DHCS
CALIFORNIA DEPARTMENT OF
HEALTH CARE SERVICES
Michelle Baass | Director

October 30, 2023

Alec Nielsen, Compliance
Contra Costa Health Plan
595 Center Ave., Ste. 100
Martinez, CA 94553

RE: Department of Health Care Services Medical Audit

Dear Mr. Nielsen:

The Department of Health Care Services (DHCS), Audits and Investigations Division conducted an on-site Medical Audit of Contra Costa Health Plan, a Managed Care Plan (MCP), from August 2, 2021 through August 13, 2021. The audit covered the period of July 1, 2020 through June 30, 2021.

The items were evaluated and 1 of 11 findings was a repeat finding on the subsequent 2022 Medical Audit; therefore, DHCS will assess remediation for the 1 repeat finding in the superseding 2022 Corrective Action Plan (CAP). As such, DHCS accepts and will provisionally close the 2021 CAP with finding 5.2.1 still needing remediation. The open finding is transferred to the 2022 CAP which has the same finding. The enclosed documents will serve as DHCS' final response to the MCP's 2021 CAP. Closure of this CAP does not halt any other processes in place between DHCS and the MCP regarding the deficiencies in the audit report or elsewhere, nor does it preclude the DHCS from taking additional actions it deems necessary regarding these deficiencies.

Please be advised that in accordance with Health & Safety Code Section 1380(h) and the Public Records Act, the final audit report and final CAP remediation document (final Attachment A) will be made available on the DHCS website and to the public upon request.

If you have any questions, please reach out to CAP Compliance personnel.

Sincerely,

[Signature on file]

Lyubov Poonka, Chief
Audit Monitoring Unit
Managed Care Quality and Monitoring Division
Department of Health Care Services

Enclosures: Attachment A (CAP Response Form)

cc: Stacy Nguyen, Chief
Managed Care Monitoring Branch
Managed Care Quality and Monitoring Division
Department of Health Care Services

Anthony Martinez, Lead Analyst
Audit Monitoring Unit
Managed Care Quality and Monitoring Division
Department of Health Care Services

Samounn Pich, Contract Manager
Medi-Cal Managed Care Division
Department of Health Care Services

ATTACHMENT A
Corrective Action Plan Response Form

Plan: Contra Costa Health Plan **Review Period: 07/01/20 – 06/30/21**

Audit Type: Medical Audit and State Supported Services **CAP Submitted: 12/17/2021**

MCPs are required to provide a CAP and respond to all documented deficiencies included in the medical audit report within 30 calendar days, unless an alternative timeframe is indicated in the CAP Request letter. MCPs are required to submit the CAP in Word format that will reduce turnaround time for DHCS to complete its review. According to ADA requirement, 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, and 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. Implementation Documentation, and 4. Completion/Expected Completion Date. The MCP will be required to include 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 detail such as 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. For deficiencies that require short-term corrective action, implementation 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 completely remedy or operationalize, the MCP is to indicate that it has initiated remedial action and is on the way towards achieving an acceptable level of compliance. In those instances, the MCP will be required in addition to the above steps, to include the date when full compliance will be achieved. Policies and procedures submitted during the CAP process must still be sent to the MCP's Contract Manager for review and approval, as applicable in accordance with existing requirements.

Please note, 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 prior approval for an extended implementation effort is granted by DHCS.

DHCS will maintain close communication with the MCP throughout the CAP process and provide technical assistance to confirm the MCP provides sufficient documentation to correct deficiencies. Depending on the volume and complexity of deficiencies identified, DHCS may require the MCP to provide weekly updates, as applicable.

Finding Number and Summary	Action Taken	Supporting Documentation	Implementation Date* (*Short-Term, Long-Term)	DHCS Comments
1. Utilization Management				

