



Toby Douglas, Director
Department of Health Care Services

March 20, 2012

Dear Toby:

I am writing in response to your letter of March 7, 2012 regarding the implementation of expected, immediate actions and efforts to improve access to children in Sacramento County. LIBERTY Dental Plan is committed to working with other plans, the Department, advocates and all other stakeholders to improve the GMC program. Attached you will find our timeline and comprehensive implementation plan. You will also find multiple attachments detailing past and current successes achieved by LIBERTY. For your convenience, a brief synopsis of LIBERTY's implementation plan for each action item is listed below:

- **Beneficiary Letter:** LIBERTY has completed our beneficiary letter for members 6-21 years of age and will immediately begin working with First 5 to generate a letter for members 0-5 years of age.
- **Phone Call Campaign:** LIBERTY has completed a call campaign to the parents/guardians of each member age 0-3 who have not had an office visit within the past 6 months in an effort to offer encouragement and information and hopefully set an appointment ASAP. During the current campaign, we **have helped 16% of the parents/guardians that we reached to make an appointment on the very same phone call.** LIBERTY regularly conducts Initial Dental Health Assessment (IDHA) campaigns in which members who have been enrolled for 90 days are contacted to encourage dental visits. LIBERTY also regularly conducts 'Recall' campaigns in which members are contacted 6 months following their previous visit to schedule a recall appointment.
- **Issue Resolution Reporting:** Utilizing a specialized business unit (SBU), LIBERTY Dental plan ensures immediate attention is given to members and providers who have expressed dissatisfaction. The unit is expected to resolve exempt grievances within 24 hours of notification. Attached is a desktop procedure that was recently created to support the Issue Resolution Process that has been in place for several years.
- **Informational Flyer:** LIBERTY will work in conjunction with the other plans to develop an information flyer. The first meeting to develop a draft has been scheduled for 3/21/2012.



- **Utilization Control with Enrollment:** LIBERTY generates a 'Non-Reporting' list monthly. This report instantly displays the utilization percentage for every office. Any office with a utilization percentage below 5% (annualized, this equates to a utilization percentage below 60%) receives a letter and a phone call from our Provider Relations team reminding them to submit all encounters and of their obligation to provide timely services to all members. LIBERTY is in the process of implementing a 'new enrollment halt' program for providers who do not meet utilization thresholds as of 3/15/2012.
- **Education Seminars:** Due to numerous barriers involved with conducting seminars, including the difficulty of scheduling a time convenient for all providers and their staff members, LIBERTY conducts office-by-office visits (provider sweeps). In the past 12 months, LIBERTY Provider Relation professionals have visited each contracted GMC office at least 3 times; during which educational materials were distributed to the providers. These materials were also left in the offices for the benefit of the parents/guardians.
- **Pay for Performance (P4P) & Withholds on Provider Payments:** LIBERTY currently utilizes our proprietary 'Non Reporting' list to monitor utilization at the provider and/or office level. Providers are incentivized to treat members through our pseudo fee-for-service reimbursement model which pays a fee for most performed procedures. A detailed definition of LIBERTY's P4P program is attached.
- **Federally Qualified Health Centers:** LIBERTY is currently contracted with all but one FQHC in the Sacramento area. We are in contact with the one remaining center, 'Salud Clinic', and anticipate contracting with them in the next 90 days.
- **Timely Access Reports:** See Attachment 6.
- **Increase Provider & Specialist Enrollment:** LIBERTY will work in conjunction with the other Department and the other plans to establish credentialing criteria that will be used to enroll potential providers without enrolling them into the fee for service program.
- **Specialty Referral Processes:** LIBERTY will work in conjunction with the other Department and the other plans to develop a streamlined specialty referral process.

As of 2012, LIBERTY has added procedure code D0145 (Oral evaluation for a patient under three years of age and counseling with primary caregiver) to our supplemental fee schedule. The reimbursement for this procedure was set at \$100.00.



LIBERTY looks forward to working with the Department of Health Care Services to implement improvements that ensure the children of Sacramento County receive the highest standard of care and quality of service possible.

