

Corrective Action Plan Response Form

DMC Plan: Access Dental Plan

Review Period: 11/01/2022 – 10/31/2023

Audit Type: Department of Health Care Services Dental Audit

On-Site Review: 03/18/2024 – 03/29/2024

The Medi-Cal Dental Managed Care (DMC) plan 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 DMC plan must demonstrate that sufficient progress has been made toward implementation of the CAP. In those instances, the DMC plan 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 DMC plan throughout the CAP review process and provide technical assistance as needed.

Finding/Summary	Action Taken	Supporting Documentation	Implementation Date	DHCS Comments
1.2.1. Use of Notice of Action of Letter Templates - The Plan did not review and update NOA letter templates and "Your Rights" attachments	The templates in use today were updated and operational as of January 2024. » On February 12, 2025, Avesis sent samples of the updated templates to the State for review.	Please see documents: » 1.2.1_ADP_GMC – Approval » 1.2.1_ADP_GMC – Delay » 1.2.1_ADP_GMC – Deny	January 2024	» 1/16/25: All documents submitted to substantiate this finding are missing the appropriate tag "Delay", "Deny", etc. The Plan will need to

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according to D-APL 22-006.	Avesis is currently awaiting approval of the revised templates from the State. Upon receiving approval, the implementation of the updated templates is scheduled for production by the end of Q1.	<ul style="list-style-type: none"> » 1.2.1_ADP_LAPHP – Approval » 1.2.1_ADP_LAPHP – Delay » 1.2.1_ADP_LAPHP – Deny <p>2/14/25: Please see documents:</p> <ul style="list-style-type: none"> » 1.2.1_UM.017.01 Written Notification 12.23.24 » 1.2.1_Access_Dental NOA-Deny CA » 1.2.1_Access_Dental NOA-Delay CA 		<p>update this information according to APL 22-006. In the audit report provided to the Plan, DHCS recommended the development and implementation of a Policies and Procedures (P&P) to ensure compliance using required NOA templates. DHCS did not receive any P&Ps. Please submit P&Ps.</p> <p>» 3/19/2025: Access provided the P&P which</p>

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				demonstrates the Plans understanding of providing the proper written notifications to members. The documentation substantiates the resolution of this finding. This CAP is closed, effective February 14, 2025. The Plan does not need to provide further documentation for 1.2.1.

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1.2.2. Prior Authorization Decision and Notification Timeframes - The Plan did not comply with contractual timeframes for prior authorization (PA) treatment request decisions and notifications.	» During the audit review period, the plan experienced significant transformations across leadership, organizational structure, operations, and staffing. These changes adversely impacted the authorization turnaround times, resulting in delays. As of December 2024, the Utilization Management team is meeting turnaround times of authorizations.	To be provided January 2025 2/14/25: Please see documents: <ul style="list-style-type: none"> » 1.2.2_Dec TAR Report » 1.2.2_UM.010.01 Prior Authorization Process 7.31.24 	December 2024	» 1/16/25: In the audit report provided to the Plan, DHCS recommended that the Plan revise and implement P&Ps to ensure compliance with all contractual timeframes for prior authorization requests. DHCS has not yet received documentation to substantiate that Access is "meeting turnaround times of authorization." DHCS requests documentation

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	<p>The Utilization Management team continues to monitor turnaround times on a consistent basis. A report will be available to provided by the end of January 2025.</p> <p>» 2/14/25: Please see supporting documentation being submitted as evidence of meeting turnaround times of authorization with our December TAR Report. Please also reference</p>			<p>showing compliance and P&Ps.</p> <p>» 3/19/2025: The Plan provided the December TAR report to illustrate the Plans' compliance with contractual timeframes. Additionally, the P&P was provided for review. The documentation substantiates the resolution of this finding. This CAP is closed, effective February 18, 2025. The Plan</p>

