Heritage Provider Network, Inc.
Delegation Oversight Plan
Utilization Management and Case Management

Effective: January 1, 2025

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SCOPE

Heritage Provider Network, Inc. (HPN) retains responsibility for the performance of its delegated Medical Groups (Groups). To this end, HPN Clinical Services performs oversight of the Groups' delegated Utilization Management (UM) and Case Management (CM) functions to assess compliance with applicable regulatory requirements (including those from the Centers for Medicare & Medicaid Services (CMS), California Department of Managed Health Care (DMHC), and California Department of Health Care Services (DHCS)), accreditation standards (from the National Committee for Quality Assurance (NCQA), and contracted health plan requirements.

This UM/CM Delegation Oversight Plan is designed to define key activities and processes that HPN employs to oversee its Groups' UM and CM functions. Supplemental to this is HPN's UM/CM Delegation Oversight - Calendar (maintained separately from this document); updated no less than annually or more frequently as oversight needs evolve, the Calendar identifies the discrete activities performed each year to oversee HPN's Groups.

ANNUAL AUDITS

HPN audits its delegated Groups no less than annually to evaluate compliance with applicable federal and state regulatory requirements, accreditation standards, HPN policies and procedures, and contracted health plan agreements for delegated UM and CM functions.

HPN may in its sole discretion audit the delegated functions of Groups that are jointly managed as a single entity. A single universe will be requested, the sample will be selected from the consolidated single universe, and results of the audit will apply to all jointly managed Groups. A single Corrective Action Plan (CAP) will be issued if required. The Groups that may be considered for a single entity annual audit are:
1. Regal Medical Group, Lakeside Medical Group & ADOC Medical Group; and/or
2. Bakersfield Family Medical Center & Coastal Communities Physician Network

Audit Domains

HPN's annual audit will evaluate four (4) primary audit domains as follows:

- UM - Authorization Requests[1]
- UM - NOMNC/DENC
- UM - Denial Controls/UM Information Integrity
- CM - Case Management

These primary domains will be divided into more discrete sub-domains, where applicable, for the purposes of sample selection and evaluation and analysis of results.

Audit Periods

The time period of data HPN reviews for each Group's annual audit will be determined prior to initiation of the audit and may vary across Groups (e.g., based on membership). Annual audits will generally be performed using six (6) months of data, except for Groups with larger memberships (e.g., > 100,000 members), for which audits may be performed using three (3) months of data so long as this time period yields a sufficient volume of transactions for audit review.

HPN reserves the right to expand the time period audited in the event that a Group does not have adequate transaction volume within the given time period, either overall, for a particular audit domain, or for a particular line of business (LOB)/transaction type within an audit domain. This will occur at the initial

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[1] Includes all dispositions, including approvals, denials, modifications, cancellations, and withdrawals.

definition of the audit period whenever possible, but may be required after the submitted data is provided by the Groups and actual volumes are observed.

Groups may have their annual audit conducted at different times during the year. Annual audits will be concluded by the end of the second quarter of the following calendar year.

Data Request Specifications

HPN will provide technical specifications to instruct the Groups on which data fields and type of data are required to be submitted as part of the audit as well as overall guidelines for the provision of requested data. If any fields are requested to be submitted in a given data type (e.g., a specific date/time format) or with specific values (e.g., "Y" or "N"), the technical specifications will define those data types and values for the Groups.

Groups will attest to the complete and accurate nature of all data submissions as part of the annual review process.

Evidentiary Documentation Request

Along with the data files, HPN will request supplementary evidence/documentation from the Groups to support additional aspects of HPN's audit review. This documentation will be defined at the onset of the audit and may include but is not limited to the following:

