CALIFORNIA DEPARTMENT OF HEALTH CARE SERVICES
Michelle Baass | Director

January 14, 2026

Teresa Cortez, Compliance Manager
Anthem Blue Cross Partnership Plan, Inc.
21215 Burbank Blvd.
Woodland Hills, CA 91367

Via E-mail

RE: Department of Health Care Services Medical Audit

Dear Ms. Cortez:

The Department of Health Care Services (DHCS), Audits and Investigations Division, conducted an on-site Medical Audit of Anthem Blue Cross Partnership Plan, Inc., a Managed Care Plan (MCP), from December 9, 2024 through December 20, 2024. The audit covered the period from November 1, 2023, through October 31, 2024.

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: 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)

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

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

Emmy Louie, Contract Manager *Via E-mail*
Managed Care Contract Oversight Branch
DHCS – Managed Care Operations Division (MCOD)

ATTACHMENT A

Corrective Action Plan Response Form

Plan: Anthem Blue Cross Partnership Plan

Review Period: 11/01/2023 – 10/31/2024

Audit: Medical Audit

On-site Review: 12/09/2024 – 12/20/2024

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 Written Criteria or Guidelines for Medical Prior Authorizations The Plan did not ensure that prior authorization decisions were based on medical necessity of a requested service and were consistent with applicable written criteria.	Anthem updated policy 1.2.1_CA_UMXX_081 to ensure UM reviewers consider both the CPT code and the procedure when determining applicable medical policy. To achieve compliance, Anthem's Medical Directors reviewed errors through PIE Audits and provided education to the staff. Monthly PIE audits ensure correct criteria of application by nurses, and an annual IRR test ensures proper review criteria for use by medical directors. Updated policies, meeting minutes, and plans were submitted for review, and further updates will be provided upon completion of the IRR testing.	1.2.1_CA_UMXX_081_Application of Utilization Management Criteria - CA_2.pdf 1.2.1 IRR scores.pdf	Long Term	The following documentation supports the MCP's efforts to correct this finding: **POLICIES AND PROCEDURES** » Plan finalized revisions to Policy UMXX_081 Application of Utilization Management Criteria - CA that ensures UM reviewers consider local delivery system in addition to the CPT code but also the procedure itself when determining the applicable medical policy. **TRAINING** » Raw data IRR scores have been submitted. Plan in process of analyzing the data and will provide applicable training by end of January 2026. **OVERSIGHT AND MONITORING** » Plan submitted Clinical Services Committee meeting minutes and CSC Presentation which demonstrated evidence of APL review and updates to policies and procedures, UM monitoring results, including PIE audit results (appropriate guidelines, level of care, appropriate use of procedural codes, decision making and discharge planning).

Finding Number and Summary	Action Taken	Supporting Documentation	Implementation Date * (*Short-Term, Long-Term)	DHCS Comments
				The corrective action plan for finding 1.2.1 is accepted.
1.2.2 Documented Decision Maker The Plan did not include the name of the decision maker responsible for the denial, delay, or modification in the provider NOA letter.	Anthem addressed a system issue where medical director signatures weren't generated in denial letters by manually inputting names until system enhancements are completed by January 2026. Training was provided to staff to ensure compliance, and internal audits will begin post-system enhancement to verify the presence of decision-making provider signatures in denial letters. Anthem will report results and procedures for monitoring to key stakeholders and provide further updates.	1.2.2_Foothill_Physical_Therapy_Denied_5211_Shah Letter_12.18.2025.pdf 1.2.2_Mercy_General_Hospital_Denied_5203_Talavera Letter_12.18.2025.pdf 1.2.1 _1.2.2 Medicaid Director Attendance_Redacted.pdf 1.2.2 Post Stab_MD signature_CoC log_Botulinum training.pptx 1.2.2_MD PIE Audit Sample.pdf	Short Term solution in place Long Term – Jan 2026	The following documentation supports the MCP's efforts to correct this finding: **POLICIES AND PROCEDURES** » MCP's policy, "CA_UMXX_117: Decision and Notification Timeframes – CA" (revised 02/08/2024), states written communications or NOA letters regarding decisions to the member and provider will identify the specific health care service denied, deferred, or modified and will include the name of the health care professional responsible for the decision and the phone number to contact the physician reviewer or ask questions. (DHCS Medical Audit Report (Issued 8/4/25), page 13) » The MCP implemented a workaround process allowing health professionals to manually enter their names in denial, delay, or modification NOA letters. Examples of NOA denial letters demonstrates that the MCP now includes the documented decision maker. The MCP stated that system enhancement is expected to be implemented in January 2026. (1.2.2_Foothill_Physical_Therapy_Denied_5211_Shah Letter_12.18.2025.pdf,