Sincerely,

John Carvelli
Executive Vice President
LIBERTY Dental Plan



Immediate Action Expectations: Implementation Plan Medi-Cal Dental Managed Care

Action Item		Description	Estimated Completion Date	Status
1	Beneficiary Letter: members 6-21 years of age	Develop and distribute beneficiary letter that provides information on benefits, importance of dental care for children and PCD info	Complete	See Attachment 1: Letter has been completed and mailing will commence on 3/26/2012
2	Beneficiary Letter: members 0-5 years of age	Develop and distribute beneficiary letter that provides information on benefits, importance of dental care for children and PCD info (to be completed in coordination with First 5)	3/21/2012	Meeting scheduled with First 5 on 3/21/2012
3	Phone Call Campaign	Conduct phone call campaign to proactively make appointments for beneficiaries who have not had an appointment in the last year	Current & Ongoing	See Attachment 2: Recently completed 0-3 phone campaign to GMC members and launched our latest IDHA and Recall Visit campaign as of 3/16/2012
4	Issue Resolution Reporting	Describe member services & G/A issue resolution process	Current & Ongoing	See Attachment 3: LIBERTY's resolution reporting process has been in place for over 3 years and was most recently documented
5	Informational Flyer (to be completed in coordination with other plans)	Develop information flyer to be distributed to beneficiaries, stakeholders, advocates and community programs. To include: 1. Dental Plan (Including grievance contact) 2. Plan and DHCS Ombudsman, and 3. HCO 4. Phone number 5. Short description of reasons you would call the number	3/21/2012	Meeting scheduled with other plans on 3/15/2012
6	Utilization Control with Enrollment	Review provider encounter data (non-reporting list). Halt new enrollments for providers who do not meet utilization thresholds	Current & Ongoing	See Attachment 4: LIBERTY's ongoing utilization control program has been in place for over two years. LIBERTY is in the process of implementing a 'new enrollment halt' program for providers who do not meet utilization thresholds as of 3/15/2012
7	Education Seminars	Conduct educational seminars for providers and provider staff. Educate on policies, benefits, requirements to treat assigned members, submitting encounter data and available incentive programs	Current & Ongoing	See Attachments 5 & 6: LIBERTY has conducted 3 provider 'sweeps' in the past 12 months to educate providers on policies, benefits and incentive programs. The next round of provider 'sweeps' will commence April 1, 2012.
8	Pay to Perform	Develop incentive program for providers (Centers of Excellence) based on performance		See Attachment 7:
9	Withholds on Provider Payments	Implement withholds from providers for not meeting utilization thresholds		See Attachment 7:



Immediate Action Expectations: Implementation Plan Medi-Cal Dental Managed Care

	Action Item	Description	Estimated Completion Date	Status
10	Federally Qualified Health Centers	Contract with FQHC's	Current & Ongoing	LIBERTY is currently contracted with a majority of the FQHC's in the Sacramento area, including 'The Effort'. We have contacted the one remaining FQHC 'Salud Clinic' regarding contracting. <u>Updates to follow</u>
11	Timely Access Reports	Submit annual timely access reports (Please submit last annual timely access report with this implementation plan)	Current & Ongoing	<u>See Attachment 6</u>
12	Increase Provider & Specialist Enrollment	Work together with the Department to establish credentialing criteria that will be used to enroll potential providers without enrolling into the fee for service program; outreach campagin;	3/21/2012	Meeting scheduled on 3/21/2012 to discuss
13	Specialty Referral Process	Work together with the Department and other plans to develop a streamlined specialty referral process	3/21/2012	<u>See Attachment 8</u> : Meeting scheduled on 3/21/2012 to discuss



March 20, 2012

Dear LIBERTY Sacramento Member:

Did you know that dental decay is the most common chronic disease in children and that 71% of California children suffer from tooth decay by the time they reach the third grade? How can your child do well in school if they are in pain?

Our records show that you have a child or children between the ages of 6 and 21 years old.

We want you to know the importance of bringing your child to the dentist for a first visit, if you have not already done so, so they can get used to the dentist and receive an important fluoride treatment to help prevent tooth decay and avoid getting cavities.

Of course, if your child is in any kind of pain, you must help us help you, and call us immediately. We will help you get your kids to the dentist as soon as possible.

Please call our Member Services number right away so we can set an appointment for you. Our toll-free number is:

- **LIBERTY Dental Member Services – (888) 703-6999**

Or if you need information you can visit our website at: www.libertydentalplan.com

LIBERTY Dental Plan will also help you find the right dentist for your children so please call.

If you should have any problems during or after you visit to the dentist please call us anytime.

Also, please know that we may be calling you in the near future to answer any questions you may have and help set an appointment.

Thanks and remember to brush and floss.

