



January 29, 2024

Ginette Hawkins  
Vice President & Compliance Officer  
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. Hawkins:

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 June 5, 2023 through June 16, 2023. The audit covered the period of March 1, 2022 through February 28, 2023.

The items were evaluated and DHCS accepts 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. 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 the DHCS from taking additional actions it deems necessary regarding 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 final CAP remediation document (final Attachment A) will be made available on the DHCS website and to the public upon request.

If you have any questions, please reach out to CAP Compliance personnel.

Sincerely,

[Signature on file]

Lyubov Poonka, Chief  
Audit Monitoring Unit  
Managed Care Quality and Monitoring Division  
Department of Health Care Services Department of Health Care Services

Enclosures: Attachment A (CAP Response Form)

cc: Stacy Nguyen, Chief  
Managed Care Monitoring Branch  
Managed Care Quality and Monitoring Division  
Department of Health Care Services

Diana O'Neal, Lead Analyst  
Audit Monitoring Unit  
Managed Care Quality and Monitoring Division  
Department of Health Care Services

Samounn Pich, Contract Manager  
Medi-Cal Managed Care Division  
Department of Health Care Services

**ATTACHMENT A**  
**Corrective Action Plan Response Form**



**Plan:** SCAN

**Review Period:** 03/01/2022 – 02/28/2023

**Audit Type:** Medical Audit and State Supported Services

**On-site Review:** 06/05/2023 – 06/16/2023

MCPs are required to provide a 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. MCPs are required to submit the CAP in Word format that will reduce turnaround time for DHCS to complete its review. According to ADA requirement, the document should be at least 12 pt.

The CAP submission must include a written statement identifying the deficiency and describing the plan of action taken to correct the deficiency, and the operational results of that action. The MCP shall directly address each deficiency component by completing the following columns provided for MCP response: 1. Finding Number and Summary, 2. Action Taken, 3. Implementation Documentation, and 4. Completion/Expected Completion Date. The MCP will be required to include project timeline with milestones in a separate document for each finding. Supporting documentation should accompany each Action Taken. If supporting documentation is missing, the MCP submission will not be accepted. For policies and other documentation that have been revised, please highlight the new relevant text, and include additional detail such as title of the document, page number, revision date, etc. in the column "Supporting Documentation" to assist DHCS in identifying any updates that were made by the plan. For deficiencies that require short-term corrective action, implementation should be completed within 30 calendar days. For deficiencies that may be reasonably determined to require long-term corrective action for a period longer than 30 days to completely remedy or operationalize, the MCP is to indicate that it has initiated remedial action and is on the way towards achieving an acceptable level of compliance. In those instances, the MCP will be required in addition to the above steps, to include the date when full compliance will be achieved. Policies and procedures submitted during the CAP process must still be sent to the MCP's Contract Manager for review and approval, as applicable in accordance with existing requirements.

**Please note, DHCS expects the plan to take swift action to implement improvement interventions as proposed in the CAP, therefore DHCS encourages all remediation efforts to be in place no later than month 6 of the CAP, unless prior approval for an extended implementation effort is granted by DHCS.**

DHCS will maintain close communication with the MCP throughout the CAP process and provide technical assistance to ensure the MCP provides sufficient documentation to correct deficiencies. Depending on the volume and complexity of deficiencies identified, DHCS may require the MCP to provide weekly updates, as applicable.

