

MEETING AGENDA

Meeting: Governance / Compliance Committee

Date: February 6, 2025

Time: 1:00 PM-2:00 PM

Location: PHC Offices: **Partnership Offices**

- 1) 4665 Business Center Drive, Fairfield, CA
(Shasta)
- 2) 2525 Airpark Dr., Redding, CA
- 3) 1036 Fifth Street, Eureka, CA
- 4) 495 Tesconi Circle, Santa Rosa, CA
- 5) 249-299 Nevada Street, Auburn, CA
- 6) 2760 Esplanade Ave, Suite 130, Chico,
CA

Members: Cathryn Couch, Kim Tangermann, Nancy Starck, Dr. Phuong Luu

Staff: Sonja Bjork (CEO), Danielle Ogren (Senior Director of Regulatory Affairs), Amy Turnipseed (Chief Strategy and Government Affairs Officer), Wendi Davis (COO), Kenzie Hanusiak

Optional: Dr. Moore (CMO), Tina Buop (CIO)

Topic	Notes
1) Call to Order	
2) ACTION: Approval of February 22, 2024 and June 6, 2024 Minutes <i>Time: 5 minutes</i> <i>Speaker: Chair</i>	
3) ACTION: Resolution to Approve Dr. Phuong Luu (Decision) Resolution to Approve Nancy Starck (Decision) <i>Time: 5 minutes</i> <i>Speaker: Danielle Ogren</i>	
4) INFORMATION: CAC Changes <i>Time: 5 minutes</i> <i>Speaker: Sonja Bjork</i>	
5) INFORMATION: Compliance Officer Update <i>Time: 5 minutes</i> <i>Speaker: Danielle Ogren</i>	
6) INFORMATION: Privacy Officer Update <i>Time: 5 minutes</i> <i>Speaker: Danielle Ogren</i>	

<p>7) INFORMATION: Security Officer Update <i>Time: 5 minutes</i> <i>Speaker: TBD</i></p>	
<p>8) ACTION: Review and Approve Compliance Program Dashboard Q3/ CAP Tracker <i>Time: 10 minutes</i> <i>Speaker: Amy Turnipseed / Danielle Ogren</i></p>	
<p>9) ACTION: Policies, All Plan Letters (see separate packet) <i>Time: 10 minutes</i> <i>Speaker: Amy Turnipseed / Danielle Ogren</i></p>	
<p>10) FOCUSED TOPIC: Medicare/ DMHC Readiness Time: 10 Minutes Speaker: TBD</p>	
<p>11) CONSENT PACKET: Policies approved at the last Compliance Committee. Minutes from DORS, FWA, PTAS (see separate packet)</p>	

Meeting Minutes

Meeting: Governance / Compliance Committee

Date: February 22, 2024

Time: 2:00 pm -3:00 pm

Location: PHC Offices:

Coordinator: Jessica Cifolelli

1. PHC's Southeast Office located at 4665 Business Center Dr, Fairfield, CA (HR Training Room)
2. PHC's Northwest Office located at 1036 Fifth Street, Eureka, CA
3. PHC's Northeast Office located at 2525 Airpark Drive, Redding, CA
4. PHC's Southwest Office located at 495 Tesconi Circle, Santa Rosa, CA

Members Present: Cathryn Couch, Alicia Hardy, Wendy Longwell, Kim Tangermann

Members Excused: Dr. Broschard, Lance LeClair, Tory Starr

Staff Present: Sonja Bjork (CEO) Amy Turnipseed (Chief Strategy Officer), Wendi West (Deputy COO), Kirt Kemp (CIO), Danielle Ogren (Senior Director of Regulatory and Compliance)

Topic	Notes
<p>1) Objective of Meeting <i>Speaker: Sonja Bjork</i></p>	<p>Chair, Cathryn Couch, called the meeting to order at 10:05 am a quorum was not met.</p> <p>Ms. Bjork stated that the purpose of the meeting will be to discuss Partnership HealthPlan's Compliance updates and updated document/report approval process.</p>

