CALIFORNIA DEPARTMENT OF HEALTH CARE SERVICES
Michelle Baass | Director

June 25, 2026

Sharrah White *Via E-mail*
Director of Regulatory Affairs
Senior Care Action Network Health Plan
3800 Kilroy Airport Way, Suite 100
Long Beach, CA 90806

RE: Department of Health Care Services Medical Audit

Dear Ms. White:

The Department of Health Care Services (DHCS), Audits and Investigations Division, conducted an on-site Medical Audit of Senior Care Action Network Health Plan, a Managed Care Plan (MCP), from April 1, 2025 through April 11, 2025. The audit covered the period from March 1, 2024, through February 28, 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)

Diana O'Neal, Lead Analyst — *Via E-mail*
Audit Monitoring Unit
Process Compliance Section
DHCS - Managed Care Quality and Monitoring Division (MCQMD)

Arianna Ngo, Unit Chief — *Via E-mail*
Managed Care Contract Oversight Branch
DHCS – Managed Care Operations Division (MCOD)

Samounn Pich, Contract Manager — *Via E-mail*
Managed Care Contract Oversight Branch
DHCS – Managed Care Operations Division (MCOD)

ATTACHMENT A

Corrective Action Plan Response Form

Plan: Senior Care Action Network Health Plan

Review Period: 03/01/2024 – 02/28/2025

Audit: Medical Audit

On-site Review: 04/01/2025 – 04/11/2025

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
1.2.1 Integrated Organization Determination Timeframes The Plan did not render decisions for IOD within 14 calendar days from the receipt of the request by its delegated entities.	The plan's Utilization Management (UM) Department has taken the following corrective actions: • Continue to monitor adherence to P&P: Organization Determinations (UM-0013) • Engage with delegated groups to develop automated daily report feeds • Initiate organization determinations within 5 working days (not to exceed 14 days) • Update desktop procedures (DTP: Intake and Authorization Entry, Medi-Cal Benefit Review, Outpatient Authorizations) • Educate MMA and MMS teams on updated processes • Continue to monitor internal daily pended report and 3914 Medi-Cal Summary compliance report weekly	• 1.2_6-26-2025 UMC Meeting Minutes APPROVED.docx • 1.2_UMC June 2025.pptx • 1.2_9-25-2025 UMC Meeting Minutes APPROVED.docx • 1.2_UMC Sept 2025.pptx	Short Term: • Ongoing (Policy monitoring) • 12/1/2025 (DTP updates) • 10/14/2025 (Training) Long Term: • Ongoing (Monitoring & oversight)	The following documentation supports the MCP's efforts to correct this finding: **POLICIES AND PROCEDURES** » P&P, "UM-0013: Organization Determination Process" states that for standard requests, the processing timeframe begins when the Plan, any unit in the Plan, or a delegated entity (including a delegated entity that is not responsible for processing) receives a request. (UM-0013 Organization Determinations). » Desktop Procedures, "Medi-Cal Benefit Review" in which the Plan has updated to reflect daily report management. The assistant will retrieve the Medi-Cal Delegate Report daily. (DTP_ Medi-Cal Benefit Review (6369_1)). **TRAINING AND EDUCATION** » Meeting Minutes, "UM All Team Meeting" to demonstrate that the updated process was discussed with UM Plan staff. The Plan's UM will begin to initiate Medi-Cal determination requests from daily reports received from the delegates. This replaces the monthly report. The date of the request must be the date/time that the delegate received the request. (UM All Team Meeting 050826 Minutes).

Finding Number and Summary	Action Taken	Supporting Documentation	Implementation Date * (*Short-Term, Long-Term)	DHCS Comments
	• Report monthly compliance metrics at UMC Meetings			**MONITORING AND OVERSIGHT** » Excel Spreadsheet, "Medi-Cal 3914 Sample Report" to demonstrate that the Plan has a monitoring process to track organization determination timeframes. This report is run on a weekly and monthly basis. The Report tracks the following categories: Decision - Within 5 working days from receipt of initial request for service, Oral Or Written Notification - Provider - Within 24 hours of making the decision, Written Notification - Member - Within 2 working days of making the decision, not to exceed 14 calendar days from receipt of request for service, Written Notification - Provider - Within 2 working days of making the decision. (Medi-Cal 3914 Sample Report.xlsx). » Excel Spreadsheet, "ODAG Report" to demonstrate that the Plan has a monitoring process to track that IOD decisions are rendered within 14 calendar days of receipt by delegated entities. The Report tracks the following categories: Date the Request was Received, Date of Determination, Date Oral Notification Provided to Enrollee, Date Written Notification Provided to Enrollee. (ODAG_Table 1_2022_102025_HPN Regal Medical Group_clean.xslx). » PowerPoint Presentation, "UM Committee - UM Trends and Over/Under Utilization" (June 2025, September 2025) and Meeting

