

# Medi-Cal Dental Plan/Stakeholder Meeting – Sacramento County

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## Meeting Agenda

Thursday, January 24, 2013

1:00 PM – 3:00 PM

1501 Capitol Avenue, Pine Conference Room 71.1203, Sacramento, CA 95811

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Toll Free Call-In Number 1-877-952-6960

Participant Passcode 8035226

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**Welcome**      **Alisha Sipin, Chief Dental Managed Care Contracts & Analysis Unit**

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**Introductions**      **All**

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**Discussion**

- New Contracts*
  - DHCS Update
- Immediate Action Expectations*
  - Questions?
  - New Contract Provisions - Expectations
- Beneficiary Dental Exemption Process*
  - DHCS update
  - Plans Feedback
  - Stakeholder Feedback
- Healthy Families Program Transition*
  - DHCS updates
- Advisory Committee Council*
  - Updates
- Workgroups Updates*
  - Specialty Referral – LIBERTY
- Annual Report*
  - Timeline

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**Conclusion**

- Additional Items
- Recap
- Next steps

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**Next Meeting: Thursday, April 25, 2013 1:00 PM – 3:00 PM;  
1700 K Street, First Floor Conference Room, Sacramento,  
CA 95811**

**Medi-Cal Dental Stakeholder Meeting – Sacramento County  
September 27, 2012 - Meeting Summary Notes**

Topics	Discussion	Action Items
<b>Immediate Action Expectations</b>	<p>The following Immediate Action Expectations were discussed:</p> <p><b>Beneficiary Letter Campaign</b> Total roll up will be reported in November.</p> <p><b>Outbound Call Campaign</b> Total roll up will be reported in November.</p> <p><b>Pay for Performance Summary</b> CAP – Corrective Action Plan.</p> <p><b>Provider Education</b> Request for plans to report more on concerns</p> <p><b>FQHC Enrollment Tracking</b> South Valley will have 3 Full Time Providers.</p> <p><b>Timely Access</b> No show appointments and rescheduled appointments will be kept in case estimates could be provided by plan in percentage not number.</p>	<p>DHCS have completed updated numbers for next reporting period.</p> <p>Plans will report more provider concerns.</p> <p>Future reports will no longer have acronyms.</p>
<b>Beneficiary Dental Exemption Process</b>	<p><b>Initial Report:</b> Reporting period September 13-24, 2012 Phone Calls: 46 out of 298 resulted in a BDE request. Mail/Fax/Emails: 10 out of 300 resulted in a BDE request.</p>	<p>DHCS will report data on monthly basis online, first report mid-October for all of September.</p>
<b>Healthy Families Program Transition</b>	<p><b>Provider Outreach//Pediatric Provider Outreach</b> No updates, location in discussion.</p> <p><b>Provider Credentialing</b> Healthy Families tutorial and video tutorials, checklist, webinars Continuous efforts to update website. Still requesting comments. Currently going over application and how to work with providers in getting enrolled. Please email Deepika Raj (Deepika.Raj@dhcs.ca.gov).</p> <p><b>Data Reporting</b> Data will continue to be reported to the Stakeholder group. However there is no longer a need for the Sacramento Data Subgroup as stakeholders have expressed they are satisfied with the data fields.</p>	
<b>Advisory Committee Council</b>	<p>LA County Stakeholder Meeting Status Update</p> <ul style="list-style-type: none"> <li>- Next meeting October 11, 2012 @ MHCHA</li> </ul> <p>Sacramento County Stakeholder Meeting</p> <ul style="list-style-type: none"> <li>- Changed to quarterly, next meeting January 24, 2013</li> </ul> <p>Referral form to get on Denti-Cal website</p> <p>Medi-Cal advisory meeting</p> <ul style="list-style-type: none"> <li>- Oversight for all the improvements will be on the 4<sup>th</sup> Wednesday of every month.</li> </ul>	<p>Please send referral forms to get on Denti-Cal website to Alisha via email, fax, etc.</p>

Immediate Action Expectation Reporting  
Geographic Dental Managed Care - Sacramento  
January 2013 Stakeholder Meeting Report

Table #	Report Title	Reporting Period
1	Beneficiary Letter Campaign	December-12
2	Outbound Call Campaign	December-12
3	Pay for Performance Summary	November-12
4	Provider and Specialist Enrollment	December-12
5	Provider Education	December-12
6	FQHC Enrollment Tracking	December-12
7	Timely Access Report Summary	November-12