Finding Number and Summary	Action Taken	Supporting Documentation	Implementation Date* (*Short-Term, Long-Term)	DHCS Comments
1.2.1 Contents of Notice of Action (NOA) and "Your Rights" Attachment Packet The Plan did not send all required contents of the NOA and "Your Rights" attachment packet to the member for denials involving inpatient days. The Plan did not utilize the required DHCS "Deny" NOA letter template, sent outdated "Your Rights" information, and did not send a nondiscrimination notice and a language assistance tagline.	The facility and denial notice has been submitted and approved by DHCS on 9/8/21. We have Included a copy of updated templates and the approval letter from DHCS. Updated Notice of Nondiscrimination and taglines per APL21-004 have been placed into production in November 2021. Q1 2022 UM internal monitoring will pull a sample of concurrent review cases to ensure the proper NOA-Denial and Facility Notice are being used including the updated Your Rights and nondiscrimination notice and taglines. Initial training completed on 12/7.	1.2.1 NOA-Denial/Facility and Denial Notice Template and Approval	Placed in production November 2021. Quarter 1 2022 audit to be completed by April 1, 2022.	The following documentation supports the MCP's efforts to correct this finding: **POLICIES AND PROCEDURES** • Facility and denial notice template with DHCS approval. Your Rights attachment has been updated. **TRAINING** • Attendance report from 12/7/21 demonstrates the MCP has completed its initial training. **MONITORING AND OVERSIGHT** • Modified and Denied Letters Audit from Q1 2021 demonstrates the MCP is monitoring the inclusion of the rights attachments and taglines. **The corrective action plan for finding 1.2.1 is accepted.**

Finding Number and Summary	Action Taken	Supporting Documentation	Implementation Date* (*Short-Term, Long-Term)	DHCS Comments
1.2.2 Explanation of Reason for Decision in NOA The Plan did not provide a clear explanation of the reason for the decision in NOA letters. The Plan did not provide a clinical reason for the decision and did not explicitly state how the member's condition did not meet the criteria for medical necessity denials, and did not prov1ide a clear explanation for denials not based on medical necessity.	UM staff will be trained on newly created denial reasons template. Training will be completed before the end of February. Global dot phrase for Nurses use implementation in process. Nurse training tentatively week of 12/20 or 12/27 or 1/3.		February 28,2022	The following documentation supports the MCP's efforts to correct this finding: **POLICIES AND PROCEDURES** • Policy UM15.030 Disclosure of Utilization Management Criteria or Guidelines contains language requiring denials, delays, and modifications to include clear and concise explanation of the reason for the decision. **TRAINING** • Denial Letter Training and sign-in sheet from 12/27/21 demonstrates the MCP provided training on appropriate reading level for the nurses. **MONITORING AND OVERSIGHT** • Policy UM15.015a describes the MCP's internal auditing process of its UM decisions. • NOA Denial Review Internal Audit serves as documentation that the MCP is monitoring its NOAs for clear and concise denial language. **The corrective action plan for finding 1.2.2 is accepted.**
2. Case Management and Coordination of Care				

Finding Number and Summary	Action Taken	Supporting Documentation	Implementation Date* (*Short-Term, Long-Term)	DHCS Comments
2.1.1 Use of Long-Term Services and Support Referral Questions The Plan incorrectly used LTSS referral questions for classifying members as higher risk through the HRA.	Develop and Follow new Health Risk assessment tool. HRA tool will be completed before the end of January. Revised CM16.019 to clarify that LTSS referral questions are for referral purposes only, not for HRA classification as higher or lower risk.	• CM 16.019 SPD Health Risk Assessment and HIFMET • Meeting Attendance Rpt. • Mtg Transcripts Policy Training 03042022 • Rqmts for HRA – Policy Training	01/31/2022	The following documentation supports the MCP's efforts to correct this finding: **POLICIES AND PROCEDURES** • "CM 16.019 SPD Risk Stratification and Health Risk Assessment and HIF/MET Process": This iteration of the Plan's policy was revised & implemented to clearly detail its use of the LTSS questions, being for referral purposes only. The P&P states the LTSS questions will not be used to assess the risk of the member(s) (Page 4, Section III). This policy outlines the process the Plan follows to perform risk Stratification, assess & re-assess SPD new enrollees, & the process to use data from a HIF/MET. • Attachment I, "Health Information Form", Attachment II, "Risk Stratification Tool for Scoring Health Information Tool and State Utilization Data" and Attachment III, "SPD Health Assessment Tool": All attachments provide evidence of the tools used to help in assessing the HRA classification & the risk stratification process. **TRAINING** • "CM 16.019 SPD Risk Stratification and Health Risk Assessment and HIF/MET Process": The policy states as part of the annual staff training, a review of this policy will be included. (Page 4, Section VI). • "Requirements For the HRA - Policy Training": The slides include all of the requirements for the HRA process. As part of this training, the Plan detailed the risk stratification process & how the LTSS questions are to be correctly used, & the referral process based on

