

Immediate Action Expectation Reporting  
 Prepaid Dental Health Plan - Los Angeles  
 July 2013 Stakeholder Meeting Report

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**Dental Plans Reporting**

- Access Dental Plan
- Health Net Dental Plan
- LIBERTY Dental Plan
- Safeguard Dental Plan\* Reporting a month behind reporting period.
- Western Dental Plan

**Next Reporting Due Date**

Immediate Action Expectation Reporting, starting Reporting Period July 2013, will be contract deliverables for Prepaid Dental Health Plan - Los Angeles.

**Questions about reporting please email:**

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

**TABLE 1**

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. This table reflects the results of the phone calls that were made since the beginning of the Outbound Call Campaign.

<b>Outbound Call Campaign - June 2013</b>	<b>Access</b>		<b>Health Net</b>		<b>LIBERTY</b>		<b>Safeguard*</b>		<b>Western**</b>	
# of Eligible (0-20) for month reporting	129,492		76,886		21,969		51,573		54,536	
# of Calls Made	79,574		14,123		6,855		N/A		33,068	
Wrong # and/or Phone # Out of Service	9,126	11%	2,240	16%	1,166	17%	N/A	N/A	1,927	6%
Appt Scheduled	5,531	7%	1,004	7%	233	3%	N/A	N/A	1,200	4%
Left Message	21,155	27%	5,719	40%	2,910	42%	N/A	N/A	23,540	71%
Member Declined	5,343	7%	1,814	13%	1,342	20%	N/A	N/A	N/A	N/A
Member Hung Up	30,170	38%	1,694	12%	1,342	20%	N/A	N/A	N/A	N/A
No Answer	2,178	3%	3,038	22%	1,475	22%	N/A	N/A	1,558	5%

**NOTES:**

All calls made were to beneficiaries under 21 who had not had an appointment within the last 12 months.

\*Safeguard is not performing a Call Campaign for their members.

\*\*Member Declined and Member Hung Up is not tracked by Western because Western uses an autodialer.

If a section is marked N/A it means the plans did not capture information during reporting period or information not available  
**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.

**JP Updated as of 7-31-13**

*Updated with 7-5-13 plan data submissions.*

**TABLE 2**

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 0-20 years) assigned to the plan. 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 provider offices that do not meet certain thresholds of utilization. This table reflects the summary results of the monthly provider utilization and the actions taken.

<b>Pay for Performance Summary - May 2013</b>	<b>Access</b>	<b>HealthNet</b>	<b>LIBERTY</b>	<b>Safeguard*</b>	<b>Western</b>
Total Provider Offices:	285	465	702	N/A	102
Total Provider Offices below 25 Member Minimum Threshold:	43	67	280	N/A	55
Total Provider Offices w/ 25 Member Minimum & Above:	242	398	422	N/A	47
# of Provider Offices 4.0% or Above:	172	148	131	N/A	27
% of Total Provider Offices:	71.1%	37.2%	31.0%	N/A	57.4%
# of Providers between 3.33% - 4.0%	16	39	29	N/A	7
% of Total Providers	6.6%	9.8%	6.9%	N/A	14.9%
# of Provider Offices Below 3.33%:	54	211	262	N/A	13
% of Total Provider Offices:	22.3%	53.0%	62.1%	N/A	27.7%
# of Provider Offices on Corrective Action Plan:	0	0	0	N/A	0
# of Provider Offices Under Review:	41	59	49	N/A	9
# of Provider Offices w/closed enrollment:	0	11	68	N/A	0
# of Provider Offices w/ reinstated enrollment:	0	0	0	N/A	0

\*SafeGuard will not be participating in Pay for Performance reporting.

**NOTES:**

"Providers" reflects provider offices.

Percentages (%) are stand alone monthly utilization percentages from provider offices with 25 member minimum and above.

