



Michelle Baass | Director

January 23, 2026

Brandy Armenta, Compliance Director
Health Plan of San Mateo
801 Gateway Blvd, Suite 100
South San Francisco, CA 94080

Via E-mail

RE: Department of Health Care Services Medical Audit

Dear Ms. Armenta:

The Department of Health Care Services (DHCS), Audits and Investigations Division, conducted an on-site Medical Audit of Health Plan of San Mateo, a Managed Care Plan (MCP), from September 23, 2024 through October 3, 2024. The audit covered the period from September 1, 2023, through August 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)



Ms. Armenta
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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
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Joshua Hunter, Lead Analyst *Via E-mail*
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Nicole Cortez, Unit Chief *Via E-mail*
Managed Care Contract Oversight Branch
DHCS – Managed Care Operations Division (MCOB)

Breannah Jimenez, Contract Manager *Via E-mail*
Managed Care Contract Oversight Branch
DHCS – Managed Care Operations Division (MCOB)

ATTACHMENT A

Corrective Action Plan Response Form

Plan: Health Plan of San Mateo

Review Period: 09/01/2023 – 08/31/2024

Audit: DHCS Medical Audit

On-site Review: 09/23/2024 – 10/03/2024

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. MCPs are required to submit the CAP in Word format, which will reduce the turnaround time for DHCS to complete its review. According to ADA requirements, 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, as well as 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. Supporting Documentation, and 4. Completion/Expected Completion Date. The MCP must include a 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 details, such as the 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. Implementing deficiencies requiring short-term corrective action 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 remedy or operationalize completely, the MCP is to indicate that it has initiated remedial action and is on the way toward achieving an acceptable level of compliance. In those instances, the MCP must include the date when full compliance will be completed in addition to the above steps. Policies and procedures submitted during the CAP process must still be sent to the MCP's Contract Manager for review and approval, as applicable, according to existing requirements.

Please note that 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 DHCS grants prior approval for an extended implementation effort.

DHCS will communicate closely with the MCP throughout the CAP process and provide technical assistance to confirm that the MCP offers sufficient documentation to correct deficiencies. Depending on the number and complexity of deficiencies identified, DHCS may require the MCP to provide weekly updates.

1. Utilization Management

Finding Number and Summary	Action Taken	Supporting Documentation	Implementation Date * <small>(*Short-Term, Long-Term)</small>	DHCS Comments
<p>1.1.1 Referral Tracking</p> <p>The Plan did not have a system to track and monitor specialty referrals requiring prior authorization.</p>	<p>The Plan updated Plan policy <i>UM.014 Over & Under Utilization</i>, section 1.2.1.8, to amend tracking and monitoring process to include referrals to specialists that require prior authorization.</p> <p>The Plan created a new quarterly monitoring report to focus on referrals to specialists that require prior authorization - to be reviewed quarterly at Utilization Management Committee (UMC). The report captures out-of-network requests for services by specialty type, reason for referral, and distance based on member's zip code.</p> <p>The report template, Q1 report data, and updated Plan policy UM.014 were reviewed and approved at UMC on 4/28/2025.</p>	<p>UM.014 Over & Under Utilization</p> <p>Out-of-Network Referrals Report 2025 Q1</p> <p>Utilization Management Committee Agenda 20250428</p> <p>Utilization Management Committee Meeting Minutes 20250428</p>	<p>4/28/2025</p>	<p>The following documentation supports the MCP's efforts to correct this finding:</p> <p>POLICIES AND PROCEDURES</p> <ul style="list-style-type: none"> » Policy UM-014 Over and Under Utilization was updated to include the tracking and monitoring of referrals to specialists that require prior authorization as a responsibility of the Utilization Management Committee. (1.1.1 UM.014 Over Under Utilization) <p>MONITORING AND OVERSIGHT</p> <ul style="list-style-type: none"> » The Quarterly Monitoring Report for Q1 2025 demonstrates that the Plan has created a new quarterly monitoring report to focus on referrals to specialists that require prior authorization, to be reviewed quarterly at the Utilization Management Committee (UMC). The report captures out-of-network requests for services by specialty type, reason for referral, and distance based on the member's zip code. (1.1.1 Out-of-Network Referrals Report 2025 Q1) » The report template, Q1 report data, and updated Plan policy UM.014 were reviewed and approved at UMC on 4/28/2025. (1.1.1 Out-of-Network Referrals Report 2025 Q1) » UM Committee Agenda and Meeting Minutes from 4/28/25 demonstrate the MCP's UM Committee is reviewing the out-of-network referral data from the Q1 report. (1.1.1 Utilization Management Committee Agenda 20250428)

Finding Number and Summary	Action Taken	Supporting Documentation	Implementation Date * (*Short-Term, Long-Term)	DHCS Comments
				The corrective action plan for finding 1.1.1 is accepted.
<p>1.5.1 Notice of Action Letters in Threshold Languages</p> <p>The Plan's delegate, Magellan, did not ensure that all NOA letters were correctly translated into members' threshold language.</p>	<p>The Plan de-delegated the benefit from Magellan, effective 10/1/2024.</p> <p>The Plan ensures all NOA letters are correctly translated into members' threshold languages using its existing translation, monitoring, and oversight policies and procedures. This process and related policy(ies) were approved by the Department (May 2024) as part of the Plan's 2023 Routine Audit CAP remediation for finding 1.2.1.</p>	<p>UM.019 NOA Letter Template Process</p>	<p>10/1/2025</p>	<p>The following documentation supports the MCP's efforts to correct this finding:</p> <p>The MCP assumed responsibilities previously delegated to Magellan, effective 10/1/2024.</p> <p>POLICES AND PROCEDURES</p> <ul style="list-style-type: none"> » UM.019 demonstrates that the MCP's current policies require the translation of NOA letters into the member's threshold languages. With the de-delegation of its delegate, the MCP's BHT NOAs will fall under this policy. (1.5.1 UM.019 NOA Letter Template Process). <p>MONITORING AND OVERSIGHT</p> <ul style="list-style-type: none"> » The monthly UM IP NOA Letter Report February 2024 from 2023 CAP demonstrated that the MCP incorporated IP NOA letters into its existing monitoring process. The existing monitoring process monitors for threshold language translation, as shown in the report example. <p>The corrective action plan for finding 1.5.1 is accepted.</p>

