

Compliance Audit Evidence Grid Guidance and Guidelines

This compliance audit evidence grid should be used as a reference tool for the required submission guidelines to submit requested audit documents, policies, procedures, and other supporting documentation. ***This document should not be submitted with your evidence and should only be used as a resource.***

The following evidence submission guidelines **must** be applied when submitting documents for audit review:

- All documents and universe must be accurate and within the audit period.
- All audit document submissions must be received within (but no later than) the due date.*
 - **Please refer to the audit notification email for the due date for audit document submissions.*
- Each submitted document must have the required naming convention: CPE [Audit Element #]_[Document Title]_[Page#]_[Section]
 - *(example: CPE_1.0_1.1_[Document Title]_[Page#]_Section)*
- Indicate the page/section of the document (or policies and procedures) where the evidence is found for multiple-page documents.
- Bookmark the specific document section where the evidence is found for multiple-page documents.
- All audit documentation must be submitted to the following designated email address: BS CandPHP_DOCPEAudit@blueshieldca.com

IMPORTANT NOTICE:

Failure to adhere to the evidence submission guidelines referenced above and/or incorrect documentation will result in a deficiency and require corrective action.

Please refer to the "Submitted Evidence Checklist" section of the evidence grid for a list of required documentation to prepare for submission to the BSC|BSCPHP Compliance Auditor.

2025 BSCPHP COMPLIANCE AUDIT EVIDENCE GRID

Element 1: Written Policies, Procedures, and Standards of Conduct

Standard: Delegated Entity must have written policies, procedures, and/or Standards of Conduct (code of conduct) that are detailed and specific and describe the operation of the compliance program.

Authorities:

- 42 C.F.R. §§ 422.503(b)(4)(vi)(A), 423.504(b)(4)(vi)(A)
- 42 C.F.R. §§ 438.230, 457.1233
- Deficit Reduction Act of 2005
- Medicare Managed Care Manual, Chapter 21, Section 50.1 [PDBM and MMCM Ch. 9/21 50.1.1, 50.1.3]

Federal Guidelines:

- OMH CLAS Standards, Standards 1-4, 9

#	Audit Element	Purpose and Expectation	Submitted Evidence Checklist
1.1	Delegated Entity has implemented and distributed adopted Health Plan's or has its equivalent, "Just Culture" Standards of Conduct and written Compliance Policies and Procedures.	<p>Delegated Entity has adopted and implemented Standards of Conduct and policies and procedures into its operations that meet compliance program and state requirements.</p> <p>To demonstrate the Delegated Entity's implementation and compliance with applicable Federal and State standards.</p>	<p><input type="checkbox"/> Submit approved and updated Standards of Conduct and relevant policies during the audit period.</p> <p><input type="checkbox"/> Naming convention applied: CPE_1.1_[Document Title]_[Applicable Page#]_Section]</p>
1.2	Delegated Entity's Standards of Conduct, "Just culture," and/or policies and procedures are distributed to Delegated Entity's employees and downstream providers within 90 days of hire, when there are updates to the policies, and annually thereafter or prior to exposure to PHI whichever is sooner.	<p>Delegated Entity's Standards of Conduct and/or relevant policies and procedures are distributed within 90 days of hire or prior to exposure to PHI, whichever is sooner, when changes are made, and annually thereafter.</p> <p>To demonstrate, the Delegated Entity distributes the Standards of Conduct and policies and procedures as required.</p> <p>**File Review: Auditor will select a sample of the Delegated Entity's newly hired /contracted employees and/or downstream providers for the Delegated Entity to evidence compliance with this requirement.**</p>	<p><input type="checkbox"/> Submit a universe of all employees employed/contracted during the audit period and includes the following: C.E.O., senior administrators/managers, and Board of Directors/Governing Body)</p> <p><input type="checkbox"/> Naming convention applied: CPE_1.2_[Document Title]_[Applicable Page#]_Section]</p> <p>In addition, when requested by the Auditor, please provide the Sign-in sheets, provider attestations, certificate of completion, or transcript.</p>

