

December 22, 2023

Bary Bailey, Interim Chief Financial Officer
Access Dental Plan
8890 Cal Center Drive
Sacramento, CA 95826

NOTICE OF PLAN DEFICIENCIES (NON-COMPLIANCE) WITH CONTRACTUAL REQUIREMENTS AND DEMAND FOR CORRECTIVE ACTION PLAN (CAP) FOR: (1) MANAGEMENT INFORMATION SYSTEM (MIS) – FUNCTIONALITY, (2) MEMBER PHONE CALL REPORTING -FEBRUARY 2024, (3) TREATMENT AUTHORIZATION REQUEST REPORTING – MARCH 2024, (4) TREATMENT AUTHORIZATION REQUEST REPORTING – APRIL 2024, (5) QUALITY IMPROVEMENT PROJECT (QIP) Reports – Q1 2024, AND (6) TIMELY ACCESS AND SPECIALTY REPORTING – Q4 2023

Dear Mr. Bailey:

The Department of Health Care Services (DHCS) is hereby providing Access Dental Plan (Access) this Notice of Plan Deficiency (Non-Compliance) with Contractual Requirements, pursuant to Dental All Plan Letter (APL) 13-004, APL 20-004, and Exhibit A, Attachment 14, Provision C, and Exhibit A, Attachment 5, Provision N, and hereby requires a Corrective Action Plan (CAP) within 30 days from the date of the electronic mail postmark of this letter.

Please note, if Contractor is unable to correct the noted deficiencies and/or complete their CAP, DHCS may exercise its right to pursue additional sanctions in accordance with Provision 3, Termination, Provision 18, Sanctions or Provision 19, Liquidated Damages Provision in Exhibit E, Additional Provisions, of the Contract.

I. Background

On December 21, 2023, DHCS approved Access' Management Information System (MIS) upgrade to the proprietary platform, Cadence, pursuant to the requirements set forth in Exhibit A, Attachment 1, Provision C (MIS). Since the approval, Access has repeatedly reported contractual compliance with deliverables due to the MIS migration, such as the Member Phone Call Report, Treatment Authorization Request (TAR), Grievances and Appeals, Quality Improvement Project Report, Timely Access and Specialty Referral Report.

II. Summary of Non-Performance



A. Management Information System (MIS) – Functionality

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.”

B. Member Phone Call Report – February 2024

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.

C. Treatment of 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.”*

D. Treatment of Authorization Request – April 2024

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 –

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

Solution –

- 1. Bridgegate has been updated with the correct file naming and files are running.*
- 2. Inventory staff has been educated to report missing files*

3. 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.”*

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

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.

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

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 re-submit 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.

III. Applicable Contractual Authority

Exhibit A, Attachment 4, Provision 2 (MIS):

“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.”

Exhibit A, Attachment 14.B.5 Member Services:

“Contractor shall conduct phone calls to Members who have not seen their Primary Care Dentist in the last 12 months. Contractor shall ensure that Members are set up with an appointment, if requested, and Members understand their rights to access to care and services. Contractor shall report the results to DHCS no later than thirty (30) calendar days following the end of the reporting month.”

Exhibit A, Attachment (5)(H):

“Contractor is required to conduct or participate in two (2) Quality Improvement Projects (QIPs) per year approved by DHCS. Each QIP must be designed to achieve significant improvement, sustained over time, in health outcomes and Member satisfaction.”

Exhibit A, Attachment 5.I, Quality Improvement Annual Report + Plan Accreditation:

“Contractor shall develop an annual quality improvement report for submission to DHCS on an annual basis due no later than thirty (30) calendar days after the beginning of the calendar year.”

Exhibit A, Attachment 5, Provision N, Evaluation of Contractor Compliance/Corrective Action Plan (CAP):

“DHCS will evaluate Contractor’s overall compliance with contract requirements monthly. Contractor shall ensure that a corrective action plan is developed to correct cited deficiencies and that corrections are completed and verified within the established guidelines as specified in the dental managed care All Plan Letter to be executed at contract effective date. If Contractor fails to correct cited deficiencies as specified in the All Plan Letter, then the DHCS reserves the right to halt all new enrollment to the plan until such time as the deficiencies have been corrected and approved by the Department.”