- UM Committee (UMC) Meeting Minutes and Materials, including agenda, sign in sheets, and signature pages. Specific topics of discussion at the UMC such as under/overutilization and action taken.
- Notification to members indicating TDD/TTY and language assistance is available
- UM Work Plans
- UM Staff Head Count and Current Actively Employed Clinical and Non-clinical Staff List with License Numbers & Expiration Dates
- Provider education supporting UM and CM requirements including any communications (bulletins, educational materials) distributed to providers
- Copies of signed non-incentive UM decision making statements from all applicable staff
- Attestation that Group does not deny emergency service requests based on medical necessity
- Copy of the most recent quarter log or report of Post Stabilization calls received by Group with responses/determinations
- Attestation of Group adherence to and distribution of HPN policies and procedures
- Job Aids or other internal documents demonstrating Group readiness and compliance with HPN Policies & Procedures
- Copy of Group's activities implemented to address Member and Provider Experience with UM results
- Evidence of Group's internal quality monitoring processes of key UM functions/controls
- Evidence of Required Provider and Member Notifications
- Provide a screenshot of the field in the Group's UM system that captures standing referrals and a copy of Group's job aid or staff training on how to enter a standing referral request into Group's UM system.
- Evidence of Group's posting of UM hours of operations, provider manual, clinical criteria, 24/7 phone number for post stabilization and urgent requests, use of a toll-free number, access to TDD/TTY number and language assistance availability on the Member and Provider areas of web site.
- Notice that was sent to contracted facilities in Group's service area stating authorization is not required for inpatient admissions (excluding elective or pre-planned admissions) or concurrent review. (sample of fax blast and list of contracted facilities; excludes RMG/LMG/ADOC)
- Evidence that Group monitored and reported all claims adjustment codes and claims denials for observation and inpatient care in contracted facilities on a monthly basis for compliance. (excludes

RMG/LMG/ADOC)
- Minimum of 3 files in which a Board Certified Specialist was consulted in accordance with UM-006.
- UM Denial System Controls Annual Attestation
- Provider-directed communication in the last 12 months (letters, mailing, newsletters) showing communications from the Health Plans to the providers
- Evidence that Group provided the following communication services for members and practitioners: TDD/TTY services and Language assistance for members to discuss UM issues at least annually.

Audit Initiation

HPN will initiate each audit by developing and distributing an audit initiation notice to the Group announcing HPN's audit and defining key elements of the audit, including but not necessarily limited to:

- Audit domains to be reviewed
- In-scope line(s) of business
- Time period of data to be provided for audit
- Requested evidentiary documentation

The audit initiation notice will also include copies of the data request templates, key deadlines for the audit (including the time period for returning the requested data and documentation), and any supplemental instructions for the Groups. The notice will also request that the Group provide a disclosure of any known issue(s) which may be uncovered by HPN during the course of the audit.

Data Integrity Reviews

Following submission of data by the Groups, HPN will evaluate the integrity of the submitted data using offline and sample-based data quality reviews, each of which is described further below.

Results of any issues identified through these data quality review activities will be reported to the Groups as part of the audit results. If the data quality review results call into question the reliability of the data for the purposes of HPN's audit, HPN will contact the Groups to obtain an explanation for the identified issue(s). Based on the information provided, HPN may elect to request a resubmission of corrected data from the Group prior to proceeding with the audit. The determination of whether a resubmission is required will be made based on the volume and nature of the issue(s) identified, as well as the impact of the issue(s) on downstream audit activities. Generally, data quality issues that are determined to be systemic in nature (and therefore impact or are likely to impact additional transactions within the data), that impact HPN's ability to effectively select samples for file review, or that impact HPN's ability to accurately calculate timeliness will require resubmission of corrected data.

When a resubmission is made, HPN will re-perform the offline and sample-based data quality reviews on the corrected data to ensure that identified issues are corrected.

Groups with identified data quality issues, even if corrected data is resubmitted, may be subject to cited observations, corrective action plans, additional ongoing monitoring, or focused audits to ensure data quality is achieved and maintained.

Offline Data Quality Review

Upon receipt of submitted data from the Groups, HPN will perform an offline data quality review on all records in the submitted files to ensure that the data appear complete and reliable for the purposes of the audit. Data quality checks to be performed may include but are not limited to verification of:

- Data provided for all applicable audit domains
- Data provided for the correct line(s) of business for the given audit domain
- Data provided for the correct health plan(s) for each LOB for the given audit domain
- Data provided in requested format and layout

- Date range of data aligns with requested time period
- Volume of data (e.g., authorizations, members) aligns with expected volumes
- Required fields are populated (e.g., no blanks)
- Logical chronology of reported dates/times (e.g., decision cannot occur prior to receipt of request)

If resubmission of corrected data is required based on the results of the offline data quality review and/or the initial sample-based data quality review, subsequent rounds of sample-based data quality review may utilize targeted sample selections to ensure that data quality issues previously observed have indeed been corrected.