<p>2) ACTION: Approval of August 17, 2023 Minutes <i>Speaker: Chair</i></p>	<p>The committee approved the August 17, 2023 minutes as presented.</p> <p><i>Cathryn Couch motioned and Alicia Hardy seconded. Motion passed.</i></p>
<p>3) INFORMATION: Compliance/Privacy Officer Update <i>Speaker: Danielle Ogren</i></p>	<p><i>DHCS Quality Sanctions</i> – Recently, DHCS publicly issued sanctions for Medi-Cal managed care plans for measurement year (MY) 2022 Managed Care Accountability Set (MCAS) performance measures. Partnership was sanctioned \$184,000 for MY 2022. Much of Partnership’s services area is rural and scores low in the Healthy Places Index (HPI), which has a direct effect on health care quality. Partnership will continue to advocate that the state take these factors into consideration when issuing quality sanctions.</p> <p><i>Ms. Bjork noted we had to sort out a lot of the reports because there were providers who did not take Medi-Cal. Is it a network deficiency? Contracts are still in process; however, we are already set with the large ones.</i></p> <p><i>Ms. West said the weight times are long. Members are waiting months for specialist care 2-4 months.</i></p> <p><i>Sonja’s noted that at PHC we work on Quality every single day.</i></p>

4) INFORMATION: Security Officer Update

Speaker: Kirt Kemp

Mr. Kemp shared with the committee that IT Operations is working on the following projects to improve PHC's security posture and meet compliance requirements:

- HIPAA Risk Remediation
- E-mail Security Improvements (Cisco CES)
- Security Awareness Training/Phishing Campaigns

HIPPA Risk Remediation:

Step one: Establish and finalize Risk Remediation Team member and resources.

Step two: A formal project plan for 75 risk remediation activities put in place.

Step three: Risk owners and Implementation Manager execute remediation plans.

Step four: IRM analysis tool is used to manage and document the entire process.

Step five: Risk response plans put into place for remaining risks above threshold.

These steps will be continually monitored with auditing and metrics established and maintained.

Cisco CES

Transitioned from our Cisco on-premises email security appliance (ESA) to Cisco's cloud-based solution (CES). Benefits include:

- High availability
- Able to migrate existing mail policies and content filters
- No on-site equipment to maintain
- Advanced malware protection
- Integration with Office365

Security Awareness Training/Phishing Campaigns

IT Operations continues to perform regular phishing campaigns and issue training to staff.

	<ul style="list-style-type: none"> • At least one campaign is launched each quarter; over 175 clickers have completed security awareness training. • More educational emails have been sent to staff alerting them of real threats and red flags to watch out for.
<p>6) ACTION: Review and Approve Compliance Program Dashboard <i>Speaker: Amy Turnipseed/Danielle Ogren</i></p>	<p>The committee reviewed the Q4 Compliance Dashboard. The dashboard includes important metrics used to ensure we are reporting FWA and privacy breaches. As we go forward, this will evolve and change.</p> <ul style="list-style-type: none"> • The compliance internal auditing team is beginning to conduct ongoing monitoring activities centered on the 2024 Contract and operational readiness deliverables to ensure actionable items have been operationalized across various departments. <p><u>Q4 2023 Compliance Dashboard-</u> Staci Wolfe, Regulatory Reporting Analyst, gave the following updates:</p> <ul style="list-style-type: none"> • 2/2 delegate/subcontractor reports were submitted timely to PHC during Q4. • 12/12 FWA referrals were submitted timely to DHCS in Q4. • 51/52 regulatory reports were submitted timely to DHCS in Q4. • 50/52 regulatory reports were accepted by DHCS in Q4. <p>5/6 HIPAA referrals were submitted timely to DHCS in Q4.</p> <p>Ms. Turnipseed shared that going forward the consent agenda from the Compliance Committee will be reviewed by the Governance and Compliance Committee then report to the Board.</p> <p><i>Ms. Hardy questioned if a summary could be provided regarding the APLs due to the lengthy consent agenda. This could focus on the high-priority APLs and provide a brief summary of impacted departments.</i></p>

Adjournment	Cathryn Couch adjourned the meeting at 2:55 pm
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Meeting Minutes

Meeting: Governance / Compliance Committee

Date: June 6, 2024

Time: 2:00 pm -3:00 pm

Location: PHC Offices:

Coordinator: Jessica Cifolelli

1. PHC's Southeast Office located at 4665 Business Center Dr, Fairfield, CA (HR Training Room)
2. PHC's Northwest Office located at 1036 Fifth Street, Eureka, CA
3. PHC's Northeast Office located at 2525 Airpark Drive, Redding, CA
4. PHC's Southwest Office located at 495 Tesconi Circle, Santa Rosa, CA

Members Present: Cathryn Couch, Alicia Hardy, Wendy Longwell

Members Excused: Dr. Broschard, Lance LeClair, Tory Starr

Staff Present: Sonja Bjork (CEO) Amy Turnipseed (Chief Strategy Officer), Wendi West (Deputy COO), Tina Buop (CIO), Danielle Ogren (Senior Director of Regulatory and Compliance) Kenzie Hanusiak (Sr. Manager of Regulatory Affairs & Compliance)

Topic	Notes
<p>1) Objective of Meeting <i>Speaker: Sonja Bjork</i></p>	<p>Chair, Cathryn Couch, called the meeting to order at 10:05 am a quorum was not met.</p> <p>Ms. Bjork stated that the purpose of the meeting will be to discuss Partnership HealthPlan's Compliance updates and updated document/report approval process.</p>

<p>2) ACTION: Approval of February 22, 2024 Minutes <i>Speaker: Chair</i></p>	<p>The February 22, 2024, Minutes will be deferred to the next meeting for approval. A quorum is not present.</p>
<p>3) INFORMATION: Compliance/Privacy Officer Update <i>Speaker: Danielle Ogren</i></p>	<p><u><i>Compliance & Privacy Officer Update – Danielle Ogren</i></u> <i>Compliance Officer, presented the following:</i></p> <ul style="list-style-type: none"> • <i>DHCS has been more structured and strict with monitoring activities, which has resulted in more frequent issuances of corrective actions plans outside of the annual medical audits. Putting an emphasis on our reporting.</i> • <i>We are closely monitoring the contract termination and negotiations with Dignity, in particular, motoring grievances for members who were impacted, which remains very low. We are also providing regular updates to DHCS regarding our network CAP that resulted from the termination.</i> • <i>Furthermore, DHCS is being literal with deliverables and requiring that the plan use exact language from all plan letters. We are currently working with the associations and other health plans to advocate with DHCS to have autotomy in implementation APLs.</i>

4) INFORMATION: CISO Security Update
Speaker: Tina Buop

CISO Security Update – Tina Buop, Chief Information Security Officer, presented the following:

1. **Active Monitoring and Daily Report** – successful monitoring and actively working on suspected items.
2. **Project Ideas & Vendors** – IT is working to provide “early security reviews” for potential vendors suggested for RFPs. This will help provide insight if a vendor’s security posture is a challenge and if they may need to be removed.
3. **Vendor Contracting stage** – Updated security requirements are added to the vendor contracting phase.
4. **Community goals** – provide our community helpful reference material related to security tools (ETA August 2024)
5. **Community security screening** – active monitoring of our vendors, practices and third parties’ external security posture/score and notifying them of gaps in their security posture. (ETA for pilot is September 2024).
6. **Artificial Intelligence Workgroup** – New PHC AI Workgroup will have a dedicated security support element

6) ACTION: Review and Approve Compliance Program Dashboard
Speaker: Amy Turnipseed/Danielle Ogren

The committee reviewed the Q1 Compliance Dashboard. The dashboard includes important metrics used to ensure we are reporting FWA and privacy breaches. As we go forward, this will evolve and change.

- The compliance internal auditing team is beginning to conduct ongoing monitoring activities centered on the 2024 Contract and operational readiness deliverables to ensure actionable items have been operationalized across various departments.

Ms. Turnipseed shared that going forward the consent agenda from the Compliance Committee will be reviewed by the Governance and Compliance Committee then report to the Board.