Finding Number and Summary	Action Taken	Supporting Documentation	Implementation Date * (*Short-Term, Long-Term)	DHCS Comments
				Minutes, "Utilization Management Committee Meeting" (6/26/25, 9/25/25) to demonstrate that monthly compliance metrics are being reported at UM Committee (UMC) Meetings. (6-26-2025 UMC Meeting Minutes APPROVED.docx, UMC June 2025.pptx,9-25-2025 UMC Meeting Minutes APPROVED.docx, 1.2_UMC Sept 2025.pptx). **The corrective action plan for finding 1.2.1 is accepted.**
1.2.2 Provider Notification of Prior Authorization Decisions The Plan did not notify requesting providers of its prior authorization decisions.	The plan's Utilization Management (UM) Department has taken the following corrective actions: • Continue to monitor adherence to P&P: Organization Determinations (UM-0013) • Update authorization intake process for member-initiated requests to indicate PCP as the Requesting Provider • Update DTPs: Intake and Authorization Entry, Member and Provider Correspondence, Institutional Long Term Care, Inpatient Authorizations,	• 1.2.1-1.2.5_UM-0013 Organization Determinations • 1.2.2_DTP Member and Provider Correspondence v9 eff 11-19-2025 • 1.2.2_DTP Inpatient Authorizations v7 eff 11-19-2025 • 1.2.2_DTP Medi Cal Benefit Review v6 eff 11-19-2025 • 1.2.2_DTP Institutional Long Term Care (Medi-Cal)	Short Term: • Ongoing (Policy monitoring) • 12/1/2025 (DTP updates) • 10/14/2025 (Training) Long Term: • 3/31/2026 (P&P update) • Ongoing (Monitoring)	The following documentation supports the MCP's efforts to correct this finding: **POLICIES AND PROCEDURES** » Multiple DTPs were updated to include authorization intake process for member initiated requests to indicate PCP as the Requesting Provider. (1.2.2_DTP Member and Provider Correspondence v9 eff 11-19-2025, 1.2.2_DTP Inpatient Authorizations v7 eff 11-19-2025, 1.2.2_DTP Medi Cal Benefit Review v6 eff 11-19-2025, 1.2.2_DTP Institutional Long Term Care (Medi-Cal) v14 eff 11-20-2025, 1.2.2_DTP Outpatient Authorizations v7 eff 11-20-2025) » Chart Audit Tool Template updated to monitor for the presence of timely provider notification. (1.2_MMS_Chart Audit Tool_2026_FINAL-Highlighted Changes.xls)

Finding Number and Summary	Action Taken	Supporting Documentation	Implementation Date * (*Short-Term, Long-Term)	DHCS Comments
	Outpatient Authorizations, Medi-Cal Benefit Review • Update audit tools • Educate MMA and MMS teams on updated processes • Monitor 3914 Medi-Cal Summary compliance report weekly • Report monthly compliance metrics at UMC Meetings	v14 eff 11-20-2025 • 1.2.2_DTP Outpatient Authorizations v7 eff 11-20-2025 • 1.2_DHCS Audit Training - Learning Through Review.pptx • 1.2_Attendance-01262026.docx • Audit tool template and completed examples • UMC Meeting Minutes (June & Sept 2025)		**TRAINING AND EDUCATION** » 2025 DHCS Audit Learnings training and attendance sign-in sheet demonstrate the MCP has trained on the requirement of notifying requesting providers of prior authorization decisions. (1.2_DHCS Audit Training - Learning Through Review.pptx, 1.2_Attendance-01262026.docx) **MONITORING AND OVERSIGHT** » Audit Tool examples from January 2026 demonstrate the MCP is actively monitoring for provider notification of PA decisions. (1.2_MMS_Chart Audit Tool_2026_FINAL-Highlighted Changes.xls, 1.2_MMS_Chart Audit Tools_2026_January.zip) » UMC Meeting Minutes demonstrate the MCP reports on the provider written notification metric on the monthly report to the UMC. (1.2_6-26-2025 UMC Meeting Minutes APPROVED.docx, 1.2_UMC June 2025.pptx, 1.2_9-25-2025 UMC Meeting Minutes APPROVED.docx, 1.2_UMC Sept 2025.pptx) **The corrective action plan for finding 1.2.2 is accepted.**
1.2.3 Plan Decision Maker in Provider Notification of	The plan's Utilization Management (UM) Department has taken the following corrective actions: • Continue to monitor adherence	• Organization Determination Process (pka: UM-0013) • 1.2_DHCS Audit	Short Term: • 12/1/2025 (DTP updates) • 10/14/2025	The following documentation supports the MCP's efforts to correct this finding: **POLICIES AND PROCEDURES**

