan of San Mateo

Review Period: 7/1/2022 – 6/30/2023

Audit: Focused Audit of Behavioral Health and Transportation Services

On-site Review: 7/31/23 – 8/11/2023

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.

2. Case Management and Coordination of Care

Finding Number and Summary	Action Taken	Supporting Documentation	Implementation Date * (*Short-Term, Long-Term)	DHCS Comments
2.1 Case Management and Care Coordination The Plan did not ensure the provision of coordination of care to deliver mental health care services to its members.	HPSM and its county partner, Behavioral Health and Recovery Services (BHRS), held an outdated memorandum of understanding (MOU) and related policies that did not accurately reflect current, agreed-upon processes for coordinating care and monitoring and oversight. Behavioral health matching reports were provided during the 2023 Focused Audit review that evidenced the ongoing coordination of care between HPSM and BHRS. Remediation for this deficiency was comprised of three efforts: Plan policy HS-05 Mental Health and Substance Use Referral and Coordination of Services was updated to more clearly outline current, operationalized, care coordination and ongoing monitoring processes.	1 .HS-05 Mental Health and Substance Use Referral and Coordination of Services 2. BHRS-HPSM MHP MOU 3. Clinical Quality Committee Charter 2024	1. 12/02/2024 2. 11/01/2024 3. May, 2024	The following documentation supports the MCP's efforts to correct this finding: **POLICIES AND PROCEDURES** » Policy HS-05 Medi-Cal Mental Health and Substance use Disorder Services Referral and Coordination of Services and the MOU between San Mateo Health Commission d/b/a Health Plan of San Mateo and Behavioral Health & Recovery Services were updated to more clearly define pathways to care coordination. » 1.2.1 - If a PCP identifies the need for a mental health assessment or substance abuse treatment, the PCP may refer to BHRS ACCESS Call Center. » 3.6.2 - Members may access specialty mental health or substance use services through BHRS Access Call Center or BHRS clinics and providers directly, members do not need to contact HPSM for coordination support to access these services (2.1, 2.2, 2.3 BHRS-HPSM MHP MOU 20241202, 2.1, 2.4, 2.5, 2.6, 2.7 HS-05 Mental Health and Substance Use Referral and Coordination of Services 20241202). » Updated MOU between the MCP and BHRS signed on 11/1/24 based on DHCS approved template details care coordination

Finding Number and Summary	Action Taken	Supporting Documentation	Implementation Date * (*Short-Term, Long-Term)	DHCS Comments
	HPSM collaborated with BHRS to update the requisite MOU to outline expected coordination activities and monitoring and oversight. HPSM transitioned review of behavioral health monitoring and care coordination monitoring documentation and reports away from its Utilization Management Committee and into its Clinical Quality Committee. Through this committee behavioral health related trends, analyses, and/or barriers are discussed to facilitate awareness and interventions, when and if necessary.			responsibilities between the MCP and MHP. (2.1, 2.2, 2.3 BHRS-HPSM MHP MOU 20241202) **MONITORING** » BH Matching Report is used to monitor care coordination to deliver mental health services. The report is shared during UM Committee. (2.1 HPSM BH Matching Report Sample March 2023 20241230) » Clinical Quality Committee Charter. Behavioral Health matching reports, Access Call Center reports (previously reported at the Plan's quarterly Utilization Management Committee (UMC)), and HPSM/BHRS Care Coordination meeting and JOM meeting minutes will now be shared at the Plan's quarterly Clinical Quality Committee (CQC) as a component of clinical quality monitoring and oversight, ensuring SUD follow up oversight. **The corrective action for finding 2.1 is accepted.**
2.2 Coordination of Non-Specialty Mental Health Services and Specialty Mental Health Services	HPSM and its county partner, Behavioral Health and Recovery Services (BHRS), held an outdated memorandum of understanding (MOU) that did not accurately reflect current, agreed-upon processes for	» BHRS-HPSM MHP MOU » Access Check-In Meeting	11/01/2024	The following documentation supports the MCP's efforts to correct this finding: **POLICES AND PROCEDURES** » Updated MOU between the MCP and BHRS signed on 11/1/24 based on the DHCS-approved template instructs the MCP and MHP to facilitate transitions between MCP and MHP delivery

