

Plan Name: Access Dental Plan

Date: 10/10/24

Prepared by: ADP Compliance

Contract #: GMC (12-89341) and LAPHP (13-90115)

Contact Name (1): Liz Bishop

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## **A. Management Information System (MIS) – Functionality**

### **DHCS Deficiency**

Access has not been contractually compliant in accordance with Exhibit A, Attachment 4, Provision 2 (MIS) which states, "Contractor's MIS shall have processes that support the interactions between Financial, Member/Eligibility; Provider; Encounter Claims; Quality Management/Quality Improvement/Utilization; and Report Generation subsystems. The interactions of the subsystems must be compatible, efficient and successful. Contractor shall be staffed with personnel with expertise and experience necessary to support the MIS system at the commencement of the Operations Period and for the duration of this Contract."

### **Root Cause**

As Access Dental embarked on work to upgrade to the proprietary platform, Cadence, our primary goal was to execute a seamless transition that safeguards the functionality of the systems and maintains the accuracy of business processes. The migration was completed as planned and included industry-standard analytics and reporting software to establish an open database connection (ODBC) to our management information system (MIS) and create reports. The new MIS system features enhanced automation allowing us to develop repeatable and consistent reporting.

Access Dental did significant planning to anticipate reporting needs. With any large-scale migration there may be unanticipated issues that arise. As we rebuilt all reports in our new system, select reports were delayed and not submitted by the deadline. These delays were not related to MIS system capabilities or lack of staff with expertise to support. Rather, we identified a need to expand review and validation of any reports previously developed manually. We believe this step is critical in report data integrity and accuracy.

Access Dental Plan can assure DHCS that we are already realizing the operational efficiencies of the upgrades to our system. For example, claims were previously keyed in manually for adjudication by a claim's processor. We can now intake and scan claims directly into the system. Providers now have the ability to submit claims electronically via our portal. Both meet our overall commitment to provide a MIS with capability to capture, edit, and utilize various data elements for both internal management uses and ultimately to be more responsive to DHCS requests.

It is important to note that on February 21, 2024, Access Dental was impacted by the industry-wide cybersecurity breach of our key vendor Change Healthcare. At that time, resources were reallocated to restoration of critical business operations and providing continuity care for our members. This rare, and now resolved, interruption in services also led to delays.

We have provided details related to the reports subject to this Notice of Deficiency in the order presented by DHCS below sections (B) thru (F). We are in process of additional data validation on other one-time or annual reports and will provide ongoing status updates to DHCS. None of these reports impact the provision of member care.

## **Corrective Action**

Access Dental will enhance coordination of reporting deliverables by providing education to applicable employees on procedures to escalate reporting deliverables when necessary, and further we will be conducting advanced monitoring by Compliance and Account Management leadership to triage and make certain deliverables are met.

## **Updated 10/10/24**

### **DHCS Request**

At the September 12, 2024, meeting with DHCS, Access reported that they had resolved the reporting issues. DHCS has requested documentation including a crosswalk comparing prior reporting to new reporting in the new system, and attestation that all system testing has been done that is required for system functionality and contractual requirements. Access also agreed to provide an update project schedule which outlines

the updated milestones and tasks related to the MIS migration project. Access is reminded to provide DHCS written update notification of any changes to the project schedules for previously approved implementation and roll out plans to attempt to clear the NOD.

## **ADP Response**

Please see the following attachment pursuant to DHCS request:

- » Attachment (1) – California Reporting Master Grid reflecting the requested cross walk of reporting into the new system.
- » Attachment (2) – Attestation
- » Attachment (3) – California Medicaid MIS Project Plan

## **Status**

In progress

## **B. Member Phone Call Report – February 2024**

### **DHCS Deficiency**

On April 1, 2024, Access was required to submit the February 2024 Member Phone Call Report to DHCS, pursuant to Exhibit A, Attachment 14, Provision B, Sub-Provision 5, Member Phone Call Report, and APL 23-005.