2. Case Management and Coordination of Care

Finding Number and Summary	Action Taken	Supporting Documentation	Implementation Date * <small>(*Short-Term, Long-Term)</small>	DHCS Comments
<p>2.1.1 Provision of Individual Care Plan for High-Risk California Children’s Services Members</p> <p>The Plan did not develop and implement an ICP for high-risk CCS members in accordance with APL 23-034.</p>	<p>Plan policy <i>CCS-01 Care Coordination and Case Management</i> is currently being reviewed to include a process for monitoring members' ICPs and ensuring ICPs are individualized to the members' needs. The Plan is aiming to complete policy edits by July 28, 2025.</p> <p>CCS is developing an updated care plan review tool to monitor for/evaluate required ICP components including, but not limited to, measurable objectives with timetables and the level of care the member requires.</p> <p>The Plan is developing, in-kind, an updated care plan review tool to monitor/audit CCS's monitoring and evaluation activities. The Plan is aiming to complete development by August 29, 2025.</p>	<p>2.1.1 CCS-01 Case Management_Redline</p> <p>2.1.1 CCS-01 Case Management_Clean</p> <p>2.1.1 CCS Monitoring Tool</p> <p>2.1.1 HPSM CCS Quarterly Case File Review Process</p> <p>2.1.1 HPSM CCS Quarterly Case File Review Tool</p> <p>2.1.1 UMC Agenda 10.27.25</p> <p>CCS QA Monitoring</p> <p>UMC Meeting Minutes 20251027</p>	<p>Target Date: 7/28/2025</p> <p>Target Date: 8/29/2025</p> <p>10/14/25</p> <p>10/23/25</p> <p>10/27/25</p>	<p>The following documentation supports the MCP’s efforts to correct this finding:</p> <p>POLICIES AND PROCEDURES</p> <ul style="list-style-type: none"> » Updated P&P, “CCS-01: Whole Child Model Case Management” (revised 10/14/25) which has been amended to include a section for monitoring Individual Care Plans (ICP) for high-risk California Children Services (CCS) members. ICPs will be monitored for quality on a regular basis by CCS and MCP. CCS will conduct a monthly audit of two cases per PHN to check for HRA, ICP, annual medical redetermination, and care coordination documentation timeliness and quality. On a quarterly basis, MCP will audit a sample of CCS cases to include ICPs developed by LPCH CORE within the same review period and evaluate ICP quality in accordance with an audit tool. (CCS-01 Case Management Clean Rev 2025.10.27, Section 4.6) » “HPSM Case File Review Process” demonstrates the MCP has a procedure to conduct quarterly case file reviews of at least 1% of high-risk CCS members with updated care plans. The MCP also built-in escalation and corrective action steps when issues are identified. (2.1.1 HPSM CCS Quarterly Case File Review Process 20251023)

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	<p>Upon completing and implementing the audit tools, the results of auditing/monitoring tools will be reported to Utilization Management Committee, quarterly.</p>			<p>MONITORING AND OVERSIGHT</p> <ul style="list-style-type: none"> » “CCS Monitoring Tool” (implemented September 2025) to demonstrate CCS conducts monthly care plan review to evaluate required ICP components, including measurable objectives with timelines and the appropriate level of care. (2.1.1 CCS Monitoring Tool 20251023) » “HPSM CCS Quarterly Case File Review Tool” demonstrates that the MCP conducts an audit of CCS monitoring. The MCP evaluates ICPs for key issues such as missing or outdated ICPs, lack of follow-up after hospitalizations, delays in referrals, and communication gaps between CCS and other providers or resources, including regional centers. (2.1.1 HPSM CCS Quarterly Case File Review Tool 20251023) » Meeting Minutes, “Utilization Management Committee” (10/27/25) and PowerPoint presentation “CCS QA Monitoring” to demonstrate that MCP has reported and reviewed the CCS Case File Review Tool results for September and October at the Utilization Management Committee. (2.1.1 CCS QA Monitoring, 2.1.1 UMC Meeting Minutes 20251027) <p>The corrective action plan for finding 2.1.1 is accepted.</p>