Finding Number and Summary	Action Taken	Supporting Documentation	Implementation Date * (*Short-Term, Long-Term)	DHCS Comments
Prior Authorization Decisions The Plan did not include the name and direct telephone number of the decision maker in written notifications to providers of adverse prior authorization decisions.	to P&P: Organization Determinations (UM-0013) • Update notifications for organization determinations to indicate Utilization Management as the decision maker • Update fax cover letter templates (MHK CR: 289699) • Update DTPs: Member and Provider Correspondence, Institutional Long Term Care, Inpatient Authorizations, Outpatient Authorizations, Medi-Cal Benefit Review, Organization Determinations • Update audit tools for decision maker information requirements • Educate MMA and MMS teams on updated processes • Continue to review all letters with dynamic language with UM Clinical Supervisor/Manager • Report monthly compliance	Training - Learning Through Review.pptx • 1.2_Attendance-01262026.docx • Audit tool template and completed examples	(Training) Long Term: • 3/31/2026 (Policy update) • Ongoing (Monitoring)	» Organization Determination Process (pka: UM-0013) was updated to require the inclusion of decision maker information. (Organization Determination Process (pka: UM-0013)) » The MCP made updates to multiple DTPs to direct staff to the requirement of including decision maker contact information within Provider NOA letters. (1.2.3 DTP_ Member and Provider Correspondence (6370_1).pdf, 1.2.3 DTP_ Institutional Long-Term Care (Medi-Cal) (6371_1).pdf, 1.2.3 DTP_ Inpatient Authorizations (6324_1).pdf, 1.2.3 DTP_ Medi-Cal Benefit Review (6369_1).pdf, 1.2.3 DTP_ Outpatient Authorizations.pdf, 1.2.3 Organization Determinations DTP Eff 02232026.xslx) **TRAINING AND EDUCATION** » 2025 DHCS Audit Learnings training and attendance sign-in sheet demonstrate the MCP has trained on the requirement of including the name and direct phone number of the decision maker for the authorization. (1.2_DHCS Audit Training - Learning Through Review.pptx, 1.2_Attendance- 01262026.docx) **MONITORING AND OVERSIGHT** » Audit Tool examples from January 2026 demonstrate the MCP is actively monitoring for required decision maker information on denial letters. (1.2_MMS_Chart Audit Tools_2026_January.zip)

Finding Number and Summary	Action Taken	Supporting Documentation	Implementation Date * (*Short-Term, Long-Term)	DHCS Comments
	metrics at UMC Meetings			**The corrective action plan for finding 1.2.3 is accepted.**
1.2.4 Reasons for Decision in Member Notices of Action (NOA) The Plan did not ensure that a clear explanation of the reasons for its prior authorization decisions was included in its NOA letters.	The plan's Utilization Management (UM) Department has taken the following corrective actions: • Continue to monitor adherence to P&P: Organization Determinations (UM-0013) • Continue to review all letters with dynamic language with UM Clinical Supervisor/Manager • UM Manager to oversee UM Clinical Supervisor review process • Update audit tools to ensure processes are consistently followed • Educate MMS on denial letter requirements via Learning Through Review • UM Clinical Supervisor to address individual training gaps • Update audit tools to outline denial letter requirements	• 1.2_MMS_Chart Audit Tool_2026_FINAL-Highlighted Changes.xls • 1.2.4_1.2.6_Learning Thru Review - 101425 - Denial Letters • Audit tool template and completed examples • UMC Meeting Minutes (June & Sept 2025)	Short Term: • 10/14/2025 (Training) • 12/1/2025 (Audit tool update) Long Term: • Ongoing (Policy monitoring)	The following documentation supports the MCP's efforts to correct this finding: **POLICIES AND PROCEDURES** » The MCP's current policy requires a detailed explanation for why a medical service was denied. (1.2.1-1.2.5_UM-0013 Organization Determinations) **TRAINING AND EDUCATION** » Learning through review denial letter training from 10/14/25 demonstrates the Plan trained appropriate staff on the requirement for including the reason for authorization decisions in member NOAs. (1.2.4_1.2.6_Learning Thru Review - 101425 - Denial Letters) **MONITORING AND OVERSIGHT** » Audit Tool examples from January 2026 demonstrate the MCP is actively monitoring for reasons for its prior authorization decisions is included in its NOA letters. Trends are reported at the MCP's UMC Meetings. (1.2_MMS_Chart Audit Tool_2026_FINAL-Highlighted Changes.xls, 1.2_MMS_Chart Audit Tools_2026_January.zip)

Finding Number and Summary	Action Taken	Supporting Documentation	Implementation Date * (*Short-Term, Long-Term)	DHCS Comments
	• Incorporate into UM Supervisor weekly audit process • Report monthly compliance metrics at UMC Meetings			**The corrective action plan for finding 1.2.4 is accepted.**
1.2.5 Criteria for Integrated Organization Determinations The Plan did not consistently consider Medi-Cal coverage criteria as outlined in applicable provisions of the Medi-Cal Provider Manual when making Integrated Organization Determinations.	The plan's Utilization Management (UM) Department has taken the following corrective actions: • Continue to monitor adherence to P&P: Organization Determinations (UM-0013) • Create internal job aid with clinical criteria references • Educate MMS via Learning Through Review on appropriate clinical criteria references • UM Clinical Supervisor to address individual training gaps • Continue to conduct weekly chart audits ensuring correct clinical criteria references • Report monthly compliance metrics at UMC Meetings	• 1.2 PP UM-0013 Organization Determination Process (pka_ UM-0013) (6469_1) • 1.2.5_Outpatient Documentation Templates and Criteria Citation - 12-17-2025.xlsx • 1.2_DHCS Audit Training - Learning Through Review.pptx • 1.2_Attendance-01262026.docx • 1.2_Wk 10.26.25_MMS_1_Chart Audit Tool_2025_FINAL.xlsx	Short Term: • 10/14/2025 (Training) • 12/1/2025 (Audit tool update) Long Term: • Ongoing (Policy monitoring)	The following documentation supports the MCP's efforts to correct this finding: **POLICIES AND PROCEDURES** » Updated P&P, "UM-0013: Organization Determination Process" which states that Medi-Cal only services for dually enrolled members are administered by SCAN Utilization Management according to eligibility, benefit structure and Medi-Cal coverage criteria. Coverage criteria conform to Department of Health Care Services requirements, using the Medi-Cal Provider Manual. (PP UM-0013 Organization Determination Process (pka_ UM-0013) (6469_1)). » Excel Spreadsheet, "Outpatient Documentation Templates and Criteria Citation" to demonstrate that the MCP created an internal job aid with clinical criteria references. The internal job aid's highlighted "Medi-Cal" tab outlines the various Medi-Cal requests and the corresponding clinical criteria from the Medi-Cal manuals to be used by nurse reviewers. (Outpatient Documentation Templates and Criteria Citation - 12-17-2025.xslx).