2025 BSCPHP COMPLIANCE AUDIT EVIDENCE GRID

1.3	Delegated Entity maintains documentation of all conflict-of-interest questionnaires, responses, and follow-up activities and procedures are distributed within 90 days of hire or prior to exposure to PHI, whichever is sooner, when changes are made, and annually thereafter.	Delegated Entity's Conflict of Interest policy and/or relevant policies and procedures are distributed within 90 days of hire or prior to exposure to PHI, whichever is sooner when changes are made, and annually thereafter. **File Review: Auditor will select a sample of the Delegated Entity's employees and/or downstream providers for the Delegated Entity to evidence compliance with this requirement.**	<input type="checkbox"/> Submit approved and updated conflict of interest policies and procedures. <input type="checkbox"/> Submit evidence to support training (sign-in sheets, provider attestations, certificate of completion, or transcript). <input type="checkbox"/> Naming convention applied: CPE_1.3_[Document Title]_[Applicable Page#]_Section]
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Element 2: Compliance Officer, Compliance Committee, and High Level-Oversight

Standard: Delegated Entity must designate a compliance officer and a compliance committee who report directly and are accountable to the Delegated Entity's chief executive or other senior management.

Authorities:

- 42 C.F.R. §§ 422.503(b)(4)(vi)(B)
- Medicare Managed Care Manual, Chapter 21, Section 50.2
- DMHC Enforcements 18-564, 17-703, 19-1268,
- 28 C.C.R. § 1300.67.3 Standards for Plan Organization

#	Audit Element	Purpose and Expectation	Submitted Evidence Checklist
2.1	Delegated Entity has a designated Compliance Officer and a Compliance Committee. The Compliance Officer and Compliance Committee are accountable and must provide regular compliance reports to the Delegated Entity's Board of Directors/Governing Body. Delegated Entity must evidence there is no internal conflict within its organization related to compliance reporting to operational and fiscal areas and ensuring the organization's capacity to conduct the work.	Delegated Entity demonstrates a formal implemented compliance structure that demonstrates the relationship between the Compliance Officer, Compliance Committee, and Board of Directors/ Governing Body with no evidence of internal conflict within its organization related to the operational and fiscal area's capacity to conduct the work.	<input type="checkbox"/> Submit documentation that supports your organization's compliance structure. <input type="checkbox"/> Submit an approved and updated policy(s) on: Org.' compliance activities and how they are communicated. The job description for the Compliance Officer, the compliance department, and complete organizational charts, including names and titles of persons within its Compliance department and the organization's structure, up to and including the Board of Directors/Governing Body. <input type="checkbox"/> Naming convention applied: CPE_2.1_[Document Title]_[Applicable Page#]_Section]

2025 BSCPHP COMPLIANCE AUDIT EVIDENCE GRID

2.2	Delegated Entity has established a formal process for a compliance committee to meet at scheduled intervals and whose responsibilities include oversight of the Compliance Program.	Delegated Entity maintains the Agenda and/or meeting minutes of the Compliance Committee meetings held within the audit period to support committee meetings conducted regularly to discuss oversight of the organization's compliance program.	<input type="checkbox"/> Submit* the agenda and/or meeting minutes of the Compliance Committee meetings held within the audit period. <i>(*Submitted evidence must include dates of Compliance Committee Meetings, and the documentation must include a list of attendees of the meeting and points of discussion around Compliance Program oversight.)</i> <input type="checkbox"/> Naming convention applied: CPE_2.2_[Document Title]_[Applicable Page#]_Section]
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Element 3: Effective Training and Education

Standard: Delegated Entity must establish, implement, and provide effective training and education for its employees, including the C.E.O., senior administrators or managers, the governing body members, first tier, downstream, and related entities (F.D.R.s).

Authorities:

- 42 C.F.R. §§ 422.503(b)(4)(vi)(C), 423.504(b)(4)(vi)(A)
- 42 C.F.R. §§ 438.230, 457.1233
- Deficit Reduction Act of 2005
- Medicare Managed Care Manual, Chapter 21, Section 50.3