LIBERTY Dental Plan



GMC 0-3 Call Campaign

GMC Call Results	# of Calls	%
Left Voicemail	1059	55%
Complete (appointments made)	305	16%
Wrong Phone #	250	13%
Phone # Not Working	233	12%
Member Declined	60	3%
Member Hung up	15	1%
Total	1922	100%



LIBERTY Dental Plan - Desktop Policy and Procedure	
Policy and Procedure Name: Member Service Department- Exempt Grievances	Desktop Procedure: MS 18
Responsible Department: Member Services	Issue Date: 03-13-12
Approved By: Beth Tillman- Director, Member Services	Revision Date:

POLICY:

This policy is written to ensure LIBERTY Dental Plan is in compliance with regulatory requirements, which require that the Plan willingly accept complaints from its members and which require that the Plan demonstrate proper maintenance of written records for each LIBERTY Dental Plan member. Complaints fall into two categories; exempt grievances and formal grievances. Exempt grievances can be handled by either the Member Services Representative (MSR) or the Customer Care Coordinator (CCC). Customer Care Coordinators are members of the Internal Response Unit (IRU) within Member Services and work closely with the Grievance and Appeals (G & A) department to differentiate and apply the appropriate category to a grievance.

DEFINITIONS:

1. Exempt Grievance

Exempt grievances can be handled by Member Services Representatives (MSR) or Customer Care Coordinators (CCC).

- Examples include
 - Treatment plan inquiries
 - Provider transfers

2. Formal Grievance

Any written or oral expression of dissatisfaction regarding the plan and/or provider, including quality of care concerns and shall include a complaint, dispute, request for reconsideration or appeal made by a member or the member's representative.

Note: *This doesn't mean that every complaint requires the formal grievance process. However, if determined to be a formal grievance, it will be handled within the G & A department.*

- Examples include
 - Member states they want to file a grievance and the MSR/CCC cannot resolve the issue
 - Member calls and they don't state they want to file a grievance but the call is regarding a quality of care issue
 - For groups that LDP is delegated to G&A; member's that have already filed a grievance, or state that they have, and would like the status and/or resolution and MSR was unable to successfully transfer the caller to the analyst handling the case

3. Quality of Care

Concerns with quality of care, include, but are not limited to; poor crown, incomplete root canal, incorrect tooth being extracted, etc.

PROCEDURES:

1. Telephone Call

a) The MSR receives a call regarding dissatisfaction. The MSR will attempt to resolve the issue and provide first call resolution. This may require the MSR to reach out to a dental office to gather details of a treatment plan or offer the caller an office/provider transfer. If the MSR is able to resolve the issue, it is not necessary for the G & A department to get involved or be notified. This process also improves the overall satisfaction of the caller.

b) If the MSR is unable to resolve the issue, they will:

Consult the G & A Group Delegation Matrix to determine if the grievance can be taken verbally by LIBERTY. Following are the actions based on the result:

- MSR will refer the member directly to their Health Plan if the Matrix indicates that LIBERTY cannot take verbal grievances.
- The MSR will submit an inquiry through the G & A workflow in HSP if the Matrix indicates that LIBERTY can take the verbal grievance.
- MSR may also advise members that they may submit a grievance in writing by mailing, faxing or e-mailing the complaint or they may submit a complaint online; if indicated on the G&A Group Delegation matrix.

Note: Grievance forms requested can only be sent to groups that provide us with the forms; it is imperative that the correct form is mailed as indicated on the G&A Group Delegation matrix.

c) The G & A Coordinator will review all inquiries and determine the probability of the CCC resolving the issues. If determined yes, the following actions occur:

- The G & A Coordinator assigns the case to a CCC in the G & A workflow. The G & A Coordinator also sends an email notification to the CCC alerting them to the outstanding case.
- The CCC will research the case by reviewing the root cause of the grievance and all history (call, utilization, claims and referrals) that applies prior to contacting the member/provider. Contact with the member/provider is to be made within 24 hours but no later than 72 hours following notification via telephone call or written correspondence.

HIPAA ALERT: All calls require HIPAA authentication before proceeding

Handling procedures for:

Treatment Plans

If a treatment plan is received inquiry is received, the MSR will compare it to the member's schedule of benefits to determine if the office has administered the member's benefits appropriately. If the treatment plan is correct, the MSR will contact the member and advise them that the office has coordinated benefits correctly and close the treatment plan inquiry.

If the MSR determines that the dental office incorrectly applied the member's benefits, they will explain the differences and request that the office make a correction.