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<p>2.1.2 Memorandum of Understanding with California Children’s Services Program</p> <p>The Plan did not execute a MOU with CCS.</p>	<p>Immediately after DHCS issued final guidance on the requirement of an executed MOU, the Plan and CCS began developing the DHCS WCM MOU Template. Once redline changes are finalized internally, the Plan will submit to DHCS for review and approval. The Plan and CCS are collaborating to execute the MOU as soon as possible, but a more clear estimated date will be provided as development and internal review nears completion.</p> <p>Evidence of the regulatory submission, and any related communications from the Department, will be provided as response to this finding's CAP.</p>	<p>Memorandum Of Understanding Between San Mateo Health Commission D/B/A Health Plan Of San Mateo (HPSM) And County Of San Mateo By And Through San Mateo County Health, Family Health Services Division (FHS) California Childrens Services (CCS) Whole Child Model Program</p>	<p>Signed 11/20/25 and 12/3/25</p>	<p>The following documentation supports the MCP’s efforts to correct this finding:</p> <p>POLICIES AND PROCEDURES</p> <ul style="list-style-type: none"> » “D.0075 Good Faith Efforts to Execute MOU Status Report” (Quarter 2, 2025) to demonstrate that the MCP is already engaged with DHCS around the implementation of new MOU templates and corresponding shared P&Ps with the FHS CCS program. Each quarter, the MCP provides detailed updates around the MCP’s progress toward execution in a document titled “D.0075 Good Faith Efforts to Execute MOU Status Report”. The Plan’s most recent Quarter 2, 2025 submission was submitted to DHCS on 07/30/2025. (D.0075_20250730_HPSM_Good Faith Efforts to Execute MOU Status Report). » Submission Review Form, “D.0130 Health Plan of San Mateo Revised WCM MOU Template” to demonstrate that the MCP has submitted a revised WCM MOU template for DHCS review and approval. The submission was approved by DHCS on September 12, 2025. The MCP received DHCS approval for the additional proposed MOU edits on November 5, 2025. (HPSM San Mateo Revised WCM MOU Template _Review Form). » “Memorandum of Understanding Health Plan of San Mateo and County of San Mateo by and through San Mateo

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				<p>County Health, Family Health Services Division, California Children’s Services (CCS) Whole Child Model (WCM) Program” to demonstrate that the MCP executed an MOU with CCS. The executed MOU includes signatures from the CCS Authorized Representative and the MCP Signing Officer. (MOU_-_CCS-WCM-MCP_-_HPSM FE).</p> <p>The corrective action plan for finding 2.1.2 is accepted.</p>
<p>2.1.3 Initial Health Appointment Scheduling Attempts</p> <p>The Plan did not ensure that reasonable member outreach attempts for IHAs were conducted and documented for newly enrolled members.</p>	<p>The Plan is making new member outreach calls as of 02/2025. The script for this process includes a reminder to schedule an IHA visit.</p> <p>Member Services Plan staff documents completed calls in HEALTHsuite data system for tracking purposes. Member Services Leadership tracks completion of all new member calls.</p> <p>The Plan also sends an IHA flyer to all new members as part of the new member packet.</p>	<p>MC Welcome Calls Project_v3 IHA_Flyer_2021_EN.SP Call Outreach Report</p>	<p>February 2025</p>	<p>The following documentation supports the MCP’s efforts to correct this finding:</p> <p>POLICIES AND PROCEDURES</p> <ul style="list-style-type: none"> » Plan policy “QI.107 Initial Health Appointment (IHA)” reflects changes made to now include new member outreach calls as part of outreach attempts for newly enrolled members. Member services completes outreach calls within 30 days of the effective date & reminds members to schedule IHA. (Procedure, 1. – 4., pages 1-3) <p>TRAINING</p> <ul style="list-style-type: none"> » Plan training “Monthly Welcome Calls for New Medi-Cal Members” demonstrates the Plan’s new efforts in making new member outreach calls. This process was implemented in February 2025. The script for this process includes a reminder to schedule an IHA visit. The training includes how Member Services Plan staff document completed calls

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	The Plan monitors IHA completion during the provider MRR audit process.			<p>in the Healthsuite data system for tracking purposes. (See 2.1.3 MC Welcome Calls Project_v3)</p> <p>MONITORING AND OVERSIGHT</p> <ul style="list-style-type: none"> » Plan report "Call Outreach Report" demonstrates on a monthly basis the total of welcome calls, total successfully reached, total of members assigned to PCP & total of members with no phone numbers. These reports outline the Plan's overall success with monitoring Welcome Call Outreach attempts. (See 2.1.3 Call Outreach Report) » Member-facing materials "IHA Flyer" demonstrates the Plan's efforts to inform members, whether they are new members, to get their first appointments set. The flyer includes information on what will happen during the first visit, how to set up appointments, costs, and other details. The flyer is also translated into Spanish & was provided as evidence. (See 2.1.3 IHA_Flyer_2021_EN.SP) <p>The corrective action plan for finding 2.1.3 is accepted.</p>
2.1.4 Blood Lead Screening Member Outreach Attempts for	The Plan sends monthly Well Visit Reminder mailers to members turning 3-6 years old, which includes reference to Blood Lead Screening. (See: Well Child Mailer).	Well_Child_Mailer_EN Baby and Me_well-baby-mailer_en (page 5 and 7) HPSM Intranet Lead Screening_Member Resource	Implemented in 2024 and will continue in 2025.	<p>The following documentation supports the MCP's efforts to correct this finding:</p> <p>POLICIES AND PROCEDURES</p> <ul style="list-style-type: none"> » Updated P&P, "QI-122: Blood Lead Screening of Young Children" (06/15/2025) which states that providers receive a Corrective Action Plan (CAP) for deficiencies related to