Finding Number and Summary	Action Taken	Supporting Documentation	Implementation Date * (*Short-Term, Long-Term)	DHCS Comments
		• 1.2_Wk 10.26.25_MMS_2_Chart Audit Tool_2025_FINAL.xlsx • UMC Meeting Minutes (June & Sept 2025)		**TRAINING AND EDUCATION** » PowerPoint Presentation, "DHCS Audit Learnings - Learning Through Review" and Attendance Sheet to demonstrate that the MCP conducted training to staff. The training included information on written notifications, decision maker information, and criteria citation. (DHCS Audit Training - Learning Through Review.pptx, Attendance- 01262026.docx). **MONITORING AND OVERSIGHT** » Excel Spreadsheet, "MMS Organization Determination and Quality Audit Tool" to demonstrate that the MCP has a monitoring process which includes conducting weekly chart audits on staff ensuring correct clinical criteria references. The Audit Tool tracks the appropriate clinical hierarchy cited / MCG Review conducted and attached correctly. (Wk 10.26.25_MMS_1_Chart Audit Tool_2025_FINAL.xslx, Wk 10.26.25_MMS_2_Chart Audit Tool_2025_FINAL.xslx). » PowerPoint Presentation, "UM Committee - UM Trends and Over/Under Utilization" (June 2025, September 2025) and Meeting Minutes, "Utilization Management Committee Meeting" (6/26/25, 9/25/25) to demonstrate that monthly compliance metrics are being reported at UM Committee (UMC) Meetings. (6-26-2025 UMC Meeting Minutes APPROVED.docx, UMC June 2025.pptx, 9-

Finding Number and Summary	Action Taken	Supporting Documentation	Implementation Date * (*Short-Term, Long-Term)	DHCS Comments
				25-2025 UMC Meeting Minutes APPROVED.docx, UMC Sept 2025.pptx). **The corrective action for finding 1.2.5 is accepted.**
1.2.6 "Your Rights" Template in Member Notices of Action The Plan did not provide members with the standardized NOA "Your Rights" template including information on their right to an IMR with its written notices of adverse benefit determinations.	The plan's Utilization Management (UM) Department has taken the following corrective actions: • Confirm letter template update process with Compliance Department • Continue to review all letters with dynamic language with UM Clinical Supervisor/Manager • UM Manager to oversee UM Clinical Supervisor review process • Initiate UM letter templates in MedHok System (MHK) • Educate MMS on appropriate Medi-Cal letter templates via Learning Through Review • UM Clinical Supervisor to address individual training gaps • Continue to conduct weekly chart audits ensuring correct letter	• 1.2.6 PP Organization Determination Process (pka_ UM-0013) (6469_1) Eff 02192026.pdf • 1.2 Coverage Decision Letter Samples.zip • 1.2.4_1.2.6_Learning Thru Review - 101425 - Denial Letters • 1.2_MMS_Chart Audit Tool_2026_FINAL-Highlighted Changes.xls • 1.2_MMS_Chart Audit Tools_2026_January.zip	Short Term: • 12/1/2025 (Letter templates) • 10/14/2025 (Training) Long Term: • 2/1/2026 (MHK system update) • Ongoing (Monitoring)	The following documentation supports the MCP's efforts to correct this finding: **POLICIES AND PROCEDURES** » Updated, P&P, "UM-0013: Organization Determination Process" (2/19/2026) which has been amended to include the standardized NOA letter "Your Rights" template containing information on member rights to an IMR for both member and provider notifications. (Page 4, 7G) » Sample coverage decision letters demonstrate that the revised "Your Rights" templates were revised and implemented in the MedHok system on 2/1/2026. (1.2 Coverage Decision Letter Samples.zip) **TRAINING** » "Learning Through Review Denial Letter Training", from 10/14/25 demonstrates the Plan trained appropriate staff on the requirement for including the appropriate Medi-Cal letter