- If the office agrees to make corrections, the MSR will contact the member to inform them of the resolution.
- If the office refuses to make corrections, the MSR will notify the appropriate Provider Relations staff member via email. The Provider Relations Representative will complete a reorientation/provider counseling session with the office.

The MSR can also offer the option of changing to another provider and, if declined, will initiate the formal grievance procedure.

Note: *The MSR or CCC will make 3 attempts to reach the member/provider before turning the case back over to the G & A department for resolution.*

Provider Transfers

Roster Plans: Many times member's express dissatisfaction with an office / experience to the MSR; however are satisfied with going to a new office. Therefore, by transferring them, that MSR has 'resolved' the complaint, and by completing the contact note for office transfer have logged an exempt grievance.

Non-Roster Plans: When member's express dissatisfaction with an office / experience to the CSR, are satisfied going to a new office and are on plans that do not require office assignment , the CSR should log the members complaint under the member complaint category. By entering this contact note an exempt grievance will have been logged.

The CCC is responsible for documenting all interactions in the host system. The integrity of the information inserted in HSP fields of the Custom Fields Tab is VITAL to the Exempt Grievance Data.

Note: *It is imperative that CSR log the office transfer or Complaint correctly in the member's Uniflow account to ensure proper tracking and monitoring of these complaints which could require further actions as determined within the appropriate committees. PLEASE make sure you insert the correct office #; exactly as it is displayed in HSP.*

Note: *Copies of received treatment plans, if applicable and benefit confirmation can be attached to the workflow request by scanning and attaching it to the members account in Uniflow.*

If the issue is resolved by the CCC, the workflow is closed and an email notification is automatically sent to the G & A Coordinator informing them of such.

Written/Email Notification

The process is the same with the following exception:

Any complaint, written or verbal, that is not resolved during a phone call or through the IRU, must be handled as a formal grievance in the G & A department if 72 hours have elapsed without contact.

HIPAA ALERT: Replies to written correspondence, including Email, must comply with LIBERTY's strict HIPAA guidelines to avoid penalties or breaches in confidentiality.

Appeals

Members and Provider's appealing denial of service/claim will be handled by the G & A department.

IMPORTANT FACTS

Grievance Process

What happens in the Formal Grievance process for DELEGATED G&A?

LIBERTY's G&A Department opens a case:

1. Each member is sent an acknowledgment letter within 5 calendar days of receipt of their grievance, notifying them of the process and who they may contact with questions.
2. Records are requested from all offices involved in the issue, and become aware of the grievance filed against them.
3. Once records are received, the case goes through administrative review and/or clinical review, depending on the type of complaint.
4. Some cases require committee determination; others can be settled with the initial review.
5. A resolution letter is sent to the member within 30 calendar days from the date of receipt, advising them of our determination.
6. A response is sent the provider(s) involved, including any follow up and/or corrective actions. Providers are given 30 calendar days to respond, if follow up is required.
7. Once office corrective action/follow up is completed, the case is considered completely closed.

Note: Each step is tracked in the member's account in Uniflow, as a workflow within the contact history; however this information is not for MSR/CCC use. Any inquiries pertaining to an open and or closed grievance should be routed to the case coordinator in the G & A department.

LIBERTY is NOT Delegated for Grievance and Appeals for 99% of our Health Plan Partners; i.e.: OneCare, Health Net, WellPoint, Arcadian etc.

[Reference G&A Group Delegation Matrix for complete listing.]

What does that mean?

LIBERTY's G&A Department is still involved in the G&A process; providing administrative support to our health plan partners by performing an investigation and sending our RECOMMENDED determination. However, we do NOT send any correspondence directly to the members and do not make the final determination, as the health plan performs this task. **UNDER no circumstance should the details of our recommendations be given to the members.**

Each Health plan has their own Grievance Form, we cannot send the LIBERTY Grievance form, nor direct these members to our website to file a grievance/appeal.

If a member is calling to inquire about an existing grievance/appeal for a group in which we are not delegated G&A, MSR should not route to IRU and/or G&A but should direct the member to his/her Health Plan.

WAYS MEMBER SERVICES CAN HELP ELIMINATE GRIEVANCES/APPEALS

1. Full disclosure to members regarding network, benefits and frequencies.

2. When an office calls for eligibility, advise them of the member's benefits, and that office is required to advise member of all non-covered services when the
3. If office is out-of-network, directed to them to notify the member of their status.
4. Explain details of comprehensive coverage.
5. **MSRs MUST enter notes! If notes don't detail the information that was provided to the member/provider, LIBERTY is forced to rule in favor of member/provider.**

Recommended At-home Dental Care during Year One



Tooth decay is the most common preventable disease in children.