**Dental Plans Reporting**

Access Dental Plan  
Health Net Dental Plan  
LIBERTY Dental Plan  
Western Dental Plan

**Next Reporting Due Date**

Annual Utilization and Timely Access Reporting DUE Feb 20, 2013

**Questions about reporting please email:**

[dentalmanagedcare@dhcs.ca.gov](mailto:dentalmanagedcare@dhcs.ca.gov)

**TABLE 1**

<b>Beneficiary Letter Campaign - December</b>	<b>Access</b>		<b>Health Net</b>		<b>LIBERTY</b>		<b>Western</b>	
Total calls received referencing letter/flyer	71		17		25		8	
Appointments Set	9		0		0		0	
Other Information Given/Questions Answered	62		17		23		0	
Grievances/Complaints Received	0		0		0		0	
Total number of undeliverable mail	1,704	7%	2,070	10%	1,774	7%	507	1%
Total number mailed	25,147		19,972		25,791		56,913	

**NOTES:**

Access - Mailing of Plan Brochure completed June 2012

Health Net - Mailing of Plan Brochure completed July 2012

LIBERTY - Mailing of Plan Brochure completed July 2012

Western - Mailing of Plan Brochure completed June 2012

**Report is a roll-up of data since the beginning of the Beneficiary Letter Campaign.**

If a section is marked n/a it means the plans did not capture information during the reporting period.

*Updated with 1-7-13 plan data submissions.*

***JP Updated 1-14-13***

**TABLE 2**

<b>Outbound Call Campaign - December</b>	<b>Access</b>		<b>Health Net</b>		<b>*LIBERTY</b>		<b>Western</b>	
# of Eligible (0-20) for month reporting	34,650		21,110		25,006		57,755	
# of Calls Made	21,502		14,833		16,338		38,691	
Wrong # and/or Phone # Out of Service	3,621	16.8%	2,203	14.9%	2,602	15.9%	1,596	4.1%
Appt Scheduled	2,021	9.4%	1,160	7.8%	1,160	7.1%	1,390	3.6%
Left Msg	5,701	26.5%	7,404	49.9%	7,404	45.3%	24,263	62.7%
Member Declined	723	3.4%	1,896	12.8%	1,896	11.6%	0	0.0%
Member Hung Up	5,468	25.4%	n/a	n/a	n/a	n/a	0	0.0%
No Answer	747	3.5%	2,687	18.1%	3,276	20.1%	4,932	12.7%

**LEGEND:**

Initial call campaign is complete.

\* LIBERTY #'s include CDS transitioned members.

If a section is marked n/a it means the plans did not capture information during the reporting period.

**NOTES:**

- All calls made were to beneficiaries under 21 who had not had an appointment within the last 12 months.
- All Plans are going to continue with a call campaign.

**Report is a roll-up of data since the beginning of the Outbound Call Campaign.**

**BEST PRACTICES:**

- The Customer Service Representative (CSR) was able to provide focused/ one-on-one assistance for members who had concerns and needed appointments.
- CSRs were able to educate the members with small children regarding 1st birthday/1st tooth and the importance of the dental home.
- Bilingual representatives to make the calls.
- Making calls during the day, rather than after hours, was helpful when conducting 3-way calls to schedule appointments with dental offices.
- Developing scripts for the CSRs to follow when introducing the subject to the member.
- Following up with members, who were initially unavailable, helped to increase utilization.

*Updated with 1-7-13 plan data submissions.*

***JP Updated 1-14-13***

**TABLE 3**

<b>Pay for Performance Summary - November</b>	<b>Access</b>	<b>HealthNet</b>	<b>LIBERTY</b>	<b>Western</b>
Total Provider Offices:	26	25	27	24
# of Provider Offices 4.0% or Above:	13	9	16	6
% of Total Provider Offices:	50.0%	36.0%	59.3%	25.0%
# of Providers between 3.33% - 4.0%	4	1	2	3
% of Total Providers	15.4%	4.0%	7.4%	13.0%
# of Provider Offices Below 3.33%:	9	15	9	15
% of Total Provider Offices:	35.0%	60.0%	33.3%	62.0%
# of Provider Offices on Corrective Action Plan:	0	0	0	2
# of Provider Offices Under Review:	6	4	1	7
# of Provider Offices w/closed enrollment:	0	3	11	0
# of Provider Offices w/reinstated enrollment:	0	n/a	n/a	0

