

January 13, 2025

**VIA ELETRONIC MAIL**

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

**RESPONSE TO ACCESS DENTAL PLANS' CORRECTIVE ACTION PLAN**

Dear Mr. Bailey:

The Department of Health Care Services (DHCS) has reviewed the third Corrective Action Plan (CAP) submitted by Access Dental Plan (Access) on December 13, 2024, in accordance with Dental Managed Care (DMC) contracts 12-89341 (GMC) and 13-90115 (PHP), and Dental All Plan Letters (APLs) 22-009 and 13-004.

On July 16, 2024, DHCS issued a Notice of Deficiency (NOD) to Access in response to the multiple non-compliant deliverable submissions due to the MIS migration. On August 14, 2024, Access submitted a CAP in response to the NOD. On September 12, 2024, DHCS issued a formal denial of the CAP. On October 11, 2024, Access submitted a revised CAP, and DHCS accepted and closed the CAPs for MIS Functionality, Member Phone Call Report February 2024, Quality Improvement Project (QIP) Quarter 1 2024, Timely Access and Specialty Referral report Quarter 4 2023.

DHCS notified Access on November 18, 2024 that the CAP for TARs will remain open until Access is able to demonstrate full automation of TAR processing and come into compliance.

Access responded to DHCS with the following: "...As of November 11, 2024, Access completed Phase I of the CAP with an automated report allowing urgent case identification timely. The enhanced report automatically flags cases with specific keywords that qualify as urgent, triggering the Utilization Management (UM) team daily for immediate processing."

Access submitted:

- Attachment (6) Treatment Authorization Request - with the specific details of the interim process, the project schedule pursuant to DHCS' request, and a status update to Phase I and Phase II where Access considers this NOD as remediated.



Access attests that the TAR implementation systematic update has been resolved and that a Phase II is not necessary. DHCS has reviewed the submitted documentation. However, DHCS notes that recent TAR deliverable submissions, including October and November 2024, still demonstrate noncompliance with Turn Around Times (TAT) for Expedited TARs. Please see the table below demonstrating the Expedited TAR TAT we have received for CY 2024.

Access Dental Plan's Expedited TAR TAT for CY 2024 (Average number of days)		
Month	GMC	PHP
January	2.88	2.38
February	5.25	1
March	4.06	2.62
April	1.63	2.16
May	6.89	3
June	5.6	6
July	8.37	5.72
August	3.7	3.07
September	5.7	3.97
October	6.76	9.53
November	3.9	2.19

Specifically, pursuant to APL 22-006, "**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.” Therefore, **the CAP for TARs will remain Open** until Access can demonstrate compliance with TAR processing requirements pursuant to the contract.

Pursuant to APL 22-009, DMC plans are required to complete CAPs within six (6) months of receiving the notice of violation and provide monthly updates to DHCS. DHCS will continue to monitor Access’ compliance with the DMC contract, federal and state laws and regulations, and APLs. DHCS reserves the right to implement monetary sanctions or other enforcement actions should Access continue to be non-compliant with the terms of the contract. Monetary sanctions can be imposed on a DMC plan for violations set forth in WIC section 14197.7(d) and (e), especially for any violation resulting in potential member harm. DHCS can impose monetary sanctions in accordance with Title 42 CFR section 438.704 and WIC section 14197.7(e), and collect monetary sanctions by withholding the amount from capitation payments owed to the DMC plan. For a deficiency that impacts members, each member impacted constitutes a separate violation, and sanction amounts may be separately and independently assessed for each day the DMC plan fails to correct an identified deficiency per WIC section 14197.7(f).

Pursuant to APL 22-009, “In the event of an administrative or monetary sanction, DHCS will provide the affected DMC plan with reasonable notice of DHCS’ intent to impose the sanction... All sanction notices will be in writing and will include the effective date, duration of, and reason for each sanction proposed, as well as any appeal rights that the DMC plan has. The DMC plan may request to meet and confer regarding the proposed sanction(s) if the request is in writing and provided to DHCS at [dmcdeliverables@dhcs.ca.gov](mailto:dmcdeliverables@dhcs.ca.gov) within two business days of receipt of the notice. For monetary sanctions, DHCS will provide the affected DMC plan a minimum of 30 calendar days’ notice. In the event that a DMC plan requests a hearing in connection with a monetary sanction, the sanction will not go into effect until after DHCS issues a final decision.” Prior history and potential member harm can and will be factored into the determination of whether to implement any such actions in the future.

Should you have any questions regarding this response to Access’ CAP, please email [dmcdeliverables@dhcs.ca.gov](mailto:dmcdeliverables@dhcs.ca.gov).

Sincerely,

*Original signed by:*

Mr. Bailey  
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Dana Durham  
Chief, Medi-Cal Dental Services Division  
Department of Health Care Services