Finding Number and Summary	Action Taken	Supporting Documentation	Implementation Date* (*Short-Term, Long-Term)	DHCS Comments
				the responses to these questions. • "Meeting Transcripts - Mandatory Policy Training _2022-03-04": The transcripts provide further evidence that the Plan discussed the topic of the requirements for the HRA as shown in the provided PowerPoint slides. • "Meeting Attendance Report (Mandatory Policy Training)": The report provides evidence of the staff that were in attendance & received the appropriate training regarding the HRA. This mandatory policy training will happen on an annual basis, as cited in the Plan's "CM 16.019 SPD Risk Stratification and Health Risk Assessment and HIF/MET Process." (page 4, section VI). **MONITORING AND OVERSIGHT** • "CM 16.019 SPD Risk Stratification and Health Risk Assessment and HIF/MET Process": The policy states the SPD Risk Assessment Process will occur as "Part of the annual staff training will include a review of the policy." (page 4, section VI). **The corrective action plan for finding 2.1.1 is accepted.**
2.1.2 California Children's Services Provider-Informing Materials The Plan does not have policies and	Revised Policy PA 9.816 Provider Training Revised New Provider Orientations Updated Provider Manual -Section 2, 18	• 2.1.2 Appendix R-CPN Urgent Care Orientation PPT • 2.1.2	01/18/2022	The following documentation supports the MCP's efforts to correct this finding: **POLICIES AND PROCEDURES** • The Plan revised the P&Ps to clearly identify to providers that the Plan reimburses only CCS-paneled providers and CCS-approved

Finding Number and Summary	Action Taken	Supporting Documentation	Implementation Date* (*Short-Term, Long-Term)	DHCS Comments
procedures to ensure contracting providers understand CCS reimbursement policies.	Provider Bulletin Article	Appendix R-CPN PCP Orientation PPT 11.09.21 • 2.1.2 Appendix R-CPN Specialist Orientation PPT • 2.1.2 Provider Manual CCHP 11.5.21 Final • 2.1.2 Appendix R - CCRMC Provider Orientation PPT • 2.1.2 Provider Network News Bulletin 4th Qtr Winter 2021 CCS • 2.1.2		hospitals within the Plan's network, and only from the date of referral. This allows contracted providers to clearly understand CCS reimbursement policies. These revisions encompass the efforts of corrective action for this finding. **TRAINING** • Appendix R (Various Orientation PPT Versions) – Each PPT shows the Plan's efforts to confirm contracting providers understand CCS reimbursement policies including verbiage that the Plan only reimburses CCS-paneled providers and/or CCS-approved hospitals within the Plan's network, and only from the date of referral. • "2.1.2 Provider Network News Bulletin 4th Quarter Winter 2021 CCS" – Provides evidence that the Plan has made additional efforts to confirm that contracting providers understand CCS reimbursement policies. • "2.1.2 Provider Manual (various sections) – Provides evidence that the Plan has made the necessary revisions – inclusive of language – to confirm that contracting providers understand CCS reimbursement policies. **The corrective action plan for finding 2.1.2 is accepted.**

Finding Number and Summary	Action Taken	Supporting Documentation	Implementation Date* (*Short-Term, Long-Term)	DHCS Comments
		Provider Manual Section 18 - 11.5.21 Redlined • 2.1.2 Provider Manual Section 2 - 11.5.21 Redlined • 2.1.2 PA 9.816 Provider Training 12.20 rv 10.29.21		
3. Access and Availability of Care				
3.6 Proposition 56 Family Planning Payments The Plan did not distribute add-on payments for specified family planning service claims as required by APL 20-013.	Attached policy as implemented.	3.6 The Final Prop 56 Oversight 12.15.2021	12/15/2021	The following documentation supports the MCP's efforts to correct this finding: **POLICIES AND PROCEDURES** • Updated P&P, "56-01: DHCS Value Based Program Payments" which demonstrates that MCP staff and the MCP Finance Manager will meet monthly to ensure there are no payments that are pending or late to providers outside of the 90-day period from receipt of a clean claim. (3.6.2 56-01 DHCS VBPP). **MONITORING AND OVERSIGHT**