Finding Number and Summary	Action Taken	Supporting Documentation	Implementation Date* (*Short-Term, Long-Term)	DHCS Comments
<b>1. Utilization Management</b>				
<p><b>1.3.1 Appeal Reviews of Medi-Cal Benefits</b></p> <p>The Plan did not ensure its appeal process for dual eligible members included a review of criteria for covered services under the Medi-Cal program.</p>	<p>The plan's Grievance and Appeals team has implemented the following corrective actions:</p> <ul style="list-style-type: none"> <li>Reviewed and updated SCAN policies and procedures.</li> <li>Implemented updated processes.</li> <li>Educated staff on updated processes.</li> <li>Implemented a weekly report to identify and review all DSNP Upheld appeals, confirming that the decisioning was made based on both Medicare and Medi-Cal benefit guidelines.</li> </ul> <p>Monitoring and oversight will be conducted by the Grievance and Appeals cases to review designee prior to case closure. Revisions can be found on page 6 of the updated Appeals Review Guide, provided in supporting documents.</p>	<ul style="list-style-type: none"> <li>Updated Review Guide for Appeals</li> <li>DSNP decision notes meeting with staff</li> <li>Appeal Uphold Report</li> </ul>	<p>Full Implementation date: October 17, 2023</p>	<p>The following documentation supports the MCP's efforts to correct this finding:</p> <p><b>POLICIES AND PROCEDURES</b></p> <ul style="list-style-type: none"> <li>Updated Desktop Procedures, "Review Guide of Appeal Cases" (09/13/23) which states that DSNP members whose Appeal will be Upheld must have proof of being reviewed by Medi-Cal and Medicare. A case note must be entered in the notes, indicating the case was reviewed under the Medi-Cal and Medicare benefits. DSNP Uphold Letters must also include the Plan reviewed for both the Medicare and Medi-Cal Benefits. (Updated Review Guide for Appeals, Page 6).</li> </ul> <p><b>TRAINING</b></p> <ul style="list-style-type: none"> <li>"DSNP Decision Notes Meeting" (09/14/23) as evidence that MCP staff was educated on the updated process. The MCP will inform the member that the decision was made considering both the Medicare and Medi-Cal criteria in the notification letter. (DSNP Decision Note Meeting).</li> </ul> <p><b>MONITORING AND OVERSIGHT</b></p> <ul style="list-style-type: none"> <li>"Appeal Uphold Report" as evidence that the MCP has a self-monitoring process to demonstrate that Medi-Cal criteria is being reviewed during the appeals process for dual eligible members. The MCP generates a weekly report to identify and review all DSNP Upheld appeals, confirming that the decisions made were based on both Medicare and Medi-Cal benefit guidelines. (Appeal Uphold Report).</li> </ul>

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				The corrective action plan for finding 1.3.1 is accepted.
<b>4. Member Rights</b>				
<p><b>4.1.1 Timely Grievance Acknowledgment</b></p> <p>The Plan did not send acknowledgement of grievance receipt notices to members within five-calendar-days.</p>	<p>The plan's Grievance and Appeals team has implemented the following corrective actions:</p> <ul style="list-style-type: none"> <li>Hired an additional Coordinator to the Medi-Cal grievance team to address need for additional staff. Job Title: GAD Coordinator, Start Date: 4/10/2023</li> <li>Initiated the process of augmenting the grievance oversight process through MHK automation enhancements of an Acknowledgment auto trigger.</li> <li>Implemented a twice weekly report to identify all DSNP cases that have not had an acknowledgement ("ACK") letter as well as the language of choice by the</li> </ul>	<ul style="list-style-type: none"> <li>DSNP Ack Agenda/Training Topics 09/07/2023.</li> <li>Ack Letter Report (run twice weekly) to identify upcoming deadlines for Ack Letters</li> </ul>	<p>Full implementation date: August 31, 2023</p>	<p>The following documentation supports the MCP's efforts to correct this finding:</p> <p><b>POLICIES AND PROCEDURES</b></p> <ul style="list-style-type: none"> <li>Revised DTP, "Medi-Cal Integrated Grievance (Standard) Process" (11/23) revised to include the acknowledgement letter oversight process.</li> </ul> <p><b>IMPLEMENTATION</b></p> <ul style="list-style-type: none"> <li>The Plan hired an additional Grievance Appeal Department (GAD) Coordinator effective 04/10/23 to address the shortage of staff. The Plan confirms there are no open GAD Coordinator positions.</li> <li>Org Chart, "Grievance Appeal Department" (11/23) The Plan confirms there are no open GAD Coordinator positions.</li> </ul> <p><b>MONITORING AND OVERSIGHT</b></p> <ul style="list-style-type: none"> <li>The Plan augmented the process of the grievance oversight process through MHK automation enhancements of an Acknowledgment letter auto trigger. (05/01/23)</li> </ul>

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	<p>member.</p> <p>Monitoring and oversight will continue to be conducted by the Grievance and Appeals Department DHCS Auditor. Additionally, Metrics compliance measurement/reporting separated for DSNP, will be completed, so that anomalies are easier to identify.</p>			<ul style="list-style-type: none"> <li>• Meeting, “Enterprise Compliance Committee (ECC)” (09/25/23), demonstrates the Metric Report is being shared with the ECC to review grievance acknowledgement letters are being sent within five-calendar-days.</li> <li>• Report, “2023” Exception Report (08/23) demonstrates the MCP is monitoring acknowledgement letters to guarantee they are being sent out to members within five-calendar-days. If an acknowledgement letter is found not sent by the fourth calendar day, a manual letter will be sent out to meet the five-calendar-day requirement.</li> <li>• Email, the GAD Auditor will send an email to advise the GAD coordinators which acknowledgement letters are due in one day.</li> <li>• Non-compliance is identified by the Plan's GAD auditors and reported to the team supervisor. The team supervisor discusses the errors with the individual in monthly 1:1 meetings and errors are measured as part of the annual performance review process.</li> </ul> <p><b><u>TRAINING</u></b></p> <ul style="list-style-type: none"> <li>• <u>Training, “D-SNP Agenda Topics” (09/07/23) demonstrates the GAD Auditor met with GAD Staff to discuss overview of the acknowledgement letter report.</u></li> </ul> <p><b>The corrective action plan for finding 4.1.1 is accepted.</b></p>