#	Audit Element	Purpose and Expectation	Submitted Evidence Checklist
3.1	Delegated Entity provides effective training and education for its employees (including the C.E.O., senior administrators/managers, and Board of Directors/Governing Body) and downstream related entities (including DHCS requirements) during 90 days from hire employees and 30 days for contracted (and include in evidence column) and annually thereafter.	<p>Delegated Entity's training includes General Compliance/Standards of Conduct and Fraud, Waste, and Abuse (including but not limited to the False Claims Act). In addition, training material should consist of cultural competency training for member-facing employees and practitioners in general compliance training.</p> <p>Cultural Competency Training – Pursuant to 42 C.F.R. §438.206(c)(2) Access and cultural considerations. Each MCO, PIHP, and PAHP participates in the State's efforts to promote services in a culturally competent manner to ALL enrollees, including those with limited English proficiency and diverse cultural and ethnic backgrounds, disabilities, and regardless of gender, sexual orientation, or gender identity.</p> <p>To demonstrate, the Delegated Entity has policies and processes in place to train/educate employees and downstream providers during orientation and annually thereafter or prior exposure to PHI, whichever is sooner.</p>	<input type="checkbox"/> Submit approved and updated policy and procedure demonstrating that employees and downstream providers receive compliance training, including General Compliance/Standards of Conduct and Fraud, Waste, and Abuse, during orientation and annually thereafter. <input type="checkbox"/> Submit Sign-in sheets, provider attestations, certificates of completion, or transcripts. <input type="checkbox"/> Naming convention applied: CPE_3.1_[Document Title]_[Applicable Page#]_Section]

2025 BSCPHP COMPLIANCE AUDIT EVIDENCE GRID

		<p>**File Review: Auditor will select a sample of the Delegated Entity's employees and/or downstream providers for the Delegated Entity to evidence compliance with this requirement.**</p>	
<p>3.2</p>	<p>Delegated Entity utilizes the General Compliance/Standards (or Code) of Conduct training provided by C.M.S., Health Plan(s), I.C.E., or equivalent training. Topics discussed in the training include:</p> <ul style="list-style-type: none"> ➤ Review of Delegated Entity's compliance program ➤ Methods of reporting suspected non-compliance and Fraud, Waste, and Abuse ➤ Review of conflicts of interest 	<p>Delegated Entity has developed training materials related to General Compliance/Standards (or Code) of Conduct.</p>	<p><input type="checkbox"/> Submit the General Compliance/Standards (or Code) of Conduct training module provided to employees and downstream providers during the audit period.</p> <p><input type="checkbox"/> Naming convention applied: CPE_3.2_[Document Title]_[Applicable Page#]_Section]</p>
<p>3.3</p>	<p>Delegated Entity utilizes the Fraud, Waste, and Abuse training materials provided by C.M.S., Health Plan(s), I.C.E., or utilizes an equivalent training. Topics discussed in the training include:</p> <ul style="list-style-type: none"> ➤ Referring matter to C.M.S. and NBI MEDIC when a serious non-compliance or Fraud, Waste, and Abuse occurs ➤ Methods of reporting suspected non-compliance and Fraud, Waste, and Abuse ➤ Importance of reporting and whistleblower protections ➤ Types of Fraud, Waste, and Abuse, including falsification, fabrication, or inappropriate alteration of database entries and/or physical records ➤ Regulations related to Fraud and Abuse, including the False Claims Act, Anti-Kickback Statute, and Stark Laws. 	<p>Delegated Entity has developed sufficient training materials related to Fraud, Waste, and Abuse that adhere to state requirements.</p>	<p><input type="checkbox"/> Submit the Fraud, Waste, and Abuse training module provided to employees and downstream providers during the audit period.</p> <p><input type="checkbox"/> Naming convention applied: CPE_3.3_[Document Title]_[Applicable Page#]_Section]</p>