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	policy UM.010.01 Prior Authorization Process document which contains all contractual timeframes for prior authorization requests.			does not need to provide further documentation for 1.2.2.
1.2.3. Prior Authorization Decisions - The Plan did not consistently apply its Utilization Review guidelines when adjudicating dental prior authorizations.	» Access Dental regularly conducts inter-rater reliability (IRR) studies for our dental professionals involved in the utilization management (UM) programs by selecting a sample of UM determination	Please see document: » 1.2.3_UM.006.01 Inter-Rater Reliability IRR 07.31.24 » 1.2.3_2024 IRR Scores 2/14/25: Please see documents: » 1.2.3_UM.014.01 Dental Establishment and	Q1 2024	» 1/16/25: DHCS determined that the “auto-approval” system led to approvals for services that otherwise should have been denied based on the Plan’s utilization review criteria used by its

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	<p>files.</p> <p>Independent test results are completed by all professionals for the cases to be evaluated and scored prior to a group meeting. This meeting, led by the Dental Director or their designee, involves a detailed discussion of each case. The group will identify the criteria from the Medi-Cal Manual of Criteria used to make the final decision. Starting from April 2024, during the CA</p>	<p>Review of Clinical Criteria 01.29.25</p>		<p>dental consultants.</p> <p>Please provide a corrective action plan to demonstrate alignment and consistency between the two utilization review systems, should the auto-approval system be used again in the future, consistent with Exhibit A, Attachment 7, Section B Authorization and Review Procedures of the contract.</p>

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	<p>Monthly Dental Consultants meetings, case reviews were discussed to enhance collaboration and improve IRR.</p> <p>» 2/14/25: During the audit period, ADP made a one-time operational decision to implement an "auto-approval" process for specific procedure codes. This decision was made to ensure that members continued to</p>			<p>» 3/19/2025: The documentation substantiates the resolution of this finding. This CAP is closed, effective February 14, 2025. The Plan does not need to provide further documentation for 1.2.3.</p>

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	<p>receive timely access to care. The "auto-approval" has not occurred beyond this one-time exception. On 02/01/2024, ADP migrated to a new platform system for adjudication of all reviews. All clinical determination (decisions) were reviewed by California state licensed dental professionals. Written criteria and guidelines for Utilization Review are based on the dental standard</p>			

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	<p>of care and Manual of Criteria which is outlined in the UM.014.01 Dental Establishment and Review of Clinical Criteria Policy and Procedures created on 05/02/2024, updated 11/25/2024. As of 02/01/2024, new denial reasons were implemented with clear and precise reasons for decisions</p>			

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3.1.1. Call Center "P" Factor - The Plan did not maintain the required weekly average "P" factor of seven percent or less.	<ul style="list-style-type: none"> » During the review period, we experienced staffing shortages, increased call volumes and handle times, which were all above and beyond our forecasted model. When multiple issues like this occur at the same time, it makes it extremely challenging to quickly recover through ordinary measures. We implemented several initiatives to 	<p>Please see documents:</p> <ul style="list-style-type: none"> » 3.1.1_New Hire Retention Program_9.13.24 » 3.1.1_Quarterly ADP Reports 	Q1 2024	<ul style="list-style-type: none"> » 1/16/25: The documentation substantiates the resolution of this finding. This CAP is closed, effective December 20, 2024. The Plan does not need to provide further documentation for 3.1.1.

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	<p>address our staffing gaps, including a more robust recruitment process, an increased number of cross-trained agents to support call volume fluctuations and the launch of a new employee retention bonus program, these measures collectively have had a positive impact on our overall results.</p>			