Finding Number and Summary	Action Taken	Supporting Documentation	Implementation Date* (*Short-Term, Long-Term)	DHCS Comments
<p><b>4.2.1 Language Assistance Taglines</b></p> <p>The Plan's Language Assistance Taglines excluded two non-English languages, Mien and Ukrainian.</p>	<p>The plan's Health Care Services and Medical Management team have or are in process of implementing the following corrective actions:</p> <ul style="list-style-type: none"> <li>• Revised the Language Assistance Tagline template to include all languages per APL 21-004 titled Access and Availability to Linguistic Services and Discrimination Grievance Process.</li> <li>• Distribute and educate delegates on the updated document for member notifications (i.e., Clinical Decisions, etc.) (Provider Today)</li> <li>• Upload updated document on the SCAN Website for delegates</li> <li>• Distribute and educate internal Staff (Utilization Management, Care Coordination, Case Management, Grievance and Appeals)</li> <li>• Update the Delegation</li> </ul>	<ul style="list-style-type: none"> <li>• CA - Section 1557 Notice - Multi-Language – English</li> <li>• Provider Today Update - DRAFT – Nov</li> <li>• Oversight Audit Element (NDN MLI)</li> <li>• CA EOC (Evidence of Coverage) pages 2-5</li> </ul>	<p>Full Implementation date: January 2024</p>	<p>The following documentation supports the MCP's efforts to correct this finding:</p> <p><b>POLICIES AND PROCEDURES</b></p> <ul style="list-style-type: none"> <li>• CA Evidence of Coverage <ul style="list-style-type: none"> <li>○ The EOC demonstrates the updates made by the Plan now including Mien &amp; Ukrainian languages in its Language Assistance Taglines. (Pages 2-5)</li> </ul> </li> </ul> <p><b>MONITORING AND OVERSIGHT</b></p> <ul style="list-style-type: none"> <li>• DOU-0007 UM Audit Process <ul style="list-style-type: none"> <li>○ The Plan conducts an annual UM audit for all delegated provider groups. The Plan's minimum threshold standard for delegation is 80% for utilization management related activities. If any deficiencies are identified, a written request for corrective action plan or an observation is issued. (Pages 2-4)</li> </ul> </li> <li>• Oversight Audit Element <ul style="list-style-type: none"> <li>○ The Plan submitted the audit element to demonstrate as part of the 2024 UM audit tool update that will be submitted for approval and deploy in 2024 (and future) audits.</li> </ul> </li> <li>• DTP Clinical Rvw_Req_Org Determ Concurrent Rev Oversight <ul style="list-style-type: none"> <li>○ The Plan has implemented a mechanism into its UM System that demonstrates that the most accurate &amp; updated MLI document is</li> </ul> </li> </ul>

Finding Number and Summary	Action Taken	Supporting Documentation	Implementation Date* (*Short-Term, Long-Term)	DHCS Comments
	<p>Oversight Audit Tool</p> <ul style="list-style-type: none"> <li>• Integrate into internal System (MHK)</li> <li>• Include updated MLI in Member Handbook (2024)</li> </ul> <p>Monitoring and oversight will be performed by Utilization Management, Care Coordination, Case Management, Grievance and Appeals and Marketing.</p>			<p>attached to the notifications. Each notification is reviewed by management to cross check the appropriate language &amp; attachments are included. (Preservice requests, page 5, 5.)</p> <ul style="list-style-type: none"> <li>• Provider Today Update <ul style="list-style-type: none"> <li>○ The Plan regularly updates its member &amp; provider letter templates for delegated groups. Updates are posted regularly in the Plan's provider newsletter &amp; groups are expected to implement use of the templates within 30 days. Most recent updates were a part of the Plan's November newsletter. (See 4.2.1_Provider Today Update)</li> </ul> </li> </ul> <p><b>TRAINING</b></p> <ul style="list-style-type: none"> <li>• The training materials demonstrate the Plan distributed &amp; educated delegates on updated document for member notifications &amp; implementation within the MHOK (UM System). The implementation includes; the most accurate &amp; updated LAT document is attached to all notifications, with each notification being reviewed by management, verifying appropriate language &amp; attachments are included.</li> </ul> <p><b>The corrective action plan for finding 4.2.1 is accepted.</b></p>

**Submitted by Plan:  
Title:**

**Date:**