2025 BSCPHP COMPLIANCE AUDIT EVIDENCE GRID

Element 4: Effective Lines of Communication			
<p>Standard: Delegated Entity must establish and implement effective lines of communication, ensuring confidentiality between the compliance officer, members of the compliance committee, the Delegated Entity's employees, managers, and governing body, and downstream and related entities. Such lines of communication must be accessible to all and allow compliance issues to be reported, including a method for anonymous and confidential good faith reporting of potential compliance issues as they are identified.</p> <p>Authorities:</p> <ul style="list-style-type: none"> • 42 C.F.R. §§ 422.503(b)(4)(vi)(D) • Medicare Managed Care Manual, Chapter 21, Section 50.4 			
#	Audit Element	Purpose and Expectation	Submitted Evidence Checklist
4.1	Delegated Entity's written Standards of Conduct and/or policies and procedures require all employees, members of the governing body, and downstream and related entities to report compliance concerns and suspected or actual violations to Delegated Entity and Health Plan.	<p>Delegated Entity demonstrates the process employees and downstream entities must follow to report compliance concerns and violations to the Delegated Entity and Health Plan.</p> <p>To demonstrate the Delegated Entity has effective lines of communication for reporting compliance concerns and suspected or actual violations.</p>	<p><input type="checkbox"/> Submit approved and updated policy and procedure, which requires reporting compliance concerns and suspected or actual violations.</p> <p><input type="checkbox"/> Naming convention applied: CPE_4.1_[Document Title]_[Applicable Page#]_Section]</p>
4.2	Delegated Entity has well-publicized reporting methods that are easy to access, navigate, and accessible. At least one method must be available 24/7 and allow for anonymous and confidential good-faith reporting of potential compliance and FWA issues as they are identified (such as a hotline).	<p>Delegated Entity demonstrates how it communicates to its employees the reporting methods available for reporting potential compliance and FWA issues (e.g., physical posters, emails, internal websites, newsletters, etc.).</p> <p>To demonstrate, the Delegated Entity has well-publicized methods to report potential compliance and FWA issues.</p>	<p><input type="checkbox"/> Submit the current methods for reporting potential compliance and FWA issues identified (e.g., physical posters, emails, internal websites, newsletters, etc. Will accept photos of internal postings).</p> <p><input type="checkbox"/> Naming convention applied: CPE_4.2_[Document Title]_[Applicable Page#]_Section]</p>
4.3	Delegated Entity adopts, widely publicizes, and enforces a no-tolerance policy for retaliation, intimidation, or retribution against any person who reports any suspected non-compliance or FWA in good faith.	<p>Delegated Entity communicates the whistleblower protection policy (e.g., policy and procedures, physical posters, emails, internal websites, newsletters, etc.).</p> <p>To demonstrate, the Delegated Entity has a widely publicized whistleblower protection policy that provides specific whistleblower protections.</p>	<p><input type="checkbox"/> Submit approved and updated policy and procedure related to whistleblower protection.</p> <p><input type="checkbox"/> Naming convention applied: CPE_4.3_[Document Title]_[Applicable Page#]_Section]</p>

2025 BSCPHP COMPLIANCE AUDIT EVIDENCE GRID

Element 5: Well-Publicized Disciplinary Standards

Standard: Delegated Entity must have well-publicized disciplinary standards that state expectations for all individuals to participate with good faith in the compliance program, including the expectation for reporting compliance and FWA issues, identifying noncompliance or unethical behavior, and providing for effective enforcement of the Standards of Conduct.

Authorities:

- 42 C.F.R. §§ 422.503(b)(4)(vi)(E)
- Medicare Managed Care Manual, Chapter 21, Section 50.5
- Participating Physician Group Services Agreement, Exhibit S, Cal MediConnect Program Requirements

#	Audit Element	Purpose and Expectation	Submitted Evidence Checklist
5.1	Delegated Entity has implemented policies and procedures that articulate the expectation for employees to report compliance issues and the organization's commitment to enforcing disciplinary standards when non-compliance or unethical behavior is determined.	<p>Delegated Entity's commitment to enforcing disciplinary standards when non-compliance or unethical behavior is determined. Compliance with operational areas should be tracked by management and publicized to employees. All non-compliance issues identified in dashboards, scorecards, self-assessment tools, etc., should be shared with senior management.</p> <p>Will consider: "Just Culture" – considers the employees and the design of the systems that resulted in the behavior. www.justculture.healthcare</p>	<p><input type="checkbox"/> Submit approved and updated policies and procedures that articulate the expectation for employees to report compliance issues and the organization's commitment to enforcing disciplinary standards when non-compliance or unethical behavior is determined. In addition, include any unethical employee actions.</p> <p><input type="checkbox"/> Naming convention applied: CPE_5.1_[Document Title]_[Applicable Page#]_Section]</p>
5.2	Delegated Entity demonstrates disciplinary methods for its employees, providers, downstream, and related entities found to be non-compliant or unethical in their behavior.	<p>Delegated Entity has a formal process for non-compliant, unethical, or illegal behavior. The policies or procedures must provide timely, consistent, and effective enforcement of the standards when non-compliant or unethical behavior is found. Finally, the disciplinary action must be appropriate to the seriousness of the violation and include the language "up to termination."</p> <p>To demonstrate policies that describe the Delegated Entity's expectations for reporting compliance issues, including non-compliant, unethical, or illegal behavior.</p>	<p><input type="checkbox"/> Submit approved and updated policy(s) and process to identify non-compliant, unethical, or illegal behavior. The policy should provide examples of non-compliant, unethical, or illegal behavior that employees might encounter in their jobs.</p> <p><input type="checkbox"/> Submit the documentation to communicate what methods are in place to report potential compliance and FWA issues as they are identified.</p> <p><input type="checkbox"/> Naming convention applied: CPE_5.2_[Document Title]_[Applicable Page#]_Section]</p>