<p>7. INFORMATION: Delegation Oversight and Review of Committee Structure <i>Speaker: Kenzie Hanusiak</i></p>	<p>Kenzie Hanusiak, Senior Manager of Regulatory Affairs and Compliance, presented the following:</p> <p>Oversight Structure:</p> <p><u>Centers for Medicare and Medicaid, CMS</u> (<i>federal gov.</i>) – sets rules for and oversees all state Medicaid agencies</p> <p><u>Department of Health Care Services, DHCS</u> (<i>state of California</i>) – designs, operates, and enforces requirements Medi-Cal</p> <p><u>Partnership</u> (<i>A Medi-Cal Managed Care Plan</i>) – contracted with DHCS and responsible to administer Medi-Cal benefits</p> <p><u>Subcontractor</u> (<i>an external entity</i>) – contracted with Partnership to perform DHCS or NCQA administrative functions on our behalf</p> <ul style="list-style-type: none"> • Who Are Our Delegates? <ul style="list-style-type: none"> - Hospitals Benefit Administrators - Benefit Administrators - Medical groups. <p><u>Oversight of the Delegation Program</u></p> <p>Internal:</p> <ul style="list-style-type: none"> • Delegation oversight review subcommittee • Internal quality improvement committee • Compliance committee • Internal auditing/monitoring <p>Regulatory:</p> <ul style="list-style-type: none"> • Regulatory reporting • Annual medical audit • Review of policies and program structure • Reports to Board of Commissioners <p>Industry:</p> <ul style="list-style-type: none"> • NCQA accreditation • Joint audits/work groups with local plans • Local and national association participation
<p>Adjournment</p>	<p>Cathryn Couch adjourned the meeting at 2:55 pm</p>

CONSENT AGENDA REQUEST
for
PARTNERSHIP HEALTHPLAN OF CALIFORNIA

Board Meeting Date:
February 26, 2025

Agenda Item Number:

Resolution Sponsor:
Sonja Bjork, CEO, Partnership HealthPlan of CA

Recommendation by:
Governance & Compliance Committee

Topic Description:

Board Commissioner Dr. Phuong Luu has expressed interest in joining the Governance & Compliance Committee.

Reason for Resolution:

Dr. Phuong Luu is the Bi-county Public Health Officer for Sutter and Yuba Counties and a member of the Partnership Board. Dr Luu has expressed interest in joining the Governance & Compliance Committee.

Financial Impact:

There is no financial impact to the HealthPlan.

Requested Action of the Board:

Based on the recommendation of the Governance & Compliance Committee, the Board is being asked to accept the appointment of Commissioner Luu to the committee as a new member.

CONSENT AGENDA REQUEST
for
PARTNERSHIP HEALTHPLAN OF CALIFORNIA

Board Meeting Date:
February 26, 2025

Agenda Item Number:

Resolution Number:

**IN THE MATTER OF: APPROVING THE NEW APPOINTMENT OF DR
PHUONG LUU TO THE GOVERNANCE & COMPLIANCE PLANNING COMMITTEE**

Recital: Whereas,

- A. Commissioners are encouraged to join at least one committee and Commissioner Luu has expressed an interest in joining the Governance & Compliance Committee.
- B. The committee has a vacant seat available.
- C. The Board has authority to appoint advisory committee members.

Now, Therefore, It Is Hereby Resolved as Follows:

- 1. To accept the appointment of Commissioner Dr. Phuong Luu to the Governance & Compliance Committee.

PASSED, APPROVED, AND ADOPTED by the Partnership HealthPlan of California this 26th day of February 2025 by motion of Commissioner, seconded by Commissioner, and by the following votes:

AYES: Commissioners:

NOES: Commissioners

ABSTAINED: Commissioners

ABSENT: Commissioners:

Kim Tangermann, Chair

Date

BY: _____
Ashlyn Scott, Clerk

CONSENT AGENDA REQUEST
for
PARTNERSHIP HEALTHPLAN OF CALIFORNIA

Board Meeting Date:
February 26, 2025

Agenda Item Number:

Resolution Sponsor:
Sonja Bjork, CEO, Partnership HealthPlan of CA

Recommendation by:
Governance & Compliance Committee

Topic Description:

Board Commissioner Nancy Starck has expressed interest in joining the Governance & Compliance Committee.

Reason for Resolution:

Commissioner Starck is the Legislative & Policy Manager at the Humboldt County Department of Health and Human Services and has expressed interest in joining the Governance & Compliance Committee.

Financial Impact:

There is no financial impact to the HealthPlan.

Requested Action of the Board:

Based on the recommendation of the Governance & Compliance Committee, the Board is being asked to accept the appointment of Commissioner Starck to the committee as a new member.