Even before baby teeth appear, infants need proper oral care and fluoride supplements to help developing teeth grow strong and avoid early childhood caries.

- Parents should clean infant mouths and gums regularly with a soft infant toothbrush or cloth and water.
- Children older than six months need fluoride supplements if their drinking water does not contain enough fluoride. Fluoride supplementation in infants has been shown to reduce tooth decay by as much as 50 percent.
- Baby teeth should be brushed at least twice a day with an aged-appropriate sized toothbrush using a “pea size” of fluoridated toothpaste.
- The year one dental visit can actually save money. A study in the journal *Pediatrics* showed that children who have their first visit before age one have 40 percent lower dental costs in their first five years than children who do not, due to the cost of dental and medical procedures that may be necessary as a result of poor oral health.
- Parents should be encouraged to have infants drink from a cup as they approach their first birthday. Infants should be weaned by 12-14 months of age.

American Academy of Pediatric Dentistry
www.aapd.org



www.libertydentalplan.com



(888) 703-6999

Atención Dental Recomendada en Casa Durante el Primer Año



La carie dental es la enfermedad más común y prevenible en los niños.

Aún antes de que aparezcan los dientes del bebé, los bebés necesitan atención oral adecuada y suplementos de fluoruro para ayudar a desarrollar dientes fuertes y evitar las caries tempranas en la infancia.

- Los padres deben limpiar las bocas de los bebés y las encías regularmente con un cepillo infantil suave o con un paño y agua.
- Los niños mayores de seis meses necesitan suplementos de fluoruro si su agua potable no contiene suficiente flúor. Suplementos de fluoruro en los bebés han demostrado reducir las caries dentales en un 50%.
- Los dientes de los bebés deben ser cepillados al menos dos veces por día con un cepillo dental de tamaño apropiado para la edad utilizando pasta de dientes con fluoruro del tamaño de un "chícharo".
- La visita dental del primer año realmente puede ahorrarle dinero. Un estudio en la jornada pediátrica mostró que niños que tienen su primera visita antes del primer año de edad tienen gastos dentales más bajos por un 40 por ciento en sus primeros cinco años que niños que no, debido al costo de procedimientos dentales y médicos que pudieran ser necesarios a consecuencia de la mala salud oral.
- Se les debe recomendar a los padres que los bebés beban de una taza conforme se acercan a su primer cumpleaños. Los bebés deben ser destetados entre los 12-14 meses de edad.

American Academy of Pediatric Dentistry
www.aapd.org



www.libertydentalplan.com



(888) 703-6999



Non - Reporting List GMC 4th Quarter 2011

Office Information	October		November		December		4th Quarter 2011		
	Cummulative Enrollment	Claims Submitted	Percentage of Claims vs Enrollment						
Friz J. Diaz D.D.S.	-	-	-	-	-	-	-	-	-
Irvin Ramsey, DDS	-	-	-	-	-	-	-	-	-
Sacramento Community Clinic	627	120	734	96	739	55	2100	271	13%
The Effort Oak Park	422	59	492	71	544	48	1458	178	12%
Galt Plaza Dental	428	54	443	39	461	39	1332	132	10%
Zinfandel Dental Practice (South)	1300	141	1360	134	1365	100	4025	375	9%
Said Shaari D.D.S.	210	21	220	19	209	2	639	42	7%
U Smile Family Dentistry	692	59	729	49	778	35	2199	143	7%
Scripps Dental Group	767	52	754	50	753	34	2274	136	6%
Geryoung Yang D.D.S.	361	31	393	22	405	15	1159	68	6%
Zinfandel Dental Practice (North)	525	50	551	26	547	17	1623	93	6%
Yolanda D Gonzales D.D.S.	547	23	548	35	540	35	1635	93	6%
The Effort North Highlands	0	0	0	6	112	0	112	6	5%
Cross Dental	1750	101	1845	102	1850	81	5445	284	5%
James H Mucci D.D.S. Inc.	825	46	822	48	789	33	2436	127	5%
Kennedy Family Dentistry, Inc.	501	31	519	28	576	18	1596	77	5%
Dr. Said Shaari	1121	55	1109	54	1117	44	3347	153	5%
Dr. Vinh D Phan	1472	65	1564	69	1580	62	4616	196	4%
RC Dental Office	1906	71	1884	65	1832	51	5622	187	3%
Charles C Tran D.D.S.	284	8	315	11	317	10	916	29	3%
American Family Dentistry	112	6	117	3	116	1	345	10	3%
Judith J Vue D.D.S.	802	25	796	29	805	3	2403	57	2%
Pro Dental Group	1417	27	1462	38	1476	25	4355	90	2%
Smileswest	777	21	767	15	795	8	2339	44	2%
Elder Creek Dental Group	0	0	0	0	0	0	0	0	0%