Finding Number and Summary	Action Taken	Supporting Documentation	Implementation Date * (*Short-Term, Long-Term)	DHCS Comments
				1.2.2_Mercy_General_Hospital_Denied_5203_Talavera Letter_12.18.2025.pdf) **TRAINING** » PowerPoint training, "HCMS All Staff Training" as evidence that staff received training to add the reviewing Medical Director's name to the letter until the system is enhanced. (Slide 4) **OVERSIGHT AND MONITORING** » Sample Audit Tool, " MD PIE Audit" demonstrates that the MCP has an audit tool to verify whether the reviewer's name matches the signature on the letter. (1.2.2 MD PIE Audit Sample.pdf) » The MCP provided meeting minutes (10/29/25) and PowerPoint "PH UM PIE Audit Summary: QTR 3 2025" which provide evidence of documented review and discussion of monitoring audit results at CA Medicaid Clinical Services Committee Meeting. (1.2.1_CA CSC 10.29.2025 Meeting Minutes_Redacted.pdf, 1.2.1_CSC PIE 3rd Quarter 2025_Redacted.pptx) **The corrective action plan for finding 1.2.2 is accepted.**
1.3.1 Written Consent for Appeals	Anthem's G&A Department and Compliance Department conduct	1.3.1_1.3.2_CA_GAMC_051 Member Appeals -	7/2/25	The following documentation supports the MCP's efforts to correct this finding:

Finding Number and Summary	Action Taken	Supporting Documentation	Implementation Date * (*Short-Term, Long-Term)	DHCS Comments
Made on Behalf of a Member The Plan did not obtain written consent when an appeal was filed on the member's behalf.	regular audits to ensure compliance with grievance and appeals processes. The G&A Department performs monthly audits to track compliance, communicate standards, and provide educational resources to staff. In June 2024, a desktop procedure for appeals was reviewed and implemented, reinforcing Anthem's commitment to process improvement. The 2024 audit cases were completed before 2023 corrective actions could be reflected. Meanwhile, the Compliance Department conducts quarterly audits focusing on various categories such as Standard Appeals and Grievances, ensuring issues like grievance resolution timeliness and consent documentation are monitored. Meetings between the Compliance Team and G&A managers address audit findings with further coaching provided if needed.	CA.pdf 1.3.1_DTP - G&A Consent for Appeals .pdf 1.3.1_Meeting minutes 06-26-24 1.3.1_CA meeting minutes 03-03-25.pdf 1.3.1_Documents from Today's Meeting Regarding the 2023 DHCS Audit CAP Response for Appeals - Email.pdf 1.3.1_1.3.2_4.1.1_4.1.2_Quality Oversight of Medicaid Appeals and Grievances_2024.pdf 1.3.1_1.3.2_4.1.1_4.1.2_ Medicaid	6/3/24 1/2/24 7/16/25	**POLICIES AND PROCEDURES** » Policy G&A Compliance Audit - CA was updated to include monitoring for the presence of written consent for appeals and grievances submitted by someone other than the member. (1.3.1_1.3.2_CA_GAMC_051 Member Appeals - CA.pdf) **TRAINING** » DTP created to outline steps for acquiring member written consent. Meeting minutes confirm appropriate staff trained. (1.3.1 _DTP - G&A Consent for Appeals , 1.3.1_CA meeting minutes 03-03-25, 1.3.1_Meeting minutes 06-26-24, 1.3.1_Documents from Today's Meeting Regarding the 2023 DHCS Audit CAP Response for Appeals - Email) **MONITORING AND OVERSIGHT** » Quality Oversight of Medicaid Appeals and Grievances and Medicaid G&A review tool was updated to include the review of written consent for grievance and appeals. (.3.1_1.3.2_4.1.1_4.1.2_Medicaid Grievances_QA tool.xlsx) » Quality Oversight of Medicaid Appeals & Grievances document demonstrates the Compliance Department has a process in place to monitor grievances and appeals cases