On March 28, 2024, Access submitted the February 2024 Member Phone Call Report, reporting that zero phone calls were made the entire month, and with a self-reported deficiency, "Members who have not seen a dentist in over 12 months were not contacted in the month of February. The reporting needed to identify members without services was delayed due to our recent system migration." The plan also supplied a Plan of Action, "Reporting resumed for calls to be made in March. The members who were to be outreached to in February are being absorbed in calls made for March, April and May. All members without services in 12 months will be contacted as appropriate." The plan provided a resolution date of May 31, 2024, stating, "All missed February calls will be completed by the end of May."

On April 2, 2024, DHCS returned the February 2024 Member Phone Call Report to Access as deficient, and reiterated with Access that they are not in compliance with Contract Citation Exhibit A, Attachment 14.B.5 and to respond by close of business on Thursday, April 04, 2024. Access responded the same day by stating, "Due to our recent system migration, the necessary report to identify the targeted members was delayed

and not received in time to do outreach prior to the report due date. As stated above, the Feb list of members will be outreached in months March, April & May.”

On April 9, 2024, DHCS sent an email to Access, “Access MIS migration was approved on December 21, 2023, and the attached correspondence with Access states that the MIS Migration would effectuate by January 15, 2024. Can you please help me better understand why there were zero calls made to PHP and GMC members in February 2024 for the Member Phone Call Report? Additionally, I am requesting a revised Plan of Action from Access with a more expedient timeline than May 31, 2024, to recoup the outreach to members that were not contacted in February 2024 and should have been. The current suggested timeline is not satisfactory. DHCS reserves the right to issue a Notice of Deficiency.”

Access responded the same day by stating, “Although our system migration of data was completed Jan 15-Jan 30, Access Dental Plan (ADP) has to configure all new reporting queries in the new Cadence system for the first report in the new system, which takes additional time. This is an ongoing process, and our team is working on each report as it comes due according to the deliverable schedule. This particular report for Feb Member Phone calls was delayed due to the extreme load on the reporting team to get all new reports set up in the new system. The reason no member phone calls were made in Feb., is because the team did not receive a member report to utilize for the calls prior to the end of Feb. Access Dental Plan will expedite the previously submitted Plan of Action with a more expedient timeline and will outreach all of the February members by April 25. Additionally, Access is planning to send all of our members a text message reminder to see their dentist every 6 months, with information on teledental visits, during the month of April.” Access completed the February phone calls by April 24, 2024.

## **Root Cause**

While this was previously explained in response provided to DHCS as delays due to our system migration, more accurately stated, Access Dental Plan has taken measures to rebuild all prior manual reporting in our system with the goal of evaluating and improving outcomes with our now automated reporting processes. As we embark on this improvement, Access Dental experienced a delay in providing the report necessary for the appropriate teams to make member outreach. Such teams did not escalate the reporting needs appropriately to meet the required timeframes.

## **Corrective Action**

Access Dental Plan provided a Plan of Action to DHCS and expedited outreach to all members on the February report as of April 24, 2024. Additionally, the plan took additional measures to send members a text message reminder to see their dentist

every 6 months and provide information on accessing care via tele-dental services. Currently, the plan has established a regular data report task to provide the member data on an ongoing basis. Access Dental Plan had previously met all required metrics as it relates to the member phone call report and can state that this limited one-time reporting period matter has been remediated.

## **Updated 10/10/24**

### **DHCS Request**

At the September 12, 2024, meeting with DHCS, Access assured DHCS that member phone call outreach operations resumed the following month and will provide DHCS updated policies and procedures demonstrating when and how escalations occur to attempt to clear the NOD.

### **ADP Response**

Access Dental Plan had previously met all required metrics as it relates to the member phone call report and can state that this limited one-time reporting period matter has been remediated. Please refer to Attachment (4) SOP - Annual Dental Visit Process and Attachment (5) SOP - Government Reporting Escalations and Extensions.