Sample-Based Data Quality Review

In addition to the offline data quality reviews, HPN will perform sample-based validations to ensure that the data reported within submitted files aligns with the corresponding data in the underlying source system(s) and supporting documentation. These sample-based reviews will only be performed on the audit domain(s) which will be evaluated as part of the Timeliness Review. The review will focus on the accuracy of the dates and times within the submitted data, but will also ensure that the pertinent details of the data (e.g., the disposition of the authorization, the service or item being requested) are consistent within the submitted data as they appear within the underlying source.

Transactions for this data quality review will initially be selected at random. Five (5) samples for each applicable LOB from each applicable audit domain will be chosen and reviewed.

Timeliness Review

For each applicable audit domain, HPN will review the submitted data for compliance with prescribed turnaround times for each LOB and timeliness standard in accordance with HPN's policies and procedures regarding turnaround times (UM-058 HPN UM Timeliness Standards (TAT)). Whenever feasible, compliance with turnaround time requirements will be evaluated across all applicable transactions within the submitted data utilizing the dates and times reported by the Groups and corresponding calculations of the number of days (calendar or business/working) or hours. Where appropriate based on the regulatory and accreditation requirements, distinct timeliness measurements will be calculated for the various processing steps within the transaction lifecycle (e.g., timeliness of decision measured and evaluated separately from timeliness of notification). If universe-wide timeliness calculations are not feasible, HPN will audit the timeliness of selected cases as part of its sample file review process.

Results of any issues identified through timeliness review, including the specific transactions identified as untimely, will be reported to the Groups as part of the audit results. Turnaround time (TAT) compliance below 95% will be considered deficient and subject to further analysis and remediation, where appropriate, through the corrective action plan process. Certain TAT standards may have a compliance threshold higher than 95% based on LOB and/or type of request, and therefore groups that meet the 95% threshold but do not achieve 100% compliance with turnaround times may be subject to additional ongoing monitoring, and/or focused audits at HPN's discretion. HPN will take into account the number of transactions assessed (i.e., the denominator), the extent of the untimeliness identified (e.g., 1 day late vs. 2 weeks late), and the type of transactions untimely (e.g., standard/routine vs. urgent/expedited) when evaluating Groups' timeliness results.

Sample-Based Review

For each of the audit domains, HPN will select and review a targeted set of samples. For the Authorization Requests and NOMNC/DENC selected samples will represent transaction-level data and the auditor will evaluate how that sample transaction was handled. For the Case Management audit domain, selected samples will represent member-level data and the auditor will evaluate how that sample member was handled. The Audit Domain grid will indicate the amount of files to be reviewed. Denial Controls/UM Information Integrity audits will include qualitative analysis on denial information.

Sample Selection Criteria

Audit Domain: UM - Authorization Requests

Within the UM - Authorization Requests audit domain, sample transactions will be chosen within defined sub-domains as follows:

Audit Domain	Sub-Domain 1	Sub-Domain 2	Sample Approach
UM - Authorization Requests	Approvals	N/A	30 files across all LOB
	Denials, including Modifications & Benefit Denials*	Continuity of Care	30 files across all LOB
		Post-Stabilization	30 files across all LOB
		Second and Third Opinions	30 files across all LOB
		Concurrent	30 files across all LOB
		Pre-Service include Pharmacy and tertiary redirection	30 files across all LOB
		Retrospective	30 files across all LOB
	Cancellations	N/A	30 files across all LOB
	Withdrawals	N/A	30 files across all LOB
	Dismissals	N/A	30 files across all LOB

Within each sub-domain, transactions will be targeted for review to achieve a variety of transaction types for review and based on potential risks which can be gleaned from the submitted data. Considerations for sample targeting will focus on clinically significant transactions and be based on factors which may include but are not be limited to the following:

- Routine/standard vs. urgent/expedited status
- Whether a delay/extension was taken
- Type of item/service requested
  - Representation of different types of services/items (e.g., Pharmacy, outpatient vs. inpatient, DME vs. office visit)
- Reason for the denial, if applicable
  - Lack of information
  - Benefit vs. medical necessity denials
- Modification vs. full denial, if applicable
  - Representation of modification reasons, including redirection and tertiary redirection
- Requests made by members and/or their representatives vs. those made by providers
- Decisions made quickly following receipt of the request
- Requests with complex decision criteria
- Other areas as determined to be appropriate

A subset of the samples chosen within the Denials/Modifications sub-domain where the denial was based upon medical necessity may also be reviewed by an HPN physician to evaluate the appropriateness of clinical decision making.