CONSENT AGENDA REQUEST
for
PARTNERSHIP HEALTHPLAN OF CALIFORNIA

Board Meeting Date:
February 26, 2025

Agenda Item Number:

Resolution Number:

IN THE MATTER OF: APPROVING THE NEW APPOINTMENT OF NANCY STARCK TO THE GOVERNANCE & COMPLIANCE PLANNING COMMITTEE

Recital: Whereas,

- A. Commissioners are encouraged to join at least one committee and Commissioner Starck has expressed an interest in joining the Governance & Compliance Committee.
- B. The committee has a vacant seat available.
- C. The Board has authority to appoint advisory committee members.

Now, Therefore, It Is Hereby Resolved as Follows:

- 1. To accept the appointment of Commissioner Nancy Starck to the Governance & Compliance Committee.

PASSED, APPROVED, AND ADOPTED by the Partnership HealthPlan of California this 26th day of February 2025 by motion of Commissioner, seconded by Commissioner, and by the following votes:

AYES: Commissioners:

NOES: Commissioners

ABSTAINED: Commissioners

ABSENT: Commissioners:

Kim Tangermann, Chair

Date

BY: _____
Ashlyn Scott, Clerk

2024 Regulatory Affairs and Compliance Dashboard

Category	Description	Q1	Q2	Q3	YTD	Comments
DELEGATION OVERSIGHT	Annual Delegate / Subcontractor Audits	0 / 0	9 / 9	6 / 6	15 / 15	
When PHC delegates administrative functions that it is required by contract or regulation to perform, PHC retains the ultimate responsibility for the performance of these functions and must monitor and evaluate the performance of these functions when performed by a delegate.	Quarterly percentage to demonstrate the total number of annual delegate/subcontractor audits completed within 30 days following the planned months, as defined by the audit calendar.	#DIV/0!	100%	100%	100%	
	Oversight of Delegate Reporting	27 / 28	19 / 19	14 / 14	60 / 61	
	Percentage of timely submissions of regulatory reports.	96.4%	100.0%	100%	98.4%	
REGULATORY REPORTING	DHCS Reports Submitted Timely	47 / 47	57 / 57	51 / 51	155 / 155	
Regulatory Affairs works collaboratively with all PHC departments to implement and track the timely submission of regulatory reporting requirements to PHC's governing agencies.	Percentage of regulatory reports submitted timely by RAC to DHCS with no missed due date per RAC Master Tracker and Regulatory Reporting Calendar.	100.0%	100%	100%	100%	
	Report Acceptance Rate	46 / 47	54 / 57	51 / 51	151 / 155	
	Percentage of standard regulatory reports submitted by RAC and not rejected by DHCS for being incomplete, on the wrong template, or for other findings.	97.9%	94.7%	100%	97.4%	
HIPAA REFERRALS	Timely DHCS Privacy Notification Filings	7 / 8	6 / 6	6 / 6	19 / 20	
Appropriate safeguards, including administrative policies & procedures, to protect the confidentiality of PHI and ensure compliance with HIPAA regulatory requirements.	Percentage of reportable notifications that PHC filed timely within applicable DHCS required timeframe. <i>*Initial notice within 24 hours, initial PIR within 72 hours, and final PIR within 10 business days. If any deadline is missed, it will be counted as untimely.</i>	87.5%	100.0%	100.0%	95.0%	Q3- 6 total reportable incidents submitted to DHCS; however, none of those incidents were deemed breaches
FWA REFERRALS	Timely DHCS FWA Notifications	18 / 18	14 / 14	23 / 23	55 / 55	
Regulatory Affairs oversees the Fraud, Waste and Abuse Prevention program intended to prevent, detect, investigate, report and resolve suspected and/or actual FWA in the PHC daily operations and interactions, whether internal or external.	Percentage of reportable notifications that PHC filed timely with DHCS within 10 business of discovery per contractual obligations.	100.0%	100%	100%	100%	

*Threshold percentages for the above measures are as follows:

≥ 95% = GREEN 90 - 94.9% = YELLOW < 90% = RED

CAP Tracker

*Please note that the above threshold percentages do not apply here

2024 CAP Tracker

CAPS IMPOSED ON PARTNERSHIP BY REGULATORY BODIES				
Category	Description	2024		Comments
CORRECTIVE ACTION PLANS (CAPS)		Date of Imposition	Close Date	
2024 Netowrk readiness - member to provider ratios	<p>Failure to meet member to provider ratios in Butte, Humboldt, Lake, Nevada, Placer, Shasta, Sutter, Tehama, and Yuba counties.</p> <p>1. Non-compliant for failure to meet one FTE PCP per 2,000 Members in one or more of its service area(s)</p> <p>DHCS has mandated PHC compliance activities to include - must authorize out-of-network access irrespective of service or transportation cost; provide monthly status updates; receive DHCS approval of training and call scripts making members and providers aware of the CAP; submit a report of in-progress contracting to address deficiencies; and submit an analysis to determine the root cause of non-compliance.</p>	1/30/2024	TBD	<i>OPEN: DHCS is recalculating ratios and will advise on Partnership's progress</i>
2023 Annual medical audit	<p>4.1.1 Grievance Resolution Timeframe The Plan did not complete all levels of grievance resolution or appeal within 30 days of receiving the grievance.</p> <p>Partnership has updated policies and training to remove the second-level grievance process and allow members to appeal an adverse decision made as the result of a grievance.</p>	3/26/2024	TBD	<i>OPEN: DHCS has approved all planned action but has not yet closed the CAP</i>
2023 Annual medical audit	<p>5.1.1 Quality Improvement System Oversight The Plan did not take effective action to improve deficient QOC issues to ensure professionally recognized standards of practice are delivered to members.</p> <p>Partnership, in consultation with a legal expert, has updated policies and trainings related to the peer review and credentialing committees. Furthermore, has developed a PQI Inter-rater Reliability (IRR process) and CMO IRR (outcome and action) of cases brought to Peer Review Committee.</p>	3/26/2024	TBD	<i>OPEN: DHCS has approved all planned action but has not yet closed the CAP</i>
2023 Annual medical audit - focused audit; behavioral health	<p>2.1 - 2. 3 Care Management and Care Coordination The Plan did not ensure the provision of coordination of care to deliver mental health care services its members. Nor did the Plan follow up with members who did not receive referred treatments to understand barriers and make subsequent adjustments to referrals where warranted, including for SUD services</p> <p>The Plan is implementing various actions to address gaps in coordination between mental and physical health services. Key steps include policy updates addressing closed loop referrals, coordinating updates to the closed loop referral process with delegate, modifying the closed loop referral tracker, and on-going internal monitoring for process adherence</p>	8/30/2024	TBD	<i>OPEN: DHCS is reviewing Plan documentation to determine deem the action sufficient or advise if more information is needed</i>
2023 Annual medical audit - focused audit; behavioral health	<p>2.4 Plan MOU - policies/procedures The Plan did not comply with its Policies and procedures for the management of members care, including screening, assessment, care coordination, and the exchange of medical information. The Plan's MOU failed to address, screening, assessment, care coordination, and the exchange of medical information.</p> <p>The Plan is addressing gaps in executing MOUs and improving the monitoring of referrals by executing MOUs across all 24 counties per DHCS newly published template , modifying the closed loop referral tracker, and on-going internal monitoring for process adherence</p>	8/30/2024	TBD	<i>OPEN: DHCS is reviewing Plan documentation to determine deem the action sufficient or advise if more information is needed</i>
2023 Annual medical audit - focused audit; transportation	<p>3.1 - 3.3 NEMT—Provision of Door-to-Door Assistance The Plan did not have a process nor monitoring in place to ensure that door-to-door assistance was being provided for all members receiving NEMT services. Additionally, the Plan did not ensure that NEMT members do not miss their appointments if the NEMT provider is late or does not arrive at the scheduled pick-up time for the members.</p> <p>Partnership, is taking several actions to address gaps identified in the audit findings related to the Non-Emergency Medical Transportation (NEMT) program. This includes policy updates, updating member and provider materials regarding door-to-door assistance, implementing monitoring mechanisms to ensure the provision of this service, and monitoring grievance data to assess if failed rides contributed to missed appointments.</p>	8/30/2024	TBD	<i>OPEN: DHCS is reviewing Plan documentation to determine deem the action sufficient or advise if more information is needed</i>

