

Medi-Cal Dental Plan/Stakeholder Meeting – Sacramento County

Meeting Agenda
Wednesday, June 20, 2012
3:00 PM – 5:00 PM

1700 K Street, First Floor Conference Room, Sacramento, CA 95811

Toll Free Call-In Number 1- 877-952-6960
Participant Passcode 8035226

Welcome	Rene Mollow, Acting Deputy Director, Health Care Benefits and Eligibility
Introductions	All
Discussion	<i>Immediate Action Expectations</i> <ul style="list-style-type: none">• Action Items• Plans Feedback• Stakeholder Feedback
	<i>Beneficiary Dental Exemption Process</i> <ul style="list-style-type: none">• DHCS update• Plans Feedback• Stakeholder Feedback
	<i>Workgroups Updates</i> <ul style="list-style-type: none">• Provider Outreach• Pediatric Provider Outreach• Provider Credentialing
Conclusion	<ul style="list-style-type: none">• Additional Items<ul style="list-style-type: none">○ LA County Stakeholder Meeting• Recap• Next steps
	Next Meeting: Thursday, July 26, 2012 3:00 PM – 5:00 PM; 1700 K Street, First Floor Conference Room, Sacramento, CA 95811

Medi-Cal Dental All Plan Stakeholder Meeting May 16, 2012 - Meeting Summary Notes

Topics	Discussion	Action Items
Immediate Action Expectations	<p>The following Immediate Action Expectations were discussed:</p> <p>Educational Brochure The educational brochure will be sent out with beneficiary letters. Approval to place the "1st Tooth, 1st Birthday" logo back on to the brochure and to switch the order of the Department of Managed Health Care and Health Care Options information that is on the back to prevent confusion. Currently Western has the brochure being translated. Printing logistics are being discussed.</p> <p>Informational Brochure Comments on the brochure were requested to be sent to MDSB by COB Friday May 25, 2012.</p> <p>Data Collection Handouts of data that has been collected by MDSB to monitor progress will be</p>	<p>Edits to be made on the brochure and send to translations and print.</p> <p>Compile all comments, suggestions, and edits on Informational Brochure. Make changes and resubmit back out to the group.</p> <p>All additional reporting will be updated and resubmitted to the group.</p>
Member Resolution Process	<p>DHCS will be implementing a Beneficiary Dental Exemption (BDE) process, as recommended by Senator Steinberg. A form is being developed that can be used by beneficiaries who are requesting to opt out of dental managed care and into fee-for-service. DHCS plans to roll out sometime in June and will be sending notifications to all beneficiaries. The form will go through a review process for stakeholder and plans to submit comments.</p> <p>Recommendations to create a guide or flowchart for the BDE process.</p>	<p>DHCS will send a draft of the form and letter to stakeholders and plans to review and submit comments.</p> <p>DHCS to create flowchart.</p>
RFA/RFP Update	<p>The Request for Application (RFA) has been turned into a Request for Proposal (RFP) procurement, which will now make the bids competitive and DHCS will be using a scoring mechanism to determine awardees. The RFP was released on May 16th and there is a 2 week comment period. Comments must be submitted to DHCS' Office of Medi-Cal Procurement. DHCS is looking into the possibility of having external reviewers that include stakeholders as evaluators of the bids.</p>	<p>Stakeholders and plans to submit any comments/questions on the RFP by May 31, 2012.</p> <p>DHCS will keep stakeholders updated on the ability of stakeholders as evaluators.</p>
Workgroups	<p>Three workgroups will begin the week of May 21st for Provider Outreach, Pediatric Provider Outreach, and Provider Credentialing.</p>	<p>DHCS will send a meeting notice to those who have signed up for the workgroups.</p>
Feedback	<p>Positive feedback on the improvements that have been made as a result of the Immediate Action Items and DHCS/plans/stakeholders making changes to the Geographic Managed Care program. GMC providers have experienced less difficulty with referrals because plans are taking the lead in ensuring beneficiaries get appointments and treatment. The enhanced fee schedules offered by the plans have provided more incentive for the providers to treat GMC beneficiaries.</p>	