In any denial domain, that Group shows no denials or less than 30 denials for the period, HPN will pull all denials into the sample plus approvals to achieve a minimum of 40 files.

Audit Domain: UM - NOMNC/DENC

Within the UM - NOMNC/DENC audit domain, sample transactions will be chosen within defined sub-domains as follows:

Audit Domain	Sub-Domain 1	Sample Approach
UM - NOMNC/DENC	NOMNC	10 files across all LOB – 5 HH & 5 SNF *
	DENC	10 files across all LOB – 5 HH & 5 SNF *

* This domain is only applicable for Medicare Advantage and AIP DSNP.

Within each sub-domain, transactions will be targeted for review to achieve a variety of transaction types for review. Considerations for sample targeting will be based on factors including but not limited to the following:

- Type of services being terminated

<u>Audit Domain: UM - Denial Controls/Information Integrity</u> Within the UM - Denial Controls audit domain, Groups performance on focused reviews of Group's monitoring and oversight of UM Denial Controls during the audit period will be summarized and scored.

<u>Audit Domain: CM - Case Management</u>

Within the CM - Case Management audit domain, sample members will be chosen as follows:

Audit Domain	Sub-Domain 1	Sample Approach
CM - Case Management	AIP DSNP	30 members (at least 25 who participated in CM and at least 5 who refused to participate or were unable to reach)*
	Medicare Advantage Special Needs Plans (SNP)	30 members (at least 25 who participated in CM and at least 5 who refused to participate or were unable to reach)*
	Complex Case Management	30 members (at least 25 who participated in CM and at least 5 who refused to participate or were unable to reach)*

* Samples may be replaced to achieve targeted sample sizes if CM status (participation, refusal, unable to reach) cannot be determined at the time of sample selection.

Members will be targeted to achieve a variety for review. Considerations for sample targeting will be based on factors which may include but are not limited to the following:

- Risk stratification/care level of the member
- The contracted health plan associated with the member
- Whether the member was unable to reach or refused to participate in CM
- Whether key CM activities (e.g., HRA, ICP, ICT) have been completed for the member

Sample Evaluation

Groups will provide read only access to UM & CM systems and any auxiliary system(s) required to complete the audit. If technical circumstances prohibit the granting of read only access to systems, Groups will provide full and complete PDF files to HPN to complete all file review elements. Elements missing from submitted files will be scored as non-compliant.

HPN's auditors will evaluate each selected sample against the applicable requirements/standards using one of two methods:

- Utilize the auditor's access to the Group's system to review the relevant documentation for the

sample; or

- Request a comprehensive case packet from the Group containing the relevant documentation to facilitate the auditor's review of the sample

Groups may elect to present cases via Webex. Groups and HPN will work collaboratively to schedule sessions in a timely manner so as not to delay completion of the audit. Webex case review will be in addition to, not instead of either direct system access or PDF files.

If Groups provide auditors with direct system access, HPN will request an informational session with the Group to direct the auditor to where to find key information for the samples within the source system(s) if needed. HPN will document mapping of key elements and obtain Group agreement on the mapping once per calendar year.

If Groups provide case packets to HPN, HPN will request a mapping from the Group to be provided for at least one (1) sample per audit domain/sub-domain which directs the auditor to where to find key information for the samples within the case packets. HPN will provide the Groups with a detailed list (maintained separately from this document) of the documentation and evidence to be included for each case packet.

Groups will use best efforts to keep HPN apprised in writing of changes to fields or use of fields in their UM/CM systems.

Documentation Review

In addition to the sample-based reviews, HPN's auditors will review the additional evidentiary documentation provided by the Groups and evaluate that documentation against the applicable requirements / standards.

Audit Tools

HPN will develop audit tools (maintained separately from this document) which will define the applicable requirements/standards to be evaluated for each sample and document and to record the results of the reviews. Audit tools will be segregated by LOB based on sample selected. The audit tools will be updated as necessary with each year's audit to reflect the latest requirements/standards to be assessed.

Completed audit tools will be provided to the Groups along with their audit results.