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4.1.1. Grievance Resolutions - The Plan did not ensure member grievances were completely resolved prior to closing them.	<p>The Access Dental Plan Appeals and Grievances team has taken many steps to address the deficiency above. The goal of the grievance investigation is to ensure we are investigating all aspects of the grievance and providing a resolution to comprehensively close the cases. We have improved our consistency in doing so by:</p> <ul style="list-style-type: none"> » Creating a Language Library that provides more clear and concise resolution language for our members. We 	<p>Please see documents:</p> <ul style="list-style-type: none"> » 4.1.1_Letter Review Process » 4.1.1_4765331_Resolution Ltr » 4.1.1_4787644_Resolution Ltr » 4.1.1_10.2023 Email_Letter Review » 4.1.1_Letter Language Library » 4.1.1_Records Request SOP <p>2/14/25: Please see documents:</p> <ul style="list-style-type: none"> » 4.1.1_Records Request SOP ADP_V2_2112025 <p>4/18/25: Please see documents:</p> <ul style="list-style-type: none"> » 4.1.1_Sample 1 	October 2023	<ul style="list-style-type: none"> » 1/16/25: DHCS requests that the Records Request SOP have the Access Dental Plan branding, header, reference documentation, update history, and provide substantiation that Access is meeting contractual compliance with APL 22-006. » 3/19/2025: DHCS confirms that the Records Request SOP has been

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	<p>are constantly expanding this library to address the most common grievance reasons received.</p> <p>» Implementing a record request SOP that provides strict guidance to the Grievance Coordinators around requests for requests and receipts of records necessary to address aspects of the member grievance. This process requires regular follow-</p>	<p>» 4.1.1_Sample 2</p> <p>» 4.1.1_GA_XX Internal Quality Audit program ADP_draft</p>		<p>updated. However, Access has not provided substantiation ensuring member grievances are completely resolved prior to closing them. Please provide an audit record of the Grievance personnel review demonstrating that member grievances are completely resolved prior to closure.</p>

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	<p>up and brings in Provider Relations and Clinical Support to assist sooner. We found the lack of records was heavily contributing to incomplete resolutions, as seen in this audit. Please see document <i>Records Request SOP</i>.</p> <p>» Letter review process to allow leadership to sign off on member communications and ensure all grievances have been addressed.</p>			

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	<p>All member facing communication is required to go through review by the Grievance leadership team. Utilizing a standard checklist, the leadership team reviews the letter to ensure compliance to required templates, confirm language utilized is clear and concise and to review the case file and sign off that all components of the members grievance have</p>			

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	<p>been addressed.</p> <ul style="list-style-type: none"> » 2/14/25: The Records request SOP has been added to an Access Dental template. » 4/18/25: A&G has several oversight mechanisms in place to ensure that all member grievances are fully resolved before closure. The team meets each business day to review cases that are nearing their resolution deadlines. These discussions are 			

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	<p>focused on ensuring the completeness and adequacy of investigations and resolution plans. Email documentation exists demonstrating routine and thorough review of every resolution and acknowledgment letter by A&G personnel, verifying that all grievances are completely resolved prior to closing them. Another layer being added to ensure consistent and</p>			

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	timely resolution is a new internal quality audit program which has been developed and is currently in the implementation phase. The program includes regular reviews of closed grievance cases to assess completeness, timeliness, and adherence to procedural standards and will start in May.			
4.1.2. Grievance Resolution Timeframe - The Plan did not	Access Dental Plan has enhanced the daily oversight by improving the daily inventory	Please see document: » 4.1.2_Aug-Sept 2024 Report	Q2 2024	» 1/16/25: In the audit report provided to the Plan, DHCS

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resolve these grievances within the 30 days from the time of receipt.	<p>report. This has allowed leadership to better identify cases that are nearing the due date and provide assistance in meeting the turnaround times proactively.</p> <ul style="list-style-type: none"> » 2/14/25: Access Dental Plan has enhanced daily oversight by improving the daily inventory report. This allows leadership and case coordinators the ability to quickly identify cases that are nearing the due date. Additionally, the appeals and 	<p>2/14/25: Please see documents:</p> <ul style="list-style-type: none"> » 4.1.2_DHCS_6MAUD IT » 4.1.2_GA.001.01 Grievance and Appeals 05.29.24_pg 7, 12, 13 <p>4/18/25: Please see corrected document:</p> <ul style="list-style-type: none"> » 4.1.2_DHCS_6MAUD IT_corrected 		<p>recommended that the plan establish and maintain a system of aging grievances that are pending and unresolved for 30 calendar days or more. The document submitted by the Plan did not contain aging grievances, so we are unable to validate if the system is in place. DHCS requests that the Plan submit P&Ps demonstrating how the plan intends to fully</p>