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<p>Pediatric Members</p> <p>The Plan did not ensure the provision of blood lead screening tests, nor ensure the documentation of attempts to provide this test to members under six years of age.</p>	<p>The Plan sends a Well Baby Package to postpartum members enrolled in Baby+Me. The Package includes information on Lead Screenings. (See: Baby + Me Mailer).</p> <p>The Plan added information on the Members section of our webpage regarding lead screening. (See: Member Resources - Lead Screening).</p> <p>Q3 2025 Member Newsletter will include an article with tips to prevent lead poisoning that aligns with Well Baby Newsletter content. Will most likely be published by early Fall (September).</p> <p>Lead screening clinical guidelines are posted on the Plan's web page as a provider resource. (See: HPSM Web Clinical Guidelines).</p> <p>The Plan offers incentives to providers for lead screening</p>	<p>HPSM Web Clinical Guidelines</p> <p>HPSM-Care-Gap-P4P_2025-Program-Guidelines (lead screening on page 9)</p> <p>HPSM-Care-Gap-P4P_2025-SVU-Family-Practice-and-Adult-Medicine-Track (lead screening on page 2)</p> <p>HPSM-Care-Gap-P4P_2025-SVU-Pediatric-Track (lead screening on page 2)</p> <p>UPDATED-Important-Information-on-Pediatric-Blood-Lead-Screening.pdf</p> <p>eReports-user-guide pg. 10</p> <p>QI-122 Blood Lead Screening of Young Children 20240226 (section 5)</p> <p>Blood Lead Screening Report</p> <p>Stellar LSC Tracking</p> <p>01800700_SFP-FM_MRR_ScoreSheet_Tool_20250224</p>	<p>Will be implemented Q3, 2025.</p> <p>Implemented in 2024 and will continue in 2025.</p> <p>October 11, 2024.</p> <p>Target Date: June 2025.</p> <p>2/1/2024</p> <p>2/1/2024</p> <p>1/1/2025</p>	<p>the blood lead screening requirement following the medical record review (MRR) and are given 30 days to complete the requested/required corrective action item(s). (QI-122 Blood Lead Screening of Young Children Rev5 Redline).</p> <p>» “HPSM Care Gap Pay-for-Performance Incentive – 2025 Program Guidelines” to demonstrate that the MCP offers incentives to providers for lead screening through the Stellar Care Gap Pay-for-Performance Program. Incentives are offered for both scheduling the appointment and conducting the lead screening. (2.1.4 HPSM-Care-Gap-P4P_2025-Program-Guidelines).</p> <p>» “Baby and Me Mailer” to demonstrate that the MCP sends a Well Baby Package to postpartum members enrolled in Baby+Me. The Package includes information on Lead Screenings. (Baby and Me Well Baby Mailer).</p> <p>TRAINING</p> <p>» “Pediatric Blood Lead Screening Notification” (10/11/2024) to demonstrate that the MCP has sent a reminder notification to providers on blood lead screening requirements, documentation requirements, and resources. (Updated Important Information on Pediatric Blood Lead Screening).</p>

Finding Number and Summary	Action Taken	Supporting Documentation	Implementation Date * <small>(*Short-Term, Long-Term)</small>	DHCS Comments
	<p>through the Stellar Care Gap P4P Program. Incentives are offered for both scheduling the appointment and conducting the lead screening. (See: HPSM Care Gap P4P guidelines excerpts).</p> <p>The Plan sent a reminder notification to providers on blood lead screening requirements, documentation requirements and resources. (See: Pediatric Blood Lead Screening notification).</p> <p>The Plan will add a rate section to the existing eReports used by providers to help them better track lead screening rates and notify providers of the update. (See: eReports User Guide).</p> <p>The Plan has an established process that describes how we internally monitor lead screening completion.</p>	<p>2024 Medical Record Review (MRR) Standards page 22-23.</p> <p>QI-102 Site and Medical Record Review</p> <p>Signed In-Service Form_BLS_example</p>		<p>MONITORING AND OVERSIGHT</p> <ul style="list-style-type: none"> » Excel Spreadsheet, "Blood Lead Screening Report Follow Up" (06/15/2025) to demonstrate that the MCP updated their monitoring reports to include any follow-up actions by the Plan to obtain blood lead level tests for the members. The Blood Lead Screening Report tracks if follow-up was conducted and the outcome. (Blood Lead Screening Report Follow-up). » Excel Spreadsheet, "Stellar LSC Tracking" to demonstrate that the MCP uses a Stellar tracking report to monitor progress and results for lead screening. The tracking report monitors lead screening performance by month. (Stellar LSC Tracking). » "MRR Score Sheet Tool" to demonstrate that the MCP conducts periodic site and Medical Record Review of provider offices to audit lead screening and conduct training for lead screening if needed. (SFP FM MRR Score Sheet Tool). <p>The corrective action plan for finding 2.1.4 is accepted.</p>

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	<p>The Blood Lead Screening Report is used internally to track progress.</p> <p>The Plan uses a Stellar tracking report to monitor progress and results for Lead screening.</p> <p>The Plan conducts periodic Site and Medical Record Review of provider offices to audit lead screening and conduct training for lead screening if needed.</p>			
<p>2.2.1 Care Management Plans for Members Enrolled in Complex Case Management</p> <p>The Plan did not develop and implement CMPs that addressed CCM member health needs or</p>	<p>The Plan's Integrated Care Management (ICM) Supervisor reviewed plan desk-level policy DLP - Care Plan Implementation with ICM staff to affirm current process for updating care plans and following-up with the member after a change in condition is identified.</p> <p>The Plan reviewed, with its NCQA consultant, its internal process, and system enhancements in MHK, for documenting initial and</p>	<p>CM High Risk Team Huddle Agenda 20250401</p> <p>DLP - Care Plan Implementation</p> <p>NCQA CCMP Workflow</p> <p>PHM 5D_E NCQA Review</p> <p>Evidence of Staff Training Plan</p>	<p>4/1/2025</p> <p>4/29/2025</p> <p>Target Date: 6/10/2025</p>	<p>The following documentation supports the MCP's efforts to correct this finding:</p> <p>POLICIES AND PROCEDURES</p> <ul style="list-style-type: none"> » Updated P&P, "CC-01: Care Coordination and Case Management Program" (7/28/25) which states Complex Case Management involves coordinating and assessing care for members who use extensive resources and need help navigating the health care system. The Plan follows NCQA guidelines and implements this through its NCQA Complex Case Management Program (CCMP) framework. » Updated DLP, "ICM Care Plan Implementation" (6/5/25) which has been amended to include a section on

