

Medi-Cal Dental GMC All Plan/Stakeholder Meeting
March 21, 2012
3pm-5pm
Meeting Minutes

1. Welcome/Expectation

- These meetings are going to be ongoing monthly and will eventually become quarterly. The purpose of the meeting is to improve the overall utilization of beneficiaries being served by Dental Managed Care plans in Sacramento. The meeting will be to discuss issues with all plans and stakeholders to bridge the communication gap and ensure that all issues from the public are being heard and addressed by plans and DHCS as well as create a partnership between DHCS, the plans and the stakeholders.

2. Immediate Action Expectations – All plans are required to submit Implementation Plans to MDSO by the end of the day; MDSO will post the implementation plans online for public/stakeholders after DHCS' review and approval.

○ **Overview of Action Items**

- i. **Beneficiary letter** – DHCS will be sending a beneficiary letter as well as the DMC plans. The 0-5 beneficiary letter will be a collaborative letter from DHCS, DMC plans and First 5 and any additional stakeholders interested. If you would like to be included please email your information to dentalmanagedcare@dhcs.ca.gov.
- ii. **Informational Flyer**: Legal Services of Northern California has developed a 2-pager with information on dental services for Medi-Cal beneficiaries as well as the Healthy Families brochure.
- iii. **Recommendation for education materials** – Include education materials with enrollment/choice packages. Health Care Options/MAXIMUS are working on updating informing materials for more information on dental.
- iv. **Specialist referral process** – Plans will standardize referral forms and process. Specialists are experiencing issues with not having the appropriate geographical information for the beneficiaries in order to follow up to ensure the beneficiary makes the appointment. All Plans stated they provide this information to specialists. MDSO requests all plans to submit to MDSO all the fields of information submitted to specialist with the referrals. In addition Health Net mentioned the project in LA with DPSS where they sent out post cards to update information to ensure the beneficiary information was consistently correct. MDSO will research further.
- v. **Incentives and Outreach** – Health Net and LIBERTY Dental implemented an incentive plan for providers who see beneficiaries aged 0-3. Health Net and LIBERTY have completed their phone call campaign for beneficiaries aged 0-3. Access Dental has completed outreach for all members and is working on preparing statistics. Western Dental began outreach on March 6, 2012, beginning with the age group 0-5 and will continue with ages 6-21.

○ **Benchmarks and Reporting**

- i. Once Implementation Plans are reviewed by MDSO the reporting and benchmarks will be further fleshed out. Requirements will be posted online. MDSO asks Stakeholders to submit any ideas for monitoring to dentalmanagedcare@dhcs.ca.gov

3. Stakeholder Concerns

- **Pediatric Dentists** – Stakeholders are concerned that there is a lack of pediatric dentists enrolled in each plan. Their recommendation would be to allow for the plans to enroll pediatric dentist as Primary Care Dentist (general dentist) and/or specialist. None

of the plans restrict pediatric dentists from enrolling into the plan as a general dentist. LIBERTY Dental made the point that typically pediatric dentists are unwilling to accept the payment of a general dentist and therefore decide to not participate in that function.

- **Dental anesthesiologists** – Stakeholders are concerned that anesthesia is not available in a dental office. It was cleared up that dental anesthesiologists and medical anesthesiologists can provide services in dental offices, as long as the beneficiary is not medically compromised. There needs to be better coordination with between medical and dental to coordinate this care. The lack of available hospitals with the ability to treat members was discussed.
- **Issues with access to care** – Stakeholders are constantly in contact with beneficiaries who are experiencing pain and difficulty obtaining appointments or appointments that are further out than the 4 week requirement. It was discussed that all the plans knew the requirement and that if it happens, it should be brought to the plans' attention as soon as possible. Plans remain committed to educating provider staff/receptionists to ensure access. Stakeholders are encouraged to contact the plans directly when a problem arises and if they need to contact MDSD to email dentalmanagedcare@dhcs.ca.gov.
- **Transparency** – Stakeholders are interested in more transparency. MDSD previously committed to online reporting of utilization which will be posted soon. In addition MDSD is looking to post more frequent information and updated utilization to show progress over the next coming months and ongoing. Plans expectation responses will also be posted online.
- **Online Dashboard** – Stakeholders are interested in an online dashboard like medical. MDSD committed to researching the availability.
- **Provider participation** – Stakeholders are concerned that plans do not have enough providers; dentists in Sacramento are unwilling to participate in a capitated model and would rather provide services for free. It was discussed that many of the DMC plans are not a capitated model and that they pay the provider a small fee monthly to assign the beneficiary and then pay on each procedure performed on a fee for service schedule. This was referenced as a “hybrid” model.
- **Federally Qualified Health Centers** – Stakeholders were concerned that the FQHC were not being fully utilized and was not being assigned beneficiaries. It was confirmed with The Effort that they are in fact receiving beneficiaries and are at capacity. Currently one clinic is operating part time and waiting for Provider Enrollment Division to approve their application to be able to operate full time. Plans remained committed to enrolling FQHC's and assigning beneficiaries.

4. Request for Application (RFA) Suggestions

- MDSD is requesting additional questions and suggestions to help with the RFA.
- Stakeholders asked if they could have a summary of changes from the DRAFT to FINAL posted online prior to the FINAL RFA being posted.
- Healthy Families was not included in the RFA's as they are currently not a part of the program.
- Stakeholders were interested in the criteria that will dictate contract awarding.
- MDSD will have to check with Office of Medi-Cal Procurement if the recommendations from stakeholders are possible.

5. Complaint Process

- New email box dentalmanagedcare@dhcs.ca.gov – Alisha Sipin will manage the emails received to this address. Stakeholders can send any inquiries or complaints they receive directly to this email.

6. Next Steps/ACTION ITEMS

- **MDSD Action Items**
 - i. Researching into the Hybrid Model
 - ii. Researching CHIPRA “outside four walls”

- iii. Researching Medical Dental Coordination to provide Anesthesia
- iv. Researching DPSS postcards to update beneficiary information
- v. Researching Online Dashboards
- vi. Researching Specialist receiving beneficiary information
- vii. Post utilization data by plan, and Implementation Plan submissions online after reviewing and approving online
- viii. Check with the Department's Office of Medi-Cal Procurement on using stakeholders' recommendations
- **STAKEHOLDER Action Items**
 - i. Submit any ideas for monitoring (utilization, access to care)
 - ii. Submit additional questions, comments, suggestions regarding the RFA
- **GMC Plan Action Items**
 - i. Submit to MDSD all the fields of information submitted to specialist with the referrals.
 - ii. Submit information about the payment model of your plan. Do you use a capitated model to providers or does your plan use the hybrid model?
- **ACTION ITEMS**
 - i. Please submit all ACTION ITEMS to MDSD asap but no later than Tuesday April 17, 2012.

Next Meeting: Wednesday April 18, 2012 @ 3pm-5pm