

CAP Response Form



DMC Plan Name: LIBERTY DENTAL PLAN

CAP Type: A&I Audit Period: 7/1/19 through 6/30/21, Report Issued: 11/23/21

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 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 toward 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 Medi-Cal Dental Services Division (MDS) 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. MDS 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	Description of Corrective Action	Supporting Documentation (include list of file names)	Responsible Person(s)	Implementation Date	DHCS Comments
<p>3.1.1 The plan did not effectively monitor provider compliance with timeliness standards for members to obtain various types of appointments.</p> <p>The providers self-reported the appointment wait time data – plan did not validate &</p>	<p>LIBERTY has taken action to address the Department's finding. FIRST, LIBERTY is enhancing the secret shopper program to include a methodology for validated it's Network panel that has self-reported appointment timeliness standards. The Plan's secret shopper program will begin in 2Q 2022 with the selection of 5% of the provider panel quarterly for outbound calls.</p>	<p>EXHIBIT A: NM SOP Seret Shopper</p>		<p>04/01/2022</p>	<p>1-Please submit to DHCS the methodology for validating self-reported data in the EXHIBIT A: Secret Shopper program. 2-Please submit to DHCS the complete EXHIBIT A: Secret Shopper program list with applied methodology and analysis and comparison to the self-reported data from providers and results from 4/1/2022 (2Q).</p>

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<p>evaluate data to determine actual compliance.</p>	<p>In addition, to the secret shopper program LIBERTY will continue to monitor timeliness standards during the standard review of exempt grievances, grievance & appeals, member satisfaction results, and Quality Assurance Review (QA findings).</p> <p>Second, LIBERTY will evaluate the appointment availability data collected at the Access & Availability sub-committee meeting for trends & process improvement opportunities.</p>				<p>3-Submit to DHCS the methodology for how the NM identify individual provider's NPI during the periodic facility on-site or phone surveys.</p> <p>4-Please submit to DHCS the number of times Liberty conducted periodic on-site or phone surveys, as well as the number of offices surveyed in 2021 and 2022. Please submit to DHCS a complete list of all on-site visits/surveys, PSR reports and results.</p> <p>5-Submit to DHCS Liberty's plan to address the limited number of member satisfaction survey responses.</p> <p>6-Please submit to DHCS the CADP 5 audit tool methodology.</p> <p>7-Please submit to DHCS all Access & Availability sub-committee meeting minutes with results of trends and Liberty's plan for improvement. The minutes must include analysis/results of member satisfaction surveys, Quality</p>

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					Assurance Reviews, exempt grievances, grievances & appeals and CADP data.
<p>3.1.2 The Plan did not effectively monitor provider compliance with office wait times.</p>	<p>LIBERTY currently conducts in-person visits routinely and documents findings through The Provider Service Report (PSR) – Exhibit B. 1Q 2022, LIBERTY’s Network Managers (NM) will conduct an annual training to include documentation on the observance of lobby areas, validate sign-in sheets (if available), and any additional information provided by the office staff withing HIPAA guidelines to monitor office wait times. These findings will be documented on the PSR by the Network Managers when conducting onsite service visits. If the Network Managers observes non-standard wait times during the visit, they will counsel the Provider and their staff. In addition to these process updates, the Plan will continue to monitor office wait times vias complaints,</p>	<p>EXHIBIT B: Provider Service Report – New offices_fillable</p>		<p>02/01/2022</p>	<p>3.1.1 DHCS Comments 1-7 8-Please submit to DHCS all EXHIBIT B: PSR reports from 02/01/2022 to current in-person visits. 9-Submit to DHCS LIBERTY’s Policy and Procedure to ensure the plan has all required documentation from providers to thoroughly investigate grievances before sending resolution letters. Submit to DHCS all Access related grievances, attestation that providers sent requested documentation and the resolution letters in 2021 and 2022. 10-Submit to DHCS all Access grievance resolution letters sent to members that LIBERTY could not confirm or verify that there were long or excessive office wait times.</p>

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	Quality Assurance Reviews (QARs), and member satisfaction surveys. Data from PSRs and other sources will be evaluated and monitored quarterly at the Access and Availability sub-committee meeting for trends and process improvement opportunities.				11-Submit to DHCS justification why LIBERTY could not confirm or verify the long or excessive wait time grievance. Submit documentation to ensure LIBERTY will comply with APL 17-003E and currently APL 22-006, Provision VIII, Grievance and Appeal System Oversight.
3.1.3 The Plan did not effectively monitor providers' compliance with telephone wait times. REPEAT FINDING	LIBERTY's secret shopper program includes but is not limited to monitoring providers' compliance with telephone wait times. The Plan will make outbound calls to 5% of the provider network quarterly. Please see EXHIBIT A – NM SOP Secret Shopper. LIBERTY's Network Managers ensure that any concerns are addressed with the offices to ensure no access to care concerns, Secret Shopper call data will be evaluated & monitored at the Access and Availability sub-committee meetings.	EXHIBIT A: NM SOP - Secret Shopper		04/01/2022	Same as 3.1.1
4.1.1 The Plan sent grievance resolution	1. To ensure adequate and appropriate resolution is	EXHIBIT C, revising policy:		March 18, 2022	1-EXHIBIT C revised P&P states that if the provider fails to submit

