

CORRECTIVE ACTION PLAN RESPONSE FORM



DMC Plan: Access Dental Plan

Audit Type: Department of Health Care Services Dental Audit

Review Period: 11/1/2022 – 10/31/2023

On-Site Review: 3/18/2024 – 3/29/2024

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	The templates in use today were updated and operational as of January 2024.	Please see documents: <ul style="list-style-type: none">1.2.1_ADP_GMC – Approval1.2.1_ADP_GMC – Delay	January 2024	



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<p>and “Your Rights” attachments according to D-APL 22-006.</p>		<ul style="list-style-type: none"> • 1.2.1_ADP_GMC – Deny • 1.2.1_ADP_LAPHP – Approval • 1.2.1_ADP_LAPHP – Delay • 1.2.1_ADP_LAPHP – Deny 		
<p>1.2.2 Prior Authorization Decision and Notification Timeframes</p> <p>The Plan did not comply with contractual timeframes for prior authorization (PA) treatment request decisions and notifications.</p>	<p>During the audit review period, the plan experienced significant transformations across leadership, organizational structure, operations, and staffing. These changes adversely impacted the authorization turnaround times, resulting in delays.</p> <p>As of December 2024, the Utilization Management team is meeting turnaround</p>	<p>To be provided January 2025</p>	<p>December 2024</p>	

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	<p>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.</p>			
<p>1.2.3 Prior Authorization Decisions</p> <p>The Plan did not consistently apply its Utilization Review guidelines when adjudicating dental prior authorizations.</p>	<p>Access Dental regularly conducts inter-rater reliability (IRR) studies for our dental professionals involved in the utilization management (UM) programs by selecting a sample of UM determination files. Independent test results are completed by all professionals for the cases to be</p>	<p>Please see document:</p> <ul style="list-style-type: none"> • 1.2.3_UM.006.01 Inter-Rater Reliability IRR 07.31.24 • 1.2.3_2024 IRR Scores 	<p>Q1 2024</p>	

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	<p>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.</p> <p>Starting from April 2024, during the CA Monthly Dental Consultants meetings, case reviews were discussed to enhance collaboration and improve IRR.</p>			

3. Access and Availability of Care

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<p>3.1.1 Call Center “P” Factor</p> <p>The Plan did not maintain the required weekly average “P” factor of seven percent or less.</p>	<p>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.</p> <p>We implemented several initiatives to address our staffing gaps, including a more robust recruitment process, an increased number of cross-trained agents to support call volume fluctuations</p>	<p>Please see documents:</p> <ul style="list-style-type: none"> • 3.1.1_New Hire Retention Program_9.13.24 • 3.1.1_Quarterly ADP Reports 	<p>Q1 2024</p>	

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	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

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<p>4.1.1 Grievance Resolutions</p> <p>The Plan did not ensure member grievances were completely resolved prior to closing them.</p>	<p>The Access Dental Plan Appeals and Grievances team has taken many steps to address the deficiency above. The goal of the grievance 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:</p> <ol style="list-style-type: none"> 1. Creating a Language Library that provides more clear and concise resolution language for our members. We are 	<p>Please see documents:</p> <ul style="list-style-type: none"> • 4.1.1_Letter Review Process • 4.1.1_4765331_Resolution Ltr • 4.1.1_4787644_Resolution Ltr • 4.1.1_10.2023 Email_Lettter Review • 4.1.1_Letter Language Library • 4.1.1_Records Request SOP 	<p>October 2023</p>	

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	<p>constantly expanding this library to address the most common grievance reasons received.</p> <p>2. Implementing a record request SOP that provides strict 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</p>			

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	<p>contributing to incomplete resolutions, as seen in this audit. Please see document <i>Records Request SOP</i>.</p> <p>3. Letter review process to allow leadership to sign 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</p>			

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	<p>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.</p>			
<p>4.1.2 Grievance Resolution Timeframe</p> <p>The Plan did not resolve these grievances within the 30 days from the time of receipt.</p>	<p>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.</p>	<p>Please see document:</p> <ul style="list-style-type: none"> 4.1.2_Aug-Sept 2024 Report 	<p>Q2 2024</p>	

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<p>4.1.3 Grievance Acknowledgement Letters</p> <p>The Plan did not send grievance acknowledgement letters to members within five-calendar days of receipt of the grievance.</p>	<p>Access Dental has provided written acknowledgements consistently within five calendar days of receipt of a grievance.</p>	<p>Please see document:</p> <ul style="list-style-type: none"> 4.1.3_June 2024 Inventory Report 	<p>Q2 2024</p>	

5. Quality Management

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<p>5.1.1 Provider Participation in Potential Quality Issues</p> <p>The Plan did not involve contracting and community providers records or opinions in the review of Potential Quality Issue (PQI) cases.</p>	<p>The Dental Director along with internal State Dental Directors and participating external providers from the plans network participate in the Peer Review Committee.</p>	<p>Please see document:</p> <ul style="list-style-type: none"> 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 	<p>February 2024</p>	

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<p>5.2.1 New Provider Training</p> <p>The Plan did not document whether newly contracted providers completed the mandatory training within ten-business days of activated status.</p>	<p>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 requirements, guidelines, and</p>	<p>Please see documents:</p> <ul style="list-style-type: none"> • 5.2.1_Welcome Calls • 5.2.1_ED.003.01_Education Providers_122024_draft 	<p>February 2024</p>	

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	<p>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 market standards. These efforts are consistently documented and tracked.</p>			

6. Administrative and Organization Capacity

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<p>6.2.1 Compliance Officer Reporting Requirements</p> <p>The Plan’s Chief Compliance Officer (CCO) did not report directly to the CEO and the Board of Directors.</p>	<p>Access Dental Plan received a March 13, 2024, Notice of Deficiency from DHCS, section 6.2.1, related 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 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</p>	<p>Please see document: 6.2.1_Compliance Program_Org Chart</p>	<p>April 2024</p>	

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	<p>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.</p>			

Submitted by: Sheila Schaefer

Title: Compliance Director

Date: 12/20/2024