DHCS Dental APL 22-006 states as follows:

“Standard Requests- DMC plans must approve, delay, modify, or deny a provider’s prospective or concurrent request for dental services in a timeframe which is appropriate for the nature of the member’s condition, but no longer than five business days from the DMC plan’s receipt of information reasonably necessary to make a determination, not to exceed 14 calendar days following the plan’s receipt of the request for service.

Expedited Requests- In instances where a provider indicates, or the DMC plan determines, that the standard request timeframe may seriously jeopardize the member’s life or health or ability to attain, maintain, or regain maximum function, the DMC plan must approve, modify, or deny a providers prior authorization or concurrent request causing severe pain or impairing function, the DMC plan must approve, delay, modify, or deny a provider’s prior authorization or concurrent request for dental services for a member, and notify the provider and the member, using the appropriate NOA template, in a timeframe which is appropriate for the nature of the member’s condition, but is no longer than 72 hours after the plan’s receipt of all information needed to make an authorization decision for the request for service. Retrospective Requests - In cases where the review is retrospective, the plan must communicate its decision to the member who received services, or to the member’s designee, within 30 days of the receipt of information that is reasonably necessary to make the retro-authorization determination. The plan is also required to communicate the decision to the provider in a manner that is consistent with current law.

Suspensions or Reductions- For suspensions or reductions of previously authorized services, DMC plans must notify members at least ten days prior to the date of the action pursuant to Title 42 CFR section 431.211 to ensure there is adequate time for members to timely file for Aid Paid Pending, with the exception of circumstances permitted under Title 42, CFR, sections 431.213 and 431.214.”

DHCS Dental APL 13-004:

“DMC Plans may be required to develop a Corrective Action Plan (CAP) for any deficiencies revealed by DHCS’ analysis and evaluation of DMC Plans’ overall compliance with contract requirements. DHCS will send written notification of the deficiencies to the DMC Plan that is required to submit a CAP. From the date of the notice, the CAP must be submitted within 30 (thirty) calendar days to DHCS. DHCS will then review and provide feedback to the DMC Plan. The length of time that the DMC Plan will have to complete the CAP will depend on the deficiencies and the steps involved in the CAP. DHCS will closely oversee the DMC Plan’s actions to correct the deficiency and will assist where necessary in order to ensure the CAP is completed. DHCS reserves the right to exercise Provision 3, Termination, Provision 18, Sanctions or Provision 19, Liquid Damages Provisions in Exhibit E, Additional Provisions, of the GMC contract if a DMC Plan is unable to correct a deficiency and/or complete their CAP.”

DHCS Dental APL 18-003E, Timely Access & Specialty Referral:

“In accordance with the state and federal provisions cited above, DMC Plans must demonstrate to DHCS compliance with network adequacy standards for timely access by submitting state-specified documentation based on the deliverable schedule provided each year. network providers regularly to determine compliance and take corrective action in the event that there is a failure to comply by a network provider. DMC plans must submit the Report on a quarterly basis, no later than one hundred and twenty (120) calendar days after the end of the reporting quarter.”

IV. Resultant Action

DHCS is hereby providing this Notice of Deficiency with Contractual Requirements and hereby requires a CAP within 30 days from the date of the electronic mail postmark of this letter on the steps it will take to ensure the MIS Migration compliance with contractual requirements and ensure all deliverables follow contractual requirements at all times.

Please note, if Contractor is unable to correct the noted deficiencies and/or complete their CAP, DHCS may exercise its right to pursue additional sanctions in accordance with Provision 3, Termination, Provision 18, Sanctions or Provision 19, Liquid Damages Provision in Exhibit E, Additional Provisions, of the Contract.

Should you have any questions, please contact me regarding the aforementioned.

Sincerely,

Original signed by:

Adrianna Alcala-Beshara, JD, MBA
Chief, Medi-Cal Dental Services Division
Department of Health Care Services