Finding Number and Summary	Action Taken	Supporting Documentation	Implementation Date * (*Short-Term, Long-Term)	DHCS Comments
	templates are used • Report monthly compliance metrics at UMC Meetings			templates. (1.2.4_1.2.6_Learning Thru Review - 101425 - Denial Letters) **MONITORING AND OVERSIGHT** » Chart Audit tool template (2/1/2026) updated to include field for the monitoring of oral/written notifications rendered timely to both member and provider and using the correct letter templates. (1.2_MMS_Chart Audit Tool_2026_FINAL-Highlighted Changes.xls) » Chart Audit Tool examples from January 2026 demonstrate the MCP is actively monitoring that correct letter templates are used based on the member's plan and line of business. (1.2_MMS_Chart Audit Tools_2026_January.zi) **The corrective action plan for finding 1.2.6 is accepted.**
1.3.1 Notice of Appeal Resolution "Your Rights" Template The Plan did not include the correct NAR "Your Rights" template with its member NAR for	The plan's Grievance and Appeals Department (GAD) has taken the following corrective actions: • GAD worked with departments to update letter templates • Ensure NAR includes language regarding partial decisions • Letter templates generated by system (no manual manipulation	• 1.3.1 - NAR Your Rights ENG • 1.3.1_NAR Your Rights ENG • 1.3.1_Documentation of Monitoring Process • 1.3.1_4.1.3_Monitoring Example Row 18.pdf	Short Term: • 10/29/2025 (Letter template update) Long Term: • 1/30/2026 (Monitoring) • Ongoing (Auditing)	The following documentation supports the MCP's efforts to correct this finding: **POLICIES AND PROCEDURES** » Updated NAR "Your Rights" attachment demonstrates the MCP is now using the correct attachment for appeals not wholly resolved in the member's favor. (1.3.1 - NAR Your Rights ENG) » "Documentation of the Monitoring Process" demonstrates that the MCP added a Senior Compliance Analyst and an Operations

Finding Number and Summary	Action Taken	Supporting Documentation	Implementation Date * (*Short-Term, Long-Term)	DHCS Comments
appeals not wholly resolved in the member's favor.	needed) • Staff and leaders complete auditing through case reviews • Monitoring of all uphold appeal decisions • Managers audit letters created on all IRE returned decisions or hearing notifications			Analyst to oversee regulatory and policy updates and to make certain MHK automated letters remain compliant. The analysts will conduct audits for one month following any changes and at least quarterly thereafter to support ongoing evaluation of the automated letter templates. (1.3.1 _Documentation of Monitoring Process, 4.1.3 GAD Workplan Screenshots) **MONITORING AND OVERSIGHT** » Letter Audit Tool demonstrates that the MCP developed and implemented an audit tool to verify that correct forms are being used for automated and manual letters. (1.3.1 - Letter Audit Tool.March 2026) **The corrective action plan for finding 1.3.1 is accepted.**

3. Access and Availability of Care

Finding Number and Summary	Action Taken	Supporting Documentation	Implementation Date * (*Short-Term, Long-Term)	DHCS Comments
3.1.1 Telephone Wait Times The Plan did not develop, implement and maintain a procedure to monitor waiting times for telephone calls (to answer and return) to members.	The plan's Delegation Oversight Unit (DOU) has taken the following corrective actions: • Developed DTP FSR-MRR-028 Provider Office Call Logs • Training completed with impacted staff members to review the new desktop procedure and Sample Call Log • The Call Log records/monitors hold times and wait times to receive return calls when calling provider offices • Monthly call logs completed • Results of monitoring presented to Performance Oversight Workgroup (POWG)	• 3.1.1_FSR-MRR-028 Provider Office Call Logs • 3.1.1_Provider Call Log Staff Training Sign In Sheet • 3.1.1_Provider Call Log (sample) • 3.1.1_Provider Call Log - Nov 2025.xlsx • 3.1.1_December 2025 POWG Agenda Final with minutes_redacted.pdf	Short Term: • 11/1/2025 (DTP FSR-MRR-028) • 11/5/2025 (Staff training) Long Term: • Ongoing (Monthly call logs) • 1/1/2026 (POWG oversight)	The following documentation supports the MCP's efforts to correct this finding: **POLICIES AND PROCEDURES** » Newly developed Plan procedure "FSR-MRR-028 Provider Office Call Logs" demonstrates the process the Plan has implemented in order to monitor & review telephone wait times monthly. The process includes calls placed to the provider offices, making note of the call start time, hold time, end time & time to receive a return call, if applicable. The call log is presented to the Plan's Performance Oversight Workgroup (POWG) as a standing report & issues are escalated as needed. (3.1.1_FSR-MRR-028 Provider Office Call Logs, PROCEDURE, 1. - 9., pages 1-2) » Plan policy "Access and Availability Standards Master" demonstrates additionally how the Plan will monitor & oversee wait times for telephone calls to members. Policy states the Plan will monitor & evaluate timely access, addressing issues & document wait times on calls to provider offices in a monthly call log. (Access and Availability Standards Master (6551_1), Monitoring Access and Availability, 4., page 7) **TRAINING AND EDUCATION**

Finding Number and Summary	Action Taken	Supporting Documentation	Implementation Date * (*Short-Term, Long-Term)	DHCS Comments
				» Plan workgroup meeting "Performance Oversight Work Group - December 2025" demonstrates the Plan's monthly meeting held for the Provider Call Log tracker to address the telephone wait times deficiency. (See 3.1.1_December 2025 POWG Agenda Final with minutes_redacted) » Training materials "Provider Call Log Staff Training Sign In Sheet" demonstrates the staff present for the training/review of the newly developed & implemented p&p *FSR-MRR-028 Provider Office Call Logs*. (See 3.1.1_Provider Call Log Staff Training Sign In Sheet) **MONITORING AND OVERSIGHT** » Plan tracker "Provider Call Log" demonstrates how the Plan is monitoring wait times for telephone calls to members on a monthly basis. The tracker identifies details, including call start time, call hold time, time to receive a call back & the reason for the call. These logs are used to review with the POWG committee, highlighting excessive hold time and/or call return wait times, plus any CAPs sent to providers. (See 3.1.1_Provider Call Log - November & December 2025) **The corrective action plan for finding 3.1.1 is accepted.**

