CALIFORNIA DEPARTMENT OF HEALTH CARE SERVICES
Michelle Baass | Director

July 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 Medical Audit

Dear Ms. Chavez:

The Department of Health Care Services (DHCS), Audits and Investigations Division, conducted an on-site Medical Audit of Community Health Group Partnership Plan, a Managed Care Plan (MCP), from April 21, 2025 through May 2, 2025. The audit covered the period from June 1, 2024, through March 31, 2025.

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)

cc: Dennis Hsieh, Chief *Via E-mail*
DHCS – Managed Care Quality and Monitoring Division (MCQMD)

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

Lyubov Poonka, Unit Chief *Via E-mail*
Audit Monitoring Unit
Process Compliance Section
DHCS - Managed Care Quality and Monitoring Division (MCQMD)

Christina Viernes, Lead Analyst *Via E-mail*
Audit Monitoring Unit
Process Compliance Section
DHCS - Managed Care Quality and Monitoring Division (MCQMD)

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: 06/01/24 – 03/31/25

Audit: Medical Audit

On-site Review: 04/21/25 – 05/02/25

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
1.3.1 Final Grievance and Decision-Maker The Plan did not ensure that the person making the final decision for resolution of an appeal had not participated in any prior decisions related to the appeal.	The MCP's current policy, Policy and Procedure GA 5510 Member Grievance and Appeal Policy, correctly states All appeals, including grievances regarding the denial of an expedited resolution of an appeal, are resolved by an appropriate clinician who was not involved in the initial determination and who is not directly supervised by any person involved in the initial determination. (1.3.1 Policy) Desktop Process-Appeal Process-Review of Appeals was created by the MCP for the processing and review of appeals, addressing the prevention of individuals who were involved in any previous level of review or decision-making or a subordinate of any such individual from being involved in the appeal. (1.3.1 Appeals) Desktop Process-Appeal Process-Review of Appeals was created by the MCP for the	Policy and Procedure GA 5510 Member Grievance and Appeal Policy Desktop Process-Appeal Process-Review of Appeals	2/26/2026	The following documentation supports the MCP's efforts to correct this finding: **POLICIES AND PROCEDURES** » The MCP's current policy, Policy and Procedure GA 5510 Member Grievance and Appeal Policy, correctly states All appeals, including grievances regarding the denial of an expedited resolution of an appeal, are resolved by an appropriate clinician who was not involved in the initial determination and who is not directly supervised by any person involved in the initial determination. (GA 5510 Member Grievance and Appeal Policy) » Desktop Process-Appeal Process-Review of Appeals was created by the MCP for the processing and review of appeals, addressing the prevention of individuals who were involved in any previous level of review or decision-making or a subordinate of any such individual from being involved in the appeal. (1.3.1 Appeals) **TRAINING AND EDUCATION** » Training attendance list for 12/30/25, 12/31/25 and 1/2/26 demonstrate the MCP has provided training to appropriate staff on updated desktop procedure (1.3.1 Training) **MONITORING AND OVERSIGHT**

Finding Number and Summary	Action Taken	Supporting Documentation	Implementation Date * (*Short-Term, Long-Term)	DHCS Comments
	processing and review of appeals, addressing the prevention of individuals who were involved in any previous level of review or decision-making or a subordinate of any such individual from being involved in the appeal. (1.3.1 Appeals)			» Monthly Appeals Report includes fields to prevent instances where the person who made the initial decision is involved in the appeal. (1.3.1 Template) » Medi-Cal Appeals report from Jan 2026 demonstrates the MCP is actively monitoring appeals to verify the person making the final decision for resolution of an appeal had not participated in any prior decisions related to the appeal. (1.3.1 & 1.3.2) » QIHEC Agenda demonstrates the MCP is reporting the results of its Appeal Review Report on a quarterly basis. (1.3.1 & 1.3.2- QIHEC Agenda 02.26.2026) **The corrective action for finding 1.3.1 is accepted.**
1.3.2 Written Consent The Plan did not obtain the member's written consent when a provider filed an appeal on the member's behalf.	The MCP's current policy, Policy and Procedure GA 5510 Member Grievance and Appeal Policy, correctly states in writing. Appeals filed by the provider on behalf of the member require written consent from the member. (1.3.2 Policy) Desktop Process - Processing Provider-Filed Grievances and Appeals Without Member Written Consent demonstrates the MCP developed a DTP that conforms to the requirement to require written	Policy and Procedure GA 5510 Member Grievance and Appeal Policy Desktop Process - Processing Provider-Filed Grievances and Appeals Without Member Written Consent	2/26/2026	The following documentation supports the MCP's efforts to correct this finding: **POLICIES AND PROCEDURES** » The MCP's current policy ,Policy and Procedure GA 5510 Member Grievance and Appeal Policy, correctly states appeals filed by the provider on behalf of the member require written consent from the member. (1.3.2 Policy) » Desktop Process - Processing Provider-Filed Grievances and Appeals Without Member Written Consent demonstrates the MCP developed a DTP that conforms to the requirement to require written consent for provider-initiated appeals. (1.3.2 G&A Procedure) **TRAINING AND EDUCATION**