Finding Number and Summary	Action Taken	Supporting Documentation	Implementation Date * (*Short-Term, Long-Term)	DHCS Comments
		Grievances_QA tool.xlsx 1.3.1_1.3.2_4.1.1_4.1.2_G&A_Compliance_Audit-CA.pdf		handled by the G&A department on a quarterly basis. (1.3.1_1.3.2_4.1.1_4.1.2_G&A_Compliance_Audit-CA.pdf) **The corrective action for finding 1.3.1 is accepted.**
1.3.2 Written Notification of Downgraded Appeals The Plan did not inform the member in writing of the decision, nor did it provide written notification of the right to file a grievance after extending the timeframe of an expedited appeal request to a standard request.	Anthem maintains a thorough process for ensuring compliance and transparency in its grievance and appeals operations. It uses multiple documents and audits to manage and communicate processes, such as the notification for when an expedited appeal is extended to a standard request, as outlined in "CA_GAMC_051-Member Appeals-CA.pdf". In January 2025, a protocol update was communicated to ensure consistent issuance of denial letters when appeals are downgraded. Monthly internal audits by the G&A Department analyze grievance files for compliance, with corrective actions taken when issues are identified. Quarterly audits by the Compliance Department focus on	1.3.1_1.3.2_CA_GAMC_051 Member Appeals - CA.pdf 1.3.2_CA_GAMC_051_Member Appeals - CA_Redline.pdf 1.3.2_CA Triage Notes Email.pdf 1.3.2_California Market Specific Tirage Appeal Process Basics.docx 1.3.2_Expedited member call out documentation.pdf	7/2/25 1/23/25 1/2/24 7/16/25	The following documentation supports the MCP's efforts to correct this finding: **POLICIES AND PROCEDURES** » Updated P&P, "GAMC 051, Member Appeals" which includes the member's right to file a grievance after extending the timeframe of an expedited appeal request to a standard request. (1.3.2_CA_GAMC_051_Member Appeals-CA_Redlined.docx, Page 11). » P&P, "G&A Compliance Audit-CA" demonstrates the MCP will perform an annual audit of Grievance and Appeals (G&A) cases to make certain proper oversight and monitoring. Audit results and coaching will be reviewed in the monthly G&A/Compliance collaboration meetings. In addition to, results will also be shared in the Quarterly Compliance Committee. (1.3.1_1.3.2_4.1.1_4.1.2_G&A_Compliance_Aidot-CA.pdf) **TRAINING**

Finding Number and Summary	Action Taken	Supporting Documentation	Implementation Date * (*Short-Term, Long-Term)	DHCS Comments
	specific types of cases, enhancing checks on grievance resolution timeliness and consent documentation. Audit results are reviewed in detail by the Compliance Committee. Anthem provides additional materials and clarifications, like audit trackers and committee minutes, to support comprehensive monitoring and review of expedited and other cases throughout the year.	1.3.2_CA Downgrade Process Overview Meeting.pdf 1.3.2_CA Appeals Triage Team Meeting 121525.pdf 1.3.1_1.3.2_4.1.1_4.1.2_Quality Oversight of Medicaid Appeals and Grievances_2024.pdf 1.3.1_1.3.2_4.1.1_4.1.2_ Medicaid Grievances_QA tool.xlsx 1.3.2_Medicaid appeals_grievances_QA tool.pdf 1.3.2_QA Audit_August_2025.xlsx 1.3.2_CA Medicaid Appeals Quality		» Meeting, "CA Appeals Triage Meeting and Expedited Member Call Out Documentation" to demonstrate the Triage Appeals Manager met with their Appeals Triage team on 12/15/25 to discuss some new verbiage that has been added to "Expedited Member Call Out Documentation" document. As a result of this meeting, the team is now fully informed about the new requirement to advise members of their right to file a grievance on any appeals that are downgraded due to standard processing times. (1.3.2_CA Appeals Triage Team Meeting 121525.pdf and 1.3.2_Expedited member call out documentation.pdf). **OVERSIGHT AND MONITORING** » "Medicaid Appeals/Grievances QA Audit Tool" to demonstrate that the MCP has implemented an audit tool to capture when an appeal is downgraded and the process is not appropriately followed. (1.3.2_CA Medicaid appeals_grievances_QA tool.pdf). » "CA Medicaid Appeals Quality Report Q1 & Q2 2025" to demonstrate the MCP conducted an appeals quality assurance audit for Q1 and Q2 of 2025. The audit included four cases involving expedited appeal requests that were downgraded to standard appeals. All four cases were 100% compliant with the requirements for timely member written decision notifications and the provision of written grievance