Finding Number and Summary	Action Taken	Supporting Documentation	Implementation Date * (*Short-Term, Long-Term)	DHCS Comments
3.1.2 Office Wait Times The Plan did not develop, implement, and maintain a procedure to monitor waiting times in network providers' offices.	The plan's Delegation Oversight Unit (DOU) has taken the following corrective actions: • Worked with Network Management to develop a targeted survey to collect responses from members who have recently accessed care • Survey will ask members about in-office wait time during their visit • Monitoring mechanisms in development following deployment of survey • Results to be presented to Performance Oversight Workgroup (POWG)	• DTP-Access Wait Time Survey (6552_1).pdf • Access and Availability Standards Master (6551_1).pdf • POWG March Agenda_redacted.pdf	Long Term: • 2/1/2026 (Survey deployment) • 3/31/2026 (Monitoring)	The following documentation supports the MCP's efforts to correct this finding: **POLICIES AND PROCEDURES** » Plan policy "Access and Availability Standards Master" demonstrates how the Plan will monitor wait times in network providers' offices. Policy states the Plan will monitor & evaluate timely access, addressing issues & conducting member surveys to collect member experience regarding wait times & quarterly access studies to collect provider access/availability. Trends are reviewed monthly by Plan leadership for process improvement opportunities. (Access and Availability Standards Master (6551_1), Monitoring Access and Availability, 1. & 2., page 7) » Plan procedure "Access Wait Time Survey" demonstrates the Plan's process for monitoring the Access Wait Time Survey. The Plan monitors survey results on a monthly basis & identifies provider medical groups that have not met one or more of the Access & Availability Standards, including in-office wait times. (DTP - Access Wait Time Survey (6552_1), PROCEDURE, page 1) **MONITORING AND OVERSIGHT** » Plan workgroup meeting "POWG March Agenda" demonstrates the Plan's monthly meeting held for the review of the Office Wait

Finding Number and Summary	Action Taken	Supporting Documentation	Implementation Date * (*Short-Term, Long-Term)	DHCS Comments
				Time report. The report addresses how the Plan is monitoring on a monthly basis. (See POWG March Agenda_redacted) » Plan procedure "Access Wait Time Survey" outlines the Plan's process to monitor survey results. » The process includes: o A link is sent quareterly to members o Survey results generated monthly o Access to Care team organizes survey results o Trends are reviewed with Access to Care Steering Committee & Performance Oversight Workgroup o Access to Care team will share occurrences of poor performance with Provider Relations team o Corrective Action Plan is issued if a provider group has poor performance for 3 months in a row for an Appointment Scheduling or Hold Time metric. **The corrective action plan for finding 3.1.2 is accepted.**

4. Member's Rights

Finding Number and Summary	• Action Taken	• Supporting Documentation	Implementation Date * (*Short-Term, Long-Term)	DHCS Comments
4.1.1 Final Decision Maker for Resolution of Quality of Care (QOC) Grievances The Plan did not ensure that the person making the final decision for the resolution of QOC grievances is a person with clinical expertise in treating disease.	The plan's Grievance and Appeals Department (GAD) has taken the following corrective actions: • Updating Grievance Resolution policy to clarify all QOC grievances are decisioned by MD • Grievances not closed until MD has decisioned the case • Adding QOC case note to grievance prior to day 30 • Updating DTPs to match current process • Grievance Team educated to not send QOC closure letters until case note is added stating MD has reviewed and made decision • Team training conducted on 07/15/2025, 07/29/2025, and 08/06/2025 • QOC Daily Case Tracker spreadsheet monitors turnaround times	• Potential Quality Issues Policy Updated for MD decisions (02/14/26) • GAD Coaching Log Template • GAD Schedule Audit and Report - Compliance Analyst • QOC Process Job Aid.docx • SCAN QOC Determination Level - All decisions by MD.pdf • Quality of Care Team Huddle • QOC Daily Tracker • December QOC Timeliness • QC- PRC Agenda 12-09-2025	Short Term: • 10/28/2025 (Training) • 11/6/2025 (DTP updates) Long Term: • 12/1/2025 (Policy update) • Ongoing (QOC Tracker)	The following documentation supports the MCP's efforts to correct this finding: **POLICIES AND PROCEDURES** » Updated Plan Policy, "Potential Quality Issues" (02/14/26) was updated to require that the final decision on a QOC grievance be made by a clinician with relevant disease specific expertise. (See pages 1-3, highlighted language) » Job Aid, "QOC Process Job Aid" (02/13/26) which outlines the procedures and guidelines for handling QOC grievances and details the steps for submission, investigation, documentation, and closure of grievances. (See 4.1.1 Row 16 – QOC Process Job Aid.docx) » QOC Review Process, "SCAN QOC Determination Level – All Decisions by MD" (11/25) demonstrates that a required step in the QOC review process must be completed before the grievance can be resolved and closed. (See 4.1.1 Row 16 SCAN QOC Determination Level – All decisions by MD.pdf) **TRAINING AND EDUCATION** » Coaching Log Template demonstrates the MCP has developed a coaching log for Coordinators or Specialist who require coaching

