CALIFORNIA DEPARTMENT OF HEALTH CARE SERVICES
Michelle Baass | Director

January 16, 2025

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

2023 ACCESS DENTAL PLAN AUDIT – CORRECTIVE ACTION PLAN

Dear Mr. Bailey:

Access Dental Plan submitted a Corrective Action Plan (CAP) on December 20, 2024, in response to all findings identified in the report within 30 calendar days of the date of the letter. On the enclosed CAP Response Form, DHCS reviewed and responded to each of the findings. For any CAP that is not closed, please complete the CAP Response Form and submit supporting documentation organized in separate electronic folders that are clearly labeled by corresponding finding number (e.g., 1.1.1, 1.1.2, etc.).

The DMC plan is required to submit a Corrective Action Plan (CAP) in response to all findings identified in the report within 30 calendar days of the date of this letter.

DMC plans are required to complete CAPs within six (6) months of receiving notice of findings from DHCS. Plans are required to provide a monthly status update to DHCS utilizing the CAP Response Form and provide supporting CAP documentation until the CAP is completed. The DMC plan must demonstrate to MDSD ongoing active progress toward implementation of the CAP within the monthly status update, including key milestones, date(s) of milestone completion, and the expected date of when full compliance will be achieved. MDSD will monitor the plan's progress towards full CAP resolution through the monthly status update from the DMC plan until the CAP is closed.

The CAP Response Form must be signed by the DMC Plan's Project Representative. The CAP Response Form and corresponding supporting documentation should be submitted to dmcdeliverables@dhcs.ca.gov.

If you have any questions regarding this notice, please contact DHCS at dmcdeliverables@dhcs.ca.gov.

Sincerely,

Original signed by:

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

Enclosure:
CAP Response Form

Corrective Action Plan Response Form

DMC Plan: Access Dental Plan

Audit Type: Department of Health Care Services Dental Audit

Review Period: 11/01/2022 – 10/31/2023

On-Site Review: 03/18/2024 – 03/29/2024

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.

1. Utilization Management

Finding Number and 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"	The templates in use today were updated and operational as of January 2024.	Please see documents: » 1.2.1_ADP_GMC – Approval » 1.2.1_ADP_GMC – Delay	January 2024	1/16/25: All documents submitted to substantiate this finding are missing the appropriate tag "Delay", "Deny", etc.

Finding Number and Summary	Action Taken	Supporting Documentation	Implementation Date	DHCS Comments
attachments according to D-APL 22-006.		» 1.2.1_ADP_GMC – Deny » 1.2.1_ADP_LAPHP – Approval » 1.2.1_ADP_LAPHP – Delay » 1.2.1_ADP_LAPHP – Deny		The Plan will need to update this information 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.
1.2.2. Prior Authorization Decision and Notification Timeframes The Plan did not comply with contractual timeframes for prior authorization (PA)	During the audit review period, the plan experienced significant transformations across leadership, organizational structure, operations, and staffing. These changes adversely	To be provided January 2025	December 2024	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

Finding Number and Summary	Action Taken	Supporting Documentation	Implementation Date	DHCS Comments
treatment request decisions and notifications.	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.			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.
1.2.3. Prior Authorization Decisions The Plan did not consistently apply its Utilization Review guidelines when adjudicating	Access Dental regularly conducts inter-rater reliability (IRR) studies for our dental professionals involved in the utilization	Please see document: » 1.2.3_UM.006.01 Inter-Rater Reliability IRR 07.31.24 » 1.2.3_2024 IRR	Q1 2024	1/16/25: DHCS determined that the "auto-approval" system led to approvals for services that otherwise should have been denied

Finding Number and Summary	Action Taken	Supporting Documentation	Implementation Date	DHCS Comments
dental prior authorizations.	management (UM) programs by selecting a sample of UM determination files. 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. Starting from April 2024, during the CA Monthly Dental Consultants meetings, case			based on the 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.

Finding Number and Summary	Action Taken	Supporting Documentation	Implementation Date	DHCS Comments
	reviews were discussed to enhance collaboration and improve IRR.			

3. Access and Availability of Care

Finding Number and Summary	Action Taken	Supporting Documentation	Implementation Date	DHCS Comments
3.1.1. Call Center "P" Factor The Plan did not maintain the required weekly average "P" factor of seven percent or less.	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 makes it extremely challenging to quickly recover through ordinary measures. We implemented several initiatives to address our staffing gaps,	Please see documents: » 3.1.1_New Hire Retention Program_9.13.24 » 3.1.1_Quarterly ADP Reports	Q1 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 3.1.1.