Finding Number and Summary	Action Taken	Supporting Documentation	Implementation Date * (*Short-Term, Long-Term)	DHCS Comments
	consent for provider-initiated appeals. (1.3.2 G&A Procedure)			» Training Attendance List demonstrates the MCP trained appropriate staff on the new Desktop procedure for processing appeals filed by providers on behalf of members. (1.3.2 Training) **MONITORING AND OVERSIGHT** » Monthly Appeals Review Report demonstrates the MCP has a process in place to monitor written consent for provider-initiated appeals. (1.3.2-Template) » Medi-Cal Appeals report from Jan 2026 demonstrates the MCP is actively monitoring appeals to verify the presence of written consent for appeals for provider-initiated appeals. (1.3.1 & 1.3.2) » QIHEC Agenda demonstrates the MCP is reporting the results of its Appeal Review Report on a quarterly basis. (1.3.1 & 1.3.2-QIHEC Agenda 02.26.2026) **The corrective action for finding 1.3.2 is accepted.**

2. Population Health Management and Coordination of Care

Finding Number and Summary	Action Taken	Supporting Documentation	Implementation Date * (*Short-Term, Long-Term)	DHCS Comments
2.4.1 Member Notification of Continuity of Care Request Decisions The Plan did not notify members of the decision for non-urgent Continuity of Care requests.	UM Policies were revised to include alignment with Continuity of Care (COC) requirements related to timely notification of non-urgent COC determinations in the member's preferred language. Demonstrates the Plan has updated its Continuity of Care approval letter to make certain accuracy and compliance with applicable requirements and was forwarded to MCOD for approval. MCOD approval was given on 01/30/26. Demonstrates the Plan's UM leadership team has developed a daily audit report that includes proposed self-monitoring questions. The Leadership team will notify clinical staff of any issues related to timeframes to make certain cases are processed promptly. Demonstrates the MCP discussed that the Referrals team will be	2025 UM Policy 7264.2 Continuity of Care 12.9.25 RL.docx Approval letter from MCOD and COC template.pdf" UM Leadership COC Letter Audit. UM Meeting Minutes (01/05/26)	12/09/2025 12/09/2025 02/02/2026 01/05/2026	The following documentation supports the MCP's efforts to correct this finding: **POLICIES AND PROCEDURES** » Plan Policy, 2025 UM Policy 7264.2, "Continuity of Care" (12/09/25) has been revised to include alignment with Continuity of Care (COC) requirements related to timely notification of non-urgent COC determinations in the member's preferred language. (2.4.1 UM Policy.pdf) » Letter template, "COC Letter" (Implemented 2/5/2026) 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 1/30/2026. (2.4.1 & 2.4.2.pdf) **TRAINING AND EDUCATION** » "Best Practice Guide - Identifying and Entering COC Cases", and sign-in sheet demonstrates the MCP educated its staff on the updated COC approval notification process. (2.4.1 Best Practice Guide-Identifing and entering COC cases) **MONITORING AND OVERSIGHT** » Sample report, "UM Leadership COC Letter Audit" demonstrates that the MCP's UM leadership created a daily audit report with proposed self-monitoring questions. The team will notify clinical staff of any timeframe issues to make certain cases are

Finding Number and Summary	Action Taken	Supporting Documentation	Implementation Date * (*Short-Term, Long-Term)	DHCS Comments
	educated on the updated process, and the new COC approval letter will be issued for all Continuity of Care requests.			processed promptly. The MCP also implemented a monitoring mechanism to verify that members are notified of non-urgent COC decisions using their preferred communication method or by telephone, and that written notices are mailed within seven calendar days of the decision. » The MCP provided meeting minutes (1/5/2026) which provide evidence of documented review and discussion of the Referrals team will be educated on the updated process, and the new COC approval letter will be issued for all Continuity of Care requests. **The corrective action plan for finding 2.4.1 is accepted.**
2.4.2 Member Notification Letter of Continuity of Care Request Decision. The Plan did not include all required information in the Continuity of Care approval notices sent to members.	CHG created a new COC letter template which was reviewed and approved by DHCS.	DHCS MCOD review and approval of the letter template.	01/30/2026	The following documentation supports the MCP's efforts to correct this finding: **POLICIES & PROCEDURES** » Plan policy, "7264.2: Continuity of Care" (revised December 9, 2025), stated that the approval request shall include the following: a statement of the Plan's decision, the duration of the COC agreement, the process that will occur to transition the member's care at the end of the COC period, and the member's right to choose a different provider from the Plan's provider network. » Letter template, "COC Letter" (Implemented 2/5/2026) 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 1/30/2026.

Finding Number and Summary	Action Taken	Supporting Documentation	Implementation Date * (*Short-Term, Long-Term)	DHCS Comments
				TRAINING » "Best Practice Guide - Identifying and Entering COC Cases", and sign-in sheet demonstrates the MCP educated its staff on the updated COC approval notification process. **MONITORING & OVERSIGHT** » Sample report, "COC Daily Monitoring Report" demonstrates the MCP developed a monitoring mechanism to track COC authorizations. » Sample report, "UM Leadership COC Letter Audit" demonstrates that the MCP's UM leadership team implemented a monitoring mechanism to audit the COC Daily Monitoring report. The leadership team accesses the report daily to audit cases to verify that the approved COC letter was sent. » The MCP provided meeting minutes (2/5/2026) which provide evidence of documented review and discussion of DHCS audit finding and the steps taken to address the deficiency. **The corrective action plan for finding 2.4.2 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: Signature on File

Title: _____

Signed by: _____

Date: 6/16/2026