IMMEDIATE ACTION EXPECTATION REPORTING

Immediate Action Status

Immediate Action Item	DHCS Staff Responsible	Plan	Status	Next Steps
Educational Brochure	Brian Nanoo			
<i>Final attached</i>		Western lead	Currently in translations with Western into 5 languages. Translations are proposed to be completed Wednesday June 13, 2012	Once completed Western will distribute to plans to send in letters to members.
Informational Brochure	Abby Aban			
<i>Draft attached</i>		MDSD lead	With Western to implement into graphic software.	On HOLD until TBL with BDE is decided upon.
Beneficiary Letter Ages 0-5	Lenette Blouin			
		Access lead	Access translated into threshold languages and sent to all plans.	Once Educational Brochure is completed, Beneficiary Letter and Educational Brochure will be sent out together to beneficiaries. Depending on translations timeframe, the goal is for the letters to be sent by end of June. All de-identified beneficiary letters will be posted online by June 20, 2012.
Beneficiary Letter Ages 6-21	Lenette Blouin			
		Access	Already sent prior to Immediate Action letter from Toby	N/A
		Health Net	Approved. All translations complete.	see Beneficiary Letter Ages 0-5 "next steps"
		LIBERTY	Approved. All translations complete.	
		Western	Approved. All translations complete.	
Phone Call Campaign	Lenette Blouin			
<i>Phone Call Campaign Table attached.</i>		Access	Completed	Appointment follow-up reporting due July 5, 2012
		Health Net	Completed	
		LIBERTY	Completed LIBERTY. LIBERTY to redo CDS calls.	
		Western	Completed prior to Immediate Action letter from Toby; some data not tracked	
Provider Utilization	Rahem Ali			
<i>Provider Utilization Table attached</i>		Access	January, February and March data submitted	April data due June 20, 2012.
		Health Net		
		LIBERTY		
		Western		
Provider Education Seminars	Abby Aban			
<i>Provider Education Seminars Table attached</i>		Access	Last monthly status report due June 2012	Updated data due July 2012.
		Health Net		
		LIBERTY		
		Western		
FQHC	Abby Aban			
<i>FQHC Table attached</i>		Access	Last monthly status report due June 2012	Updated data due July 2012.
		Health Net		
		LIBERTY		
		Western		
Provider & Specialist Enrollment	Abby Aban			
<i>Provider & Specialist Enrollment Table attached</i>		Access	Last monthly status report due June 2012	Updated data due July 2012.
		Health Net		
		LIBERTY		
		Western		
Timely Access	Dave Culver			
<i>Timely Access Table attached for Q1 2012</i>		Access	2011 data, 1st quarter of 2012 and May 2012 data submitted	Updated data due July 2012.
		Health Net		
		LIBERTY		
		Western		
Specialist Referral	Dave Culver			
		LIBERTY lead	All plans reviewed and submitted feedback. Edits were made and plans are reviewing the revised draft of the form	Plans will meet once all feedback has been received and will add a field for member's phone number,
Issue Resolution/Grievance Reporting	Brian Nanoo			
<i>Grievance Reporting Table attached</i>		Access	Q1 reporting due May 31, 2012	Q2 reporting due July 2012.
		Health Net		
		LIBERTY		
		Western		

Updated 6/11/12

IMMEDIATE ACTION EXPECTATION REPORTING

GMC Monthly Outbound Call Campaign

<u>GMC PLAN</u>	<u># of Calls Made</u>	<u>Wrong # and/or Phone # Out of Service</u>	<u>*** No Phone # Listed</u>	<u>Appt Scheduled</u>	<u>Left Msg</u>	<u>Member Declined</u>	<u>Member Hung Up</u>	<u>No Answer</u>	<u># of Appt. kept from Scheduled</u>	<u># of Appts. Missed from Scheduled</u>
ACCESS	15,496	2,481	Did not track.	1,026	3,987	723	2,883	605	321	119
		16.01%		6.62%	25.73%	4.67%	18.60%	3.90%		
*LIBERTY	11,444	1,570	Did not track.	1,007	5,427	1,185		2,255	n/a	n/a
		13.72%		8.80%	47.42%	10.35%		19.70%		
*HEALTH NET	14,833	2,203	Did not track.	1,568	6,929	1,265		2,687	n/a	n/a
		14.85%		10.57%	46.71%	8.53%		18.12%		
**WESTERN	6,090	Did not track.		136	1,810	Did not track.			n/a	n/a
				2.23%	29.72%					

LEGEND:

All calls made were to beneficiaries who had not had an appointment within the last 12 months.