Finding Number and Summary	Action Taken	Supporting Documentation	Implementation Date * (*Short-Term, Long-Term)	DHCS Comments
		Quarterly Report.pdf 1.3.2_CA Medicaid Appeals QA_Q1 Q2_2025.pdf 1.3.1_1.3.2_4.1.1_4.1.2_G&A_Compliance_Audit-CA.pdf 1.3.2_2025 Q1 Compliance Committee Agenda - Minutes.pdf 1.3.2_Compliance_G&A Audit tracker_Grievances Q1.xlsx 1.3.2_G&A Internal Audit tracker_Expedites Q4 November 2025.xlsx 1.3.2_2025 Q4 Compliance Committee Minutes.pdf		rights following an appeal downgrade. (1.3.2_CA Medicaid Appeals QA_Q1Q2_2025.pdf). » "Q4 Compliance Committee Minutes" demonstrates the MCP met with its CA Medicaid Compliance Committee to review the internal compliance audit related to Grievances and Appeals. (1.3.2_2025 Q4 Compliance Committee Minutes.pdf) **The corrective action plan for finding 1.3.2 is accepted.**

Finding Number and Summary	Action Taken	Supporting Documentation	Implementation Date * (*Short-Term, Long-Term)	DHCS Comments
1.4.1 Department of Health Care Service Notification of Changes in Status of the Medical Director The Plan did not report the change in status of the Chief Medical Director to the DHCS within ten calendar days	Anthem updated its "Key Points of Contact - CA Medicaid" policy to stipulate reporting executive personnel changes to DHCS within ten days. A Key Personnel Tracker was developed and is reviewed weekly. These changes are reported quarterly during the CA Medicaid Compliance Committee meetings, and relevant stakeholders were informed in the Q3 presentation.	1.4.1_P&P Key Personnel Changes.pdf 1.4.1_Key Personnel Changes_Training.pdf 1.4.4_Key Personnel Tracker.XLSX. 1.4.1_Q3 2025_CA Medicaid Compliance Committee Deck.pdf	Long Term – 7/16/2025 9/15/2025	The following documentation supports the MCP's efforts to correct this finding: **POLICIES AND PROCEDURES** » Updated P&P, "Key Points of Contact-CA Medicaid" has been revised to include that the MCP must report to their DHCS Contract Manager any changes in the status of the executive-level personnel which include the Chief Executive Officer, Chief Financial Officer, Chief Operations Officer, the Chief Medical Director, the Health Equity Officer, the Compliance Officer, and Government Relations Persons within ten calendar days. (1.4.1_P&P Key Personnel Changes.pdf) **TRAINING** » Training, "Key Personnel Changes" Demonstrates the MCP provided an email informing staff members of the revisions to Key Personnel Changes Policy and Procedure which was the MCP must report to their DHCS Contract Manager any changes in the status of the executive-level personnel which includes the Chief Executive Officer, Chief Financial Officer, Chief Operations Officer, the Chief Medical Director, the Chief Health Equity Officer, the Compliance Officer, and

Finding Number and Summary	Action Taken	Supporting Documentation	Implementation Date * (*Short-Term, Long-Term)	DHCS Comments
				Government Relations Persons within ten calendar days. (1.4.1_Key Personnel Changes_Training.pdf) **OVERSIGHT AND MONITORING** » Tracker, "Key Personnel Tracker" demonstrates the MCP has developed a Key Personnel Tracker, which is reviewed weekly by both the MCP's Compliance Director and the DHCS's contract manager to make certain that no changes have occurred. (1.4.4_Key Personnel Tracker.XLSX) » "California Medicaid Compliance Committee" demonstrates the MCP notified the CA Medicaid Compliance Committee of the finding of 1.4.1, the timely reporting of the change of the Chief Medical Director. MCP has also shared the development of the key personnel tracker to monitor and report any changes to key personnel. (1.4.1_Q3 2025_CA Medicaid Compliance Committee Deck.pdf) **The corrective action plan for finding 1.4.1 is accepted.**

