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## Medi-Cal Dental LA Stakeholder Meeting

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### Meeting Agenda

Date: Thursday, November 8, 2012

Time: 10:00 AM – 12:30 PM

Location: Community Resource Center

5047 East Whittier Boulevard

East Los Angeles, CA 90022

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Toll Free Call-In Number 1-877-952-6960

Participant Passcode 8035226

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**Welcome**

**Rene Mollow, Deputy Director, Health Care Benefits and Eligibility**

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**Introductions**

**All**

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The purpose of the Medi-Cal Dental Los Angeles Stakeholder Meeting is to: 1) identify barriers to dental care access to dental services in the Medi-Cal Dental program in Los Angeles County and 2) identify and implement solutions to improve access to dental care for these beneficiaries, including: children, pregnant women and those receiving services in an ICF/SNF

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**Discussion**

- Immediate Action Expectations
  - Healthy Families Program
    - Update
    - Certified Application Assistants
    - Los Angeles Department of Public Social Services
  - Children and Pregnant Women
    - Utilization Reporting
    - Increase Access
  - Medical/Dental Collaboration
    - DentaQuest Update
  - Informing Materials
  - Increasing Provider Choice
- 

**Conclusion**

- Additional Items
    - Pediatric Oral Health Access Strategy
  - Recap
  - Next steps
  - Meeting Minutes
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**Next Meeting: Thursday, December 13, 2012 (10:00 AM – 12:30 PM)**

**Medi-Cal All Plan Dental Meeting – Los Angeles County  
October 11, 2012 - Meeting Summary Notes**

Topics	Discussion	Action Items
<b>Immediate Action Expectations</b>	<p>FFS Data</p> <ul style="list-style-type: none"> <li>- Request to add child and pregnant women utilization.</li> <li>- DHCS committed to children and women in pregnant aid codes.</li> <li>- Research on women in other aid codes receiving services because of pregnancy.</li> </ul> <p>Outbound Call Campaign</p> <ul style="list-style-type: none"> <li>- # of appointments kept from scheduled, not all plans will be able to report because many contract with private providers and reporting will be a burden</li> </ul> <p>Provider Education</p> <ul style="list-style-type: none"> <li>- Plans will submit provider concerns going forward</li> </ul>	<p>DHCS will no longer use acronyms in reporting</p> <p>All plans will submit provider concerns and educational materials and education strategies going forward.</p>
<b>Healthy Families Program Update</b>	<ul style="list-style-type: none"> <li>- Provider referral form and process is changing</li> <li>- Researching the ability to be able to call into provider services line to be added or deleted</li> <li>- Currently researching the ability of the customer service line to warm transfer benes to provider office to make appointments</li> <li>- Currently researching using the ikn.gov website on the Denti-Cal site.</li> </ul>	<p>DHCS will send out information for Healthy Families providers in LA on specifics of keeping their beneficiaries</p>
<b>Children and Pregnant Women</b>	<p>Pregnant women’s utilization is difficult to track because not all women who receive services are in a specific aid code that identifies them as pregnant.</p>	<p>DHCS is committed to researching how this can be done. In the meantime DHCS will report on the pregnant specific aid codes.</p>
<b>Medical/Dental Collaboration</b>	<p>The MRMIB Healthy Families Denti-Quest grant has been transitioned to Children’s Now for the Implementation Phase. MRMIB had an advisory committee to better strengthen medical/dental collaboration. The Implementation Grant will focus on LA County. Grant to begin November 1<sup>st</sup>. Goals to educate the public and discuss information on policy barriers and create a center of Health Care Strategies. CMS pediatric Oral Health Plan. Will hold off on Medical/Dental workgroups.</p>	<p>Children’s Now will have a place to report the efforts at each LA Stakeholder Meeting.</p>
<b>Additional Items</b>	<p>‘Plan Issue’ &amp; ‘FFS Issue’</p> <ul style="list-style-type: none"> <li>- Are beneficiary mailing addresses and email addresses on provider rosters sent by dental plans?</li> </ul> <p>November 9 – Hearing in Culver City on Children’s Oral Issues in LA County</p> <p>Discussion for next meetings</p> <ul style="list-style-type: none"> <li>- Don’t go over data by table. Allow for questions and then move on.</li> <li>- Informing Materials workgroup will be placed into the larger meeting</li> <li>- Discussion on Choice Packets and Increasing Provider Choice</li> </ul>	<p>MDSO to find out about mailing choice packets to the group in LA for discussion.</p>

## Dental Action Plan Template For Medicaid and CHIP Programs

**State:** \_\_\_\_\_

**Program (please designate):**            **Medicaid**\_\_\_\_            **CHIP**\_\_\_\_            **Both**\_\_\_\_\_

**State Lead:** \_\_\_\_\_

**Contact Information for State Lead:** \_\_\_\_\_

\_\_\_\_\_

In an effort to increase the number of Medicaid and CHIP children who have access to dental care and receive preventive dental services, CMS is working with States to implement two national oral health goals. While some States have undertaken oral health improvement activities in recent years, additional activities are needed to increase access and prevention in order to meet children’s needs and these goals. CMS will provide States with technical assistance and opportunities to share best practices to assist them in meeting these goals.