Finding Number and Summary	Action Taken	Supporting Documentation	Implementation Date* (*Short-Term, Long-Term)	DHCS Comments
				• Meeting Agendas, "Monthly Meeting" (December 2021 and April 2023) which demonstrates that the MCP's CEO had regular monthly meetings with the Finance Manager to discuss Prop 56 payments to ensure providers are paid in a timely manner. The improvements include a 90-day calendar for scheduled payments and a new Finance system to streamline reporting on Medi-Cal finances overall. (Meeting Confirmation). • Excel Spreadsheet, "Quarterly Review Files" which demonstrates that the MCP's COO reviews the quarterly payment files to ensure the payments are processed based on the schedule. (P56_202301, P56_202302). (Supporting documentation from 2022 CAP finding 3.6.2.) **The corrective action plan for finding 3.6 is accepted.**
4. Member Rights				
4.3.1 Background Check The Plan did not ensure that all employees with PHI access had complete background checks.	CCHP's CEO has escalated this CAP Response County Counsel. County Counsel has previously opined on this finding and this was provided to DHCS Compliance Unit.			The following additional documentation supports the MCP's efforts to correct this finding: **POLICIES AND PROCEDURES** • "4.3.1 Personnel Policy 02-23" The Plan submitted an updated Personnel Policy, "CCHP Personnel Hiring and On-boarding" committing the Plan procedural steps for background checks for all employees. (Page 2). **MONITORING AND OVERSIGHT**

Finding Number and Summary	Action Taken	Supporting Documentation	Implementation Date* (*Short-Term, Long-Term)	DHCS Comments

				• Email Attachments:
				  ○ The Plan demonstrated it followed up on employees requiring background checks in “4.3.1 Email Attachments”.
				
				• “4.3.1 Response 05.31.23” The Plan reviewed its full-time employees, temps and consultants to ensure that the appropriate documentation was in the member’s files/records. They have been working with Contra Costa County HR and Health Services Division Personnel. The Plan reviewed all staff, regardless of their tenure status, to ensure they all had a Background Check. As of 6-1-2023, the Plan updated the Compliance Unit with the following statistics:
				  ○ 252 Current Employees
				  ○ 99.6% completed Scans
				  ○ 100% completed Sanctions
				(1 employee on LOA and will not return to work until a scan is completed; Plan responded that last (1) employee continues to be on FMLA as of August 2023.)
				
				(Supporting documentation from 2022 CAP finding 4.3.1.)
				
				The corrective action plan for finding 4.3.1 is accepted.

5. Quality Management				
5.1.1 Governing Body Approval of Quality Improvement System The Plan's governing body did not review and approve	The QI Annual Evaluation, Program description and Annual Work Plan will be presented annually to the Joint Conference	All three documents contain signature pages, and each document	By March 31, 2022	The following documentation supports the MCP’s efforts to correct this finding: **POLICIES AND PROCEDURES** • “JCC Charter,” promotes communication between the Board of

Finding Number and Summary	Action Taken	Supporting Documentation	Implementation Date* (*Short-Term, Long-Term)	DHCS Comments
the Plan's 2021 Quality Improvement Program Description, 2021 Quality Work Plan, and 2020 Quality Program Evaluation.	Committee (CCHPs BOD) at their March meeting for review and approval. For 2022, the documents will be presented on March 11, 2022. Documents will include the 2021 Quality Program Evaluation, the 2022 Program Description, and the 2022 Quality Program Work Plan.	will be signed by the Chair of the JCC. Documentation will be available to DHCS at our audits and will be sent to DHCS via email no later than March 31.		Supervisors, the CCHP Quality Council, and CCHP administration. ○ Assesses and monitors the overall performance of CCHP and its contracted providers including, but not limited to, the quality of care and service provided to members. ○ Receives, evaluates, and makes recommendations to the Board regarding the reports and recommendations of the Quality Council. Such reports include reports regarding the current and on-going activities of the QM Department and are made on a quarterly basis or more frequently as may be required. ○ Reviews, evaluates, and makes recommendations to the Board, annually or more frequently as required, regarding modification of the QMP and work plan, and implementation of the QMP and work plan. ○ Receives, evaluates, and takes action with regard to reports from CCHP's QM Director and Medical Director regarding the current and on-going activities of the QM Department on a quarterly basis or more frequently as may be required. Any action taken by the Joint Conference Committee is subject to approval by the Board of Supervisors. ○ Modifies, approves, and implements provider sanctions and contract terminations. Any action taken by the Joint Conference Committee is subject to approval by the Board of Supervisors. ○ Reviews, evaluates, and acts upon Medical Policy Guidelines, subject to the Board of Supervisors' approval. ○ Receives and reviews quarterly reports regarding Appeals Committee activity. ○ Receives and reviews reports on adherence to Privacy and Confidentiality regulations.