**NOTES:**

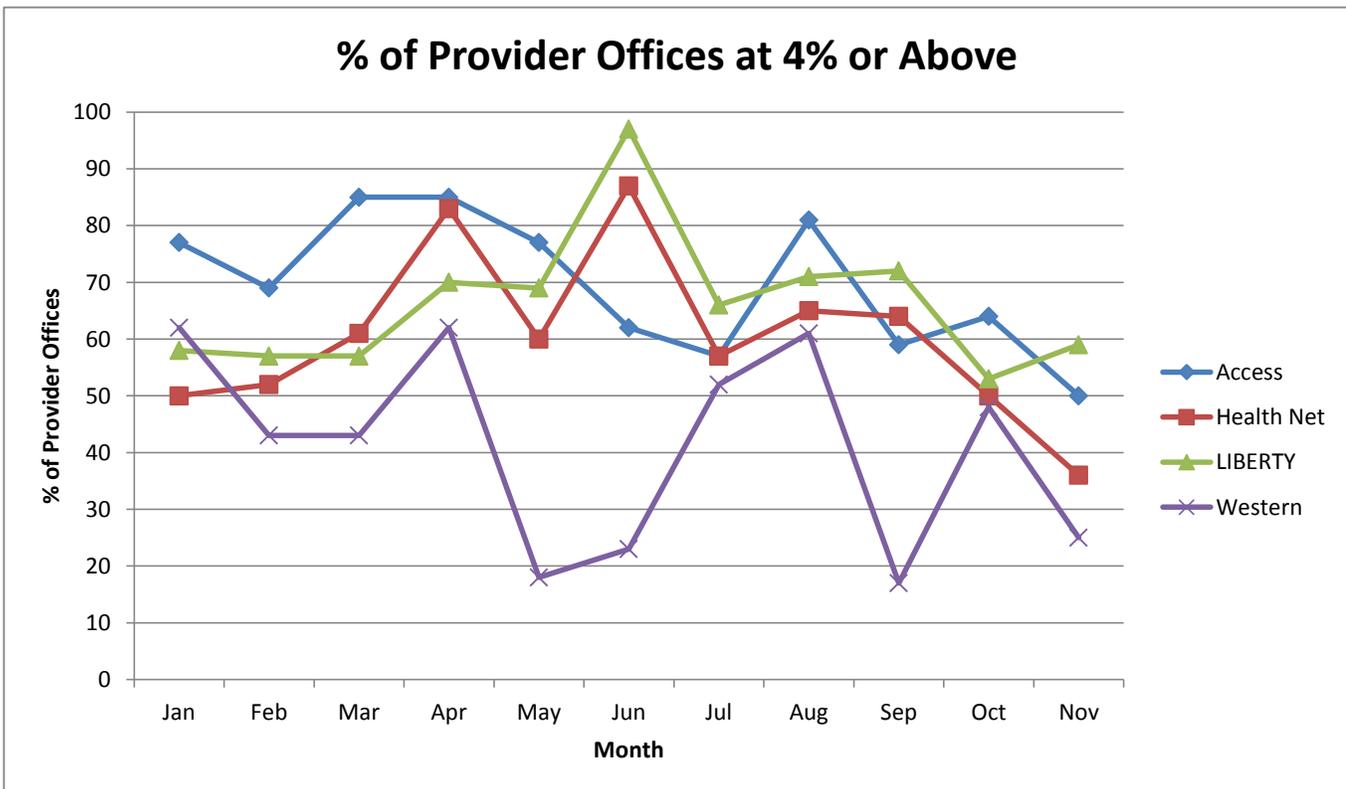
Percentages (%) are stand alone monthly utilization percentages.

*December data is due to DHCS 2-20-13.*

***JP Updated as of 1-22-13***

*Updated with 1-22-13 plan data submissions.*

% of Provider Offices at 4% Utilization or Above				
Month	GMC Dental Plans			
	Access	Health Net	LIBERTY	Western
Jan	77%	50%	58%	62%
Feb	69%	52%	57%	43%
Mar	85%	61%	57%	43%
Apr	85%	83%	70%	62%
May	77%	60%	69%	18%
Jun	62%	87%	97%	23%
Jul	57%	57%	66%	52%
Aug	81%	65%	71%	61%
Sep	59%	64%	72%	17%
Oct	64%	50%	53%	48%
Nov	35%	36%	59%	25%