2. Case Management and Coordination of Care

Finding Number and Summary	Action Taken	Supporting Documentation	Implementation Date * (*Short-Term, Long-Term)	DHCS Comments
2.1.1 Long Term Support Services Assessments The Plan did not ensure timely assessment of LTSS needs within 60 days of identifying SPD members through the RSS process.	Anthem revised policy 2.1.1 CA_CAXX_107_Seniors and Persons with Disabilities - Case Management and Coordination of Care - CA_1 to include timely assessment of LTSS needs within 60 days for SPD members, introduced a new SPD Procedure Guide, and implemented detailed internal case auditing. Monitoring mechanisms were established, and internal audits are conducted regularly. Updates and results were submitted for review, and feedback is integrated into ongoing procedures. Compliance results are shared during monthly meetings for stakeholder review.	2.1.1 CA_CAXX_107_Seniors and Persons with Disabilities - Case Management 2.1.1 Meeting Minutes_SPD HRA Audit Tool Review 5_2025.pdf ent and Coordination of Care - CA_1.pdf 2.1.1 SPD HRA Audit Reference Guide for DHCS.pdf 2.1.1 SPD Audit Feedback- July 2025.pdf 2.1.1 SPD Audit Feedback- August 2025 & SPD Guide Updates.pdf	Long Term – 8/15/2025 9/15/2025	The following documentation supports the MCP's efforts to correct this finding: **POLICIES AND PROCEDURES** » Updated P&P, "CA_CAXX_107_Seniors and Persons with Disabilities - Case Management and Coordination of Care - CA" which includes the timely assessment of LTSS needs within 60 days of identifying SPD members through the RSS process. (CA_CAXX_107_Seniors and Persons with Disabilities - Case Management and Coordination of Care - CA, Page 6). » Desktop Procedures, "Seniors and Persons with Disabilities Procedure Guide" to demonstrate that the MCP developed a guide to streamline the HRA process and ensure compliance with key requirements such as Assessment Timelines for LTSS Needs. Assessments will be initiated within 30 days of identifying a need through referral or other means, and completing them within 60 days, in alignment with NCQA care management standards. (SPD HRA Procedure Guide, Page 1). **TRAINING** » Meeting Minutes, "SPD Refresh Training" to demonstrate that the MCP conducted training to staff on the

Finding Number and Summary	Action Taken	Supporting Documentation	Implementation Date * (*Short-Term, Long-Term)	DHCS Comments
		2.1.1 SPD HRA Cumulative Audit Results 2025.pdf		implemented SPD process changes. MCP staff reviewed and discussed the SPD Procedure Guide, documentation, outreach, timeframes, and questionnaire. (Minutes SPD Refresh Training 4.28.2025, Minutes SPD Refresh Training 5.1.2025, Retraining_ Audit Members Minutes 5.5.2025, Meeting Minutes_ SPD Procedure Guide Review 7.9.2025). **OVERSIGHT AND MONITORING** » "SPD HRA Procedure Guide" to demonstrate that the MCP has implemented a monitoring process to track compliance with the 30-day and 60-day turnaround times. The OPS411 report is conducted on a weekly and monthly basis to ensure that inventory is accurately tracked, compliant, and any issues are addressed promptly. (SPD HRA Procedure Guide). » Excel Spreadsheet, "SPD HRA Audit Reference Guide for DHCS" to demonstrate that the MCP has implemented in their monitoring mechanisms the ability to track the results of telephonic outreach attempts for timely HRA completion and timely assessment of LTSS needs within 60 days of identifying SPD members through the RSS process. The audit includes the following categories: 1st call accurately documented in Action tile, 2nd call accurately documented