Finding Number and Summary	Action Taken	Supporting Documentation	Implementation Date * (*Short-Term, Long-Term)	DHCS Comments
The Plan did not coordinate with the MHP to facilitate care transitions and guide referrals for members receiving NSMHS to transition to a SMHS provider and vice versa. The Plan did not ensure that the referral loop was closed, and that the new provider accepted the care of the member.	coordinating care and monitoring and oversight. Remediation for this deficiency required that HPSM collaborate with BHRS to update the requisite MOU to outline expected coordination activities and monitoring and oversight. A project plan was initiated to track progress on the development of the MOU updates.	Invite 2023.04.04 20250228 » BHRS Meetings 2022.07.01 - 2023.06.30 20250228 » HPSM-BHRS JOM Presentation 2025.04 » HPSM-BHRS Quarterly JOM Meeting Minutes 2025.04.14		systems and across different providers, including guiding referrals for Members receiving NSMHS to transition to an SMHS provider and vice versa. (2.1, 2.2, 2.3 BHRS-HPSM MHP MOU 20241202) **MONITORING** » Access Check-In Meeting Invite 2023.04.04 20250228 and BHRS Meetings 2022.07.01 - 2023.06.30 20250228 demonstrates the MCP and BHRS leadership meet regularly. (2.2 Access Check-In Meeting Invite 2023.04.04 20250228, 2.2 BHRS Meetings 2022.07.01 - 2023.06.30 20250228) » HPSM-BHRS JOM Presentation 2025.04, HPSM-BHRS Quarterly JOM Meeting Minutes 2025.04.14 and MOU Updates Meeting Minutes 2025.05.02 demonstrate the MCP and MHP are meeting regularly to review and prioritize work efforts tracked in the shared BHRS MOU Project Plan. (2.2, 2.3 HPSM-BHRS Quarterly JOM Meeting Minutes 2025.04.14 20250509, 2.2, 2.3 MOU Updates Meeting Minutes 2025.05.02 20250509, 2.2, 2.3, 2.4 HPSM-BHRS JOM Presentation 2025.04 20250509) **The corrective action for finding 2.2 is accepted.**

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		» MOU Updates Meeting Minutes 2025.05.02		
2.3 Information Exchange with the Mental Health Plan The Plan did not follow the agreed-upon written policies and procedures in its MOU for the timely exchange of medical information with the county MHP.	HPSM and its county partner, Behavioral Health and Recovery Services (BHRS), held an outdated memorandum of understanding (MOU) that did not accurately reflect current, agreed-upon processes for coordinating care and monitoring and oversight. Remediation for this deficiency required that HPSM collaborate with BHRS to update the requisite MOU to outline expected coordination activities and monitoring and oversight. A component of the updated MOU included the development of a more robust data exchange process.	1. BHRS-HPSM MHP MOU 2. HPSM-BHRS JOM Presentation 2025.04 3 HPSM-BHRS Quarterly JOM Meeting Minutes 2025.04.14 4. MOU Updates Meeting Minutes 2025.05.02 5. SMH Data Exchange Audit Tool	1. 11/01/2024 2. N/A 3. N/A 4. N/A 5. May, 2025	The following documentation supports the MCP's efforts to correct this finding: **POLICIES AND PROCEDURES** » Updated MOU between the MCP and BHRS, effective date 11/1/24, based on the DHCS-approved template, details data exchange responsibilities between the MCP and MHP. The MCP is in the process of work plan development, conducting regular MOU Planning and Operationalization Meetings between the MCP and MHP addressing elements of the MOU including data sharing. (2.1, 2.2, 2.3 BHRS-HPSM MHP MOU 20241202) **MONITORING** » HPSM-BHRS JOM Presentation 2025.04, HPSM-BHRS Quarterly JOM Meeting Minutes 2025.04.14 and monthly MOU Updates Meeting Minutes 2025.05.02 demonstrate the MCP and MHP are meeting regularly to review and prioritize work efforts tracked in the shared BHRS MOU Project Plan. This includes

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	The exchange process includes the distribution of a monthly file of all HPSM members receiving Specialty Mental Health services from BHRS. HPSM automates this file to load into the HPSM member record, so that HPSM care team members can easily access this information. Additionally, HPSM staff have access to BHRS's Avatar record system that includes most of the minimum data set listed in the updated MOU. A formal audit tool and audit process was developed to maintain oversight of the data exchange process. Audit results are discussed at joint operations meetings between HPSM and BHRS to afford the opportunity to address any deficiencies identified.			ongoing work in data exchange. (2.2, 2.3, 2.4 HPSM-BHRS JOM Presentation 2025.04 20250509) » SMH Data Exchange Audit Tool demonstrates the MCP has begun SMH Data Exchange Audit tool in May 2025 as planned. The tool includes implementing reporting, monitoring, and auditing of the exchange of medical information responsive to the updated language in the MOU. The Plan will implement the audit tool by end of Q3 2025. HPSM and BHRS will continue discussing the implementation timeline of the audit tool in the next monthly MOU planning meeting. (2.3 SMH Data Exchange Audit Tool) **The corrective action for finding 2.3 is accepted.**
2.4 Confirmation of Referred	HPSM and its county partner, Behavioral Health and Recovery	1. HS-05 Mental Health and	1. 12/02/2024 2. 11/01/2024	The following documentation supports the MCP's efforts to correct this finding:

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Treatments for Substance Use Disorder The Plan did not make good faith efforts to confirm whether members received referred treatments for SUD and document when and where treatments were received, and any next steps following treatment.	Services (BHRS), held an outdated memorandum of understanding (MOU) and related policies that did not accurately reflect current, agreed-upon processes for coordinating care, available pathways for members to access care, and monitoring and oversight. Remediation for this deficiency was comprised of several efforts: 1. Plan policy HS-05 Mental Health and Substance Use Referral and Coordination of Services was updated to more clearly outline current, operationalized, pathways for coordination of care and direct points of access to care. 2. HPSM collaborated with BHRS to update the requisite MOU to outline expected coordination activities and monitoring and oversight.	Substance Use Referral and Coordination of Services 2. BHRS-HPSM DMC-ODS MOU 3. Clinical Quality Committee Charter 2024 » Call Center Script Admin 2024.01 » CC-01 Care Coordination and Case Management Program	3. May, 2024	**POLICIES AND PROCEDURES** » Policy HS-05 Mental Health and Substance use Disorder Services Referral and Coordination of Services was updated to more clearly define pathways for direct access and coordination for members who reach out to the MCP for SUD services, through referral by PCP to BHRS ACCESS Call Center, self-direct to BHRS ACCESS Call Center and through referral by the MCP(2.1, 2.4, 2.5, 2.6, 2.7 HS-05 Mental Health and Substance Use Referral and Coordination of Services 20241202) » MOU between MCP and DMC-ODS updated to more clearly define coordination pathways which was based on DHCS approved template. (2.4, 2.5 BHRS-HPSM DMC-ODS MOU 20241202) **MONITORING** » UMC- Call Center Analysis (With Graphs) 2023.04.24 and UMC-Call Center Report 2023.04.24 demonstrate the MCP has a process in place to review Access Call Center reports and track and trend referrals. HPSM receives monthly Access Call Center reports that are reviewed at committee quarterly to track and trend referrals. These reports will now be shared at the Plan's quarterly Clinical Quality Committee (CQC) as a component of clinical quality monitoring and oversight, ensuring SUD follow

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	3. HPSM transitioned review of behavioral health monitoring and care coordination monitoring documentation and reports away from its Utilization Management Committee and into its Clinical Quality Committee. Through this committee behavioral health related trends, analyses, and/or barriers are discussed to facilitate awareness and interventions, when and if necessary.	» UMC- Call Center Analysis (With Graphs) 2023.04.24 » UMC- Call Center Report 2023.04.24		up oversight. (2.4 1.11 UMC- Call Center Analysis (With Graphs) 2023.04.24, 2.4 1.11 UMC- Call Center Report 2023.04.24) » HPSM and BHRS Joint Operations Meeting presentation demonstrates the MCP holds meetings with DMC-ODS leadership to discuss barriers to SUD services. (2.2, 2.3, 2.4 HPSM-BHRS JOM Presentation 2025.04 20250509) » SMH Data Exchange and Audit Tool Procedure outlines the MCP's plan to implement an audit tool to monitor data being shared and indicated in the member record. The audit tool will include questions to capture any members who expressed a need for SUD services and whether any follow up coordination with BHRS occurred. The audit tool process will review members who have both received care coordination from the Plan and who the Plan has received SMH data on from BHRS. (2.4, 2.5 SMH Data Exchange Audit Tool Procedure V3 20250509) **The corrective action for finding 2.4 is accepted.**
2.5 Follow Up for Referred Substance Use Disorder Treatments	HPSM and its county partner, Behavioral Health and Recovery Services (BHRS), held an outdated memorandum of understanding (MOU) and related policies that did not accurately reflect current, agreed-	1. HS-05 Mental Health and Substance Use Referral and Coordination of Services	1 12/02/2024 2. 11/01/2024 3. May, 2024	The following documentation supports the MCP's efforts to correct this finding: **POLICIES AND PROCEDURES** » Policy HS-05 Mental Health and Substance use Disorder Services Referral and Coordination of Services was updated to more clearly define pathways for direct access and coordination