### **Status**

Remediated

## **C. Treatment Authorization Request – March 2024**

On April 01, 2024, Access was required to submit the March 2024 TAR deliverable to DHCS, pursuant to APL 23-002, APL 22-006, APL 20-004, and APL 23-005.

On April 17, 2024, Access submitted the March 2024 TAR Report with contractually non-compliant, elevated Turnaround Times (TATs) for expedited TARs (GMC). Access self-reported, "Currently working with our BI team to update our reporting for a more accurate view of urgent cases within the system. In the meantime, we are working to reduce overall TAT to 3 Calendar days by having OT/assigning different queues/adding additional staff to the CA team."

On April 29, 2024, DHCS stated, "Upon DHCS review it was noticed that the TAT for GMC was 4.06. Per the self-reporting tab (timeline) you dated the timeline of the deficiency to last until the end of May. In last month's correspondence Access claimed they would meet the requirements this month. Can you please provide details as to what measures Access is taking to rectify this deficiency of TAT's? Further, upon review the document as a whole has multiple tabs (months) filled with information including

the self-reporting tab. Please provide a response to the inquiry and a clean deliverable submission by Thursday, May 2, 2024.”

On May 2, 2024, Access responded, “Each business day, our dedicated Utilization Management Leadership Team meticulously reviews California-specific inventory. In these discussions, we proactively identify any risks related to client turnaround times and promptly address staffing requirements, including mandatory overtime. To enhance our support for California clients, we’ve recently created additional positions. Moreover, we’re actively devising strategies to bolster our system’s ability to swiftly identify urgent prior authorizations, ensuring timely decision-making. These [multiple tabs (months) filled with information including the self-reporting tab] are items missed from previous year. They have been removed.”

## **Root Cause**

In reviewing the previously submitted information related to treatment authorization request (“TARs”) turnaround times, we’d like to provide greater detail into current factors leading to higher-than-normal average review times. Access Dental migrated to a more efficient systems for the overall management of TARs. Previously TARs were manually entered into the system and at such time designated, based on the information provided in the request, as urgent or non-urgent. This then allowed assignment into the appropriate review queue. While our new system reduces the need for manual entry of cases, and therefore streamlining intake, we have identified however that the process step to designate urgent cases to the appropriate queue is shifted later in the process. More specifically, we have moved from a fully manual keying process of authorizations to fully automated scanning. With automation the authorizations are entered faster, but it lacks identification of these key words to designate a case urgent.

Access Dental acknowledges that without the identifier of urgent up front, we are seeing higher than normal turnaround times. We are currently triaging review of ALL cases, urgent or not, within a 72-hour timeframe. Standard request turnaround times have not exceeded 14 calendar days from receipt of the request.

Higher inventory and processing time attributed to a, now resolved, unique file transfer issue discussed

in the below section D. Treatment Authorization Request – April 2024.

## **Corrective Action**

Access Dental is continuously monitoring all inventory levels and shifting resources to meet review timeframes. This includes:

- » All cases, whether urgent or not, are temporarily assigned a 72-hour turnaround time while we work on long-term solutions for early identification of authorization type.
- » Existing staff have been reallocated to review California inventory, three (3) additional staff members were hired in June and other staff are on mandatory overtime.
- » Ongoing staff training is conducted on identification of urgent cases.
- » Processes continue to be available within our Contact Center by which providers or members can escalate review based on the nature of the member's condition.
- » Additional systematic scan of data is used to further triage urgent requests.

To create more efficiency in the triage process, Access Dental will be implementing an enhanced system process that will automatically designate, based on information provided in the request, status of a case as urgent or standard allowing assignment into the appropriate queue.

## **Updated 10/10/24**

### **DHCS Request**

On September 12, 2024, Access provided DHCS an explanation of an interim solution that individuals are looking at TAR processing. DHCS requested and Access agreed to provide the policies and procedures outlining the interim process and project schedule and planning for the new process to ensure effective monitoring of TARs to attempt to clear the NOD.