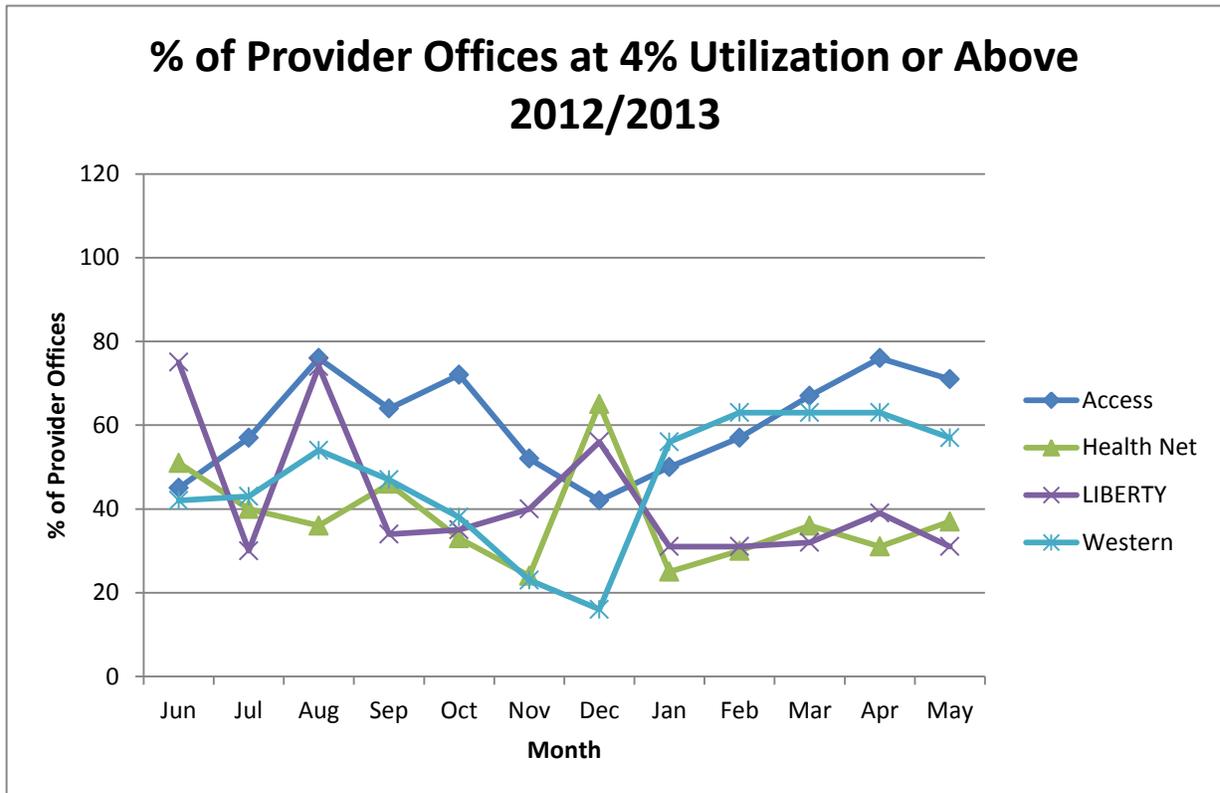
*June data is due to DHCS 8-20-13.*

***JP Updated as of 7-31-13***

*Updated with 7-22-13 plan data submissions.*

**Table 2a - Pay for Performance Summary**

<b>% of Provider Offices at 4% Utilization or Above 2012/2013</b>				
<b>Month</b>	<b>PHP Dental Plans</b>			
	<b>Access</b>	<b>Health Net</b>	<b>LIBERTY</b>	<b>Western</b>
Jun	45	51	71	42
Jul	57	40	30	43
Aug	76	36	74	54
Sep	64	46	34	47
Oct	72	33	35	38
Nov	52	24	40	23
Dec	42	65	56	16
Jan	50	25	31	56
Feb	57	30	31	63
Mar	67	36	32	63
Apr	76	31	39	63
May	71	37	31	57



**TABLE 3**

Plans should create an outreach campaign to increase provider and specialist enrollment into the DMC program.

This table reflects the monthly results of that outreach campaign.

<b>Provider &amp; Specialist Enrollment - June 2013</b>	<b>Access</b>	<b>HealthNet</b>	<b>LIBERTY*</b>	<b>Safeguard</b>	<b>Western</b>
Total # of General Providers Enrolled:	626	1,146	1,529	477	452
New General Providers Enrolled:	16	43	60	0	0
Total General Providers Disenrolled:	10	11	14	0	0
Total # of Specialists Enrolled:	469	1,237	1,237	211	963
New Specialists Enrolled:	3	21	21	0	0
Total # of Specialist Disenrolled:	10	22	22	0	0

\*LIBERTY Provider and Specialist Enrollment includes Community Dental Plan and American Health Guard.