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The Plan did not follow up with members who did not receive referred treatments to understand barriers and make subsequent adjustments to the referrals	upon processes for coordinating care, available pathways for members to access care, and monitoring and oversight. Remediation for this deficiency was comprised of several efforts: 1. Plan policy HS-05 Mental Health and Substance Use Referral and Coordination of Services was updated to more clearly outline current, operationalized, pathways for coordination of care and direct points of access to care. 2. HPSM collaborated with BHRS to update the requisite MOU to outline expected coordination activities and monitoring and oversight. 3. HPSM transitioned review of behavioral health monitoring and care coordination monitoring documentation	2. BHRS-HPSM DMC-ODS MOU 3. Clinical Quality Committee Charter 2024 » Compliance Statement - Member Case » CC-01 Care Coordination and Case Management Program » HPSM BHRS Care Coordination		for members who reach out to the MCP for SUD services through referral by PCP to BHRS ACCESS Call Center, self-direct to BHRS ACCESS Call Center and through referral by the MCP(2.1, 2.4, 2.5, 2.6, 2.7 HS-05 Mental Health and Substance Use Referral and Coordination of Services 20241202) » MOU between MCP and DMC-ODS updated to more clearly define coordination pathways which was based on DHCS approved template. (2.4, 2.5 BHRS-HPSM DMC-ODS MOU 20241202) **MONITORING** » Barriers are identified as part of the MCP's Population Assessment process as noted in CC-01, section 5.4 where it states: "Barriers to receipt of care and participation in a case management plan are evaluated". The MCP and BHRS discuss barriers and/or challenges during monthly care coordination meetings. Access issues are discussed during quarterly joint operations meetings (2.5 Compliance Statement - Member Case 20250228, 2.5 CC-01 Care Coordination and Case Management Program 20250228, 2.5 HPSM BHRS Joint Operations Meeting 2024.12 20250228, 2.5 HPSM BHRS Care Coordination Meeting 2024.11.19 - Notes and Follow-up 20250228, 2.5 HPSM BHRS Care Coordination Meeting 2024.11 - Agenda 20250228)

Finding Number and Summary	Action Taken	Supporting Documentation	Implementation Date * (*Short-Term, Long-Term)	DHCS Comments
	and reports away from its Utilization Management Committee and into its Clinical Quality Committee. Through this committee behavioral health related trends, analyses, and/or barriers are discussed to facilitate awareness and interventions, when and if necessary.	Meeting 2024.11 - Agenda » HPSM BHRS Care Coordination Meeting 2024.11.19 - Notes and Follow-up » HPSM BHRS Joint Operations Meeting 2024.12 » SMH Data Exchange Audit Tool Procedure V3		» SMH Data Exchange and Audit Tool Procedure outlines the MCP's plan to implement an audit tool to monitor data being shared and indicated in the member record. The audit tool will include questions to capture any members who expressed a need for SUD services and whether any follow up coordination with BHRS occurred. (2.4, 2.5 SMH Data Exchange Audit Tool Procedure V3 20250509) **The corrective action for finding 2.5 is accepted.**

Finding Number and Summary	Action Taken	Supporting Documentation	Implementation Date * (*Short-Term, Long-Term)	DHCS Comments
		» HPSM-BHRS JOMS April 2025 » HPSM-BHRS Care Coordination meeting minutes 2025.04.08		
2.6 Screening, Assessment, Brief Intervention, and Referral Treatment Services The Plan did not ensure that members received SABIRT services, and the Plan did not ensure PCPs	HPSM's policies did not contain language that clearly articulates expectations set for PCPs pertaining to SABIRT services screening, nor did the policy language accurately reflect current processes for monitoring that PCPs are performing SABIRT services screening as required. Remediation efforts for this deficiency included revising plan policy HS-05 Mental Health and Substance Use	1. HS-05 Mental Health and Substance Use Referral and Coordination of Services 2. N/A 3. 2024 Medical Record Review (MRR)	06/25/2024	The following documentation supports the MCP's efforts to correct this finding: **POLICIES AND PROCEDURES** » Policy HS-05 Medi-Cal Mental Health and Substance use Disorder Services Referral and Coordination of Services was updated to require PCP's to maintain documentation of services in the medical record and the MCP's monitoring through the medical record reviews. (2.1, 2.4, 2.5, 2.6, 2.7 HS-05 Mental Health and Substance Use Referral and Coordination of Services 20241202) **MONITORING**

