



State of California—Health and Human Services Agency
Department of Health Care Services



EDMUND G. BROWN JR.
GOVERNOR

March 7, 2012

Dear Medi-Cal Dental Geographic Managed Care Plans:

Recently there has been increased scrutiny upon the Dental Managed Care (DMC) program in Sacramento and the access that the plans are providing their members. We are very concerned about the ability of our beneficiaries to receive access to care and high quality treatment. As part of our effort to take immediate actions to address this problem, Department of Health Care Services (Department) would like to thank you for attending the March 5, 2012 Dental Geographic Managed Care (DMC) expectations meeting. We would like to acknowledge your agreement with the expectations laid out in the meeting and reiterated through the attachment.

Each expected action is a solution that will improve your ability to be a high performing plan. Please submit a timeline and implementation plan to the Department within 14 days of the date of this letter, for each action. If your dental plan has determined they will not be implementing any of the expected actions, an explanation as to why will be required. We also encourage you to develop additional action steps.

In addition to the dental plan implementation of expected actions, the Department will be taking several action steps. The Department will be working with the Department of Managed Health Care (DMHC) in a coordinated effort to survey the Sacramento DMC plans to determine what additional actions need to be taken to improve access to care. In addition DMHC will be reviewing plans marketing practices to determine if they are adhering to their marketing plan. The Department will also be scheduling quarterly meetings with interested Stakeholders and all DMC plans to discuss issues and recommendations that will improve and strengthen the performance of the DMC program. The first quarterly meeting will be scheduled in March and will include collaboration in developing one informational flyer for community outreach groups, advocates, and beneficiaries as well as developing a unified specialty referral process.

The Department is committed to improving the Dental Managed Care program with cooperation from all current dental plans. We look forward to working with you in increasing access and utilization.

Sincerely,

Toby Douglas
Director

IMMEDIATE ACTION EXPECTATIONS MEDI-CAL DENTAL MANAGED CARE

Beneficiary Letter

Plans are expected to develop and distribute a beneficiary letter that provides information on the benefits available, a short narrative on the importance of dental care for children, and information on their assigned primary care dentist, including office location and telephone number. The letter should also include the plan's contact information as well as contact information for Medi-Cal Dental Managed Care. It is expected that the plans send two separate letters for the 0-5 year old members and the 6-21 year old members. The 0-5 year old letter should be developed and worked on in coordination with First 5.

Phone Call Campaign

Plans are expected to conduct a phone call campaign that will involve making a phone call to beneficiaries who have not been seen by their primary care dentist in the last year. The purpose of the call will be to set up an appointment for the beneficiary with their primary care dentist. In addition, the beneficiary should be educated on their right to timely access to care and what to do in situations where the beneficiary is having trouble accessing services. All call results should be tracked, i.e. successful calls, appointments set, appointments kept, etc. All results are to be submitted to Medi-Cal Dental Services Division (MDSD) based on the date designated in your implementation plan.

Issue Resolution Reporting

Plans are expected to have an issue resolution process when their Member Services line receives Medi-Cal Dental Managed Care beneficiary phone calls. The resolution process is expected to help solve problems from a neutral standpoint to ensure that members receive all necessary covered services for which plans are contractually responsible. It is expected that all Member Services phone calls are investigated if related to complaints and are expeditiously resolved. The issue resolution process is expected to be able to identify systemic issues leading to poor service or breaches of the beneficiaries' rights. Plans are expected to submit to MDSD their issue resolution processes.

Informational Flyer

Plans are expected to work together to develop an informational flyer that can be distributed to plan members, advocates and community programs by the Department and DMC plans. The purpose of the flyer is to keep the flow of information continual and consistent to all avenues. It has come to MDSD's attention that many of the members and advocates are not given the information to properly redirect the beneficiaries back to the Department or plans for resolution. This flyer will be a constant stream of information to all beneficiaries, stakeholders, advocates and community programs.

This informational flyer shall be written from the standpoint of the beneficiary enrolled in a DMC Plan, and should include the following contact information:

1. Dental Plan (including grievance contact),
2. Plan and DHCS Ombudsman, and
3. HCO.

Each contact should include:

1. Phone number and
2. A short description of the reasons you would call the number.

This information shall be distributed via mail and/or email, to plan members, stakeholders, advocates, providers, throughout county community service programs, and any other entities that perform public services.

Utilization Control with Enrollment

Plans are expected to review provider encounter data to identify beneficiaries that have not been seen in their dental office in a year. Plans are expected to halt all new enrollments for a provider who does not meet certain thresholds of utilization.

Education Seminars

Plans are expected to conduct educational seminars for both providers and providers' staff. Plans are expected to educate their provider community because it has come to the attention of the department that some providers are not in line with all Medi-Cal Dental policies. In addition, because of the low utilization DHCS wants to ensure providers are aware of the requirements to treat assigned members.

Seminars are expected to include at a minimum knowledge of what is covered in the beneficiary evidence of coverage, submitting encounter data, and what incentive programs that is available. Providers shall be aware of procedures that are covered under the Denti-Cal Manual of Criteria, as well as where to locate information about benefits, (i.e. Denti-Cal website). Plan should submit copies of materials and the schedule of seminars to DHCS.

Pay to Perform

Plans are expected to develop an incentive program for providers. Performance measures should be defined by the Plan, and based on the percentage of your assigned members that actually receive services. Plans should include in the incentive program a specific measure for preventative services. The program should apply to all enrolled Medi-Cal children (ages 0-21 years) assigned to the plan.

Withholds on Provider Payments

Plans are expected to implement withholds from providers in association with the minimum thresholds for utilization established by the plan. Plans are expected to take preventive services into consideration. The withhold mechanism placed on provider payments should be substantial enough to incentivize providers to submit timely and accurate encounter data in order to ensure complete utilization data.

Federally Qualified Health Centers

Plans should conduct concentrated outreach to Federally Qualified Health Centers (FQHC's) and work to enroll them as providers in order to partner together to ensure access to services for plan members. Plans should also ensure that enrollment capacities of the FQHC's are capitalized. Number of FQHC's with enrollment and utilization data should be reported to MDSD separately for tracking.

Timely Access Reports

Plans are expected to submit annual timely access reports. Please submit with your implementation plans the last annual timely access report completed by your plan. From then moving forward please submit this report on an ongoing annual basis.

Increase Provider and Specialist Enrollment

Plans and the Department will work together to establish credentialing criteria that will be used by plans to enroll potential providers without enrolling into the fee for service program as well as work on the Encounter Data file edits that reject data with un-enrolled providers. In addition plans should create an outreach campaign to increase provider and specialist enrollment into the DMC program.

Specialty Referral Processes

Each plan is expected to work with the Department and other plans to develop a streamlined specialty referral process that will be uniform across all DMC plans. Plans are expected to submit their established specialty referral process to the Department with the implementation plan.