* LIBERTY and Health Net Dental have completed all ages in their campaign. Member Declined and Member Hung Up were not tracked separately.

**Western completed all calls prior to the Immediate Action Request reporting and did not track some of the required information.

*** "No Phone # Listed" was added after plans had already began their call campaigns. This will be tracked on a go forward basis, sections are marked with "did not track" due to calls being made prior to additional direction from DHCS.

If a section is marked n/a it means the plans either were not responsible to submit this information at all or at this time.

Community Dental has been removed from tracking as they are no longer a GMC plan. These members will be called by LIBERTY regardless if they were called by CDS.

Updated 6/6/12

AA updated 6/11/12

IMMEDIATE ACTION EXPECTATION REPORTING

GMC Monthly Plan Unduplicated Utilization Reporting

GMC Plan	January			February			March		
	# Eligible	Encounters	Utilization%	# Eligible	Encounters	Utilization%	# Eligible	Encounters	Utilization%
Access	33,446	2,367	7.1%	30,983	1,797	5.8%	28,915	1,781	6.2%
Community	8,095	321	4.0%	7,853	244	3.1%	7,639	254	3.3%
Health Net	17,982	856	4.8%	18,325	698	3.8%	18,303	803	4.4%
LIBERTY	18,852	941	5.0%	17,987	886	4.9%	16,799	875	5.2%
Western	57,561	4,000	6.9%	57,443	3,518	6.1%	56,701	3,871	6.8%
Monthly Total	135,936	8,485	6.2%	132,591	7,143	5.4%	128,357	7,584	5.9%

* April data is due to DHCS June 20, 2012.

All data is for children ages 0 to under 21.

Eligible - based on the eligible members (ages 0 to 21) beginning in January 2012. For each subsequent month in the measurement period, the "# Eligible" is adjusted to subtract the members that have been treated in prior month(s) and to add newly enrolled members.

Encounters - is the count of unduplicated members treated. This is unduplicated members YTD. The members that have been seen in previous month(s) are not included in the count.

Utilization % - Encounters/# Eligible within each measurement month.

Updated with May 20, 2012 plan data submissions.

AA updated 6/11/12

GMC Monthly Plan Provider Education Reporting Update

Provider Education Conducted	
Access	Completed on-site visit with all GMC providers in April and May; Completed recording of webinar for Ortho HLD Scoring that is available for 1 year beginning May 7, 2012 that providers can use and receive one hour of Continuing Education (CE) credit.
Health Net	23 providers educated for the month of April; 0 providers educated in May
LIBERTY	30 providers educated for the month of April; 0 providers educated in May
Western	Conducted a provider seminar on June 4, 2012 where 17 GMC providers attended

* June data is due to DHCS July 5, 2012.

Updated with June 5, 2012 plan data submissions.

AA Updated 6/5/12

Updated 6/11/12

IMMEDIATE ACTION EXPECTATION REPORTING

GMC Monthly Plan FQHC/RHC Reporting Update

FQHC	Access	Health Net	Liberty	Western
The Effort-Oak Park	Contracted	Contracted	Contracted	Not contracted
The Effort-North Highlands	Pending	Contracted	Contracted	Contracted
Sacramento Community Clinic	Contracted	Contracted	Contracted	Reached out
Native American Health Clinic	Reached out, onsite visit scheduled 6/6/12	Not contract	Not contracted	Reached out, does not contract with HMO's

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

AA updated as of 6/11/12

GMC Monthly Plan Increases in Provider/Specialist Network Reporting Update

GMC	Access	Health Net	LIBERTY	Western
General Providers				
January	n/a	3	2	n/a
February	n/a	0	0	n/a
March	n/a	0	0	n/a
April	2	3	3	1
May	3	6	4	3
TOTAL	5	6	5	4
Specialist				
January	n/a	0	1	n/a
February	n/a	12	12	n/a
March	n/a	3	1	n/a
April	1	5	5	0
May	3	0	0	0
TOTAL	4	20	19	0

* June data is due to DHCS July 5, 2012.