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	grievances team has expanded with an additional team lead in place as of 12/1/2024. As an ongoing method of monitoring and quality assurance, daily team meetings are held to review cases and ensure those nearing due are resolved timely. This method of consistent collaboration ensures accountability and immediate coaching as needed.			<p>resolve grievances within 30 calendar days, an audit of all grievances from the past 6 months demonstrating resolution time frames, and your plan to ensure this will not occur again.</p> <p>» 3/19/2025: The P&P provided demonstrates contractual requirements and timeframes for grievance resolution. However in attachment</p>

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	<ul style="list-style-type: none"> » 4/18/25: The report has been corrected to reflect appropriately. 			<p>4.1.2 DHCS_6MAUDI T_V21 line two (2) indicates a due date (Column M) that is before the QA Received date (Column K). DHCS requests that the Plan update this information with the correct dates.</p>
4.1.3. Grievance Acknowledgement Letters - The Plan did not send grievance acknowledgement letters to members within five-calendar days of	<p>Access Dental has provided written acknowledgements consistently within five calendar days of receipt of a grievance.</p> <ul style="list-style-type: none"> » 2/14/25: Access Dental Plan has enhanced daily 	<p>Please see document:</p> <ul style="list-style-type: none"> » 4.1.3_June 2024 Inventory Report <p>2/14/25: Please see documents:</p> <ul style="list-style-type: none"> » 4.1.3_GA.001.01 Grievance and 	Q2 2024	<ul style="list-style-type: none"> » 1/16/25: DHCS requests that the Plan submits P&Ps to ensure that Plan has processes in place to send grievance

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receipt of the grievance.	oversight by improving the daily inventory report. This allows leadership and case coordinators the ability to quickly identify new cases requiring acknowledgment. Additionally, the appeals and grievances team has expanded with an additional team lead in place as of 12/1/2024. As an ongoing method of monitoring and quality assurance, daily team meetings	Appeals 05.29.24_pg 2		<p>acknowledgement letters to members within five calendar days of receipt of grievance, an audit of all grievance acknowledgment letters from the past 6 months demonstrating time frames, and your plan to ensure this will not occur again.</p> <p>» 3/19/2025: The documentation substantiates the resolution of this finding. This</p>

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	are held to review incoming and ongoing case volumes and ensure acknowledgment letters are effectuated timely.			CAP is closed, effective February 14, 2025. The Plan does not need to provide further documentation for 4.1.3.

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5.1.1. Provider Participation in Potential Quality Issues - The Plan did not involve contracting and community providers records or opinions in the review of Potential Quality Issue (PQI) cases.	The Dental Director along with internal State Dental Directors and participating external providers from the plans network participate in the Peer Review Committee.	Please see document: <ul style="list-style-type: none"> » 5.1.1_ADP Peer Review Comm_Feb 2024 » 5.1.1_ADP Peer Review Comm_June 2024 » 5.1.1 ADP Peer Review Comm_Aug 2024 » 5.1.1QM.035.01 Peer Review Committee 01.29.24_draft 	February 2024	1/16/25: The documentation substantiates the resolution of this finding. This CAP is closed, effective December 20, 2024. The Plan does not need to provide further documentation for 5.1.1.
5.2.1. New Provider Training - The Plan did not document whether newly contracted providers completed the mandatory training within ten-business days of activated status.	<ul style="list-style-type: none"> » Provider Relations plays a key role in fostering strong relationships and ensuring smooth onboarding through active outreach and ongoing 	Please see documents: <ul style="list-style-type: none"> » 5.2.1_Welcome Calls » 5.2.1_ED.003.01_Education Providers_122024_draft 2/14/25: Please see documents:	February 2024	<ul style="list-style-type: none"> » 1/16/25: The document submitted requires updates to the P&P as it does not state that Provider