***JP updated as of 7-31-2013***

*Updated with 7-5-13 plan data submissions.*

**TABLE 4**

<b>FQHC's and Dental Clinics in Los Angeles County - June 2013</b>	<b># FTE</b>	<b>Access</b>	<b>Health Net</b>	<b>LIBERTY</b>	<b>SafeGuard</b>	<b>Western</b>
Alta Med Medical and Dental Group - Bell	2.61					
Alta Med Medical and Dental Group - Boyle Heights	3.26					
Alta Med Medical and Dental Group - El Monte	1.16					
Alta Med Medical and Dental Group - East LA	21					
Antelope Valley Community Clinic Health and Wellness Center	0.25					
Arroyo Vista Family Health Center - Highland Park	1.8					
Arroyo Vista Family Health Center - Lincoln Heights	1.04					
Chinatown Service Center Family Health Clinic	1.21					
Clinica Monsenor Oscar A. Romero - Boyle Heights/East LA	1					
Clinica Monsenor Oscar A. Romero - Pico-Union/Westlake	2.1					
Community Health Alliance of Pasadena	2.28					
Comprehensive Community Health Centers, Inc. - Glendale	3.1					
Comprehensive Community Health Centers, Inc. - Eagle Rock	1.2					
East Valley Community Health Center	2.95					
Eisner Pediatric and Family Medical Center	6.04					
El Proyecto Del Barrio, Inc. - Canoga Park	1					
Herald Christian Health Center	2					
JWCH Institute, Inc. - Medical Clinic/Weingart Center	0.2					
Los Angeles Christian Health Centers	2.1					
Pico Aliso Community Clinic	n/a					
M.E.N.D	1.59					
Mission City Community Network, Inc.	1.6					
Northeast Valley Health Corporation - Sun Valley	1.9					
Northeast Valley Health Corporation - San Fernando	3.98					
QueensCare Family Clinic - East LA	1.68					
QueensCare Family Clinic - Eastside	0.84					
QueensCare Family Clinic - Eagle Rock	2.05					
QueensCare Family Clinic - Echo Park	1.04					
QueensCare Family Clinic - Hollywood	0.97					
Queens Dental Group - West Covina	3					
Rainbow Dental - Canyon Country	n/a					
South Bay Family Health Care Center - Redondo Beach	0.7					
South Bay Family Health Care Center - Gardena/Harbor Gateway	0.7					
St. Anthony Medical Centers - Hollywood	0.22					
St. Anthony Medical Centers - Pico	0.74					
St. John's Well Child & Family Center - Lincoln High	0.34					
St. John's Well Child & Family Center - Compton	2.4					
St. John's Well Child & Family Center - East Compton	0.32					
St. John's Well Child & Family Center - Hyde Park Elementary	0.54					
St. John's Well Child & Family Center - Magnolia	3.25					
St. John's Well Child & Family Center - Dr. Louis	4.09					
The Saban Free Clinic - Hollywood Wilshire Health Center	1.8					
The Saban Free Clinic - Beverly Health Center	2.25					
Valley Community Clinic	1.75					
Venice Family Clinic - Colen Family Health Center	0.21					
Venice Family Clinic - Simms/Mann Health and Wellness	1.22					
Venice Family Clinic	0					
Watts HealthCare - Dental	5.2					

**Notes:**

FTE - Number of Equivalent Full Time Providers

n/a - information was not captured during reporting period

Reached Out (contacted)
Currently Enrolled

JP updated as of 7-31-13

**TABLE 5**

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. This table reflects the dental plans monthly summary of educated provider offices.