Updated with June 5, 2012 plan data submissions.

AA updated as of 6/11/12

IMMEDIATE ACTION EXPECTATION REPORTING

Quarter 1 2012 Timely Access Report

GMC Plans		Access ¹	Health Net ²	LIBERTY ²	Western
2012 Q1 Avg. Enrollee Count Adult/ Child		51,778	31,406	27,574	90,924
Average (days) to schedule	Initial Appointment	15	14	12	7
	Routine Appointment	15	14	12	7
	Preventive	17	14	12	7
	Emergency Visit	1	1	1	1
	# of No Show Appointments	200	n/a	n/a	6511
# of Rescheduled Appointments		32	n/a	n/a	n/a
Are Interpreter Services Available		YES	YES	YES	YES
Answering Services Available		YES	YES	YES	YES
Avg. Ratio of Members to Primary Care Dentist		1:1095	1:641	1:245	1:1585
Avg. Number of members who are assigned to a Primary Care Dentist who is more than 30 minutes or more than 10 miles from their residence.		564	337	153	817
Routine Authorizations	Approved within 5 business days	47	610	479	164
	Approved within 10 business days	47	617	483	167
	Approved outside of 10 business days	0	2	35	2
Claims	% Paid within 90 days	100%	100%	100%	100%
	% Paid outside of 90 days	0%	0%	0%	0%
Specialist Referrals for the Quarter	Received	126	219	175	471
	Denied	35	32	34	33
	Approved	91	187	141	435
	Completed ³	52	88	103	471
	Expired ⁴	35	42	0	n/a

Legend

¹Access reported information by office and in ranges of weeks for appointment questions. Took mean of the weeks that was reported. Figures are averages of reporting offices.

²Health Net and Liberty started reporting Specialist Referrals in the month of March.

³Completed referrals are not matched to referrals reported for the given quarter, they could be from previous quarters.

⁴Expired referrals are specialty referrals that have expired within the quarter.

n/a means the plan did not capture this information during the quarter.

AA updated 6/11/12

Updated 6/11/12

Beneficiary Dental Exception Process Summary – Sacramento Dental Managed Care
Updated June 13, 2012

Beneficiaries who are having issues accessing timely dental care will be able to use a new *Beneficiary Dental Exception (BDE)* process to opt out of Medi-Cal Dental Managed Care (DMC), in Sacramento County, and move into fee-for-service (FFS). This opt out process will be used if the Medi-Cal Dental Services (MDS) staff, working with the dental managed plan and the beneficiary, is unable to secure an appointment for the beneficiary within required contractual timeframes. Currently there is a dental exception process that allows providers to request, on behalf of the beneficiary, an opt out of DMC however this process requires the provider to establish a dental justification as to why the beneficiary is unable to access benefits within DMC and must be moved to FFS.

Beneficiaries will be notified of this new dental opt out process through a letter, detailing the process, directions on how to fill out the form, where to access the form and will be provided a copy of the form with the letter. Beneficiaries will be able to locate the new BDE form online. In addition we are currently working through the development of a call-in process for these BDE requests; we anticipate using a new DMC Toll-Free Beneficiary Customer Service line for beneficiaries to submit the request, ask questions, and schedule a dental appointment over the phone with a live state representative.

The BDE form can be filed by mailing it to: Dental Managed Care BDE, 11155 International Drive, Building C, Rancho Cordova, CA 95670; by faxing to 916-464-3783, Attention: Dental Managed Care DBE; or by emailing to dentalmanagedcare@dhcs.ca.gov, Subject: Dental Managed Care BDE.

Once DMC receives the BDE form, it will be immediately processed and submitted to the Medi-Cal Dental Services (MDS) staff member for review. The beneficiary will receive a phone call from an MDS staff member by the third (3) business day of the date of receipt. Before authorizing a transition of the beneficiary to FFS, MDS staff members will have five (5) business days from the date of the contact with the beneficiary to work with the beneficiary and the dental plan to schedule an appointment within the contractual timeframes. In addition, the member will receive a follow-up call once the appointment is completed to ensure they were satisfied with their provider. At this time, if any additional issues are raised by the member, the MDS staff member will handle. Once the member has been seen by their provider within their dental managed care plan, and has an understanding regarding the next steps for their ongoing dental care and/or treatment, the BDE will be closed and the member will remain in their selected dental managed care plan.