Finding Number and Summary	Action Taken	Supporting Documentation	Implementation Date* (*Short-Term, Long-Term)	DHCS Comments

				• Plan submitted evidence of the following documents:
				  ○ 2021 Annual Evaluation
				  ○ 2022 QM Work Plan
				  ○ 2022 QM Program Description
				
				The corrective action plan for finding 5.1.1 is accepted.

5.2.1 Ownership and Control Disclosures of Delegates The Plan did not ensure collection and completion of ownership and control disclosure forms.	Staff Training Reviewed CMS Toolkit Revised PA9.830 Sub Contractual Relationships and Delegation	Power Point Roster Desk process Sample Fillable check list CMS Toolkit Additional Information PA9.830 Sub Contractual Relationships and Delegation	12.15.21 12.21	DHCS has identified that finding 5.2.1 is a repeat finding on the subsequent 2022 medical audit; therefore, DHCS will assess remediation for finding 5.2.1 in the superseding 2022 corrective action plan.
5.3.1 Delegated Provider Training The Plan's delegation agreements did not specify the	Revised Desk Process to reflect all Provider Training Responsibilities are the responsibility of the delegate. Policy-PA 9.816	Desk Process PA 9.816 Provider Training	10.29.21 Existing in Policy	The following documentation supports the MCP's efforts to correct this finding: **POLICIES AND PROCEDURES** • Redlined CCHP Delegated Credentialing Agreement Template – Tertiary Care rv2.22 was revised to include the Plan's oversight

Finding Number and Summary	Action Taken	Supporting Documentation	Implementation Date* (*Short-Term, Long-Term)	DHCS Comments
division of provider training responsibilities between the Plan and the two delegates. The agreements inaccurately assigned all provider training responsibilities to the delegates.	Provider Training Existing Language in the Policy **The MCP update 03/29/22:** Provider Relations has clarified that the process had changed. The orientations are being performed during the onboarding process by the delegated entity. The MCP had submitted a revised desk procedure and P&P for 5.3.1.	**The MCP update 03/29/22:** - Redlined CCHP Delegated Credentialing Agreement Template – Tertiary Care rv2.22 - Revised P&P "PA 9.816 Provider Training" (rv2.22)		processes. CCHP will review the monthly update rosters, enter new providers in the database and place active in the CCHP network. Any provider that doesn't complete the new provider orientation during the onboarding process, will not be listed on the monthly rosters sent to CCHP. Only providers listed on the monthly rosters will be added to the CCHP network and placed active by CCHP in the network. Monthly rosters will be submitted to the next scheduled PRCC for review and approval. • Revised P&P "PA 9.816 Provider Training" (rv2.22). The Plan has revised the language now to include monthly monitoring as its "continuous effort" of monitoring & reporting on a quarterly basis to the Plan's Peer Review and Credentialing Committee (PRCC). **The corrective action plan for finding 5.3.1 is accepted.**
5.3.2 Oversight of Delegated Provider Training The Plan did not conduct oversight of new provider training for four delegated entities to ensure completion of provider	Revised Policy 9.816 Revised Delegated Agreement for Hospital Entity. Sent to delegated provider for review and signature December 2021.	Policy 9.816 Sample Delegated agreement **The MCP update**	12.21 Goal-Complete by January 31, 2022	The following documentation supports the MCP's efforts to correct this finding: • The Contract requires CCHP to engage in "continuous monitoring, evaluation and approval of the delegated functions. (Contract Ex. A, Attachment 4(6)(B)(3)). **POLICIES AND PROCEDURES**

