

September 25, 2023

VIA ELECTRONIC MAIL

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

RE: RESPONSE TO ACCESS DENTAL PLAN'S REVISED CORRECTIVE ACTION PLAN FOR CALL CENTER "P" FACTOR SUBMISSIONS

Dear Mr. Bailey:

The Department of Health Care Services (DHCS) Medi-Cal Dental Services Division (MDSD) has reviewed the Corrective Action Plan (CAP) for the quarterly Call Center Reports for July 2022 to current submitted by Access Dental Plan (ADP) and has determined additional information is necessary to comply with federal and state requirements, the Dental Managed Care (DMC) Contract, and Dental All Plan Letters (APL). DMC plans are required to submit all necessary CAP documentation as outlined in APL 22-009.

On June 30, 2023, DHCS issued a Notice of Deficiency (NOD) to ADP in response to unresolved Call Center Reporting issues regarding significantly high "P" Factor metrics. ADP was required to submit a CAP response to all findings identified in the report within 30 calendar days of the NOD. On July 24, 2023, ADP submitted the CAP to DHCS for review and approval. On August 18, 2023, DHCS hosted a meeting to discuss the CAP deficiencies. DHCS additionally issued a response letter that highlighted the CAP deficiencies. Included in that letter was the specific request for the following:

1. Data analysis that supports the actual cause of the P Factor (value) levels – this should include for individual call representatives and use of third-party interpreters.
2. What analysis was shown to support current call representative times and how the updated amount of staffing is sufficient to ensure contract compliance.
3. Supporting documentation on the efforts made for monitoring the P Factor levels and remediating the remarkably high P Factor levels.
4. When does ADP expect these issues to be resolved?

Subsequently, ADP submitted a revised CAP to DHCS on August 25, 2023. Included as appendices to the CAP were screenshots of 1) historical data reflecting call volume, AHT, attrition, and P Factor, 2) call volumes reflecting increase in utilization of third-

party interpreters, 3) Erlang Forecasting Tool reflecting staffing impacts of changes in historical staffing model assumptions, and 4) project plan for ongoing mitigation activities.

DHCS denies the revised Call Center “P” Factor CAP as submitted. The data and analysis submitted does not satisfactorily demonstrate ADP’s proposed CAP will resolve the “P” Factor issue.

The CAP states the root cause of the “P” Factor issue is, “Staffing shortages (attrition, unplanned absences and FMLA), an increase in the average handle time (AHT) per phone call, and an increase in overall call volumes, ADP cited that the significant factor contributing to the increase in the AHT was attrition of bi-lingual (Spanish) CSRs. As a result of this attrition, the Call Center had to increase its usage of their third-party interpreter vendor services. The AHT increased due to the time required to converse between the interpreter, member, and CSR.”

Notably, the CAP did not include data that aligns with the identified root cause. Specifically, the data submitted does not provide a baseline of staffing and does not differentiate between third party interpreter services **and** individual call representatives, nor does it demonstrate the differences between the two groups in regard to AHT and “P” Factor.

Additionally, the data does not provide details nor an analysis demonstrating how the proposed solutions would resolve the “P” Factor issue. Specifically, the forecasting model states that a staffing increase from 16 full time equivalent (FTE) agents to 26 FTE agents will address the total call volume. However, per ADP, a significant factor of the root cause is the increased use of third-party interpreters answering Spanish language calls. The data DHCS requires must demonstrate how the CAP will resolve the “P” Factor issue, including how the increase in FTE agents will address overall call volumes **and** Spanish language call volume. The data should also include the baseline staffing and third-party representative numbers so DHCS can ensure the CAP will move ADP back into compliance.

Please note, in accordance with APL 22-009, DHCS can require or impose a CAP on a DMC plan and/or impose other enforcement actions for the violations set forth in WIC section 14197.7(a), and others. For example, sanctions can be imposed on a DMC plan together with a CAP, in lieu of a CAP, or if the DMC plan fails to meet CAP requirements. The factor(s) set forth in WIC section 14197.7(g) will be considered by DHCS when determining whether a preceding, concurrent, or subsequent CAP is appropriate when taking enforcement actions, including imposing a sanction.

ADP is to submit to DHCS an updated CAP that addresses the requirements above within 10 calendar days, no later than October 4, 2023. Should you have any questions regarding this response to ADP’s CAP, please email dmcdeliverables@dhcs.ca.gov.

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CAP Disapproval Letter
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Sincerely,

Original signed by:

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