Finding Number and Summary	• Action Taken	• Supporting Documentation	Implementation Date * (*Short-Term, Long-Term)	DHCS Comments
	• Manager/supervisor review of grievance and QOC closures			on QOC grievances related to quality assurance. (See 4.1.1 Row 15 Coaching Log Template Used for audit results.docx) » Training, "Quality of Care Team Huddle" (12/09/25) demonstrates the MCP provided training on December 9, 2025, intended for non-clinical staff to demonstrate consistent and accurate preparation of case resolution letters. All resolution decisions are made by Medical Directors. Attestations provided. (See 4.1.1 Row 17 – 12.09.2025 Quality of Care Team Huddle.pdf) **MONITORING AND OVERSIGHT** » Monitoring, "GAD Scheduled Audit and Report – Compliance Analysts" (11/25/25) demonstrates analysts support GAD teams by providing routine reporting, auditing, and monitoring. One key expectation is confirming that the QOC closure letter is mailed only after Medical Director has finalized the clinical decision. (See 4.1.1 Row 15 GAD Scheduled Audit and Report – Compliance Analysts.pdf, page 1, highlighted language) » Audit Tool, "QOC Daily Tracker" (10/2025) demonstrates the MCP developed a tracking system for managing inventory between the standard grievance process and grievances that qualify as a quality of care concern. This system makes certain that all quality of care cases are thoroughly investigated and reviewed by clinical teams. Ultimately, an MD decision is made on the level of concern related

Finding Number and Summary	• Action Taken	• Supporting Documentation	Implementation Date * (*Short-Term, Long-Term)	DHCS Comments
				to standards of care, making certain the highest quality of service for their members. (See 4.1.1_4.1.2_Summary of the QOC Daily Tracker) » Oversight, "December QOC Timeliness" (12/25) demonstrates the Plan's oversight of these cases and to make certain that the grievance and QOC cases stay aligned. (See Row 18 December QOC timeliness monitoring example.xls) » Oversight, "QC-PRC Agenda" (12/09/25) demonstrates the MCP provided QOC cases to its Peer Review Committee to demonstrate that final decisions were made by an individual with clinical expertise in treating the relevant disease. (See 4.1.2 QC – PRC Agenda 12-09-2025) **The corrective action plan for finding 4.1.1 is accepted.**
4.1.2 Quality of Care (QOC) Grievance Resolution The Plan did not ensure that QOC grievances had reached a final conclusion prior to	The plan's Grievance and Appeals Department (GAD) has taken the following corrective actions: • Updating Grievance Resolution policy to clarify all QOC grievances are decisioned by MD and closed once investigation is complete • Updated tools to ensure receipt	• QOC Process Job Aid.doc (02/13/26) • 4.1.1_4.1.2_Summary of the QOC Daily Tracker • QC Pre-Closure Grievance Process • Training, Grievance	Short Term: • 10/29/2025 (Training) • 10/28/2025 (MHK system update) Long Term: •12/1/2025	The following documentation supports the MCP's efforts to correct this finding: **POLICIES AND PROCEDURES** » Updated Plan Policy, "Potential Quality Issues" (02/14/26) was updated to include that all QOC grievances are reviewed and decisioned by the Plan's Medical Director. Each grievance is formally closed once the investigation has been completed. (See pages 1-3, highlighted language, see pages 2 and 3)

Finding Number and Summary	• Action Taken	• Supporting Documentation	Implementation Date * (*Short-Term, Long-Term)	DHCS Comments
considering them resolved.	and closure date of QOC matches receipt date of original grievance • MHK system updated to allow editing of "QOC receipt date" field • Grievance Team educated to not send QOC closure letters until MD has reviewed and decided • Team training on 07/15/2025, 07/29/2025, 08/06/2025, and 10/22/2025 • QOC Daily Case Tracker monitors turnaround times • Monthly RN audit tool updated to validate QOC receipt date matches linked grievance case • Quarterly data validation	Team Huddle • QOC Daily Tracker • December QOC timeliness • QC- PRC Agenda 12-09-2025	(Policy update) • Ongoing (QOC Tracker)	» Job Aid, "QOC Process Job Aid" (02/13/26) (See 4.1.1 Row 16 – QOC Process Job Aid.docx) which has been amended to include, "Once the RN documents that the MD's decision has been entered and the QOC case is complete, the coordinator must generate the QOC closure letter in the grievance case." (See 4.1.2 – QOC Process Job Aid.doc) **TRAINING AND EDUCATION** » Training, "Grievance Team Huddle" (11/04/25) demonstrates the MCP updated their process to not send the QOC closure letter until the investigation is completed and decisioned by the MD. (See 4.1.2 _ 11.04.25 Grievance Team Huddle, please see bullet number three on the training slide) **MONITORING AND OVERSIGHT** » Audit Tool, "Monitoring, "Summary of the QOC Tracker" (10/25) demonstrates the MCP developed a tracking system for managing inventory between the standard grievance process and grievances that qualify as a quality of care concern. This system makes certain that all quality of care cases are thoroughly investigated and reviewed by clinical teams. Ultimately, an MD decision is made on the level of concern related to standards of care, making certain the