2025 BSCPHP COMPLIANCE AUDIT EVIDENCE GRID

Element 6: Effective System for Routine Monitoring, Auditing, and Identification of Compliance Risks

Standard: Delegated Entities must establish and implement an effective system for routine monitoring and identifying compliance risks. The system should include internal monitoring and audits and, as appropriate, external audits to evaluate the Delegated Entity, including downstream and related entities, compliance with C.M.S. requirements, and the compliance program's overall effectiveness.

Authorities:

- 42 C.F.R. §§ 422.503(b)(4)(vi)(F), 422.752(a)(8), 423.504(b)(4)(vi)(F), 423.752(a)(6), 1001.1901, 438.230, 422.503(b)(4)(vi)(E), 423.504(b)(4)(vi)(E)
- Medicare Managed Care Manual, Chapter 21, Section 50.6 [PDBM and MMCM Ch. 9/21 50.4.2]
- The Act §1862(e)(1)(B)

Regulatory references:

- 42 C.F.R. §§ 422.503(b)(4)(vi)(F), 423.504(b)(4)(vi)(F), 423.504(b)(4)(vi)(D); PDBM and MMCM Ch. 9/21 50.6.6

#	Audit Element	Purpose and Expectation	Submitted Evidence Checklist
6.1	Delegated Entity must establish and implement an effective system for monitoring and auditing compliance risks. The system must include internal and external monitoring and auditing. Delegated Entities must establish and enforce criteria and processes for assessing subcontracted or downstream entities prior to the sub-delegation of functions.	<p>Delegated Entity demonstrates its risk assessment process and provides evidence of an assessment conducted during the audit period.</p> <p>To demonstrate, the Delegated Entity has an implemented process to identify risks and implements required changes that evolve with changes in the law, regulations, C.M.S. requirements, and operational matters. The Delegated Entity maintains and conducts ongoing reviews of potential risks of non-compliance and FWA and a periodic reevaluation of the accuracy of the Delegated Entity's baseline assessments.</p>	<p><input type="checkbox"/> Submit* screenshots and copies of dashboards, scorecards, self-assessment tools, and other mechanisms showing how operational areas and F.D.R.s meet compliance goals. (<i>*Submitted evidence must include a copy of the risk assessment conducted on its Delegated Entity's operations and its downstream and related entities during the audit period. Risk assessment should consist of detailed corrective actions/mitigation conducted by the Delegated Entity.</i>)</p> <p><input type="checkbox"/> Naming convention applied: CPE_6.1_[Document Title]_[Applicable Page#]_Section]</p>
6.2	Delegated Entity developed a monitoring and auditing work plan based on the results of its risk assessment conducted on its operational areas and downstream entities.	<p>Delegated Entity creates a work plan for all the monitoring and auditing that the Delegated Entity will conduct for the year (the audit only requires activity within the audit period). The work plan should include the following:</p> <ul style="list-style-type: none"> ➤ Areas in operations and the downstream and related entities the audits will be performed; Audit schedule that lists all of the Monitoring and auditing activities for the calendar year - Person(s) responsible; Final audit report to compliance officer; and ➤ Follow-up activities from findings (CAPS). Work plans document the Delegated Entity's process for responding to all monitoring and auditing results and conducting follow-up reviews of areas found to be non-compliant to determine if the implemented corrective actions have fully addressed the underlying problems. 	<p><input type="checkbox"/> Submit an approved work plan demonstrating the monitoring and auditing that will or has been conducted during the audit period for the identified risks captured from risk assessment.</p> <p><input type="checkbox"/> Naming convention applied: CPE_6.2_[Document Title]_[Applicable Page#]_Section]</p>