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<p>review the CMP when there was a change in a member's condition.</p>	<p>ongoing care plans and care management.</p> <p>ICM Leadership and its Clinical Oversight & Monitoring team will develop a case review process after the completion of trainings to ensure care plans sufficiently address, and provide progress updates of, the members' complex medical and health care needs throughout the entirety of the care planning process.</p> <p>Complex Care Management retraining to occur starting June 10th, 2025, to include outreach/engagement, acuity tool, and care plan development & implementation.</p>			<p>monitoring activities for care plan. On a monthly basis staff review progress towards care plan goals, and document case notes for any changes made. (2.2.1 Desk Procedure - ICM Care Plan Implementation MC & OHC 20250723)</p> <ul style="list-style-type: none"> » Workflow, "CQA Screening & Outreach Flowchart" demonstrates the MCP has a structured, NCQA-aligned process for screening, enrollment, assessment, care planning, documentation, and oversight to support compliance and quality in complex case management. (2.2.1 NCQA CCMP Workflow 20250723) <p>TRAINING</p> <ul style="list-style-type: none"> » Excel Spreadsheet attendance report, "Complex Care Management -Process Review" demonstrates staff completed required training. The training material addresses Complex Care Management Process with focus on Care Plan Implementation. (2.2.1 Complex Care Management Training Attendance Report 2025.06.24 20250723, 2.2.1 Desk Procedure - ICM Care Plan Implementation MC & OHC 20250723) » Attendance report and meeting notes, "Complex Care Monitoring Process – Self-Audit Tool Implementation Training & Next Steps" (10/15/25) demonstrates the staff received training on self-audit tool. (2.2.1 CAP - Attendance report CM Monitoring Process Training 101525, 2.2.1

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				<p>Complex Care Process Monitoring Notes 10.15.25 20251118)</p> <p>MONITORING AND OVERSIGHT</p> <ul style="list-style-type: none"> » “NCQA PHM5 - Complex CM Monitoring and Audit Readiness” demonstrates the MCP has a monitoring framework to demonstrate compliance and audit readiness for complex case management through structured reporting, system maintenance, and policy oversight. Ongoing monitoring includes one-on-one quality reviews, peer audits using NCQA checklists, and a defined responsibility matrix assigning roles and timing. (2.2.1 NCQA PHM5 Complex CM Monitoring 20250820) » “NCQA PHM 5D and 5E Self Audit Tool” demonstrates the MCP uses a self-audit checklist to demonstrate complex case management meets NCQA standards for initial assessment and care planning. Care managers confirm timely engagement (three contact attempts within 30 days, assessment started within 30 days and completed within 60 days), provide summaries for all assessment factors, and create care plans with specific, measurable goals, documented barriers, follow-up schedules, and member-approved self-management plans. Progress reviews are documented and updated as needed. Corrective steps are outlined for any gaps, supporting continuous quality

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				<p>improvement and audit readiness. (2.2.1 NCQA PHM 5D and 5E Self Audit Tool 20250820)</p> <p>The corrective action plan for finding 2.2.1 is accepted.</p>
<p>2.3.1 Behavioral Health Treatment Plan Criteria</p> <p>The Plan did not include all required criteria for BHT plans, including a crisis plan and estimated dates for goal mastery.</p>	<p>The Plan de-delegated the BHT benefit from Magellan, effective 10/1/2024.</p> <p>As part of de-delegation readiness, the Plan updated plan policy BH.02, sections 3.3.9.5 and 3.3.9.7 to specify care plan elements require 1) date of mastery for goals and 2) a crisis plan.</p> <p>Prior to de-delegating the BHT benefit from Magellan, the Plan began a monthly care plan audit to ensure Magellan's care plan elements included 1) date of mastery for goals and 2) a crisis plan as part of the Plan's 2023 Focused Audit CAP remediation.</p>	<p>BH-02 Behavioral Health Treatment BHT Audit Tool Procedure</p> <p>HPSM BHT Monthly Audit</p> <p>Utilization Management Committee Meeting Minutes 20250428</p>	<p>10/1/2024</p>	<p>The following documentation supports the MCP's efforts to correct this finding:</p> <p>POLICIES AND PROCEDURES</p> <ul style="list-style-type: none"> » Updated P&P, "BH-02: Behavioral Health Treatment (BHT)" (10/01/2024) to demonstrate that P&P BH.02, sections 3.3.9.5 and 3.3.9.7 specify care plan elements require a date of mastery for goals and a crisis plan. (BH-02 Behavioral Health Treatment, Page 5). <p>MONITORING AND OVERSIGHT</p> <ul style="list-style-type: none"> » Desktop Procedures, "BHT Audit Tool Procedure" (10/01/2024) to demonstrate that the MCP's BHT team conducts a monthly review of 10 ABA treatment plans. Upon audit assignment, the team member will examine each plan to ensure it contains all key elements including mastery criteria, date of mastery, and a crisis plan. The team member will track any findings from the review process and communicate major trends as needed to providers. (BHT Audit Tool Procedure). » Excel Spreadsheet, "HPSM BHT Monthly Audit" (10/01/2024) to demonstrate that the MCP has updated