Finding Number and Summary	Action Taken	Supporting Documentation	Implementation Date * (*Short-Term, Long-Term)	DHCS Comments
maintained documentation of SABIRT services provided to members.	Referral and Coordination of Services to clearly define: 1. The requirements for PCPs to screen for SABIRT services and to maintain adequate documentation of their screening efforts and results. 2. Outline the various pathways for accessing care that PCPs are expected to direct members seeking SABIRT services towards. 3. Oversight and Monitoring methodologies, including Medical Record Reviews.	Standards_SABIRT Highlights MRR_ScoreSheet_Tool_20230929_Highlights MRR_ScoreSheet_Tool_20241209_Highlights		» Primary Care Medical Record Review Standards and MRR Score Sheet Tool demonstrates the MCP monitors PCP provision of SABIRT services. (2.6 2024 Medical Record Review (MRR) Standards_SABIRT Highlights 20241230, 2.6 MRR_ScoreSheet_Tool_20230929_Highlights 20241230, 2.6 MRR_ScoreSheet_Tool_20241209_Highlights 20241230) **The corrective action for finding 2.6 is accepted.**
2.7 Mental Health Screening The Plan did not ensure that members received mental health	HPSM's policies did not contain language that clearly articulates expectations set for PCPs pertaining to mental health services screening, nor did the policy language accurately reflect current processes for monitoring that PCPs are performing	1. HS-05 Mental Health and Substance Use Referral and Coordination of Services	06/25/2024	The following documentation supports the MCP's efforts to correct this finding: **POLICIES AND PROCEDURES** » Policy HS-05 Mental Health and Substance Use Referral and Coordination of Services was updated to more clearly articulate the providers responsibility to maintain documentation of

Finding Number and Summary	Action Taken	Supporting Documentation	Implementation Date * (*Short-Term, Long-Term)	DHCS Comments
screenings conducted by network PCPs.	mental health services screening as required. Remediation efforts for this deficiency included: 1. Revising plan policy HS-05 Mental Health and Substance Use Referral and Coordination of Services to clearly outline the expectations set for PCPs pertaining to mental health screening processes in the primary care setting, maintaining adequate documentation in the member's record, and how HPSM's medical record review processes verify the member's medical record contains documentation of mental health screening. 2. Issuing a newsletter to contracted providers that included a focused article on the importance of mental health screenings for members during pregnancy and postpartum via the Plan's HEALTHMatters MD	QI-102 Site and Medical Record Review 2024 Medical Record Review (MRR) Standards - MH Screening 2. HEALTHMattersMD - Screening and Treating Patients' Perinatal Mental Health 3. HPSM Behavioral Health Referral Form Provider Learning Lab - HPSM Providers Provider Notification –		screenings and referrals with the member's record. (2.1, 2.4, 2.5, 2.6, 2.7 HS-05 Mental Health and Substance Use Referral and Coordination of Services 20241202) **TRAINING** » HEALTHmatters MD Newsletter was issued to providers included article on the importance of mental health screenings for members during pregnancy and postpartum via the Plan's HEALTHMatters MD newsletter. (2.7 Provider Notification – HEALTHMattersMD) » County Mental Health Plan and MCP developed the Regulatory Mental Health MOU Provider Training. The training includes information on the MCP's Behavioral Health referral form which highlights the importance of talking with members about their mental health and substance use and describes how to refer. This training is part of annual provider training. (2.7 Provider Training - HPSM Regulatory Mental Health MOU » HPSM is currently working to update our NSMH Outreach and Education Plan as part of the APL24-012 effort. This effort will enhance and formalize existing outreach and education efforts to PCPs on how to support members with accessing the NSMH benefit and to include screening guidance and reminders. **MONITORING**