2025 BSCPHP COMPLIANCE AUDIT EVIDENCE GRID

<p>6.3</p>	<p>Delegated Entity ensures that employees, first tier, downstream or related entities (FTEs or F.D.R.s), and governing board members are not excluded from participation in any federal health care programs by screening the Office of Inspector General (OIG) List of Excluded Individuals and Entities (LEIE) and General Services Administration (G.S.A.) System for Award Management (S.A.M.) before hire or contracting and monthly thereafter maintains evidence of all screening activities and results. In addition, the Delegated Entity reviews the Verification of Medicaid Suspended or the ineligible report prior to hiring and annually thereafter.</p>	<p>Delegated Entity maintains evidence that employees, first tier, downstream or related entities (FTEs or F.D.R.s), and governing board members are screened prior to their hire date or contracting and monthly thereafter. Delegated Entity immediately removes any person found on the OIG or G.S.A., Medicaid exclusion lists from work-related (directly or indirectly) to federal health care programs, and immediately notify the Health Plan(s).</p> <p>Monitoring and auditing must be performed to test and confirm the Delegated Entity's compliance with Medicare and Medi-Cal regulations, sub-regulatory guidance, contractual agreements, and all applicable Federal and State laws, as well as internal policies and procedures to protect against non-compliance and also to identify potential FWA and gaps in its Compliance Program.</p> <p>**File Review: Auditor will select a sample of the Delegated Entity's newly hired /contracted employees and/or downstream providers for the Delegated Entity to evidence compliance with this requirement.**</p>	<p><input type="checkbox"/> Submit* approved policies and procedures prescreening employees, first tier, downstream or related entities (FTEs or F.D.R.s), and governing board members through the Office of Inspector General (OIG) List of Excluded Individuals and Entities (LEIE) and General Services Administration (G.S.A.) System for Award Management (S.A.M.). <i>(*Submitted evidence must include Verification of Medicaid State-specific exclusion list suspended or ineligible report prior to hiring and annually thereafter.)</i></p> <p><input type="checkbox"/> Naming convention applied: CPE_6.3_[Document Title]_[Applicable Page#]_Section]</p>
<p>6.4</p>	<p>(If) Delegated Entity offshores any protected health information (PHI); the Delegated Entity must notify the Health Plan prior to entering into or amending any agreement with an Offshore Subcontractor and must complete the Offshore Subcontracting Attestation.</p>	<p>Delegated Entity has policies and procedures that must demonstrate the following:</p> <ul style="list-style-type: none"> ➤ Medicare beneficiary-protected health information (PHI) and other personal information remain secure. ➤ Prohibits subcontractor's access to Medicare data not associated with the sponsor's contract with the offshore subcontractor, ➤ Allow for immediate termination of the subcontract upon discovering a significant security breach. ➤ All required Medicare Part C and D language and corrective actions must be designed to correct the underlying problem resulting from program violations and prevent future noncompliance. 	<p><input type="checkbox"/> Submit* approved and updated policies and procedures for monitoring and auditing offshore subcontractors.</p> <p><input type="checkbox"/> Submit documents to demonstrate the continuous monitoring and an annual audit of the offshore subcontractor, including the audit results used to evaluate the continuation of the first-tier Delegated Entity's relationship with the offshore subcontractor. <i>(*Submitted evidence must include all identified deficiencies from the audit or FWA identified during the continuous monitoring and the root cause analysis that determines what caused or allowed the deficiency or FWA to occur. In addition, the Delegated Entity must evidence an implemented corrective action tailored to address the identified FWA, problem, or deficiency and include timeframes for specific achievements. All corrective actions should be detailed in writing and include ramifications if the Delegated Entity fails to implement the corrective action satisfactorily.)</i></p> <p><input type="checkbox"/> Naming convention applied: CPE_6.4_[Document Title]_[Applicable Page#]_Section]</p>

2025 BSCPHP COMPLIANCE AUDIT EVIDENCE GRID

Element 7: Procedures and Systems for Prompt Response to Compliance Issues

Standard: Delegated Entity must establish and implement procedures and a system for promptly responding to compliance and FWA issues as they are raised, including investigation, correcting identified issues, and ensuring ongoing compliance with regulatory requirements.