GMC Provider Relations Information

Office Name	City	Zip	Last Service Visit	Hygiene Appt (Weeks)	Routine Appt (Weeks)	Initial Appt (Weeks)
Coast Dental of California	CITRUS HEIGHTS	956105992	01/06/2012	1	1	1
Coast Dental of California	ELK GROVE	956249510	01/06/2012	1	1	1
Coast Dental of California	FOLSOM	956304207	01/06/2012	1	1	1
Coast Dental of California	NORTH HIGHLANDS	956605095	01/06/2012	1	1	1
Zinfandel Dental Practice (North)	RANCHO CORDOVA	956704265	01/10/2012	3	3	3
Yolanda D Gonzales D.D.S.	SACRAMENTO	958223148	01/06/2012	2	2	2
RC Dental Office	RANCHO CORDOVA	956702152	01/09/2012	3	3	3
Dr. Vinh D Phan	SACRAMENTO	958216307	01/10/2012	1	3	3
James H Mucci D.D.S. Inc.	SACRAMENTO	958643153	01/10/2012	3	3	3
Pro Dental Group	SACRAMENTO	958165019	01/09/2012	3	3	3
Charles C Tran D.D.S.	SACRAMENTO	958244521	01/11/2012	3	3	3
Friz J. Diaz D.D.S.	SACRAMENTO	958255480	01/11/2012	1	1	1
Dr. Said Shaari	SACRAMENTO	958258338	01/11/2012	3	2	2
Geryoung Yang D.D.S.	SACRAMENTO	958224200	1/11/2012	1	1	1
Said Shaari D.D.S.	ROSEVILLE	956614129	1/11/2012	3	3	3
Judith J Vue D.D.S.	SACRAMENTO	958232609	1/11/2012	2	2	2
Cross Dental	CITRUS HEIGHTS	956107803	01/10/2012	1	1	1
U Smile Family Dentistry	SACRAMENTO	958232542	01/10/2012	3	3	3
Smileswest	SACRAMENTO	958213613	1/19/2012	2	2	2
Galt Plaza Dental	GALT	956321759	01/12/2012	1	1	1
Interdental Care	ROSEVILLE	956612915	1/6/2012	1	1	1
Kennedy Family Dentistry, Inc.	SACRAMENTO	958642665	1/10/2012	1	1	1
Zinfandel Dental Practice (South)	SACRAMENTO	958281291	1/4/2012	3	3	3
American Family Dentistry	ROSEVILLE	956614422	01/06/2012	1	1	1
Sacramento Community Clinic	SACRAMENTO	958232629	01/12/2012	1	1	1
Scripps Dental Group	SACRAMENTO	958256208	1/4/2012	3	3	3
Irvin Ramsey, DDS	SACRAMENTO	958313437	01/12/2012	1	1	1
The Effort Oak Park Community Health Center	SACRAMENTO	958173648	1/4/2012	3	3	3



GMC Provider Relations Information

Office Name	City	Zip	Last Service Visit	Hygiene Appt (Weeks)	Routine Appt (Weeks)	Initial Appt (Weeks)
The Effort North Highlands Community Health Center	NORTH HIGHLANDS	956604294	1/4/2012	1	1	1
Elder Creek Dental Group	SACRAMENTO	958231818	01/06/2012	2	1	1
Santa Cruz Dental Office	SACRAMENTO	958232610	1/1/2012	1	1	1



LIBERTY Dental Plan: GMC Pay to Perform and Withhold Policy

Based on:

- Unique number of enrollees being seen per month as a % - 4% (48% annualized) is our minimum threshold, based on receipt of utilization data from office
- Office appointment availability - initial and routine visits
 - Optimal 0-1 week
 - Very Satisfactory 1-3 weeks
 - Satisfactory 3-4 weeks
 - Needs Improvement over 4 weeks
- Number of children in age 0-3 reported for D0145 utilization compared to the number of children assigned. Percentage is pending results of benchmarking due to reimbursement being newly added and will be reviewed semi-annually.