### **ADP Response**

ADP continues to operate the above interim strategies until full systematic remediation. Please see Attachment (6) with the specific details of the interim process, as well as the project schedule pursuant to DHCS request.

### **Status**

In Progress. Full systematic remediation targeted for November 30, 2024.

Since early August to date, data shows that the above strategies have resulted in average 1-2 calendar day turnaround times for all urgent and standard cases for both LAPHP and GMC.

## D. Treatment Authorization Request – April 2024

### DHCS Deficiency

On May 30, 2024, Access was required to submit the April 2024 TAR deliverable to DHCS, pursuant to APL 23-002, APL 22-006, APL 20-004, and APL 23-005.

On May 15, 2024, Access submitted the April 2024 TAR deliverable with contractually noncompliant elevated TATs for Standard Tars for both GMC and PHP. Access self-reported the following, "This issue impacted several files from a single vendor. Vyne Dental is large clearing house fka (sic) Tesia. We do have processes in place to capture file issues however some steps were overlooked or miss reported (sic). We have reached out to all teams involved to better

communicate so this shouldn't happen in the future."

Issue – Provider claims from Vyne weren't making it into Cadence for CA Medicaid.

Root Cause –

- » file extension entered in file workflow tool had the wrong file extension, so it wasn't recognized and processed upon receipt.
- » Inventory team tracking claim files and volumes incorrectly reported low volume not missing files
- » Vendor team overlooked low volumes

Solution –

- » Bridgegate has been updated with the correct file naming and files are running.
- » Inventory staff has been educated to report missing files
- » Vendor team will monitor low volumes better to double check the Inventory notifications"

On May 21, 2024, DHCS inquired the following, "Thank you for the submission of April's 2024 TAR. Upon review, DHCS would like to confirm the resolution date of the TAT/ Vyne issue. Access noted that the resolution date was May 1, 2024. I am confirming that this has since been resolved and TAT for May's deliverable will reflect contractual TATs? Further, it was noticed there was a significant increase in Childrens TARs from months past. Can Access provide an explanation to the significant increase? Please respond by May 23, 2024."

On May 22, 2024, Access stated, "Vyne issue has been resolved as of May 1, 2024. However, we are still currently working to resolve our issues with reflecting contractual TATs. Currently the UM department has implemented mandatory overtime for all



processors, this will continue until TAT are obtained. Regarding Childrens TARs, the increase is due to EDI Cases not being successfully loaded into the processing system items were delayed. Once loaded all items on hold were processed and that cause the increase.”

## **Root Cause**

Vyne Dental is one of several clearinghouses utilized by providers and Access Dental. Access Dental identified that due to human error, EDI files between February 9th through April 9th from Vyne Dental were not loaded into the claims adjudication system. Please see specific details provided in our response May 15, 2024, above. To the extent such files included treatment authorization requests (“TAR”), once the files were loaded on April 10, 2024, the turn-around time metric had already lapsed. This in turn reflects as a data increase and missed turn-around time in the April 2024 TAR report submitted.

Please see above response in C. Treatment Authorization Request – March 2024 related to contractual turn-around times outside of this topic.

## **Corrective Action**

As it relates to the file receipt issue with Vyne Dental, as communicated on May 15, 2024, Access Dental has already taken steps to remediate. Specifically, processes were updated to be more automated and prevent of human error in the future. Systematically updates occurred to make certain the appropriate file naming convention is used. Related to internal processes, staff were educated on monitoring and reporting of low volumes files to trigger additionally analysis for potential file transfer issues. Access Dental therefore believes this this isolated event has been remediated.

## **Updated 10/10/24**

### **DHCS Request**

On September 12, 2024, Access confirmed they would provide the updated policies and procedures to support clearing the NOD issued for this area.