If the dental plan is unable to schedule an appointment, the BDE will be approved and the beneficiary will be dis-enrolled from the plan. It will take up to two (2) business days to process, record and accept the transaction into the system. The MDS staff member will verify the transaction is accepted and will mail a dis-enrollment letter stating the beneficiary has been effectively removed from the dental managed care plan and can now receive services through regular Medi-Cal FFS. This letter will also include an effective date of such transfer.

Once in FFS, the beneficiary would then need to contact Denti-Cal at 1-800-322-6384 to find a dentist who takes Medi-Cal. Denti-Cal member services will provide the beneficiary; the name, phone number and address of three (3) providers who are in close proximity of the beneficiary. The beneficiary will be responsible for following-up with the selected providers to access dental services.

REQUEST FOR DENTAL EXCEPTION FROM PLAN ENROLLMENT

For **EMERGENCY** (pain, swelling, and/or bleeding) please call **DMC Toll-Free Beneficiary Customer Service at 1-XXX-XXX-XXXX** for assistance.

Name (first and last) _____

Beneficiary Client Index Number (CIN) _____

Date of Birth (mm/dd/yyyy) _____

Best Phone Number to reach you at _____

Please check all that apply:

- I was not able to get a Routine (**non-emergency**) appointment within four (4) weeks.
- I was not able to get a Specialist appointment within 30 days from authorized request.
- I was not able to get an Urgent appointment within 72 hours.
- Other:

Please return this form to:

Mail:

Attn: Dental Managed Care BDE
11155 International Dr., Building C
Rancho Cordova, CA 95670
MS4708

Email:

Subject: Dental Managed Care BDE
dentalmanagedcare@dhcs.ca.gov

Fax:

Attn: Dental Managed Care BDE
916-464-3783

X _____
Signature of beneficiary of Parent of beneficiary if a minor child

_____/_____/_____
Date Signed (mm/dd/yyyy)

All forms will be processed whether or not there is a signature present. However in order to process a dental plan dis-enrollment, a signature is required.

REQUEST FOR BENEFICIARY DENTAL EXCEPTION FORM INSTRUCTIONS

If you are having issues accessing timely dental care with your dental managed care plan in Sacramento County, you can use the new Beneficiary Dental Exception (BDE) process to move out of your Medi-Cal dental managed care plan and move into Medi-Cal dental fee-for-service (FFS).

How do I fill out this form?

Please make sure you print clearly and answer as much as possible. If we are unable to identify you from the information provided, it may delay your request.

1. Name (first and last): Print your first and last name.
2. Beneficiary Client Index Number (CIN): Print your nine (9)-digit CIN. This is the first nine (9) digits of your Benefits Identification Card (BIC) number. It is typically eight (8) numbers followed by one (1) letter.
3. Date of Birth: Print the two (2) digit month, two (2) digit day, and four (4) digit year that you were born.
4. Best Phone Number to reach you at: Print your best 10-digit phone number including area code.
5. Please check all boxes that apply: If you check "Other" please explain your issues in scheduling an appointment.
6. Signature (Beneficiary of Parent of beneficiary if a minor child): Sign and date the form. Signature is required if dental plan dis-enrollment is approved.

How do I turn this form in?

Mail: Dental Managed Care BDE 11155 International Dr., Building C Rancho Cordova, CA 95670 MS4708	Fax: Dental Managed Care BDE 916-464-3783	Email: Subject: Dental Managed Care BDE dentalmanagedcare@dhcs.ca.gov
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What can I expect?

- When your form has been received by the Medi-Cal Dental Managed Care (DMC) Unit, you will receive a phone call within three (3) business days of receipt.
- The Medi-Cal Dental staff will assist you in scheduling an appointment with your provider.
- If an appointment is successfully scheduled, a follow-up call from the Medi-Cal Dental staff will be made to you after your appointment to make sure there are no additional access issues.
- If the Medi-Cal Dental staff is unsuccessful in scheduling an appointment for you, steps will be taken to remove you from your dental plan.