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	<p>training opportunities. Within 10 business days of a new credentialed provider becoming active, Provider Relations initiates a Welcome Call. During this call, the provider relations will confirm that the welcome letter was received, verify provider and office information, as well as review essential training requirements,</p>	<ul style="list-style-type: none"> » 5.2.1_Welcome Calls_Updated » 5.2.1_ED.003.01 Education Providers 02.13.25 draft_pg 4 <p>4/18/25: Please see documents:</p> <ul style="list-style-type: none"> » 5.2.1_ED.003.01 Education Providers 02.26.25_pg 4 » 5.2.1_Welcome calls_updated 		<p>Training will be conducted within 10 business days after the Contractor places a newly contracted provider on active status, pursuant to APL 13-014. Please update P&P to reflect alignment with APL 13-014 and relevant</p>

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	<p>guidelines, and resources. All details are carefully tracked using our Welcome Call tracker. Beyond this initial outreach, we continue to engage with the Network by offering regular training opportunities on an adhoc, quarterly and annual basis, ensuring providers have the support they need to render ongoing and quality care to enrollees in compliance</p>			<p>contract citations. Additionally, please update the Welcome Calls Tracker by adding the date when providers were in Active Status, the Turnaround Time in business days, and whether or not the providers completed the</p>

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	<p>with national and market standards. These efforts are consistently documented and tracked.</p> <p>» 2/14/25: The committee approval date is recognized as the provider's Active date. A provider relations representative will contact the office to schedule and conduct provider education. In Smartsheet, Column M (Welcome call</p>			<p>training timely.</p> <p>» 3/19/25: The P&P has been updated to specifically state the Provider Training timeframe, however, DHCS requests that Access submit the clean copy of this document. The Welcome calls tracker</p>

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	<p>completed) contains a checkbox to indicate when education is complete, which will be marked as TRUE in the Excel sheet. Column W (Date completed) records the education completion date. A field for TAT has been added for the business day calculation.</p> <p>» 4/18/25: The delay in completing some of the</p>			<p>was updated to include the "committe e date" and "TAT". DHCS requests that the Plan update to include whether or not the providers completed the training timely per contract, and corrective action plan to address</p>

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	<p>welcome calls and provider trainings was due to a gap in internal communication . Specifically, the Credentialing team was not consistently notifying Provider Relations in a timely manner of the provider's active date following Credentialing Committee approval. As a result, some trainings occurred outside the 10-</p>			<p>providers who received provider training more than 10 days after active enrollment.</p>

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	<p>day requirement. The tracker was previously updated to include the training completion date and TAT. We've now added a column to indicate whether training was completed within the required timeframe. Additionally, we are implementing internal process improvements to support timely outreach</p>			

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	and documentation. This includes streamlining the communication process between Credentialing and Provider Relations to make notifications more automated and less reliant on manual follow-up.			

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6.2.1. Compliance Officer Reporting Requirements - The Plan's Chief	Access Dental Plan received a March 13, 2024, Notice of Deficiency from	Please see document: » 6.2.1_Compliance Program_Org Chart	April 2024	1/16/25: The Organization chart received shows the Plan's

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<p>Compliance Officer (CCO) did not report directly to the CEO and the Board of Directors.</p>	<p>DHCS, section 6.2.1, related to Compliance Officer Reporting Requirements for the audit period of July 1, 2021, through October 31, 2022. Upon receipt Access Dental Plan took steps to shift direct reporting obligation to the CEO. The CCO holds a dual reporting line to the CEO and CLO. We should however note that during the audit period, and through today, Access Dental Plan has always and continues to operate a compliance program with accountability to the Board of Directors through regular ongoing reporting and communication,</p>			<p>Chief Compliance Officer reports directly to the CEO and Board of Directors. This aligns with the organizational chart submitted to DHCS on June 7, 2024. This CAP is closed, effective December 20, 2024. The Plan does not need to provide further documentation for funding 6.2.1.</p>

Finding/Summary	Action Taken	Supporting Documentation	Implementation Date	DHCS Comments
	including that of the FWA program.			

Submitted by: Sheila Schaefer

Title: Compliance Director

Date: 4/18/2025