Identified Deficiencies

For each area identified as a potential deficiency based on review against the applicable requirements/standards, HPN will report the deficiency to the applicable Group as part of its preliminary audit results. Groups will be permitted a reasonable period of time to review identified deficiencies and provide any evidence which may not have been available at the time of review but would change the outcome of the deficiency. Deficiencies which are not resolved through the provision of additional evidence or clarification provided by the Group will proceed to the analysis and remediation processes.

FOCUSED AUDITS

HPN may perform focused audits, when appropriate, outside of its annual audit activities to evaluate Groups' performance in targeted areas. Focused audits may be determined to be appropriate based on a number of factors that include but are not limited to:
- Findings issued by contracted health plans
- Groups' past audit results
- Self-disclosures made by the Groups
- Areas of focus for regulators, accreditation agencies, or contracted health plans
- New or revised requirements/standards

- Areas of focus or priority identified by HPN, which may occur through annual audits, other focused audits, ongoing monitoring, or other methods.

For each focused audit, HPN will define its approach and develop or update supporting materials to execute the audit, including the data and/or documentation to be requested from the Groups and the audit tool(s) to be utilized by HPN's auditors to complete the audit. Focused audits may be performed across all Groups or for specific Groups as determined to be appropriate.

Results of the focused audits will be reported to the Groups and to HPN's UM Committee in a similar manner as that of the annual audits. Corrective action plans, ongoing monitoring, or additional focused audits may be required of the Groups based on results of the focused audits.

ONGOING MONITORING

In addition to annual and focused audit activities, HPN will perform oversight of Groups via ongoing monitoring of data and key metrics. Areas for ongoing monitoring that may be considered include but are not limited to:
1. Authorization volumes
2. Denial rates
3. Compliance with turnaround time requirements
4. Over-utilization
5. Under-utilization
6. Denial Reason Volumes
7. Change in Priority Monitoring
8. Determinations on Behavioral Health requests
9. Determinations based on Eligibility for EAE DSNP and Medicare
10. Determinations on sensitive services
11. Determinations on Emergency Services
12. Determinations on Continuity of Care
13. Determinations on Second Opinions
14. Determinations on Standing Referrals
15. UM System Controls Monitoring
16. Q.auth Auths with Multiple Notifications Monitoring

HPN may generate its own reports, where feasible, based on the Groups' data, or may request data and/or reports to be produced by the Groups in order to facilitate oversight. Working collaboratively with groups where appropriate, HPN will take steps to verify the accuracy of the data that it utilizes for ongoing monitoring. Monitoring may include tracking of key metrics (e.g., percentage of transactions processed timely) or the volume of transactions meeting defined criteria or other methods as determined to be appropriate for the specific monitoring area.

Specific areas for ongoing monitoring will be communicated to the Groups at the initiation of the monitoring activity. Monitoring activities may be performed across all Groups or for a specific Group as determined to be necessary for Group-specific risk areas. As the need for additional or modified monitoring occurs, HPN will coordinate with the Groups to verify the purpose and scope of the monitoring, the frequency, and the data required from the Groups, if any. HPN will establish benchmarks/thresholds to be applied to its ongoing monitoring activities to determine whether deficiencies exist based on the reported results.

Key processes performed as part of the annual and focused audits will also be leveraged for ongoing monitoring, which may include but are not limited to:
- Data integrity reviews
- Results measurement
- Remediation processes
- Reporting

Results of ongoing monitoring will be reported to the Groups and to HPN's UM Committee in a similar manner as that of the annual and focused audits. Corrective action plans, additional ongoing monitoring, or focused audits may be required of the Groups based on results of ongoing monitoring.

ANALYSIS AND REMEDIATION OF DEFICIENCIES

HPN will employ processes to measure the results of its audit and monitoring activities in a manner that takes into consideration the nature and cause of the deficiency as well as the extent of the impact. This applies to deficiencies identified through any method, which may include but are not limited to:

- HPN's annual audits of the Groups
- HPN's focused audits of the Groups
- HPN's ongoing monitoring of the Groups
- Group's self-reported issues to HPN
- Audit results or findings issued to HPN or the Groups by contracted health plans or regulatory/accrediting agencies

Root Cause Analysis

HPN may request that the Group provides a root cause analysis to explain the underlying cause of an identified deficiency prior to determining whether remediation is required and, if so, what type of remediation is appropriate for the nature of the deficiency. The root cause analysis should be a narrative explaining why the deficiency occurred.