Provider Education- Quarter 2 (Apr-Jun) 2013	Access	Health Net	LIBERTY	Safeguard	Western
# Of Providers Educated	134	474	474	In Progress	29
Provider Concerns	Providers are still having a hard time with the utilization thresholds set for the program stating that the amount of patients that are missing appointments still remains high for the program. Most offices are trying different ways to encourage members to keep appointments however no shows continue.	Questions about utilization standards, Providers questions fees/supplements, Claims issues; Providers expressing concerns about losing their Safeguard PHP members to Denti-CAL; Providers concerned that Healthy Family population is confused with transition; Provider inquired about how to increase their utilization; and Providers calling wanting to add PHP due to HF transition	Questions about utilization standards, Providers questions fees/supplements, Claims issues; Providers expressing concerns about losing their Safeguard PHP members to Denti-CAL; Providers concerned that Healthy Family population is confused with transition; Provider inquired about how to increase their utilization; and Providers calling wanting to add PHP due to HF transition	In Progress	Member no shows; No response to provider outreach efforts; Loss of membership.
Educational Materials and Education Strategy	Appointment accessibility was reviewed. Wait time in the office and operatory were reviewed. Reviewed and discussed importance of Encounter submission. Reviewed the importance of follow up on broken appointments and encouraging members to keep appointments not only for initial visits but for follow treatment as well. Reviewed Q1 2013 pay for performance results and reviewed the P4P program with those office that did not meet the program target. Reviewed online services available for contracted provider and the availability of online CE credits provided by Access and the availability of the new provider manual for government and commercial DHMO providers. The following areas were reviewed: Appointment accessibility.	Specialty Care Referral Form, Informed Consent for Alternate Treatment, Denti-Cal Provider Guidelines, and Utilization closure letter	Specialty Care Referral Form, Informed Consent for Alternate Treatment, Denti-Cal Provider Guidelines, and Utilization closure letter	In Progress	Healthy Families Program transition; Language Assistance Program; Utilization Expectations; Western Dental exiting PHP program as a dental plan effective 6/30/13.

*JP Updated as of 7-31-13*

*Updated with 7-30-13 plan data submissions.*

**TABLE 6**

Plans are expected to submit quarterly timely access reports to monitor the access and availability with each contracted dental office to ensure the provider network meets or exceeds the access standards. This table reflects plans summary data for the quarterly reporting. Timely Access Reporting is typically annual however in order to monitor the dental plans quarterly they report the information for the providers surveyed in that quarter.

<b>Timely Access Report Summary - Quarter 2 (Apr-Jun) 2013</b>		<b>Access*</b>	<b>HealthNet</b>	<b>LIBERTY</b>	<b>Safeguard</b>	<b>Western</b>
Quarter Total Enrollee Count:		157,146	63,841	35,867	62,683	74,156
Quarter Total Under 21 Enrollee Count:		138,353	41,407	21,698	54,428	55,070
Quarter Total Over 21 Enrollee Count:		18,793	22,434	14,169	8,255	19,086
Avg # of Days to Schedule	Initial Appt:	9	8	6	6	11
	Routine Appt:	9	8	6	6	11
	Preventive Appt:	9	8	6	7	11
	Emergency Appt:	1	1	1	1	1
% of No Show Appt:		40%	40%	40%	N/A	60%
Are Interpreter Services Available:		Yes	Yes	Yes	Yes	Yes
Answering Services Available:		Yes	Yes	Yes	Yes	Yes
Avg. Ratio of Member to Primary Care Dentist for under 21 ONLY:		97	84	15	15	122
Total # of Members who are assigned to a PCD who is more than 30 min. or more than 10 miles from their residence:		412	265	149	134	412
# of Routine Authorizations Received (under 21)		441	2,290	672	N/A	53
% of Routine Authorizations Approved	Within 5 business days	99.5%	100%	100%	N/A	100%
	Within 10 business days	100%	100%	100%	100%	100%
	Outside of 10 business days	0.5%	0%	0%	0%	0%
Total Claims Received (under 21)		25,269	12,223	3,798	1,231	116
% Claims Paid	Within 90 days	100%	100%	100%	100%	100%
	Outside of 90 days	0%	0%	0%	0%	0%
Specialist Referrals for the Quarter (under 21)*	Received:	755	1,907	536	257	81
	Approved:	579	1,768	498	170	68
	Denied (clinical):	10	79	16	87	4
	Denied (administrative):	166	60	22	N/A	2
	Completed:	232	738	420	N/A	74
	Expired:	192	91	47	N/A	14

**LEGEND:**

N/A means the plan did not capture this information during the reporting period

\*Access dental plan data for Specialist Referrals for the Quarter is out of the numbers received for the Quarter.

**NOTES:**

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

•Safeguard data is from reporting period May 2013.

•Western data is from reporting period June 2013.

**JP Updated as of 7-31-13**

*Updated with 7-30-13 plan data submissions.*