### **ADP Response**

Please see attachment (7) containing SOP – File Monitoring Guide\_ Inventory Control with highlighted new steps implemented to prevent this issue in the future.

## **Status**

Remediated

## **E. Quality Improvement Project (QIP) Reports – Quarter 1 2024**

### **DHCS Deficiency**

On April 30, 2024, Access was required to submit QIP deliverables to DHCS, pursuant to APL 18-002 and Exhibit A, Attachment (5)(H).

On May 8, 2024, DHCS sent an email to Access requesting additional data, specifically, "IX. Analyze Data to interpret QIP Results - The Measurement Period there seems to be conflicting data reporting, with showing nothing for 01/01/24 – 03/31/24 Primary Measure #1 and Primary Measure #2. X. Plan for Sustained Improvement - Shows a repeat of last reporting period with no new improvement. What is the improvement for Q1 2024 reporting period? Appendix D: Driver Diagram – Shows a repeat of last reporting quarter with no new improvement and the same measurement and percentage. What is ADP aim and Interventions for Q1 2024? Please respond by COB May 10, 2024."

Access responded the same day stating, "Access has received and appreciates your email. Access will review with our Quality team and target the response request due date of May 10, 2024 EOB." On May 9, 2024, Access followed up stating, "Access has had a delay in the Q1 2024 Performance Measure data due to our recent system migration and new reporting process. We expect to have the necessary data to complete the report and answer DHCS below questions by EOB May 16. May Access please have an extension to EOB May 16, 2024 to complete the missing portions of the QIP and address DHCS questions below?"

On May 16, 2024, Access again followed up stating, "I apologize, our Business Analytics team was not able to get reliable data today necessary to complete the Q1 QIP. They are going to try again tomorrow and our team will aim to deliver the updated QIP by EOB tomorrow, Fri May 17. Again, I apologize and appreciate your patience."

Access submitted the updated Q1 2024 QIP on May 17, 2024.

### **Root Cause**

While this was previously explained in response provided to DHCS as delays due to our system migration, more accurately stated, Access Dental Plan has taken measures to rebuild all prior manual reporting in our system with the goal of evaluating and improving outcomes with our now automated reporting processes. In the process of doing so, combined with new Quality subject matter experts becoming familiar with the QIP reports, an internal miscommunication related to report content and deliverables

occurred. This subsequently led to a delay in providing certain Q1 2024 Performance Measures QIP in report submitted April 30, 2024. Access Dental submitted the full completed report on May 17, 2024.

## **Corrective Action**

Access Dental can attest that this was a limited delay in providing the Q1 2024 QIP report. Access Dental plan has procedures for ongoing reporting and scheduling of reports and subsequently has already submitted Q2 2024 timely and complete.

Access Dental will enhance coordination of reporting deliverables by providing education to applicable employees on procedures to escalate reporting deliverables when necessary, and further we will be conducting advanced monitoring by Compliance and Account Management leadership to triage and make certain deliverables are met.

## **Updated 10/10/24**

### **DHCS Request**

On September 12, 2024, DHCS is requested policies and procedures and Access' attestation to attempt to clear the NOD. Access agreed to provide said documentation.

### **ADP Response**

Please see Attachment (8) – ADP QIP SOP. Additionally, related to escalations, please also see the previously mentioned Attachment (5).

## **Status**

Remediated

## **F. Timely Access and Specialty Referral Report – Quarter 4 2023**

### **DHCS Deficiency**

On April 29, 2024 Access was required to submit the Quarter 4 2023 Timely Access and Specialty Referral deliverable to DHCS, pursuant to APL 18-003 Exhibit A, Attachment 11.B.2, 11.B.3, 11. B.5.

On April 29, 2024, Access submitted an incomplete version of the deliverable to DHCS and stated, "Please see partially completed Access Timely Access and Specialty reports. I apologize for the incomplete data. Due to reporting delays caused by our system migration, the data on some of the categories has not been received yet. Access will resubmit updated completed reports by EOB Friday May 3 - or sooner if possible. I

apologize for the inconvenience. This has also been noted on the self-reported tab for both reports.”