Finding Number and Summary	Action Taken	Supporting Documentation	Implementation Date * (*Short-Term, Long-Term)	DHCS Comments
				in Action tile, HRA Completed Timely (within 60 days of identification). (SPD HRA Audit Reference Guide for DHCS). » "SPD HRA Cumulative Audit Results 2025" to demonstrate that the internal audits being conducted are reported to the monthly Compliance Utilization Management and Case Management meeting for review by applicable stakeholders. (SPD HRA Cumulative Audit Results 2025). **The corrective action plan for finding 2.1.1 is accepted.**
2.4.1 Continuity of Care Completion Timelines The Plan did not document the determination of urgency levels to ensure timely completion of COC requests.	Anthem updated its Continuity of Care process to assign urgency levels to each request and added the urgency field to Anthem's system. Training for the staff was completed, and compliance with urgency levels is demonstrated through a COC log. The urgency levels are now monitored via monthly PIE audits, and feedback is incorporated from continuous staff training and procedural updates.	2.1.1 SPD HRA Cumulative Audit Results 2025.pdf 1.2.1_1.2.2 Medicaid Director Attendance_Redacted.pdf 1.2.2 Post Stab_MD signature_CoC log_Botulinum training.pptx 2.4.1_CoC Log from	Long Term – 9/15/2025 11/15/2025	The following documentation supports the MCP's efforts to correct this finding: **POLICIES AND PROCEDURES** » Updated P&P, "CA_CAXX_029: Continuity of Care/Transition Assistance - CA" which states that the nurse receiving the request for continuity of care will review the request to determine the level of urgency of the request. (CA_CAXX_029, Page 5). » "CoC Log" to demonstrate that the MCP has updated their Continuity of Care process to include assigning each Continuity of Care request a level of urgency. The system is also being updated to include a field for the urgency level. (COC Log_6.2025).

Finding Number and Summary	Action Taken	Supporting Documentation	Implementation Date * (*Short-Term, Long-Term)	DHCS Comments
		06.2025_Redacted.xlsx		**TRAINING** » PowerPoint Presentation, "HCMS All Staff Training" (August 2025) and Meeting Minutes and Attendance List, "Medical Director Huddle" (July 2025) to demonstrate that the MCP conducted staff training on the continuity of care process. The Continuity of Care process includes identifying the urgency level when the case is created along with the importance of ensuring that the criteria set selected for reviews are accurate and appropriate. (Medicaid Director Attendance_Redacted, Post Stab_MD signature_CoC log_Botulinum training). **OVERSIGHT AND MONITORING** » Excel Spreadsheet, "CoC Log" to demonstrate that the MCP has implemented a monitoring process to track COC requests to include categories identifying determination of urgency levels. The CoC Log tracks the following categories: Level of Urgency, Referral Outcome. (CoC Log from 06.2025_Redacted). **The corrective action plan for finding 2.4.1 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 Grievance Resolution Letter Timeframe The Plan did not send resolution letters for quality of service grievances within the required 30 calendar day timeframe.	Anthem has implemented several measures to ensure timely and compliant resolution of grievances. The process for resolving standard grievances within 30 days is detailed in Anthem's documentation, 4.1.1_CA_GAMC_015 Grievance Process_ Members - CA.pdf." To enhance efficiency, Anthem hired two additional analysts and conducts annual training on the grievance process, with re-education completed in August 2025. Daily monitoring systems have been put in place to track case deadlines, with reports provided to managers to ensure timely closures. The G&A Department performs monthly audits and provides educational resources, while the Compliance Department conducts quarterly audits focusing on categories like Standard Appeals and Grievances, enhancing checks on timeliness and consent documentation. Grievances were audited in Quarter 1 of 2025, with findings presented to the Compliance	4.1.1_CA_GAMC_015 Grievance Process_ Members - CA.pdf 4.1.1_CA Grievance Refresher.pdf 4.1.1_CA Grievance Refresher 2025.pdf 4.1.1_Team Huddle - Attendance report 7-25-25.pdf 1.3.1_1.3.2_4.1.1_4.1.2_Quality Oversight of Medicaid Appeals and Grievances_2024.pdf 1.3.1_1.3.2_4.1.1_4.1.2_Medicaid Grievances_QA tool.xlsx 4.1.1_Grievance QA_June_2025.xlsx	9/15/25 1/2/25 7/16/25	The following documentation supports the MCP's efforts to correct this finding: **POLICIES AND PROCEDURES** » MCP's current policy CA_GAMC_015 Grievance Process: Members – CA outlines the MCP's process for resolving member grievances within the 30 day timeframe. (4.1.1_CA_GAMC_015 Grievance Process_ Members - CA.pdf) **TRAINING** » Grievance Refresher Training and Attendance Report from 7/25/25 demonstrate the MCP has provided training to its staff on grievance requirements including resolution letter timeframe requirements. (4.1.1_CA Grievance Refresher.pdf, 4.1.1_Team Huddle - Attendance report 7-25-25.pdf) **MONITORING AND OVERSIGHT** » Quality Oversight of Medicaid Appeals and Grievances_2024 and G&A Quality Audit Tool from June demonstrate the MCP conducts monthly internal audits of member grievance for compliance with regulatory requirements including resolution timeframe. (1.3.1_1.3.2_4.1.1_4.1.2_Quality Oversight of Medicaid