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<p>letter to members without adequate investigation and resolution.</p> <p>REPEAT F</p>	<p>achieved on all grievance cases, a concurrent letter review process will implemented for grievance resolution letters; reference updated Policy and Procedure under Exhibit C.</p> <p>Team Lead's, or above, will conduct letter review and approval for administrative cases. While the State Dental Director II be responsible for the review and approval of any cases involving a clinical aspect of care. The adequate grievance resolution matrix will be modified to produce a checklist specific to each case and require an attest to confirm that the resolution met required elements.</p>	<p>GA PP – Grievance Process – CALIFORNIA</p> <p>EXHIBIT D, Draft Training Deck: "Documenting Expressions of Dissatisfaction"</p>		<p>February 18, 2022</p> <p>March 04, 2022</p>	<p>requested documentation, a determination must be made using information provided by member & plan file. APL 17-003E states that NOA must contain a clinical reason for the decision. The DMC plan must explicitly state how the member's condition does not meet the criteria or guidelines. Submit to DHCS how LIBERTY will comply with APL 17-00E if the provider fails to submit member dental records.</p> <p>2-Are members informed of their HIPAA rights (in alternate format, if requested) that they entitled to request a copy of their records? Please submit to DHCS LIBERTY's template of the form used to inform members of their HIPAA rights to request dental records.</p> <p>3- DMC Boilerplate contract, Exhibit A, Attachment 2, F. Dental Director, (5) Resolving</p>

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	<p>2. The Grievance and Appeals Department is scheduled to undergo a resher training regg best pr</p> <p>a. Dong expressions of di refer draft trainick undbit D.</p> <p>b. Utilhe adequa resolutimatrix checkl</p>				<p>grievances related to dental quality of care. (7) actively participates in the functioning of Contractor's grievance procedures as specified in Exhibit A, Attachment 15. Please submit to DHCS a complete list of all grievance resolution letters from the Dental Director with the checklist matrix, attestation of the concurrent letter form sent to members since 2/18/2022.</p> <p>4-Please submit to DHCS LIBERTY's process for collecting member dental records from providers to resolve a grievance.</p> <p>5-Please submit to DHCS a complete list and results from the Quality Assurance Process for resolving grievances for 2022.</p> <p>6-If a provider fails to submit requested documentation (member dental records) for a Grievance and/or Appeal, what contractual obligations are not met? What type of counseling</p>

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					and monitoring does the provider receive? If the provider fails to submit requested dental records, submit to DHCS how is the dental director complying with the DMC Contract, Exhibit A, Attachment 2 (F) Dental Director provisions. Please submit to DHCS a complete list of network providers that fail to submit dental records to resolve a grievance.
5.2.1 The Plan's policy did not ensure that all providers receive training regarding the Medi-Cal Denta Managed Care Program. The Plan's policy only requires the office manager, treatment coordinator, and any additional office staff to attend the orientation/training. The policy allows an option for the dentist provider not to attend.	LIBERTY made updates on August 18, 2020, to the Provider Orientation Policy – EXHIBIT E to clearly state that the orientation should include the dentist and any auxillary staff as required.	EXHIBIT E: NM PP – Provider Orientation		8/2020	1-Please submit to DHCS a complete list of new providers and a complete list of new provider training attestations for 2022.

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<p>5.2.2 The Plan did not ensure that new providers completed the Medi-Cal Dental Managed Care training within ten business days. The Plan could not substantiate when and what part of the training the new provider received.</p>	<p>LIBERTY has implemented a process as of 9/29/2021 to add a training attestation form to the provider credentialing packet to track each new provider's orientation. The implementation of this process ensures that the orientation is completed in person by a LIBERTY Network Manager (NM) or through the self-directed training/orientation before activation status but no more than ten (10) days of contract effective date, including new providers linked to a previously contracted office(s). The Plan will log the orientation date into LIBERTY's Management Information System (MIS) for tracking purposes. In addition, a system enhancement has been captured training/orientation dates at the individual provider level. Any provider that fails to attest to having completed the training will be routed back to the Network Managers for follow-up before contract</p>	<p>EXHIBIT F: NM SOP Provider Orientation Attestation – CA MEDICAID</p> <p>EXHIBIT G: Attestation of New Provider Orientation Final</p> <p>EXHIBIT H: Snip of Orientation Tab</p> <p>EXHIBIT I: NM SOP – Provider Orientation Monitoring</p>		<p>9/29/2021</p>	<p>1-EXHIBIT F PSR Checklist is for a facility with multiple providers. Submit to DHCS LIBERTY's process for identifying individual provider NPI's and type of training for each provider. Please submit to DHCS all completed PSR reports (EXHIBIT F) with individual NPI's and type of training since 9/29/21.</p> <p>2-EXHIBIT G, New Provider Attestation Form is for a group facility with no area to include individual provider name and NPI. Submit to DHCS how LIBERTY identifies individual provider names and NPI on EXHIBIT G. Provide all EXHIBIT G Provider Orientation Reports since 9/29/2021.</p> <p>3-EXHIBIT I, Provider Orientation Reports are presented to Access & Availability sub-committee meetings. Submit to DHCS all Access & Availability Sub-Committee Meeting</p>

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	<p>activation ensuring that orientation within ten days. After activation action data will be monitored quarterly by the Q Committee.</p>				<p>Minutes. Minutes must include discussion of each Provider Orientation from EXHIBIT I. 4-MIS System: submit to DHCS all MIS reports with orientation attestation.</p>

Submitted by: Josh Lee
Title: Director of Quality Management

Date: 12/29/2021