Finding Number and Summary	Action Taken	Supporting Documentation	Implementation Date * (*Short-Term, Long-Term)	DHCS Comments
	newsletter. Contracted providers are sent email notifications when newsletter issues are posted online. Additionally, in collaboration with our County Mental Health Plan, HPSM developed the Regulatory Mental Health MOU Provider Training. This training is part of the annual Provider Training materials and requires attestation. The training includes information on HPSM's Behavioral Health referral form which highlights the importance of talking with members about their mental health and substance use and describes the referral process. Lastly, HPSM updated its non-specialty mental health (NSMH) Outreach and Education Plan as part of the APL24-012	HEALTHMattersMD Provider Training - HPSM Regulatory Mental Health MOU MRR ScoreSheet Tool - PPMG 20241115 20250530 (page 3) MRR ScoreSheet Tool - SFP-FM 20250224 20250530 (page 3-5) MRR ScoreSheet Tool - SFP-IM 20250224 20250530 (page 5)		» QI-102 Site and Medical Record Review 20250228 and 2024 Medical Record Review (MRR) Standards - MH Screening 20250228 20250228 demonstrate the MCP monitors metal health screening through the Medical Record Review process. (2.7 2024 Medical Record Review (MRR) Standards - MH Screening 20250228 20250228, 2.7 QI-102 Site and Medical Record Review 20250228) » The MCP submitted examples of MRR Score Sheet Tools that demonstrate mental health screenings are reviewed as part of the MRR. (2.7 MRR ScoreSheet Tool - PPMG 20241115 20250530, 2.7 MRR ScoreSheet Tool - SFP-FM 20250224 20250530, 2.7 MRR ScoreSheet Tool - SFP-IM 20250224 20250530, 2.7 MRR ScoreSheet Tool - VMC 20241112 20250530) **The corrective action for finding 2.7 is accepted.**

Finding Number and Summary	Action Taken	Supporting Documentation	Implementation Date * (*Short-Term, Long-Term)	DHCS Comments
	implementation effort. This effort will enhance and formalize existing outreach and education efforts to PCPs on how to support members with accessing the NSMH benefit and to include screening guidance and reminders.	MRR ScoreSheet Tool - VMC 20241112 20250530 (page 4)		

3. Access and Availability of Care

Finding Number and Summary	Action Taken	Supporting Documentation	Implementation Date * (*Short-Term, Long-Term)	DHCS Comments
3.1 Door-to-Door Assistance The Plan did not have a process in place to ensure that door-to-door assistance was provided for all members receiving NEMT services.	Remediation efforts for this deficiency included: 1. Revising plan policy *UM.013 Non-Emergency Medical Transportation* to clearly outline that the Integrated Care Management team and Transportation Program Manger provide decision support for medical necessity and appropriate level of NEMT transport to ensure door-to-door assistance is provided for NEMT requests as applicable. 2. Updating HPSM's Provider Manual, specifically referenced in NEMT contracts boilerplate templates, to include specific language regarding door-to-door as a standard service for	1. UM.013 Non-Emergency Medical Transportation Compliance Statement - UM.013 Approval 2. Provider Manual Evidence	9/30/2024	The following documentation supports the MCP's efforts to correct this finding: **POLICIES AND PROCEDURES** » Plan policy "UM.013 Non-Emergency Medical Transportation" was revised to includes updates to the door-to-door assistance process. The updates included the Plan's process through its Transportation Program Manager assistance in coordinating NEMT requests & verifies that providers will provide door-to-door assistance, as required for all NEMT modes of transportation. (UM.013 NEMT, Procedure, 4.1 & 4.2, page 3) » Plan manual "Provider Manual Evidence" demonstrates the updates made to its Provider Manual for providers. The updates included language of "NEMT is specifically for members who require a litter, gurney or wheelchair van for transportation and provides door-to- door assistance for all modes of transportation." (See 3.1 Provider Manual Evidence 20241202) *See finding 3.2 for monitoring of door-to-door assistance.* **The corrective action plan for finding 3.1 is accepted.**

Finding Number and Summary	Action Taken	Supporting Documentation	Implementation Date * (*Short-Term, Long-Term)	DHCS Comments
	NEMT for all modes of transportation.			
3.2 Monitoring of Door-to-Door Assistance The Plan did not conduct monitoring activities for door-to-door assistance provided to members receiving NEMT services.	Remediation efforts for this deficiency included: 1. Revising plan policy *UM.013 Non-Emergency Medical Transportation* to clearly outline that the Integrated Care Management team and Transportation Program Manger provide decision support for medical necessity and appropriate level of NEMT transport to ensure door-to-door assistance is provided for NEMT requests as applicable 2. Updating HPSM's Provider Manual, specifically referenced in NEMT contracts boilerplate templates, to include specific language regarding door-to-door as a standard service for	1. UM.013 Non-Emergency Medical Transportation 2. Compliance Statement - UM.013 Approval 3. NEMT Workgroup Meeting Agenda 2024.10 ICM NEMT Coordination Script NEMT D2D Monitoring Process Draft	1. 9/30/2024 2. N/A 3. 4/4/2025	The following documentation supports the MCP's efforts to correct this finding: **POLICIES AND PROCEDURES** » Plan policy "UM.013 Non-Emergency Medical Transportation" was revised to includes updates to the door-to-door assistance process. The updates included the Plan's process through its Transportation Program Manager assistance in coordinating NEMT requests & verifies that providers will provide door-to-door assistance, as required for all NEMT modes of transportation. (UM.013 NEMT, Procedure, 4.1 & 4.2, page 3) **MONITORING AND OVERSIGHT** » Plan procedure "NEMT D2D Monitoring Process" outlines the process implemented to oversee door-to-door assistance. As part of this process, the ICM team is responsible for conducting post-follow-up calls with members who received NEMT services. If ICM team does not receive a favorable outcome for the response from outreach call, feedback is tracked and shared with Transportation Program Manager to be shared with Provider Services team for

