

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: 3/18/2024-3/29/2024

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 according to D-APL 22-006.	The templates in use today were updated and operational as of January 2024. » 2/14/25: On February 12, 2025, Avesis sent samples of the updated templates to the	Please see documents: » 1.2.1_ADP_GMC – Approval » 1.2.1_ADP_GMC – Delay » 1.2.1_ADP_GMC – Deny » 1.2.1_ADP_LAPHP – Approval	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 update this information

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	State for review. 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 – 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>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 demonstrates the Plans understanding of providing the proper written</p>

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				<p>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.</p>
<p>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.</p>	<p>» During the audit review period, the plan experienced significant transformations across leadership, organizational structure, operations, and staffing. These changes adversely</p>	<p>To be provided January 2025</p> <p>2/14/25: Please see documents:</p> <ul style="list-style-type: none"> » 1.2.2_Dec TAR Report » 1.2.2_UM.010.01 Prior Authorization Process 7.31.24 	<p>December 2024</p>	<p>» 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</p>

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	<p>impacted the authorization turnaround times, resulting in delays. As of December 2024, the Utilization Management team is meeting turnaround times of authorizations. The Utilization Management team continues to monitor turnaround times on a consistent basis. A report will be available to provide by the end of January 2025.</p> <p>» 2/14/25: Please see supporting documentation being submitted as evidence of meeting</p>			<p>authorization requests. DHCS has not yet received documentation to substantiate that Access is "meeting turnaround times of authorization." DHCS requests documentation 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</p>

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	turnaround times of authorization with our December TAR Report. Please also reference policy UM.010.01 Prior Authorization Process document which contains all contractual timeframes for prior authorization requests.			review. The documentation substantiates the resolution of this finding. This CAP is closed, effective February 18, 2025. The Plan 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	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:	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

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	<p>by selecting a sample of UM determination 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.</p>	<p>» 1.2.3_UM.014.01 Dental Establishment and Review of Clinical Criteria 01.29.25</p>		<p>Plan's utilization review criteria used by its dental consultants. 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> <p>» 3/19/2025: The documentation</p>

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				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.
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 	Please see documents: <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> makes it extremely challenging to quickly recover through ordinary measures. We implemented several initiatives to 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 </p>			

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	impact on our overall results.			
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 are constantly 	<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 	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 updated. However, Access

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	<p>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-up and brings in Provider Relations and Clinical Support</p>	<p>4/18/25: Please see documents:</p> <p>» 4.1.1_Sample 1</p> <p>» 4.1.1_Sample 2</p> <p>» 4.1.1_GA_XX Internal Quality Audit program ADP_draft</p> <p>6/17/25: Please see document:</p> <p>» 4.1.1_AG IQA</p>		<p>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> <p>» 5/5/2025: The samples included were specific to the SOP/letter and did not include audit results. Access has not</p>

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	<p>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. All member facing communication is required to go through review by the Grievance leadership team.</p>			<p>provided substantiating documentation demonstrating compliance that member grievances are completely resolved prior to closing them. As previously requested, 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>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 been addressed.</p> <p>» 2/14/25: The Records request SOP has been added to an Access Dental template.</p>			

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	<p>» 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 focused on ensuring the completeness and adequacy of investigations and resolution plans. Email documentation exists demonstrating routine and</p>			

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	<p>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 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</p>			

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	<p>to assess completeness, timeliness, and adherence to procedural standards and will start in May.</p> <p>» 6/17/25: Access conducted a random sample audit of grievance files to include closure letters. This audit includes a review of files to verify that each case contains evidence of full resolution prior to closure.</p>			
4.1.2. Grievance Resolution Timeframe - The Plan did not resolve these grievances within	Access Dental Plan has enhanced the daily oversight by improving the daily inventory report. This has allowed leadership to better	<p>Please see document:</p> <p>» 4.1.2_Aug-Sept 2024 Report</p> <p>2/14/25: Please see documents:</p>	Q2 2024	<p>» 1/16/25: In the audit report provided to the Plan, DHCS recommended that the plan</p>