**TABLE 4**

<b>Provider &amp; Specialist Enrollment - December</b>	<b>Access</b>	<b>HealthNet</b>	<b>LIBERTY</b>	<b>Western</b>
Total # of General Providers Enrolled:	56	44	73	107
New General Providers Enrolled:	1	1	10	0
Total General Providers Disenrolled:	1	1	1	0
Total # of Specialists Enrolled:	22	11	11	87
New Specialists Enrolled:	0	0	0	0
Total # of Specialist Disenrolled:	0	0	0	0

***JP updated as of 1-14-13***

*Updated with 1-7-13 plan data submissions.*

**TABLE 5**

<b>Provider Education - December</b>	<b>Access</b>	<b>Health Net</b>	<b>LIBERTY</b>	<b>Western</b>
<b># Of Providers Educated</b>	17	34	34	36
<b>Provider Concerns</b>	<p>Providers are still concerned with the amount of no shows and keeping up with the 4% utilization requirement.</p> <p>Providers are trying different approaches to encourage members to keep appointments but despite all efforts are still experiencing high no show rates. Providers are also concerned with how the transition of Western Dental GMC membership and Western Dental HF membership will affect their office.</p>	<p>What impact will it have on their Practices with Western no longer contracted for GMC. What is the impact of the Health Families transition.</p>	<p>What impact will it have on their Practices with Western no longer contracted for GMC. What is the impact of the Health Families transition.</p>	<p>Member no shows; No response to provider outreach efforts; Loss of membership.</p>
<b>Educational Materials and Education Strategy</b>	<p>Appointment accessibility was reviewed. Wait time in the office and operatory were reviewed.</p> <p>Reviewed and discussed importance of Encounter submission possibly on a weekly basis. Discussed utilization requirements and the importance of follow up on brokend/missed appointments. Collected avg. % of no show appointments and discussed ways to possibly reduce the amount of no shows.</p> <p>Discussed and reviewed changes in compensation for 2013 benefit year and the implementation of the penalty withhold.</p>	<p>Conducted on-site orientations for new GMC Providers to review GMC and FRADS. Provided Denti-Cal Guideline Books to new GMC Providers.</p>	<p>Conducted on-site orientations for new GMC Providers to review GMC and FRADS. Provided Denti-Cal Guideline Books to new GMC Providers.</p>	<p>Healthy Families Program transition; Language Assistance Program; Utilization Expectations; Western Dental exiting GMC program as a dental plan.</p>

**LEGEND:**

*n/a - did not capture information during reported period*

**JP Updated as of 1-14-13**

*Updated with 1-7-13 plan data submissions.*

**TABLE 6**

<b>FQHC Enrollment Tracking - December</b>	<b>Equivalent FT Providers</b>	<b>Access</b>	<b>Health Net</b>	<b>Liberty</b>	<b>Western</b>
The Effort-Oak Park	6	Contracted	Contracted	Contracted	Contracted
The Effort-North Highlands	3	Contracted	Contracted	Contracted	Contracted
The Effort - South Valley**	n/a	Pending	Pending	Pending	Pending
Sacramento Community Clinic	1	Contracted	Contracted	Contracted	Contracted*
Native American Health Clinic	n/a	Reached out	Not contracted	Not contracted	Reached out

**LEGEND:**

\* Sacramento Community Clinic shows as Health & Life Organization

\*\*The Effort - South Valley is waiting on Dental Care License. No updates on when the office will be officially open.

**NOTES:**

Health & Life Organization and The Effort-Marysville does not provide dental services (Access reached out)

If a section is marked n/a it means the plans did not capture information during the reporting period.

**REPORTING CHANGE REQUEST:**

- 1) # of beneficiaries assigned to the FQHC and percentage of population served by plan.
- 2) Utilization by FQHC by Plan
- 3) # of DDS providing services in FQHC