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	<p>When de-delegation was complete, the Plan continued this monthly audit, internally.</p> <p>The BHT Audit Tool results are reported to and/or reviewed quarterly at Utilization Management Committee (UMC).</p>			<p>their monitoring process to track that behavioral health treatment plans include all required criteria, along with a crisis plan and estimated dates for goal mastery. The Excel Spreadsheet includes the following categories: Mastery Criteria and Date of Mastery Included, Crisis Plan Inclusion. (HPSM BHT Monthly Audit).</p> <p>» Meeting Minutes, "Utilization Management Committee" (04/28/2025) to demonstrate that the MCP has reported and reviewed the BHT Audit Tool results at the Utilization Management Committee. (Utilization Management Committee Meeting Minutes 20250428).</p> <p>The corrective action plan for finding 2.3.1 is accepted.</p>
<p>2.3.2 Provision of Behavioral Health Treatment Services</p> <p>The Plan did not ensure the provision of BHT services for members under 21 years of age in</p>	<p>The Plan de-delegated the BHT benefit from Magellan, effective 10/1/2024.</p> <p>As part of de-delegation readiness, the Plan adopted a BHT matching process workflow, which includes follow-up to confirm members are connected to ABA services once matched to a provider, ensuring connection to services.</p>	<p>BHT Referral Matching Process Workflow</p> <p>BHT Audit Tool Procedure</p> <p>BHT Referral Matching Process Workflow</p> <p>HPSM BHT Monthly Audit</p> <p>Utilization Management Committee Meeting Minutes 20250428</p>	<p>10/1/2025</p>	<p>The following documentation supports the MCP's efforts to correct this finding:</p> <p>POLICY AND PROCEDURES</p> <p>» "BHT Referral Matching Process Workflow" to demonstrate that the MCP has implemented a BHT matching process workflow, which includes follow-up to confirm that members are connected to ABA services once matched to a provider, ensuring connection to services. (BHT Referral Matching Process Workflow).</p> <p>MONITORING AND OVERSIGHT</p>

Finding Number and Summary	Action Taken	Supporting Documentation	Implementation Date * <small>(*Short-Term, Long-Term)</small>	DHCS Comments
<p>accordance with their BHT plans.</p>	<p>Prior to de-delegation, the Plan engaged in several efforts to address deficiencies identified in Magellan's provision of the BHT benefit.</p> <p>Beginning in January 2024, the Plan initiated monthly meetings with individual provider groups, where part of those agendas included discussing any members that provider group is challenged by e.g. clinical issues, scheduling issues.</p> <p>In May 2024, the Plan began a monthly care plan audit on Magellan to ensure members were provisioned BHT services in accordance with their care plans as part of the Plan's 2023 Focused Audit CAP remediation.</p> <p>As part of de-delegation readiness, the Plan adopted a BHT matching process workflow, which includes follow-up to</p>			<ul style="list-style-type: none"> » Desktop Procedures, "BHT Audit Tool Procedure" (10/01/2024) to demonstrate that the MCP's BHT team conducts a monthly review of 10 ABA treatment plans. Upon audit assignment, the team member will examine each plan to ensure it contains all key elements including mastery criteria, date of mastery, and a crisis plan. The team member will track any findings from the review process and communicate major trends as needed to providers. (BHT Audit Tool Procedure). » Excel Spreadsheet, "HPSM BHT Monthly Audit" (10/01/2024) to demonstrate that the MCP has updated their monitoring process to track the provision of BHT services. The Excel Spreadsheet tracks the following category: Service Type and Number of Hours Included. (HPSM BHT Monthly Audit). » Meeting Minutes, "Utilization Management Committee" (04/28/2025) to demonstrate that the MCP has reported and reviewed the BHT Audit Tool results at the Utilization Management Committee. (Utilization Management Committee Meeting Minutes 20250428). <p>The corrective action plan for finding 2.3.2 is accepted.</p>

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	<p>confirm members are connected to ABA services once matched to a provider, ensuring connection to services.</p> <p>When de-delegation was complete, the Plan continued this monthly audit, internally.</p> <p>The BHT Audit Tool results are reported to and/or reviewed quarterly at Utilization Management Committee (UMC).</p>			
<p>2.4.1 Continuity of Care Request Completion within Required Timeframes</p> <p>The Plan did not ensure that COC requests from members were completed within the required timeframes.</p>	<p>Training was conducted for all Provider Services Liaisons who process COC requests to improve understanding and highlight the importance of COC requests timeframes and processes. Staff were given the opportunity to ask questions, and signed attestations indicating they successfully completed the training.</p> <p>The Plan developed a job aid to accompany its monthly COC</p>	<p>Signature Log for COC Training</p> <p>PS-JA.01 Monitoring of Continuity of Care Requests</p> <p>Signature Log for PS-JA.01</p> <p>Weekly COC Email Report – Sample</p> <p>Weekly Monitoring Meeting Updates</p>	<p>May 2024</p> <p>May 2024</p> <p>June 2024</p> <p>October 2024</p>	<p>The following documentation supports the MCP’s efforts to correct this finding:</p> <p>MONITORING</p> <ul style="list-style-type: none"> » Monitoring and Oversight, “Job Aid, PSJA-01, Monitoring of COC Requests and Signature Log” (05/10/24) demonstrates that the MCP developed a job aid to accompany the monthly COC report. The Provider Services Network Manager routinely reviews this report to enhance COC oversight and monitoring. Additionally, Provider Services Staff have been trained in how to use the job aid. » Meetings, “COC Weekly Monitoring Meeting Updates” (10/22/24, 12/10/24, 01/28/25, 02/25/25, 03/25/25, and