If you have any questions or concerns about the form, call the DMC Toll-Free Beneficiary Customer Service line at 1-XXX-XXX-XXXX or email Dental Managed Care directly at dentalmanagedcare@dhcs.ca.gov; Subject: Dental Managed Care BDE.

**DRAFT - BENEFICIARY DENTAL EXCEPTION (BDE) PROCESS
SACRAMENTO COUNTY FEE-FOR-SERVICE OPTION FOR MANDATORY ENROLLEES**

ROUTINE/SPECIALTY/URGENT/EMERGENCY Appointments:

Beneficiaries who are *not able* to schedule these types of appointments within the required timeframes below can opt to initiate the BDE process by completing the BDE form and submitting it via mail/fax/email to DMC or over the phone by calling the **DMC Toll-Free Beneficiary Customer Service Line**.

- Routine (non-emergency) – 4 weeks
- Specialist – 30 days from authorized request
- Urgent – 72 hours
- Emergency (pain, swelling and/or bleeding) – 24 hours (*Call the DMC Toll-Free Beneficiary Customer Service Line*)

If BDE is submitted by mail/fax/email:

- Within three (3) business days of receiving request MDS staff will contact the beneficiary to work with the beneficiary and the dental plan to schedule an appointment within the applicable timeframes.

If BDE is submitted by phone:

- **DMC Toll-Free Beneficiary Customer Service Line** will transfer call to MDS staff to resolve/set appointment with member and provider/plan within the appropriate timeframes.

Resolution:

- If plan fails, within the five (5) business days of the date of contact with the beneficiary, to set the appointment within contracted timeframes, BDE will be approved.
- If plan succeeds in setting the appointment within contracted timeframes BDE will be placed on hold pending follow up call from MDS to the member after the appointment. If appointment was successful and no addition access issues were identified the BDE will be closed, indicating no further action needed.
 - If the beneficiary no-shows, MDS will follow up with a phone call to establish a new appointment. If the beneficiary has two (2) no-shows the BDE will be closed and the member will remain with their dental plan.
 - If the dental office reschedules the appointment outside the contracted timeframes the BDE will be approved.

If BDE is CLOSED

MDS will:

- Notify beneficiary that their BDE request will be closed during the follow up call after the completion of the appointment and what to expect from the plan, on a go-forward basis.
- Mail a letter explaining reason for closure.
- Beneficiary will remain in their dental plan.

If BDE is APPROVED

MDS will:

- Notify beneficiary that their BDE request will be approved and what to expect (i.e., phone number to Denti-Cal to obtain contact information for a FFS dentist)
- Send an official letter to the beneficiary with all information pertaining to dis-enrollment.
- Send approved dis-enrollment for processing.

HCO/MAXIMUS will:

- Process the approved disenrollment within two (2) business days.

{ **Beneficiaries can, at any time, elect to return to dental managed care and should contact HCO/MAXMUS to initiate such a change via current Choice processes.** }

Workgroup Meeting Updates

Provider Credentialing and Enrollment

- Denti-Cal Website:
 - Website updates can be found at www.Denti-Cal.ca.gov.
 - “Interested in becoming a Denti-Cal provider?” banner is now fully functional and links to the Provider Enrollment Tool Kit
 - The purpose of the Provider Enrollment Tool Kit is to facilitate the process of applying by providing some helpful hints and guides for providers looking to enroll with Denti-Cal.
 - The Provider Enrollment Tool Kit currently consists of:
 - Top 6 Reasons Why Applications are Returned
 - Helpful Hints in filling out the Disclosure Statement
 - Tips for Success
 - Application Forms
- 5% Error in Encounter Data:
 - Removal of system edits to check Denti-Cal PMF against DMC Encounter Files. Although an implementation date for the change is not yet set, the transition can be expected by mid-August.
- Forms Update:
 - All provider forms are guided through regulation. Workgroup/taskforce has put forth recommendations to Provider Enrollment Division, who has the responsibility of all changes to the forms. PED has agreed to take these recommendations into consideration when changing the forms to reflect new criteria as mandated by the Affordable Care Act (ACA).
- “Smart Form” Update:
 - MDS is waiting for the Department of Alcohol and Drug Programs (ADP) to fully merge on July 1st, 2012 to begin investigating methods to integrate the technology used by ADP’s smart forms.
- Customer Service Review:
 - The Effort (North Highlands) Case: This case experienced two sets of delays 1) Denti-Cal analyst did not request one piece of information and 2) the provider responded in 60 days to provide the additional information.
 - Shadowing: Denti-Cal credentialing analyst list use a standardized checklist, which can be found in their Provider Services Manual.
- Provider Enrollment Training Ideas:
 - Proposal for two or three web-based tutorials on how to complete applications
 - Webinars may be useful provided a checklist be distributed to ensure the webinar will be productive
 - Proposal to create an online form asking those interested in seeking application assistance to fill out a form and a Denti-Cal representative will assist the interested parties