***JP updated as of 1-14-13***

*Updated with 1-7-13 plan data submissions.*

**TABLE 7**

<b>Timely Access Report Summary - November</b>		<b>Access</b>	<b>HealthNet</b>	<b>LIBERTY</b>	<b>Western</b>
Month Total Enrollee Count:		53,393	35,859	37,754	91,486
Month Total Under 21 Enrollee Count:		34,528	21,133	25,025	57,755
Month Total Over 21 Enrollee Count:		18,865	14,726	12,729	33,731
Avg # of Days to Schedule	Initial Appt:	12	12	11	7 - 14
	Avg # of Days to schedule Routine Appt:	12	11	11	7 - 14
	Avg # of Days to schedule Preventive Appt:	12	12	11	7 - 14
	Avg # of Days to schedule Emergency Appt:	1	1	1	1
% of No Show Appt:		40%	40%	40%	60%
Are Interpreter Services Available:		Yes	Yes	Yes	Yes
Answering Services Available:		Yes	Yes	Yes	Yes
Avg. Ratio of Member to Primary Care Dentist under 21 ONLY:		731	456	259	1,125
Total # of Members who are assigned to a PCD who is more than 30 min. or more than 10 miles from their residence:		293	160	211	260
# of Routine Authorizations Received (under 21)		55	295	309	96
% of Routine Authorizations Approved	Within 5 business days	100%	99%	99%	100%
	Within 10 business days	100%	100%	100%	100%
	Outside of 10 business days	0%	0%	0%	0%
Total Claims Received (under 21)		2,242	1,375	1,859	420
% Claims Paid	Within 90 days	100%	100%	100%	100%
	Outside of 90 days	0%	0%	0%	0%
Specialist Referrals for the Month (under 21)	Received:	88	271	276	241
	Approved:	63	247	237	222
	Denied (clinical):	null	2	3	15
	Denied (administrative):	25	22	36	4
	Completed:	23	208	264	241
	Expired:	23	14	41	33

**LEGEND:**

n/a means the plan did not capture this information during the reporting period

**NOTES:**

•Specialist Referrals expire after 90 days from date of issue with the exception of Western (45 days). There are always exceptions for extensions.

**JP Updated as of 1-14-13**

*December data is due to DHCS 2-5-13*

*Updated with 1-7-13 plan data submissions.*

**Medi-Cal Dental Stakeholder Meeting – Sacramento County  
January 24, 2013 - Meeting Summary Notes**

Topics	Discussion	Action Items
<b>New Contracts</b>	<p><b><i>Geographic Managed Care (GMC) Contracts</i></b>            Started January 1, 2013            Three Contractors: Access Dental, Health Net of California, Inc. and LIBERTY Dental Plan.            Western Dental providers contract with LIBERTY Dental Plan.</p>	
<b>Immediate Action Expectations</b>	<p><b><i>Reporting</i></b>            Contract provisions were added to GMC contract that cover the Immediate Action Expectations. Once 2012 data is completed, Dental Plans will submit data per contract requirements.</p>	
<b>Beneficiary Dental Exemption Process</b>	<p><b><i>Reporting</i></b>            Most calls are for education purposes asking what services are available, eligibility and Medi-Cal in general. An indication of “successful” on the report means that a treatment was received; cases for basic services are closed after one appointment and for cases where a treatment plan is required for courses of treatment, it is followed throughout the course of treatment.  <b><i>“No Show”</i></b> Beneficiaries not showing up to their appointments made through the BDE line is typical. It was suggested that parent education campaigns could help to understand the importance of making appointments. Take into consideration the requirements used by Foster Care programs and SETA Headstart</p>	<p>BDE Reports will categorize and track the “no show” cases</p>
<b>Healthy Families Program Transition</b>	<p><b><i>Transition</i></b> Will begin March 1, 2013 for Sacramento County HFP members in HealthNet of California, Inc. and Access Dental Plan will remain with those plans, otherwise they will be assigned to a new plan  <b><i>Performance Measures</i></b> Utilization of HFP members transitioning to Medi-Cal will be tracked separately. 1115 Waiver Approval of HFP Transition: objectives 4 and 5 are for dental and what dental plans should report.</p>	
<b>Medi-Cal Dental Advisory Committee</b>	<p><b><i>Meeting January 23, 2013</i></b>            Discussed information on process and procedures for complaints and on-site visits/audits. DHCS partners with the Department of Managed Health Care (DMHC) to conduct routine surveys and non-routine surveys. Reports for the non-routine surveys done for GMC plans available online: <a href="http://dmhc.ca.gov/healthplans/med/med_gmc.aspx">http://dmhc.ca.gov/healthplans/med/med_gmc.aspx</a>            Provider on-sites/audits are conducted by plans; DHCS and DMHC will step in if the problems arise  <b><i>Draft report of DMC for 2012</i></b>            Narrative will be available early February; graphs and charts will be available later.</p>	<p>DHCS will send out to stakeholders early February for feedback and comments.</p>
<b>Additional Items</b>	<p>Dental choice packet will be updated: Los Angeles County first then Sacramento County. Any beneficiary issues, call plan first so that grievances can be tracked and BDE line would be next step if not resolved with plan</p>	