Finding Number and Summary	Action Taken	Supporting Documentation	Implementation Date * (*Short-Term, Long-Term)	DHCS Comments
	NEMT for all modes of transportation. 3. HPSM's Integrated Care Management team conducts a post-service outreach to members to validate door-to-door assistance was provided. HPSM created a script for NEMT coordination as part of the communication and monitoring process where the Plan's customer support team will relay the message to ensure members are aware of the Door-to-Door service during the member's appointment confirmation. Members are instructed to contact HPSM if Door-to-Door service was not provided.	NEMT Monitoring Tracker		discussion and outreach for NEMT provider education." (NEMT D2D Monitoring Process, 2., page 1) » Plan tracker "NEMT Monitoring Tracker" provides evidence of the mechanism implemented to track if door-to-door assistance was provided for each NEMT service request. (See 3.2 NEMT Monitoring Tracker 20250404) **The corrective action plan for finding 3.2 is accepted.**
3.3 Transportation Liaison The Plan did not have a direct line to	HPSM published its Transportation Liaison contact information in its Member Newsletter, Provider Newsletter, and public Website. These	1. Provider Manual Evidence 20241230	1. June, 2024 2. TBD	The following documentation supports the MCP's efforts to correct this finding. **POLICIES AND PROCEDURES**

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the transportation liaison and the transportation liaison did not process authorizations after business hours.	publications were previously approved by DHCS in June, 2024. The Plan is in the process of updating its Provider Manual to still include the Transportation Liaison contact for this next annual update. The Plan is focused on developing a process for escalating after hours NEMT requests.	2. HPSM-Carenet Meetings		» Plan manual "HPSM Provider Manual" includes updates made to include the contact information for the Plan's transportation liaison, including phone number, hours & email support. (See 3.3 Provider Manual Evidence 20241230) **MONITORING AND OVERSIGHT** » Plan notifications "Transportation Liaison Contact Publication, Transportation Liaison Provider Publication & Transportation Liaison Member Publication" is evidence that the Plan published transportation liaison contact information on its provider website, member materials & provider materials. (See 3.2 Transportation Liaison Contact Publication, 3.2 Transportation Liaison Provider Publication & 3.2 Transportation Liaison Member Publication) **The corrective action plan for finding 3.3 is accepted.**
3.4 Monitoring of Network Transportation Providers The Plan did not monitor their NEMT network providers.	HPSM conducted an annual desktop audit of all non-emergency medical transportation (NEMT) providers as a part of HPSM's monitoring process to ensure NEMT providers are meeting their contractual requirements. HPSM holds a monthly NEMT workgroup meeting that includes the Transportation Program Manager and	• 2024 St. Alexius NEMT Audit Closure Letter Compliance Desktop Audit - Wheelcare Express, Inc Attachment A	4/16/2024	The following documentation supports the MCP's efforts to correct this finding: **POLICIES AND PROCEDURES** » Plan policy "UM.013 Non-Emergency Medical Transportation" includes a section that states the Plan conducts quarterly oversight & monitoring to verify that NEMT providers are meeting all requirements, including Network Transportation Providers. (UM.013, Procedure, 5.4, page 4)