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the 30 days from the time of receipt.	<p>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 grievances team has expanded with an additional team lead in place as of 12/1/2024. As an ongoing 	<ul style="list-style-type: none"> » 4.1.2_DHCS_6MA UDIT » 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_6MA UDIT_corrected <p>6/17/25: Please see document:</p> <ul style="list-style-type: none"> » 4.1.2 Narrative Response 		<p>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 resolve grievances within 30 calendar days, an audit of all</p>

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	<p>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> <p>» 4/18/25: The report has been corrected to reflect appropriately.</p> <p>» 6/17/25: Please see narrative document for additional</p>			<p>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 4.1.2 DHCS_6MAUDIT_V21 line two (2) indicates a due date (Column M) that is before the QA Received date (Column K). DHCS requests that</p>

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	information on affected members and how we made them whole.			<p>the Plan update this information with the correct dates.</p> <p>» 5/5/2025: Access submitted an updated spreadsheet which corrected the information mentioned in the 3/19/2025 review. Based on the information provided, Access is demonstrating a compliance rate of 97.3 as 290 of the 298 grievances were resolved timely. The monitoring method is sufficient to ensure timeliness of all</p>

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				grievances are met and trends can be identified. Please confirm how many affected Members did not have grievances resolved timely and please advise how you will make those affected Members Whole.
4.1.3. Grievance Acknowledgement Letters - The Plan did not send grievance acknowledgement letters to members within five-calendar days of receipt of the grievance.	<p>Access Dental has provided written acknowledgements consistently within five calendar days of receipt of a grievance.</p> <p>» 2/14/25: Access Dental Plan has enhanced daily oversight by improving the</p>	<p>Please see document:</p> <p>» 4.1.3_June 2024 Inventory Report</p> <p>2/14/25: Please see documents:</p> <p>» 4.1.3_GA.001.01 Grievance and Appeals 05.29.24_pg 2</p>	Q2 2024	<p>» 1/16/25: DHCS requests that the Plan submits P&Ps to ensure that Plan has processes in place to send grievance acknowledgement letters to members within five calendar</p>

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	<p>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 are held to review incoming and ongoing case volumes and ensure</p>			<p>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 CAP is closed, effective February 14, 2025. The Plan does not need to provide further documentation for 4.1.3.</p>

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	acknowledgement letters are effectuated timely.			
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	Provider Relations plays a key role in fostering strong relationships and ensuring smooth onboarding through active outreach and	Please see documents: <ul style="list-style-type: none"> » 5.2.1_Welcome Calls » 5.2.1_ED.003.01_Education 	February 2024	<ul style="list-style-type: none"> » 1/16/25: The documentation submitted requires updates to the P&P as it does not state

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completed the mandatory training within ten-business days of activated status.	ongoing 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, 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	<p>Providers_122024_draft</p> <p>2/14/25: Please see documents:</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 		that Provider 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 contract citations. Additionally, please update the Welcome Calls Tracker by adding the date when providers were in Active Status, the

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	support they need to render ongoing and quality care to enrollees in compliance with national and market standards. These efforts are consistently documented and tracked.			<p>Turnaround Time in business days, and whether or not the providers completed the 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 was updated to include the "committee date" and "TAT". DHCS requests that the Plan</p>

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				<p>update to include whether or not the providers completed the training timely per contract, and corrective action plan to address providers who received provider training more than 10 days after active enrollment.</p> <p>» 5/5/25: Access provided a clean copy of the P&P. The Welcome calls tracker now contains the requested information, and the Plan has provided additional</p>

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				information on internal process improvements to ensure timely outreach and documentation geared towards an automated processes versus manual. The documentation and improvements substantiate the resolution of this finding. This CAP is closed, effective April 18, 2025. The Plan does not need to provide further documentation for 5.2.1.
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:	April 2024	1/16/25: The Organization chart received shows the Plan's Chief Compliance

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Compliance Officer (CCO) did not report directly to the CEO and the Board of Directors.	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, including that of the FWA program.	» 6.2.1_Compliance Program_Org Chart		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.