CAP Response Form

DMC Plan Name: Access Dental Plan

CAP Type: DHCS Audits & Investigations January 1, 2020 through June 30, 2021, Report Issued August 3, 2022

The Medi-Cal Dental Managed Care (DMC) plan is required to submit a corrective action plan (CAP) within 30 calendar days from the date indicated on the written notification of deficiencies by the Department of Health Care Services (DHCS). 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, responsible person(s) and the expected CAP implementation date. 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 DHCS that sufficient progress has been made towards implementation of the CAP on a monthly basis, including key milestones, date(s) of milestone completion, and the expected date of when full compliance will be achieved.

The DHCS Medi-Cal Dental Services Division (MDSD) will maintain close communication with the DMC plan throughout the CAP review process and provide technical assistance, as needed. 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.

Finding/ Recommendation	Description of Corrective Action	Supporting Documentation (include list of file names)	Responsible Person(s)	Implementation Date	DHCS Comments
1.2.1 **Prior Authorization-Adherence to the Medi-Cal Dental Manual of Criteria (MOC)** **Finding:** The Plan requires prior authorization for services that should b automatically approv according to the Medi-Cal MOC. **Recommendation:** Develop and implement a process	Create P&P/SOP to ensure that changes to the MOC are implemented and communicated timely.	1.2.1_CL.003.01 ADP Referrals for Special Dental Care_DRAFT	Dr. Hudson Graham	Final Approval of policy to occur by 11/28/2022	

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ensure the prior authorization proces is consistent with the MOC.					
1.3.1 Notice of Appeal Resolutions (NAR) **Finding:** The Plan d not consistently state the relevant criteriad clinical guidelines, or explain the reason upholding denials in notice of action lette. **Recommendation:** Establish a process ensure NARs include all required clinical information and crita to support reasons denial.	Create P&P/SOP to review all NARs reference relevant clinical criteria	Process established to ensure NARS include all required clinical information and criteria to support reasons for denial. Process implemented has 2 levels of review to ensure compliance with the final review being completed by a doctor. 1.3.1 NAR GMC Overturn Letter 8.31.22 1.3.1 NAR GMC Uphold Letter 8.31.22 1.3.1 NAR PHP Overturn Letter 8.31.22 1.3.1 NAR PHP Uphold Lett 8.31.22	Jodi Rogers Lauren Dillard	completed	
2.1.1 Tracking Member Oral Health Information Forms (OHIF) **Finding:** The Plan d not have a mechanm to ensure new members received OHIF screening with	Create and implement tracking mechanism for ensuring OHIFs are completed within 90 days enrollment	2.1.1_ADP CAP Narrative Response	Jodi Rogers Adriane Sawyer	3/31/2023	

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90 days of effective enrollment date. **Recommendation:** Implement a mechanism to document, track, and ensure new member receive and submit a OHIF within 90 days the effective date of enrollment.					
2.2.1 Communicating Continuity of Care Protections to Providers **Finding:** The Plan's Provider Manual did not inform providers of continuity of care protections for members. **Recommendation:** Develop and implement a process ensure Plan documents are updated to reflect changes in the contract, regulations, and APLs.	Create P&P/SOP for managing updates to the Provider Manual tied to changes in contract, regulations, and APLs	2.2.1_ADP Provider Manual_DRAFT – see pg 21	Christine Groth	2/1/2023	

Finding/ Recommendation	Description of Corrective Action	Supporting Documentation (include list of file names)	Responsible Person(s)	Implementation Date	DHCS Comments
2.3.1 Special Health Care Needs (SHCN) Denta Care Provider Training **Finding:** The Plan d not ensure the implementation of standardized procedures for dental care provider trainin for the identification of children with SHCN, at enrollment and on a periodic basis thereafter. **Recommendation:** Develop and implement P&P to provide training to providers at the time they join the network and on a periodic basis, for the identification of child with SHCN.	Develop and implement training and re-training on identifying patients with SCHN	2.3.1_ADP_ED.003.01 revised 11.1.22_DRAFT	Ginger Spells Candy Stirdivant	Final Approval of policy to occur by 11/28/2022	
2.4.1 Identification and Referral of Children with CCS Eligibility **Finding:** The Plan d not ensure the identification and	Implement the existing policy within the Contact Center team	2.4.1 DC016 09_18 Form 2.4.1_CL005.01_CCS Eligible	Sharon Kramer	Upon Approval from Department	