Finding Number and Summary	Action Taken	Supporting Documentation	Implementation Date * (*Short-Term, Long-Term)	DHCS Comments
	Committee. These strategies demonstrate Anthem's commitment to compliance, timely issue resolution, and member satisfaction.	1.3.1_1.3.2_4.1.1_4.1.2_G&A_Complian ce_Audit-CA.pdf 4.1.1_Q1 2025_CA Medicaid Compliance Comm_G&A audit slides & minutes.pdf		Appeals and Grievances_2024.pdf, 4.1.1_Grievance QA_June_2025.xls » CA Medicaid Compliance meeting minutes from Q1 2025 March, 5 2025 meeting demonstrates the MCP actively monitors grievance resolution timeframe compliance. (4.1.1_Q1 2025_CA Medicaid Compliance Comm_G&A audit slides & minutes.pdf) **The corrective action for finding 4.1.1 is accepted.**
4.1.2 Grievance Written Consent The Plan did not obtain written consent for grievances filed on member's behalf.	Anthem has enhanced its desk top procedure (DTP) regarding the Authorized Representative Workflow. The Grievance Manager discussed these updates with G&A analysts in a meeting on May 7, 2025, and the revised procedure was shared via email. An update to the DTP was made on May 19, 2025, and distributed on June 17, 2025. The G&A Department conducts monthly internal audits to ensure compliance and address issues through corrective actions. Additionally, the Compliance Department performs quarterly audits focusing on various case categories, monitoring aspects such as grievance	4.1.2_Authorized Rep Workflow.pdf 4.1.2_G&A Team Huddle 05072025.pdf 4.1.2_Authorized Rep Workflow Email to Staff.pdf 1.3.1_1.3.2_4.1.1_4.1.2_Quality Oversight of Medicaid Appeals and Grievances_2024.pdf 1.3.1_1.3.2_4.1.1_4.1.2_Medicaid Grievances_QA		The following documentation supports the MCP's efforts to correct this finding: **POLICIES AND PROCEDURES** » Authorized rep workflow clarifies steps on processing grievances with different authorized representative scenarios. (4.1.2_Authorized Rep Workflow.pdf) **TRAINING** » Team huddle and Authorized Rep workflow email demonstrate appropriate staff trained on updated workflow (4.1.2_G&A Team Huddle 05072025.pdf, 4.1.2_Authorized Rep Workflow Email to Staff.pdf **MONITORING AND OVERIGHT**

Finding Number and Summary	Action Taken	Supporting Documentation	Implementation Date * (*Short-Term, Long-Term)	DHCS Comments
	resolution timeliness and consent documentation. The team meets with G&A managers to review findings and provide coaching if needed, reinforcing Anthem's commitment to compliance and continuous improvement.	tool.xlsx 1.3.1_1.3.2_4.1.1_4.1.2_G &A_Complian ce_Audit-CA.pdf		» Quality Oversight of Medicaid Appeals and Grievances and Medicaid G&A review tool was updated to include the review of written consent for grievance and appeals. (1.3.1_1.3.2_4.1.1_4.1.2_Quality Oversight of Medicaid Appeals and Grievances_2024.pdf, 1.3.1_1.3.2_4.1.1_4.1.2_Medicaid Grievances_QA tool.xlsx) » Quality Oversight of Medicaid Appeals & Grievances document demonstrates the Compliance Department has a process in place to monitor grievances and appeals cases handled by the G&A department on a quarterly basis. (1.3.1_1.3.2_4.1.1_4.1.2_G&A_Compliance_Audit-CA.pdf) **The corrective action for finding 4.1.2 is accepted.**

*Attachment A must be signed by the MCP's compliance officer and the executive officer(s) responsible for the area(s) subject to the CAP.

Submitted by: Courtney Matsushima-Razo

Title: Compliance Director

Signed by: [Signature on File]

Date: 12/30/2025