LIBERTY has the following P4P in place to encourage higher utilization, satisfactory appointment availability and seeing children 0-3

- Higher FFS reimbursement (110% average increase on 55 procedure codes)
- Higher assignment of members that come in to the plan without prior selection

For offices that trend below the threshold of 4% total membership seen per month we:

- Counsel office in regard to low utilization and expectations

If trend continue past two cycles (quarterly cycle):

- Counsel, again discuss seriousness of low utilization
- Reduce FFS reimbursement to standard

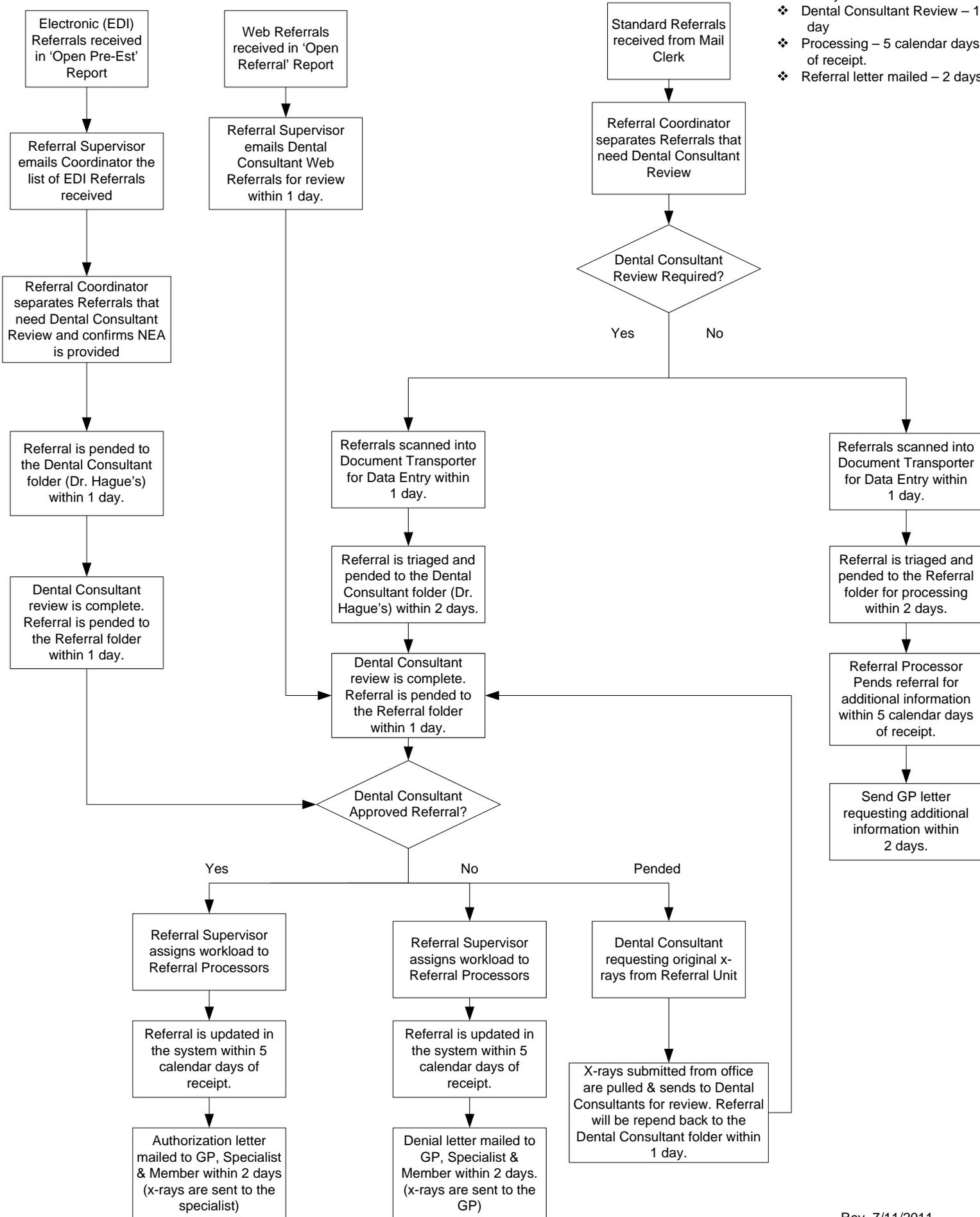
Withholds on Provider Payments:

If they continue past three cycles we:

- Reduce FFS reimbursement for not meeting P4P
- Close to new enrollment
- Move enrollment to alternate location
- Consider termination from plan at CNRC