Finding/ Recommendatio	Description of Corrective Action	Supporting Documentation (include list of file names)	Responsible Person(s)	Implementation Date	DHCS Comments
referral of members with CCS-eligible conditions to the loc CCS program. **Recommendation:** Implement the exis policy and ensure the e is a process to ident and refer children wi CCS eligible conditi to the local CCS program.					
3.1.1 Monitoring of Waiti Times **Finding:** The Plan d not issue Corrective Action Plans to provider offices thad not meet telephone wait time requirements **Recommendation:** Establish a mechani to ensure deficiencies with provider telepho wait times are addressed.	Establish process for monitoring telephone wait times at provider offices, including secret shopper calls to measure SLA and conduct corrective action and educatio reviews with offices.	3.1.1_ADP CAP Narrative Response 3.1.1_AA.003.001_DRAFT	Ginger Spells	Final Approval of policy to occur by 11/28/2022	
4.1.1 Dental Consultant Review Grievences	Implement secondary review process within the dental consultant team	4.1.1_PQI Process – Formal Appeals & Grievances	Dr. Hudson Graham Lauren Dillard	completed	

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Finding: The Plan h not implemented a process to ensure tha the Dental Consultan reviewing a grievanc did not participate in a prior related decision **Recommendation:** Implement a process ensure the clinical reviewer of grievanc cases did not participate in a prior decision related to the case.					
5.1.1 Potential Quality Issues (PQI) **Finding:** The Plan d not ensure the implementation of an effective process to monitor, evaluate, a take action to addres PQIs and improve the quality of care delivered by all providers on its behal **Recommendation:** Develop and implement an effectiv process to monitor, evaluate, and take effective action to	Develop the process outlined in the recommendation	5.1.1_ADP CAP Narrative Response 5.1.1_SOP QM_PPI 300.10 PQI.QOC 5.1.1_SOP QM_PPI 300.10-WF PQI.QOC	Sharon Kramer	Upon Approval from Department	

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address any neede improvements in the quality of care delivered by all providers rendering services on the Pls behalf.					
5.1.2 Assessment Quality of Care **Finding:** The Plan d not have mechani to assess the quali of care furnished to enrollees with SHCN **Recommendation:** Ensure the performance of a comprehensive Qual Assurance and Performance Improvement progr that includes mechanisms to as the quality of care members with SHCN.	Develop the process outlined the recommendation Quality has dedicated support and developed new processe with Dental Director and Clinical Care Management to continuously evaluate members with SHCN through dedicated workgroup sessions and case conference.	5.1.2_ADP CAP Narrative Response 5.1.2_CCM.CC Team_MASTER CASE TRACKING_Final Draft 5.1.2_CCM.CC_Unique Member Case File 5.1.2_CCM.CC_Unique Member case File_Workbook Guidance	Sharon Kramer	New documentation/ tracking system implemented in Q4	
6.1.1 Reporting of Suspected Fraud, Waste, and/or Abus Cases **Finding:** The Plan does not have a mechanism or	Develop process outlined in the recommendation	6.1.1_ADP_CAP Narrati Response 6.1.1_ADP_FWA-01 P&P for FWA audits_DRAFT	Liz Mayer	Final Approval of policies to occur b 11/28/2022	

Finding/ Recommendatio	Description of Corrective Action	Supporting Documentation (include list of file names)	Responsible Person(s)	Implementation Date	DHCS Comments
procedure to report fraud, waste, and abuse cases to DHCS. **Recommendation:** Develop and implement a procee and mechanism to ensure reporting of suspected fraud cas to DHCS.		6.1.1_ADP_FWA-02 Prepayment Review_DRAFT 6.1.1_ADP_FWA-03 False Claims Act_DRAFT			
6.2.2 Suspended, Excluded and Terminated Provid The Plan does not have a mechanism or procedure to report fraud, waste, and abuse cases to DHCS. **Recommendation:** Implement a proce to ensure the reporting suspended, exclude or terminated provis to DHCS.	Develop the process outlined the recommendation	6.2.2_ADP CAP Narrati Response 6.2.2_CR-03_Credentialing Verification_DRAFT 6.2.2_CR-04_Re-credentialing Cycle_DRAFT 6.2.2_CR-05_Ongoing Monitoring and Intervention_DRAFT	Liz Mayer	Final Approval of policies to occur b 11/28/2022	

Submitted by: _____Sheila Schaefer_____ **Date: __11/28/2022_____**

Title: ____Compliance Director_____