Authorities:

- 42 C.F.R. §§ 422.503(b)(4)(vi)(G), 438.230
- Medicare Managed Care Manual, Chapter 21, Section 50.7
- False Claims Acts (31 U.S.C. §§ 3729-3733)

#	Audit Element	Purpose and Expectation	Submitted Evidence Checklist
7.1	Delegated Entity conducts a timely and reasonable inquiry into any compliance incident, but no later than (2) two weeks.	<p>Delegated Entity demonstrates a well-documented preliminary investigation of a reported incident of non-compliance by the Compliance Officer or a delegated member of their staff and/or the Delegated Entity's SIU.</p> <p>To demonstrate the Delegated Entity conducts timely and reasonable compliance inquiries.</p>	<p><input type="checkbox"/> Submit an approved and updated policy and procedure demonstrating the Delegated Entity conducts a timely and reasonable inquiry into any compliance incident.</p> <p><input type="checkbox"/> Naming convention applied: CPE_7.1_[Document Title]_[Applicable Page#]_Section]</p>
7.2	Delegated Entity has a system to receive, record, respond to, and track suspected or detected noncompliance or FWA reports.	<p>Delegated Entity demonstrates the organization's method (s) to receive, track, respond to, and manage reports of non-compliance or FWA.</p> <p>To demonstrate the Delegated Entity has a sufficient system to receive, record, and track suspected or detected non-compliance or FWA.</p>	<p><input type="checkbox"/> Submit an approved and updated policy and procedure and/or incident tracking tool demonstrating the Delegated Entity has a system in place to receive, record, respond to, and track reports of suspected or detected non-compliance or FWA.</p> <p><input type="checkbox"/> Naming convention applied: CPE_7.2_[Document Title]_[Applicable Page#]_Section]</p>
7.3	Delegated Entity has policies and procedures to ensure that prompt corrective action is taken and documented to mitigate any risks involved with the incident.	<p>Delegated Entity has a documented process requiring detailed corrective action and discloses the risk mitigation requirements.</p> <p>To demonstrate, the Delegated Entity has a corrective action policy.</p>	<p><input type="checkbox"/> Submit approved, and updated policies and procedures that ensure prompt corrective action is taken and documented to mitigate any risks involved with the incident.</p> <p><input type="checkbox"/> Naming convention applied: CPE_7.3_[Document Title]_[Applicable Page#]_Section]</p>

2025 BSCPHP COMPLIANCE AUDIT EVIDENCE GRID

Record Retention			
Standard: C.F.R. §§ 422.503(b)(4)(vi)(C), 423.504(b)(4)(vi)(C); PDBM and MMCM Ch. 9/21 50.3.2; Ch. 11 110.1			
#	Audit Element	Purpose and Expectation	Submitted Evidence Checklist
RR.1	Delegated Entity maintains records according to state requirements but no less than (10) ten years, including records pertaining to: <ul style="list-style-type: none"> ➤ Medical record data ➤ All compliance violation disciplinary actions (violation report date, description of violation, date of investigation, summary of findings, disciplinary actions taken, and date taken) ➤ Training documents (time, attendance, topic, certificates of completion, test scores) ➤ Contract with Health Plan (e.g., employee records, contracts, training, financial records, work product, OIG/GSA Exclusion Screenings, etc.) 	Delegated Entity maintains records according to federal and state requirements but for no less than (10) ten years. To demonstrate that the Delegated Entity has a record retention policy stating that records are maintained for (10) ten years.	<input type="checkbox"/> Submit an approved and updated policy and procedure detailing record retention requirements, including methods of how the policy is distributed to staff (e.g., mail, internal website, e-blast, fax, etc.) <input type="checkbox"/> Naming convention applied: CPE_RR.1_[Document Title]_[ApplicablePage#]_Section]
Risk Bearing Organization (RBO) Attestation			
Requirement: 442 CFR § 422.2 and § 423.4 California Health and Safety Code Sect 1375			
#	DMHC Licensee Requirement	Purpose and Expectation	Submitted Evidence Checklist
RBO	Delegated Entity provided a completed RBO attestation.	To demonstrate ownership requirements and hours of availability as defined by DMHC	<input type="checkbox"/> Submit the RBO attestation provided for this audit. RBO Attestation must be signed by Compliance Officer or higher (CEO, COO). <input type="checkbox"/> Naming convention applied: CPE_RBO Attestation_[Organization Name]