Finding Number and Summary	Action Taken	Supporting Documentation	Implementation Date * <small>(*Short-Term, Long-Term)</small>	DHCS Comments
	<p>monitoring report. The Provider Services Network Manager regularly reviews this report for improved COC oversight and monitoring. Provider Services staff were trained on the Job Aid.</p> <p>The Plan implemented a weekly COC email report that includes detailed COC status information to enhance communication and monitoring between team members who process COC requests.</p> <p>The Plan expanded monitoring efforts to include additional COC status updates to weekly monitoring meetings.</p>			<p>04/29/25) demonstrate that the MCP and the entire Provider Services Department regularly attend these weekly meetings to discuss standing items COC requests.</p> <ul style="list-style-type: none"> » The report "Weekly COC Email Report" (06/2024) demonstrates that the MCP implemented a COC email report containing detailed status information to improve communication and monitoring between team members who process COC requests. » Report, "Service Desk Plus Dashboard Report" (06/10/25 - 06/12/25) on a weekly basis, the Service Desk Plus dashboard is reviewed for open continuity of care requests. For COC cases that are nearing their due date, the Provider Services staff responsible and the Provider Services Manager, or their designee, will discuss the details of the case and any actions required. If non-compliance is identified, the Provider Services Manager will discuss the details of what caused the delay in closing the COC request. <p>TRAINING</p> <ul style="list-style-type: none"> » Training, "Continuity of Care (COC)" (05/21/25), demonstrates that the Provider Network Manager reviewed the COC Policy and Procedure documentation live with the entire provider liaison team and facilitated an in-depth conversation and question-and-answer session about the

Finding Number and Summary	Action Taken	Supporting Documentation	Implementation Date * (*Short-Term, Long-Term)	DHCS Comments
				<p>nuances of the COC process. Attestations are also provided.</p> <ul style="list-style-type: none"> » Training, "Job Aid, PSJA-01, Monitoring of COC Requests and Signature Log" (05/10/24) demonstrates the MCP developed a job aid to accompany the monthly COC report. The Provider Services Network Manager routinely reviews this report to enhance COC oversight and monitoring. Additionally, Provider Services Staff have been trained on how to use the job aid. <p>The corrective action plan for finding 2.4.1 is accepted.</p>

4. Member's Rights

Finding Number and Summary	Action Taken	Supporting Documentation	Implementation Date * <small>(*Short-Term, Long-Term)</small>	DHCS Comments
<p>4.2.1 Interpreter Services during Behavioral Health Treatment Service Delivery</p> <p>The Plan did not ensure the provision of interpreter services for members during BHT service delivery.</p>	<p>The Plan de-delegated the benefit from Magellan, effective 10/1/2024.</p> <p>The Plan ensures members have access to language assistance services through its established policies, procedures, and processes that require the Plan's staff and its network providers, delegates, etc. to offer and/or utilize interpreter services, if applicable, during BHT service delivery.</p> <p>Plan policy HE.102 Member Access to Interpreter Services outlines training, education, monitoring, and oversight of the provision of interpreter services for the Plan's internal staff and its network providers, delegates, etc.</p> <p>Providers must complete provider training at time of credentialing, where they also receive resources and training material including, but not limited to, the Provider Manual - all of which outline how to offer and/or</p>	<p>HE.102 Member Access to Interpreter Services</p> <p>HPSM Provider Manual 2025</p> <p>HPSM Regulatory Provider Training 2025.02</p> <p>Initial Credentialing Approval Letter Template</p>	<p>10/1/2024</p>	<p>The following documentation supports the MCP's efforts to correct this finding:</p> <p>POLICIES AND PROCEDURES</p> <ul style="list-style-type: none"> » P&P, HE.102, "Member Access to Interpreter Services" (12/01/23) demonstrates the MCP has a monitoring process to perform quarterly reviews of the Plan's staff and provider utilization of contracted interpreter services vendors through utilization reports and invoices. Any lack of access, inappropriate utilization or significant shift in utilization are reported to Member Experience and Engagement Committee. <p>MONITORING/OVERSIGHT</p> <ul style="list-style-type: none"> » Report, "Interpreter Services Customer Details Report" (07/2025) demonstrates that the MCP monitors the provision of interpreter services for members during BHT service delivery. » Audit Review, "Monthly Audit Findings" (08/25) demonstrates the MCP conducts a monthly audit that includes the review of ten treatment plan cases submitted by the Provider Group Kyo. As part of the audit, the MCP verifies with Kyo that services are delivered in each member's primary language. » Audit Tool, "HPSM BHT Monthly Audit" (10/25) demonstrates the MCP is making certain providers are verifying each member's preferred language during BHT evaluations.

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	access various language assistance services available to members. Please reference the Provider Manual, PDF page 152.			<p>TRAINING</p> <ul style="list-style-type: none"> » The “Provider Manual” (2025) demonstrates that the MCP provides training to providers at the time of credentialing, where they also receive resources and training materials, including, but not limited to, the Provider Manual, which outlines how to offer and/or access various language assistance services available to members. » Training, “Regulatory Provider Training” (02/25) demonstrates the MCP provided regulatory training to its providers in regard to receiving oral interpretation services for the member’s preferred language. This includes access to communication for sensory processing disorder (SPD) beneficiaries in alternative formats or through other methods that ensure effective communication, such as assistive listening systems, sign language, plain language, written translations, and oral interpreters, particularly for those who are limited English proficient or non-English speaking. » Referrals, “ABA Referrals” (09/09/25 and 09/23/25), demonstrate that when the MCP refers members in need of ABA services to a Provider Group, the plan makes certain that the Provider Group is informed that Language Interpreter Services are available to all in-network providers and members. » The meeting, “MEC Meeting Minutes” (03/06/24), demonstrates that the MCP met with the Member Experience and Engagement Committee to discuss the MCP’s interpreter services report. The report states that the MCP offers providers no-cost interpreter