2024 CAP Tracker

Category	Description	2024		Comments
CORRECTIVE ACTION PLANS (CAPS)		Date of Imposition	Close Date	
CAPS IMPOSED ON INTERNAL PARTNERSHIP BUSINESS UNITS				
2023 IT Oversight of Cybersecurity Rules Internal Audit	As part of the planned audit calendar, Compliance conducted an internal audit to evaluate the effectiveness of Partnership's documented process for overseeing contractor, subcontractor, and vendor compliance with cybersecurity rules. As a result of the internal audit, Compliance has issued a CAP to address gaps surrounding oversight and control mechanisms to ensure compliance with cybersecurity rules.	10/9/2024	TBD	<i>OPEN: Compliance is currently awaiting response from impacted depts.</i>
2024 Critical Incidents Monitoring and Reporting	As a result of the DHCS inquiry and further review of the quarterly reporting of critical incidents, Compliance has identified a gap in process/opportunity for improvement regarding the process for monitoring and reporting critical incidents. Compliance finds a lack of a standard mechanism/process wherein LTSS providers can report critical incidents to Partnership to be recorded, follow-up, and reporting; subsequently, awareness by impacted departments. Furthermore, there is a lack of enterprise-wide process for tracking and reporting critical incidents, including data owner, source, and logic. Compliance has issued a CAP to impacted depts. to develop a process for providers to report critical incidents to Partnership, Partnership to monitor and report critical incidents to DHCS.	9/17/2024	TBD	<i>OPEN: Compliance is currently awaiting response from impacted depts.</i>
2024 Transportation Internal Audit	As a result of a provider grievance, Compliance conducted an internal audit to assess Partnership's documented process for the transportation program and the provider grievance process. As a result of the internal audit, Compliance has issued a CAP to address the process for vetting and credentialing transportation providers, member assignment, monitoring provider performance, and transportation grievance process.	11/7/2024	TBD	<i>OPEN: Compliance is currently awaiting response from impacted depts.</i>

DHCS All Plan Letter
Summary Matrix

APL categories

Benefit Implementation – Mandates the provision of a new Medi-Cal benefit

Administrative – Requires changes to PHC operational and/or administrative activities such as payment structures, policies and procedures, or management information systems

Scope of Services – Makes changes to the delivery or coverage of current Medi-Cal services but does not mandate a new benefit

Subcontractor/Delegate Oversight – Directly mandates oversight obligations specific to subcontracted or delegated functions or adds or changes the scope of services, benefits, or administrative responsibilities of subcontractors/delegates for which PHC will be responsible for overseeing

APL Category	Guidance	DHCS Issued	Title	Impacted Departments	Summary	DHCS Implementation Requirements	Implementation Status
Benefit Implementation	APL 24-012	9/17/2024	Non-Specialty Mental Health Services	<ul style="list-style-type: none"> • Utilization Management • Member Services • Enhanced Health Services • Care Coordination • Provider Relations • QI • Behavioural Health • Tribal Liaison 	Provide guidance to Medi-Cal managed care plans (MCPs) regarding requirements for Member outreach, education, and assessing Member experience for Non-Specialty Mental Health Services (NSMHS), as required by Senate Bill (SB) 1019 (Gonzalez, Chapter 879, Statutes of 2022).	Submit P&P, or email of no changes to DHCS within 90 days of APL release	Approved
Benefit Implementation	APL 24-013	9/18/2024	Child Welfare Liaison	<ul style="list-style-type: none"> • Child Welfare Liaison • Enhanced Health Services • Care Coordination • Pop Health • Member Services • Health Ed 	Clarify the intent and objectives of the Medi-Cal managed care plan (MCP) Child Welfare Liaison, formerly referred to as the Foster Care Liaison, as outlined and required by the 2024 MCP Contract (MCP Contract) with the Department of Health Care Services (DHCS).	Submit P&P, or email of no changes to DHCS within 90 days of APL release	Approved
APL 24-014: Continuity of Care for Medi-Cal Members who are Foster Youth and Former Foster Youth in Single Plan Counties Not applicable to Partnership as a county organized health system.							
Scope of Services	APL 24-015	12/2/2024	CCS WCM Program	<ul style="list-style-type: none"> • Provider Relations • Enhanced Health Services • Care Coordination • Utilization Management • Member Services • Health Analytics • Provider ED • Contracting • CCS Liaison 	Provide guidance to MCPs participating in the California Children’s Services (CCS) Whole Child Model (WCM) Program. [<i>Supersedes APL 23-034</i>]	Submit P&P, or email of no changes to DHCS within 60 days of APL release	In-Progress

