

September 12, 2024

Bary Bailey, Interim CFO
Access Dental Plan
8890 Cal Center Drive
Sacramento, CA 95826

**RESPONSE TO ACCESS DENTAL PLANS' CORRECTIVE ACTION PLAN 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 writing in response to the Corrective Action Plan (CAP) submitted by Access Dental Plan (Access) on August 14, 2024, in accordance with contracts 12-89341 (GMC) and 13-90115 (PHP) and Dental All Plan Letters (APLs) 13-004 and 22-009.

On December 21, 2023, DHCS approved Access' MIS upgrade to the proprietary Cadence platform. Since that approval, Access has repeatedly reported contractual non-compliance with deliverables due to the MIS migration, such as the Member Phone Call Report, Treatment Authorization Request (TAR) Report, Grievances and Appeals, Quality Improvement Project Report, and Timely Access and Specialty Referral Report. On July 16, 2024, DHCS issued a Notice of Deficiency (NOD) to Access in response to the multiple non-compliant deliverable submissions due to Access' MIS migration.

I. Management Information System (MIS) Functionality

Access responded to DHCS' NOD by stating, "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 further states that, "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.”

As part of the MIS migration approval, Access submitted the “CA Medicaid MIS Project Plan.xlsx” document on July 27, 2023. DHCS was not informed of delays to the Project Plan prior to or after approving the migration. DHCS requests the plan submit an updated Project Plan with actual completion dates for implementation activities.

On the CAP, Access additionally stated, “We have provided details related to the reports subject to this NOD 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.” DHCS requests Access provide a documented list of the one-time or annual reports that are being validated as well as copies of the reports.

Pursuant to Exhibit A, Attachment 4.A.2 Management Information System (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.”

Additionally pursuant to Exhibit A, Attachment 2.H.3 Administrative Duties/Responsibilities, “Contractor shall maintain the organizational and administrative capabilities to carry out its duties and responsibilities under the Contract. This will include at a minimum the following: Data reporting capabilities sufficient to provide necessary and timely reports to DHCS, as required by Exhibit A, Attachment 4.”

Access has repeatedly submitted deliverables, most recently such as May, June and July 2024 Treatment Authorization Request (TAR) reports, that are deficient and have self-reported that the deficiencies’ root cause is the implementation of the new MIS platform. Access states that the, “... 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.” Access did not notify DHCS there may be delays to implementing reporting capabilities to DHCS, as required by Exhibit A, Attachment 4.

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.

II. Member Phone Call Report February 2024

Upon the review of the CAP, Access stated that the root cause for the lack of Member outreach calls for the entire month of February 2024 was not only due to the MIS migration, but also due to having to rebuild all prior manual reporting in the system. Access states that they experienced a delay in reporting to the appropriate team and such teams did not appropriately escalate to meet the required timeframes. Access states in their CAP they 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." DHCS is requesting an explanation and timeline as to when Access became aware that they were not able to perform Member outreach for February 2024 and what steps they took to resolve this issue.

Access provided DHCS with an updated Plan of Action in the deliverable to expedite outreach to all members on the February report on April 9, 2024. This outreach was completed as of April 24, 2024. Additionally, Access took additional measures to send members a text message reminder to see their dentist every six months and provide information on accessing care via teledental services. Members who had not seen a dentist in the previous 12 months are of critical importance for outreach, as they may have more urgent preventive dental needs that require care. To date, Access' response is narrowly focused on the reporting requirement.

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.

III. Treatment Authorization Request March 2024

According to the submitted CAP, Access states that, “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 also, “... 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.” Access further identified, “... higher inventory and processing time attributed to a, now resolved, unique file transfer issue discussed in the below section D.”

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.

IV. Quality Improvement Project Report – Q1 2024

Access stated in their CAP that the root cause of the deficient turnaround times (TATs) during April 2024 were caused by Vyne Dental and human error. Electronic Data Interchange (EDI) files between February 9, 2024, through April 9, 2024 from Vyne Dental were not loaded into the claims adjudication system. Access states that, “... 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.” Access did not submit further documentation other than self-reporting the deficiency. Access said that staff were educated on monitoring specialized triggers for potential file transfer issues.

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

V. Quality Improvement Project Reports – Q1 2024

According to the submitted CAP, Access advised “... 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 new 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.”

Access further states they, “... will enhance coordination of reporting deliverables by providing education to applicable employees on procedures to escalate reporting deliverables when necessary...” Please provide policies and procedures for escalating reporting deliverable issues. Additionally, please correct the report name noted in the Root Cause section of the CAP to accurately reflect “Q1 2024 QIP” and not “Q1 2024 Performance Measures.”

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.

VI. Timely Access and Specialty Reporting – Q4 2023

In their CAP, Access explains, “... 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.” The available data was received by the due date and the completed report with the missing data was received May 10, 2024.”

Access then states, “... Access Dental acknowledges and agrees that the rate from providers overall is low. We are currently evaluating and implementing avenues to increase response rates, such as:

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

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.).

VII. Applicable Contractual Authority

DHCS APL 22-009 states as follows:

“When a DMC plan fails to comply with applicable federal and state laws and regulations, or meet contractual obligations, there is good cause to require a CAP from the DMC plan. DHCS has the authority to require DMC plans to develop and submit a CAP to DHCS for review and approval, in order to correct cited deficiencies. DMC plans are required to complete CAPs within six (6) months of receiving notice of violation from DHCS. DMC plans are required to provide a monthly status update to DHCS utilizing

the CAP Response Form (enclosed) and provide supporting CAP documentation until the CAP is completed. Monthly CAP updates must identify and contain the following:

- The specific deficiency,
- Description of the corrective action
- Supporting documentation (such as: documentation of problems in completing the corrective action, evidence of the corrections made, and proof of training),
- Responsible person(s), and
- Implementation date(s)."

DHCS APL 13-004 states as follows:

"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."

The Contract between Access and DHCS, Exhibit A, Attachment 5, Provision N, Evaluation of Contractor Compliance/Corrective Action Plan (CAP) states as follows:

"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 is requesting that Access provide an updated CAP with documentation within thirty (30) days of the date of this letter, pursuant to APL 22-009. Should you have any questions regarding this response to Access's CAP, please email dmcdeliverables@dhcs.ca.gov.

Please note, if you are unable to correct the noted deficiencies and/or complete the CAP within six (6) months of receiving notice of violation from DHCS, DHCS may exercise its right pursuant to APL 22-009: Enforcement Actions: Administrative and Monetary Sanctions, 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