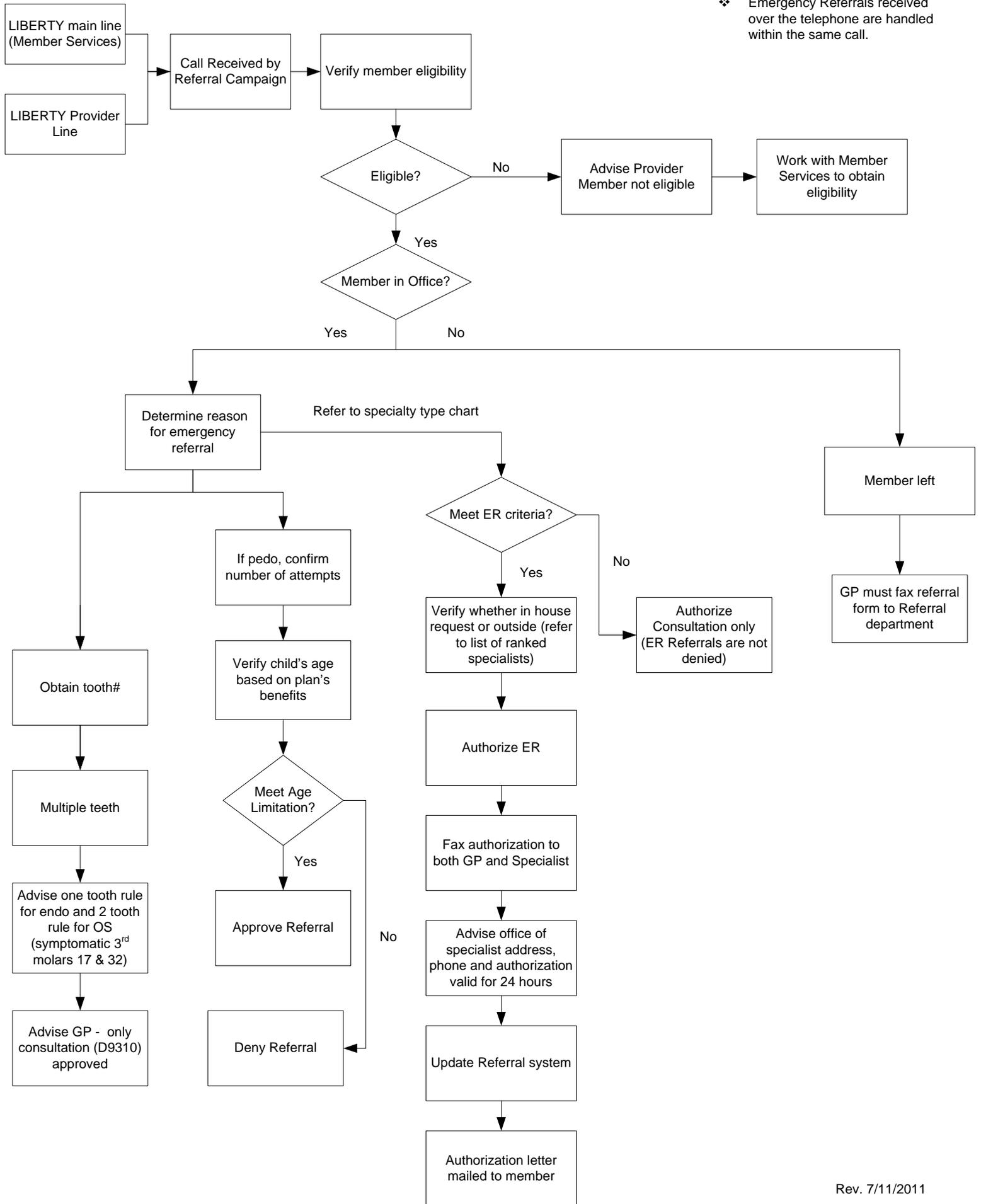
Standard Referral Workflow

- ❖ Mail sorted and triaged – 1 to 2 days.
- ❖ Dental Consultant Review – 1 day
- ❖ Processing – 5 calendar days of receipt.
- ❖ Referral letter mailed – 2 days



Emergency Referral (ER) Calls Workflow

❖ Emergency Referrals received over the telephone are handled within the same call.



Emergency Referral (ER) Faxed Workflow

❖ Emergency Referrals that are submitted via fax or email are processed within 24 hours of receipt.