Impact Analysis

In addition to the root cause analysis, HPN may also request that the Group provides an impact analysis, where feasible, measuring the extent and nature of the impact beyond the specific sample(s) (i.e., transactions or members) for which the issue was identified. This impact analysis may come in the form of a quantification of the number of transactions or members affected by a given deficiency, or the number of days for which a member was delayed in accessing medically necessary care as a result of the deficiency. HPN reserves the right to perform verification of the Groups' impact analyses to ensure accuracy.

Observations

An observation will be issued to the Groups for any deficiencies which are determined to represent instances of non-compliance or opportunities for improvement but where the nature and impact of the deficiency is not extensive such that a CAP is warranted. These may be one-off instances and/or manual errors with no or minimal member and/or provider impact but which are still reported to the Groups for quality improvement purposes including additional coaching and/or training of staff, where appropriate. HPN also tracks the cited observations for each Group to be able to identify recurrence in future auditing and/or monitoring activities and possible escalation to a CAP if recurrence is observed.

Corrective Action Plans

A CAP will be issued to the Groups for any deficiencies determined to have systemic and/or substantial impact such that formal remediation activity is required. These may be areas where failure to take corrective action would result in persistent non-compliance, including potential citation of deficiencies from the contracted health plans.

CAP Responses

In response to a CAP request, Groups will be required to complete and submit to HPN a response using an HPN-provided template which includes but is not limited to the following:

- Root cause of the deficiency (if not already completed previously as part of the results analysis)
- Planned activities to remediate the deficiency, including key milestones and corresponding deadlines
- Responsible party or parties to the remediation activities

HPN will review the submitted CAP responses and determine whether adequate information has been provided as to the proposed remediation activities or if more information is required.

CAP Monitoring

Once CAP responses have been submitted to and accepted by HPN, HPN will request ongoing updates from the Group as to the progress of the remediation activities, including updates following the key milestones and deadlines as defined within the CAP response. HPN may request that Groups submit copies of any materials developed (e.g., trainings, job aids) as applicable for the remediation activity.

CAP Validation

Following completion of the remediation activities as defined by the deadlines in the CAP response, HPN will perform validation activities to verify that the Group has effectively remediated the identified deficiency. Validation activities will be determined by HPN based on the nature of the deficiency and remediation, and may include but are not limited to the following:

- Focused re-audit of the identified deficiency
- Sign in logs from trainings, as applicable
- Copies of material(s) distributed, as applicable
- Attestation(s) of remediation activities

CAP Consolidation

If the Group has an open CAP at the time a new CAP is being issued for the same deficiency or findings, the original CAP item will be closed and consolidated into the new CAP. CAP items may remain open until HPN has sufficient evidence the issue(s) have been remediated.

Additional Monitoring and/or Auditing

For any deficiencies, regardless of categorization as an observation or a CAP, HPN may elect to incorporate review of the deficiency into future ongoing monitoring and/or focused audit activities at its discretion.

ANNUAL SUMMARY OF OVERSIGHT RESULTS

HPN will summarize each delegated Group's performance at the end of the calendar year. Summaries may include, but are not limited to:
- Annual Audit results
- Data Integrity Reviews
- Focused Audit results, as applicable

- Ongoing Monitoring findings
- Corrective Action Plans Issued and Resolved
- Open Corrective Action Plans
- Group performance on Health Plan Audits
- Group submission of evidentiary documents

Annual oversight summaries will be reported to the UMC no later than the third quarter of the following year.

REPORTING

The results of HPN's auditing and monitoring activities, including any resultant remediation activities, will be reported to HPN's UM Committee. Groups will be responsible for reporting to their own UM Committees with regards to audit and monitoring results and any observations and/or CAPs issued by HPN.

HPN will also determine whether any self-disclosures are required to the contracted health plans based on the results and required remediation.

APPENDIX: ADDITIONAL READINESS ACTIVITIES

In addition to its oversight of Groups described above, HPN will also perform, or will engage with an outside consultant to perform, an evaluation of its readiness to comply with the applicable regulatory requirements and accreditation standards. This review will occur no less than annually and will address areas including but not limited to the following:

1. Review of Program Descriptions, policies, and procedures for alignment with the latest regulatory requirements and accreditation standards
2. Review of HPN UMC agendas, minutes, and materials
3. Documentation of delegation to the Groups