Provider Outreach

- Brochures:
 - Educational: Translated and sent to all plans for distribution.
 - Informational: Draft will be sent back out to stakeholders by June 22, 2012.
 - Providers to be notified before the beneficiary letters are sent.
- Printing:
 - Compiling a list of all interested parties to print and distribute.
- SDDS Secret Shopper Calls:
 - Fewer Providers are refusing to see young children. The next target is focusing on the Providers who report it is taking an average of two months in order to be seen by a dentist. It should be no longer than one month.

Pediatric Provider Group

- Pediatric Provider as GP:
 - Plans are researching the ability to assign members to pediatric providers.
 - Certain plans have approached pediatric providers with creative ways to assign members to treat as GP but pay for the specialty services under pediatric providers with little success.
 - Cathy Levering is sending names of pediatric providers that plans can outreach to.
- Referrals:
 - Referral process is being reviewed by the group to ensure timely processing and any best practices.
- Kids Care:
 - FFS provider but not GMC. Cathy and the plans to work together to enroll Kids Care in Sacramento.

**Medi-Cal Dental All Plan Stakeholder Meeting
June 20, 2012 - Meeting Summary Notes**

Topics	Discussion	Action Items
<p>Immediate Action Expectations</p>	<p>The following Immediate Action Expectations were discussed:</p> <p>DHCS (Informational) Brochure Will be finalized and sent out to plans/stakeholders for final review. DHCS will have a beneficiary workgroup that will be giving input on the brochure.</p> <p>Phone Call Campaign Liberty will redo Community's and the number of appointments kept and the number of appointments missed will be tracked.</p> <p>Utilization Report A roll-up of utilization percentages will be reported on a quarterly basis in order to see the trend and progress.</p> <p>Immediate Action Reports Workgroup A workgroup will be initiated including DHCS staff, plan representatives and stakeholders to discuss Immediate Action reporting so that the data can be presented in the best way possible.</p>	<p>Final DHCS brochure will be sent out for a final review</p> <p>Report will be available in July</p> <p>DHCS will be setting up the first meeting for this workgroup</p>
<p>Beneficiary Dental Exemption Process</p>	<p>The BDE process will be implemented July 1, 2012. Any comments must be sent to Alisha by Monday, June 25, 2012.</p> <p>A BDE Workgroup will be initiated by DHCS to discuss comments on the process and to improve the process before implementation.</p>	<p>DHCS will be setting up the first meeting for this workgroup</p>
<p>Workgroups Updates</p>	<p>Workgroup meeting minutes and information will be posted online.</p> <p>DHCS is soliciting comments to the updates and changes to Provider Enrollment information on the Denti-Cal website (http://www.denti-cal.ca.gov). Please send comments to Deepika Raj (Deepika.Raj@dhcs.ca.gov).</p>	<p>Provider Credentialing Workgroup will collect comments and make necessary changes.</p>
<p>Additional Items</p>	<p>Cathy Levering with Sacramento Dental District Society reported that another "secret shopper" survey was conducted on GMC providers asking if they see children at age 1. 83% of providers reported that they see children at age 1 compared to the results from last year of 44%.</p> <p>LA County Stakeholder Meeting will be initiated in the next month which will include advocacy groups in LA, PHP Plans and DHCS.</p>	<p>DHCS will set up the meeting.</p>