Finding Number and Summary	Action Taken	Supporting Documentation	Implementation Date	DHCS Comments
	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 impact on our overall results.			

4. Member's Rights

Finding Number and Summary	Action Taken	Supporting Documentation	Implementation Date	DHCS Comments
4.1.1. Grievance Resolutions The Plan did not ensure member grievances were completely resolved prior to closing them.	The Access Dental Plan Appeals and Grievances team has taken many steps to address the deficiency above. The goal of the grievance	Please see documents: » 4.1.1_Letter Review Process » 4.1.1_4765331_Resolution Ltr » 4.1.1_4787644_Resolution Ltr	October 2023	1/16/25: DHCS requests that the Records Request SOP have the Access Dental Plan branding, header, reference documentation,

Finding Number and Summary	Action Taken	Supporting Documentation	Implementation Date	DHCS Comments
	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: Creating a Language Library that provides more clear and concise resolution language for our members. We are constantly expanding this library to address the most common grievance reasons received. Implementing a record request SOP that provides strict	» 4.1.1_10.2023 Email_Lettter Review » 4.1.1_Letter Language Library » 4.1.1_Records Request SOP		update history, and provide substantiation that Access is meeting contractual compliance with APL 22-006.

Finding Number and Summary	Action Taken	Supporting Documentation	Implementation Date	DHCS Comments
	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 to assist sooner. We found the lack of records was heavily contributing to incomplete resolutions, as seen in this audit. Please see document *Records Request SOP.* Letter review process to allow leadership to sign			

Finding Number and Summary	Action Taken	Supporting Documentation	Implementation Date	DHCS Comments
	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. 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.			

Finding Number and Summary	Action Taken	Supporting Documentation	Implementation Date	DHCS Comments
4.1.2. Grievance Resolution Timeframe The Plan did not resolve these grievances within the 30 days from the time of receipt.	Access Dental Plan has enhanced the daily oversight by improving the daily inventory report. This has allowed leadership to better identify cases that are nearing the due date and provide assistance in meeting the turnaround times proactively.	Please see document: » 4.1.2_Aug-Sept 2024 Report	Q2 2024	1/16/25: In the audit report provided to the Plan, DHCS recommended that the plan 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

Finding Number and Summary	Action Taken	Supporting Documentation	Implementation Date	DHCS Comments
				resolve grievances within 30 calendar days, an audit of all grievances from the past 6 months demonstrating resolution time frames, and your plan to ensure this will not occur again.
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.	Access Dental has provided written acknowledgements consistently within five calendar days of receipt of a grievance.	Please see document: » 4.1.3_June 2024 Inventory Report	Q2 2024	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 days of receipt of grievance, an audit of all grievance

Finding Number and Summary	Action Taken	Supporting Documentation	Implementation Date	DHCS Comments
				acknowledgement letters from the past 6 months demonstrating time frames, and your plan to ensure this will not occur again.

5. Quality Management

Finding Number and Summary	Action Taken	Supporting Documentation	Implementation Date	DHCS Comments
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: » 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.

Finding Number and Summary	Action Taken	Supporting Documentation	Implementation Date	DHCS Comments
5.2.1. New Provider Training The Plan did not document whether newly contracted providers completed the mandatory training within ten-business days of activated status.	Provider Relations plays a key role in fostering strong relationships and ensuring smooth onboarding through active outreach and 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	Please see documents: » 5.2.1_Welcome Calls » 5.2.1_ED.003.01_Education Providers_122024_draft	February 2024	1/16/25: The documentation submitted requires updates to the P&P as it does not state 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

Finding Number and Summary	Action Taken	Supporting Documentation	Implementation Date	DHCS Comments
	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 support they need to render ongoing and quality care to enrollees in compliance with national and			Turnaround Time in business days, and whether or not the providers completed the training timely.

Finding Number and Summary	Action Taken	Supporting Documentation	Implementation Date	DHCS Comments
	market standards. These efforts are consistently documented and tracked.			

6. Administrative and Organization Capacity

Finding Number and Summary	Action Taken	Supporting Documentation	Implementation Date	DHCS Comments
6.2.1. Compliance Officer Reporting Requirements The Plan's Chief Compliance Officer (CCO) did not report directly to the CEO and the Board of Directors.	Access Dental Plan received a March 13, 2024, Notice of Deficiency from 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	Please see document: » 6.2.1_Compliance Program_Org Chart	April 2024	1/16/25: The Organization chart received shows the Plan's Chief Compliance 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

Finding Number and Summary	Action Taken	Supporting Documentation	Implementation Date	DHCS Comments
	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.			documentation for funding 6.2.1.