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	the Provider Services team to review member complaints or grievances, network adequacy, provider availability, provider updates, no-show trends, quality of care issues, and ad hoc items.	St. Alexius Transportation Attachment A_CAP HPSM Response-CLOSED • CP.027 Corrective Action Plan (CAP) Monitoring Process		**MONITORING AND OVERSIGHT** » Plan audit "Compliance Desktop Audit – Wheelchair Express, Inc. Attachment A" demonstrates how the Plan performs its annual audits of all NEMT providers to verify NEMT providers are meeting their contractual requirements. (See 3.4 Compliance Desktop Audit – Wheelchair Express, Inc. Attachment A) » Transportation roster "NEMT Provider Roster" demonstrates the tool used to monitor the NEMT network providers. (See NEMT Provider Roster 03 2025) » Monthly meeting materials, "October NEMT Workgroup Meeting Agenda" demonstrate the Plan's oversight. The purpose of these meetings is to verify that all requirements are being met, plus any deficiencies identified are reviewed with the workgroup. (See 3.2 October NEMT Workgroup Meeting Agenda) **The corrective action plan for finding 3.4 is accepted.**
3.5 Monitoring of Network Transportation Provider's No-Show Rates The Plan did not monitor the no-	HPSM conducted an annual desktop audit of all non-emergency medical transportation (NEMT) providers as a part of HPSM's monitoring process to ensure NEMT providers are meeting their contractual requirements.	• 2024 St. Alexius NEMT Audit Closure Letter Compliance Desktop Audit - Wheelcare	4/16/2024	The following documentation supports the MCP's efforts to correct this finding: **POLICIES AND PROCEDURES** » Plan policy "UM.013 Non-Emergency Medical Transportation" includes a section that states the Plan conducts quarterly oversight & monitoring to verify that NEMT providers are meeting all

Finding Number and Summary	Action Taken	Supporting Documentation	Implementation Date * (*Short-Term, Long-Term)	DHCS Comments
show rates of network NEMT providers.	HPSM holds a monthly NEMT workgroup meeting that includes the Transportation Program Manager and the Provider Services team to review member complaints or grievances, network adequacy, provider availability, provider updates, no-show trends, quality of care issues, and ad hoc items.	Express, Inc Attachment A St. Alexius Transportation Attachment A_CAP HPSM Response-CLOSED • CP.027 Corrective Action Plan (CAP) Monitoring Process		requirements, including Network Transportation Providers. (UM.013, Procedure, 5.4, page 4) **MONITORING AND OVERSIGHT** » Plan audit "Compliance Desktop Audit – Wheelchair Express, Inc. Attachment A" demonstrates how the Plan performs its annual audits of all NEMT providers to verify NEMT providers are meeting their contractual requirements. (See 3.4 Compliance Desktop Audit – Wheelchair Express, Inc. Attachment A) » Plan tracker "NEMT_NoShow_Tracker" demonstrates the Plan's efforts to monitor transportation providers' no- show rates. This tracker is reviewed monthly during NEMT workgroup meetings and has been updated to include specific monitoring for no-show incidents. (See NEMT_NoShow_Tracker) » Plan tracker "NEMT Monitoring Tracker v2" further supports compliance by providing an additional tool used by the Plan to track and monitor provider no-show rates. It is also reviewed monthly during the NEMT workgroup meetings, reinforcing the Plan's oversight and quality assurance process. (See 3.2 FA NEMT Monitoring Tracker v2) **The corrective action plan for finding 3.5 is accepted.**

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3.6 Ambulatory Door-to-Door The Plan did not ensure its delegate, American Logistics, provided the appropriate level of service for members requiring ambulatory door-to-door service.	HPSM clarified that it does utilize its non-medical transportation (NMT) broker, American Logistics, for NEMT and modification of level of service is not applicable for NEMT. As part of the call script, The Plan's NMT broker, American Logistics, screens for appropriateness of ride requests including determining the type of NMT service the member wants. HPSM ensures Door to Door service is a standard of NEMT for all modes of transportation.	AL Call Script	N/A	The following documentation supports the MCP's efforts to correct this finding: *Per the Plan: The Plan does not use its NMT transportation broker, American Logistics, for NEMT and modification of level of service is not applicable for NEMT. Door to Door service is a standard of NEMT for all modes of transportation. As part of the call script, The Plan's NMT broker, American Logistics, screens for appropriateness of ride request to include determining type of NMT service member wants (curb-to-curb or door-to-door).* **POLICIES AND PROCEDURES** » Plan policy "UM.013 Non-Emergency Medical Transportation" states that the Plan verifies members receive door-to-door assistance as it is the standard of NEMT for all modes of transportation. The Plan's transportation program manager coordinates NEMT requests & verifies members receive door-to-door assistance. (Procedure, 4.1 & 4.2, page 3) **MONITORING AND OVERSIGHT** » Plan script "AL Call Script" demonstrates how the Plan is screening requests to verify a member needs NMT or NEMT services. The script outlines how if the member states they need NEMT, the member is then directed to the Plan directly to arrange for those services. AL is an NMT provider only. The current process outlines that AL provides door-to-door for members that do not need

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				assistance from the driver but do not have a mobile phone that can receive a driver's messages. If the member does not have a cell phone the Plan provides door-to-door services, but it does not mean the member qualifies for NEMT. (See 3.6 AL Call Script 20241004) **The corrective action plan for finding 3.6 is accepted.**