On May 1, 2024, Access submitted the updated but still incomplete report to DHCS, stating, “Please see attached updated reports for Access Dental Plan (ADP) Q4 2023 – Timely Access and Specialty Referral report. The Authorization data lines 40-43 is still missing on both reports. Our team aims to have this section completed by EOB Friday, May 3. May Access please have an extension until EOB Fri May 3 to complete the missing data and submit the updated full reports? Due to our system migration, new system tickets are required for each report, due to volume of reports due right now, this data is delayed.”

On May 3, 2024, DHCS followed up Access stating, “DHCS has received Access’ request for an extension of the Timely Access and Specialty Referral deliverable. As a reminder a request for an extension, managed care plans (MCP’s) must submit prior to the due date. DHCS does not accept deliverables that’s incomplete. Per Contractual obligations, DHCS shall have sole discretion in approving any standard or deliverable that is deemed in compliance and considered timely. Please submit Access Timely Access and Specialty Referral report by COB May 3, 2024.”

Access responded to DHCS the same day stating, “Thank you for the response and clarification. Again, my apologies for the delay. Please see attached for complete and updated reports for Access Dental Plan Q4 2023 – Timely Access and Specialty Referral report.”

On May 9, 2024, DHCS inquired to Access, “DHCS is in the process of reviewing ADP Q4 2024 Timely Access and Specialty Referral Report. The data submitted is incomplete and do not reflect the instructions for Timely Access and Specialty Referral template. Please review the entire report and resubmit by COB May 10, 2024.”

Access submitted the report to DHCS on May 10, 2024. The report submitted by Access contained information from the only office they were able to survey during Q4 2023. Access noted “low provider participation in surveys for Q4. PR will begin educating offices on the importance of survey participation”. Access did not provide statistically valid results for the Q4 2023 Timely Access and Specialty Referral deliverable.

## **Root Cause**

While this was previously explained in response provided to DHCS as delays due to our system migration, more accurately stated, Access Dental Plan has taken measures to rebuild all prior manual reporting in our system with the goal of evaluating and improving outcomes with our now automated reporting processes. This specific report impacts multiple operational areas, and some experienced a delay in providing some

data elements of the Q4 2023 Timely Access and Specialty Referral Report. As such, Access Dental provided the data available by the due date and subsequently supplemented with missing data on May 10, 2024.

## **Corrective Action**

Access Dental Plan takes full accountability for delays in providing required data within the Q4 2023 Timely Access and Specialty Referral Report. The Q1 2024 report was submitted timely, and Access Dental is actively responding to any inquiries related thereto.

Access Dental will enhance coordination of reporting deliverables by providing education to applicable employees on procedures to escalate reporting deliverables when necessary, and further we will be conducting advanced monitoring by Compliance and Account Management leadership to triage and make certain deliverables are met.

As it relates to provider survey participation, while 2024 data submission has reflected an increased response rate (Q1: 41 responses; Q2: 8 responses; Q3 to date: 31 responses), Access Dental acknowledges and agrees that the response rate from providers overall is low. We are currently evaluating and implementing avenues to increase response rates, such as:

1. Provider Relations representatives include the survey link within ongoing email correspondence as a reminder.
2. Additional email reminders to providers of their obligations to respond.
3. Potential corrective action for providers failing to respond.

## **Updated 10/10/24**

### **DHCS Request**

On September 12, 2024, Access met with DHCS, wherein DHCS requested policies and procedures for the three corrective measures aforementioned (e.g. Potential corrective action for providers failing to respond, etc.).

### **ADP Response**

Please see the following per your request:

- » Attachment (9)- Sample provider communications related to the survey request
- » Attachment (10) - SOP – Corrective Actions to be implemented

## **Status**

In Progress