Finding Number and Summary	Action Taken	Supporting Documentation	Implementation Date* (*Short-Term, Long-Term)	DHCS Comments
training within ten working days. The Plan's written agreements with the four delegates did not specify the Plan's oversight processes.		**03/29/22:** - Redlined CCHP Delegated Credentialing Agreement Template – Tertiary Care rv2.22 - Revised P&P "PA 9.816 Provider Training" (rv2.22)		• Revised P&P "PA 9.816 Provider Training" (rv2.22). The Plan has revised the language now to include monthly monitoring as its "continuous effort" of monitoring & reporting on a quarterly basis to the Plan's Peer Review and Credentialing Committee (PRCC). • "The delegated entities orientation is performed at the time of "onboarding" and prior to being credentialed by the entity and delivering services to any member. Delegated entities have linked CCHP's Provider Manual to their orientation process which is reviewed by the prospective provider. If a provider doesn't complete the training, the delegated entity excludes them from the monthly rosters sent to CCHP. Providers are required to sign an attestation to acknowledge, which is stored in their electronic credential file or the delegated entities Human Resources Department. This process is part of the responsibilities delegated to the entity in the Delegated Credentialing Agreement. • CCHP receives monthly rosters from the delegated entities listing the providers that have been credentialed, to confirm that the delegated organizations orient new providers prior to performing services, CCHP is responsible to enter the new delegated providers into the database and place them active in the network. In the event of a discrepancy, the provider would be placed inactive in the network and a corrective action plan issued to the delegated entity to complete and return within thirty (30) business days. Orientation monitoring will be done on a monthly basis and the results reported to the Peer Review and Credentialing Committee (PRCC) quarterly." (Page 2). • Redlined CCHP Delegated Credentialing Agreement Template –

Finding Number and Summary	Action Taken	Supporting Documentation	Implementation Date* (*Short-Term, Long-Term)	DHCS Comments
				Tertiary Care rv2.22 was revised to include the Plan's oversight processes. CCHP will review the monthly update rosters, enter new providers in the database and place active in the CCHP network. Any provider that doesn't complete the new provider orientation during the onboarding process, will not be listed on the monthly rosters sent to CCHP. Only providers listed on the monthly rosters will be added to the CCHP network and placed active by CCHP in the network. Monthly rosters will be submitted to the next scheduled PRCC for review and approval. • A sample Delegated Entity Roster received monthly from the delegated entities listing the providers that have been credentialed. Any provider that doesn't complete the new provider orientation during the onboarding process, will not be listed on the monthly rosters sent to CCHP. **The corrective action plan for finding 5.3.2 is accepted.**
State Supported Services				
SSS.1 Proposition 56 State Supported Service Payments The Plan did not distribute payments for State Supported Services claims required by APL 19-013.	Attached policy as implemented	SSS.1 The Final Prop 56 Oversight 12.15.2021	12/15/2021	The following additional documentation supports the MCP's efforts to correct this finding: **POLICIES AND PROCEDURES** • "56-01: DHCS Value Based Program Payments" (10/01/21) which addresses the process to track Value Based Program payments to providers. MCP staff and the MCP Finance Manager will meet monthly to confirm there are no payments that are pending or late to providers outside of the 90-day period from receipt of a clean claim from the providers eligible for this payment. The MCP will request a

Finding Number and Summary	Action Taken	Supporting Documentation	Implementation Date* (*Short-Term, Long-Term)	DHCS Comments
				quarterly report from HSD Finance Department that will show all scheduled payments and time frames. The MCP's Chief Operation Officer will receive this report and confirm that the providers were paid with the applicable CPT codes that are eligible. (DHCS Value Based Program Payments, Page 1). • Monthly Meeting Calendar Invite, "Evidence of CEO-Finance Manger Meeting" as evidence that the MCP will conduct a monthly meeting beginning November 2021 that is chaired by the MCP's CEO with the MCP Finance Manager to track the payments and confirm that the payments were within the 90-day period. (Evidence of CEO-Finance Manager Meeting). **MONITORING AND OVERSIGHT** • Excel Spreadsheet, "DHCS Value Based Payments Program" (October 2021 – December 2021) as evidence that the MCP will request on a quarterly basis a report from the MCP's HSD Finance Department that will show all scheduled payments and time frames. (DHCS VBP Pmnts Oct-Dec 2021). **The corrective action plan for finding SSS.1 is accepted.**

Submitted by: Sharron Mackey
Title: CEO [signature on file]

Date: 12/17/2021