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				<p>services in over 230 languages, available in-person, by phone, or via video call. All providers who work with the MCP are required to offer these linguistically appropriate services to members with limited English proficiency (LEP) or with a hearing impairment.</p> <p>» The meeting, "HEC Meeting Minutes" (08/28/25), demonstrates that the MCP met with the Health Equity Committee to discuss the utilization of 2024 interpreter services, which included an overview of member rights to interpreter services.</p> <p>The corrective action plan for finding 4.2.1 is accepted.</p>

6. Administrative and Organizational Capacity

Finding Number and Summary	Action Taken	Supporting Documentation	Implementation Date * <small>(*Short-Term, Long-Term)</small>	DHCS Comments
<p>6.2.1 Quarterly Reports of Investigation</p> <p>The Plan did not submit quarterly reports to DHCS PIU on all FWA investigative activities.</p>	<p>When this gap was identified during the 2024 onsite documentation review, the Plan submitted all outstanding quarterly reports to the Department and updated its internal regulatory reporting tracker to include the FWA Quarterly Report.</p>	<p>FW_ Q3 Quarterly FWA Status Report</p> <p>HPSM 2024 Q1 & Q2 Quarterly FWA Status Report</p>	<p>10/11/2024</p>	<p>The following documentation supports the MCP’s efforts to correct this finding:</p> <p>POLICY AND PROCEDURES</p> <ul style="list-style-type: none"> » Plan policy, <i>CP-DP.002 Fraud, Waste, and Abuse Incident Investigation and Reporting</i> (revised 7/20/22) already had a process in place that states that, on a quarterly basis, the Plan will submit a report to DHCS PIU on all FWA investigative activities within 10 working days of the close of every calendar quarter. Additionally, the quarterly report will include the status of all preliminary, active, and completed investigations, and include both referrals initiated by the Plan and DHCS. (Current P&P, <i>CP-DP.002 Fraud, Waste, and Abuse Incident Investigation and Reporting</i> (revised 7/20/22)) <p>MONITORING AND OVERSIGHT</p> <ul style="list-style-type: none"> » The Plan provided a 2025 Reporting Schedule (Master) to demonstrate that it tracks and monitors regulatory reporting, which includes recording the date the report was submitted to the regulatory Agency, in the column titled "Submission Date". (6.2.1 2025 Reporting Schedule (Master) 20250625) » 2025 Reporting Schedule (Master) was updated to include a tab titled "Regular Reports for Distribution," which identifies when FWA Quarterly Reports are due to DHCS. The update shows the Plan has

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				<p>deployed corrective action and has eliminated the noted deficiency. (6.2.1 2025 Reporting Schedule (Master) 20250625)</p> <p>The corrective action plan for finding 6.2.1 is accepted.</p>

SSS. State Supported Services

Finding Number and Summary	Action Taken	Supporting Documentation	Implementation Date * <small>(*Short-Term, Long-Term)</small>	DHCS Comments
<p>SSS</p> <p>The Plan did not make payments for abortion services within 45 working days as required by Proposition 56.</p>	<p>Retro P56 for this category was increased to weekly.</p> <p>Plan policy CL.033 Proposition 56 Directed Payments, section 6.2.8 and 6.2.9, was updated to codify the increased monitoring frequency.</p> <p>The Plan is developing a monthly monitoring report to monitor P56 turnaround time separate and distinct from standard timeliness reporting metrics that are currently monitored.</p> <p>The Plan programmed the weekly monitoring report into its Reporting Database; this tool is used to monitor reports to completion.</p> <p>Compliance will be monitored via the Plan's Claims Dashboard when the monthly report is made available.</p>	<p>CL.033 Proposition 56 Directed Payments Supporting Documentation for Actions 1, 4</p>	<p>3/26/2025</p> <p>5/6/2025</p> <p>Target Date: June, 2025</p> <p>5/1/2025</p> <p>Target Date: June, 2025</p>	<p>The following documentation supports the MCP's efforts to correct this finding:</p> <p>POLICY AND PROCEDURES</p> <ul style="list-style-type: none"> » Updated P&P, CL33 Proposition 56 Payments and Targeted Rate Increases (revised 6/20/25), was submitted by the Plan as evidence that language was revised to specify that the MCP's Compliance Department will monitor the timeliness of Proposition 56 payments on a monthly basis in order to meet the 45-day requirement using a monthly autogenerated report. These are then reflected on the Plan's Claims Compliance Dashboard. (SSS CL.33 Proposition 56 Directed Payments 2025.06.20 20250625, p. 7, Section 7.0) <p>MONITORING AND OVERSIGHT</p> <ul style="list-style-type: none"> » Excel Spreadsheet, "P56 Compliance Report," and a screenshot from MCP's Claims Dashboard were provided to demonstrate that the MCP's Compliance Department conducts monthly reviews of payment files to ensure payments are processed according to the established schedule. (SSS P56 Compliance Report 20250625 and SSS Screenshot from Claims Dashboard 20250625). » The Plan submitted an IT Department Ticket requesting a change in the monitoring frequency of delayed Proposition 56 reports from monthly to weekly. This update was officially implemented on March 26, 2025. (SSS Supporting Documentation for Actions 1, 4)

Finding Number and Summary	Action Taken	Supporting Documentation	Implementation Date * <small>(*Short-Term, Long-Term)</small>	DHCS Comments
				The corrective action plan for finding SSS 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: Chris Stropki

Title: Government Affairs Consultant

Signed by: Brandy Armenta, on behalf of Ian Johansson

Date: 5/27/2025