CALIFORNIA DEPARTMENT OF HEALTH CARE SERVICES
Michelle Baass | Director

February 20, 2026

Christy Bosse
Assistant Vice President
Health Net Community Solutions, Inc.
21281 Burbank Boulevard Woodland
Hills, CA 91367

2025 HEALTH NET DENTAL PLAN AUDIT – CORRECTIVE ACTION PLAN

Dear Ms. Bosse:

Enclosed is the Department of Health Care Services (DHCS) dental audit report for Health Net Community Solutions, Inc., a Medi-Cal Dental Managed Care Plan (Dental MCP). The report was prepared by the DHCS Audits and Investigations Division (A&I) upon conclusion of its on-site dental audit conducted on September 2, 2025, through September 12, 2025. The audit covered the review period of April 1, 2024, through December 31, 2024.

The Dental MCP is required to submit a Corrective Action Plan (CAP) in response to all findings identified in the report within 30 calendar days of the date of this letter. On the enclosed **CAP Response Form**, the Dental MCP must complete the prescribed columns to include a description of the corrective action, a list of all supporting documentation submitted, responsible person(s) and the expected CAP implementation date. In addition to completing the CAP Response Form, the Dental MCP must submit supporting documentation, organized in separate electronic folders that are clearly labeled by corresponding finding number (e.g., 1.1.1, 1.1.2, etc.).

The DHCS Medi-Cal Dental Services Division (MDSD) will monitor the CAP process through full CAP implementation. Should DHCS find the Dental MCP's CAP or supporting documentation insufficient to correct a deficiency, additional supporting documentation will be requested. The Dental MCP will be required to submit sufficient documentation as evidence to support full remediation and implementation of the CAP.

Dental MCPs are required to complete CAPs within six (6) months of receiving notice of findings from DHCS. Dental MCPs are required to provide a monthly status update to DHCS utilizing the CAP Response Form and provide supporting CAP documentation until the CAP is completed. The Dental MCP must demonstrate to MDSD ongoing active progress toward implementation of the CAP within the monthly status update, including key milestones, date(s) of milestone completion, and the expected date of when full compliance will be achieved. MDSD will monitor the plan's progress towards full CAP resolution through the monthly status update from the Dental MCP until the CAP is closed.

The CAP Response Form must be signed by the Dental MCP's Project Representative. The CAP Response Form and corresponding supporting documentation should be submitted to dmcdeliverables@dhcs.ca.gov.

If you have any questions regarding this notice, please contact DHCS at dmcdeliverables@dhcs.ca.gov.

Sincerely,

Original signed by:

Dana Durham
Chief, Medi-Cal Dental Services Division Department of
Health Care Services

Enclosures: Dental Audit Report Cover Letter (February 12, 2026) Dental
Audit Report (February 12, 2026)
CAP Response Form

Corrective Action Plan Response Form

DMC Plan: Health Net Community Solutions, Inc. **Review Period:** 4/1/2024-12/31/2024

Audit Type: Department of Health Care Services Dental Audit **On-Site Review:** 9/2/2025-9/12/2025

The Medi-Cal Dental Managed Care plan (Dental MCP) is required to submit a corrective action plan (CAP) within 30 calendar days. The CAP response must include completion of the prescribed columns below to include a description of the corrective action, a list of all supporting documentation submitted, and the CAP implementation date. For systemic deficiencies that may be reasonably determined to require long-term corrective action for a period longer than 30 days to fully remediate or operationalize, the Dental MCP must demonstrate that sufficient progress has been made toward implementation of the CAP. In those instances, the Dental MCP is required to include the dates for key milestones as well as when full compliance will be achieved. CAP reporting on the deficiency(ies) will continue through demonstrative compliance.

The Dental Managed Care Unit of the Department of Health Care Services will maintain close communication with the Dental MCP throughout the CAP review process and provide technical assistance as needed.

Finding and Summary	Action Taken	Supporting Documentation	Implementation Date	DHCS Comments
1.3.1 Prior Authorization Appeals: The Plan did not ensure that it utilized dental professionals with clinical expertise in orthodontics while adjudicating orthodontic appeals as required by D-APL 22-006.				

Finding and Summary	Action Taken	Supporting Documentation	Implementation Date	DHCS Comments
4.1.1 Quality of Care Grievances Resolution Letters: The Plan's Grievance Resolutions letters did not provide a clear and concise explanation of the decisions.				
4.1.2 Submission of Discrimination Grievances to DHCS Office of Civil Rights Email Inbox: The Plan did not submit required information to the DHCS OCR discrimination grievance email inbox after mailing Discrimination Grievance Resolution letters to the member.				