DHCS All Plan Letter
Summary Matrix

Administrative	APL 24-016	12/5/2024	DEI Training Program Requirements	<ul style="list-style-type: none"> • Quality Improvement • Health Equity • Human Resources • Provider Relations 	Provide MCPs with guidance regarding the Diversity, Equity, and Inclusion (DEI) training program requirements. <i>[Supersedes APL 23-025]</i>	Submit P&P, or email of no changes to DHCS within 90 days of APL release	In-Progress
Scope of Services	APL 24-017	12/5/2024	TGI Competency Training Program and Provider Directory Requirements	<ul style="list-style-type: none"> • Human Resources • Provider Relations • Health Ed • Pop Health • Grievances & Appeals • Contracting 	Provide MCPs with guidance regarding the transgender, gender diverse, intersex (TGI) cultural competency training program and Provider Directory changes required by Senate Bill (SB) 923 (Chapter 822, Statutes of 2022) for the purpose of providing trans-inclusive health care to MCP Members	Submit P&P, or email of no changes to DHCS within 90 days of APL release	In-Progress
Administrative	APL 24-018	12/13/2024	Medical Loss Ratio Requirements for Subcontractors and Downstream Subcontractors	<ul style="list-style-type: none"> • Contracting • Network Services • Claims • Finance • Configuration 	Provide guidance to MCPs on the Medical Loss Ratio (MLR) requirements set forth by the federal Centers for Medicare & Medicaid Services (CMS) in the California Advancing & Innovating Medi-Cal (CalAIM) Section 1915(b) waiver's Special Terms and Conditions (STCs) ¹ and pursuant to the MCPs' contractual requirements in Exhibit A, Attachment III, Provision 3.1.5(B)(31).	Submit P&P, or email of no changes to DHCS within 90 days of APL release	In-Progress
Scope of Services	APL 24-019	12/31/2024	Minor Consent to Outpatient Mental Health Treatment or Counseling	<ul style="list-style-type: none"> • Network Services • Behavioral Health • Care Coordination • Pop Health • Member Services • Health Services 	The purpose of this APL is to provide guidance to MCPs regarding the provision of non-specialty mental health outpatient treatment or counseling services to minors.	Submit P&P, or email of no changes to DHCS within 90 days of APL release	In-Progress
Administrative	APL 25-002	1/13/2025	SNF WQIP	<ul style="list-style-type: none"> • Utilization Management • Provider Relations • Care Coordination • Claims • Configuration • Grievance & Appeals • Finance • Quality Improvement • Communications 	Provide Medi-Cal managed care plans (MCPs) with instructions on the payment and data sharing process required for the Skilled Nursing Facility (SNF) Workforce and Quality Incentive Program (WQIP) for Rating Periods between January 1, 2023, and December 31, 2026. The Calendar Year (CY) 2023 Rating Period is referred to as Program Year (PY) 1, CY 2024 Rating Period as PY 2, and so forth.	Submit P&P, or email of no changes to DHCS within 90 days of APL release	In-Progress
Scope of Services	APL 25-003	1/15/2025	DSNPs	<ul style="list-style-type: none"> • Utilization Management • Provider Relations • Care Coordination • Contracting • Communication 	Provide Medi-Cal managed care plans (MCPs) with information regarding the Department of Health Care Services' (DHCS) enforcement of California Welfare and Institutions Code (W&I) section 14184.208, related to the requirement for MCPs to operate or be affiliated with a Dual Eligible Special Needs Plan (D-SNP) by 2026, to provide integrated care through affiliated MCPs and D-SNPs for dually eligible Medicare and Medi-Cal Members.	Submit P&P, or email of no changes to DHCS within 90 days of APL release	In-Progress