Finding Number and Summary	• Action Taken	• Supporting Documentation	Implementation Date * (*Short-Term, Long-Term)	DHCS Comments
				highest quality of service for their members. (See 4.1.1_4.1.2_Summary of the QOC Daily Tracker) » Oversight, "December QOC Timeliness" (12/25) this process demonstrates that a case cannot be considered fully resolved until an investigation summary and review has been completed, a Medical Director determination has been issued, and a written resolution letter has been finalized. (See 4.1.2 December QOC timeliness) » Oversight, "QC-PRC Agenda" (12/09/25) demonstrates the MCP provided QOC cases to its Peer Review Committee to demonstrate that final decisions were made by an individual with clinical expertise in treating the relevant disease. (See 4.1.2 QC – PRC Agenda 12-09-2025) **The corrective action plan for finding 4.1.2 is accepted.**

Finding Number and Summary	• Action Taken	• Supporting Documentation	Implementation Date * (*Short-Term, Long-Term)	DHCS Comments
4.1.3 Nondiscrimination Notice (NDN) and Language Taglines (LAT) for Member Notices The Plan did not post correct versions of the required nondiscrimination notice and language assistance taglines in its member notices.	The plan's Grievance and Appeals Department (GAD) has taken the following corrective actions: • GAD worked with departments to update member notice language • Updated language to include nondiscrimination and language assistance taglines • Letter templates generated by system (no manual manipulation) • Staff and leaders complete auditing through case reviews • Monitoring of all uphold appeal decisions • Managers audit letters on all IRE returned decisions or hearing notifications	• GAD Workplan Screenshots • GAD Workplan Guide • 1.3.1 Documentation of Monitoring Review Process • Compliance Auditor One Note • Audit Tool	Short Term: •10/29/2025 (Letter template update) •12/15/2025 (Monitoring setup) Long Term: •1/1/2026 (Full implementation) •1/30/2026 (Ongoing monitoring)	The following documentation supports the MCP's efforts to correct this finding: **POLICIES AND PROCEDURES** » Procedures, "Beacon Compliance Manager Process" (11/21/25) demonstrates the MCP created a simple, overall process for the Beacon Compliance Manager. This process allows other departments to get involved when updates or changes are needed. Any letter template changes from DHCS or APL notices will be handled with the Compliance Department through the State Regulatory Affairs inbox so they can be shared across SCAN. **TRAINING AND EDUCATION** » Training, "GAD Workplan Screenshots" (12/01/25) demonstrates the MCP has hired a Senior Compliance Analyst in December 2025 to oversee regulatory and policy change reviews and to communicate updates to leaders and staff through Workplan assignments. In addition, the MCP has also hired an Operations Analyst in December 2025 that is tasked with ensuring that MHK automated letters remain compliant; both roles are coordinated to prevent regulatory or operational disconnect in member facing communications. (see 4.1.3 GAD Workplan Screenshots)

Finding Number and Summary	• Action Taken	• Supporting Documentation	Implementation Date * (*Short-Term, Long-Term)	DHCS Comments
				» Training, Training Instructions on Monitoring and Oversight of Tasks" (03/10/26) which provides a virtual training guide for the GAD Workplan, outlining how tasks are managed and offering clear, step-by-step procedures for adding and updating tasks. (See 4.1.3 – Attestation on Monday.com and training instructions on monitoring and oversight of tasks.pdf) **MONITORING AND OVERSIGHT** » Monitoring, "GAD Process for Reviewing Regulatory Updates from Compliance" (12/01/25) demonstrates the MCP uses internal email notices and the Beacon Compliance Manager to track regulatory changes. GAD managers and auditors review updates monthly, assign required actions to auditors, and track them in the Team Workplan. Assigned auditors document implementation, update policies and procedures with proper version control, and support supervisor led training. After any change, auditors conduct targeted monitoring of 10 randomized samples for at least one month to demonstrate compliance. (See 1.3.1 _Documentation of Monitoring Process) » Monitoring, "Monitoring Example" (01/26) demonstrates in December 2025, a Sr. Compliance Analyst and an Operations Analyst were added to support department wide monitoring and communication. The Sr. Compliance Analyst oversees regulatory

Finding Number and Summary	• Action Taken	• Supporting Documentation	Implementation Date * (*Short-Term, Long-Term)	DHCS Comments
				and policy change review and shares updates with leaders and staff through Workplan assignments. The Operations Analyst makes sure MHK automated letters remain compliant. Together, they coordinate to prevent any regulatory or operational gaps in member-facing letters. (See 13.1_4.1.3 Monitoring Example Row 18.pdf) » Audit Tool, "Letter Audit Tool" (2026) which demonstrates that this letter audit tool will be used to verify that automated letters contain the required disclosures and notices. Since staff cannot change these fields, the tool was created to document monitoring of the automated process and will support ad hoc letter audits. (See 1.3.1 Letter Audit Tool.March 2026.xlsx) » Oversight, "GAD Inventory Reporting" (01/30/26) demonstrates the MCP's oversight of this action is completed through leadership review and management of the procedure through Compliance Auditor One Note, submission of Letter Audit Tool to Managers and above, as well as use of Monday.com for assigned owner and tasks, which is monitored by director, managers, and operations analyst lead. (See 4.1.3 GAD Inventory Reporting) **The corrective action plan for finding 4.1.3 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: Elizabeth Cordova

Title: Medicare Compliance Officer

Signed by: [Signature on file]___

Date: ___June 3, 2026_____