The purpose of this Action Plan is to identify what activities States intend to undertake in order to achieve these dental goals. CMS will share each State’s plan by posting them on the CMS website, but CMS will omit posting proprietary dental provider payment data upon State request. In addition, States are asked to provide baseline information on their existing programs, and to identify access issues and barriers to care that they are currently facing so CMS can help address these issues with technical assistance. While CMS is interested in learning about efforts or activities States have already undertaken as well as successes of those efforts and lessons learned, development of the Action Plan will primarily serve to assist States in their efforts to document their current activities and collaborations to improve access and to inform States about where their resources could best be devoted to achieve the goals. This information will also be used to assist other States in their efforts to increase access.

### **Medicaid and CHIP Dental Health Goals:**

- Increasing the proportion of children ages 1-20 enrolled in Medicaid or CHIP who received any preventive dental services by 10 percentage points over a five-year period.

### To be phased-in:

- Increase the proportion of children ages 6-9 enrolled in Medicaid or CHIP who receive a dental sealant on a permanent molar tooth by 10 percentage points over a five-year period.

### **Instructions & Next Steps:**

- 1) Each State, including the District of Columbia, is to complete this Dental Action Plan Template in its entirety as a Word document. Please **do not** include graphics or charts in the Template itself, as these items are not compatible for posting on the CMS website. You may attach separate documentation if you want to submit additional information. CMS encourages the Territories to complete a dental action plan but the Territories will not be included in the dental goal.
- 2) If you are undertaking State-wide oral health improvement activities that impact both programs, you may submit one combined dental action plan. Separate dental action plans should be submitted in States that are addressing oral health improvement activities separately in their Medicaid and separate CHIP programs.
- 3) Once you have completed the template, please e-mail this information to your CMS Regional Office within six months of the date of the State Health Official letter.
- 4) CMS Regional Office staff will review the information and send it to CMS Central Office for further review. Regional Office staff will contact you for additional information, if appropriate or necessary.
- 5) After reviewing and compiling this information, CMS plans to post this information on the CMS website.
- 6) CMS Regional Office staff will follow up with States on a regular basis to track the progress of the State Action Plans and achievement towards the goal(s).

If you have any questions when filling out this template, please contact your CMS Regional Office.

### **Oral Health Program (Background)**

Provide information on your current oral health program for children under Medicaid and/or CHIP. Include information about your State's current delivery system(s) (e.g., fee-for-service, managed care, administrative service organization, etc.). If your State has changed delivery systems in recent years, explain the reason for the change and the impact on access to dental services. Also include information on provider participation rates (including dental specialists and other providers, such as physicians, dental hygienists and other newer model mid-level practitioners) and issues with access to oral health services in underserved areas.

"Underserved areas" would include areas of your State that you know are rural, frontier or where it is difficult to recruit providers as well as designated Dental Health Professional Shortage Areas (DHPSAs).

- *Access Issues/Barriers to Oral Health Services (please provide information on issues/barriers that you are aware of that impede access to providing oral health services to children through Medicaid or CHIP in your State generally, as well as in underserved areas, and any steps you have taken to address those issues or barriers):*
- *Current Dental Delivery System (e.g., fee for service, managed care, use of administrative service organization or combination dental programs). If you have a combination dental delivery system, provide the number of children served by each system:*
- *Provider (Dentist) Participation Rates (For the most recent year data is available, include the number of dentists licensed in your State, the number of Medicaid and/or CHIP participating dentists (any claims filed), and number of active dentists (billing \$10,000 or more in a year. Please specify the time period the data represents as well as the specialty of the dentist):*
- *Non-Dentist Provider Participation Rates: (Describe the participation of other providers, e.g., pediatricians, dental mid-level providers, dental hygienists, in your State to improve access to dental services for children. In addition, for the most recent year data is available (please specify), please provide the number of Medicaid and/or CHIP non-dentist providers, by provider type, participating in your Medicaid and/or CHIP programs. "Participating" is defined the same as for dentists (any claim filed).)*
- *Additional information about program (please provide any additional information that is relevant or that you would like to share about your dental program):*

## Activities to Achieve Goal

Describe the activities you have underway and/or plan to implement in order to achieve the new dental goal(s). If you would like to share any of your activities/initiatives as a "promising practice" with other States, please refer to the CMS website (<http://www.cms.gov/MedicaidCHIPQualPrac/MCPPDL/list.asp#TopOfPage>) for instructions on how to submit the information for posting on the CMS Quality webpage.

Provide details on these activities, along with potential barriers, in the space provided (add additional space if needed). Examples of activities underway, or to be undertaken, to improve access and achieve the dental goals may include:

- *Collaboration with dental schools and dental hygiene programs;*
- *Education/outreach to dentists, dental hygienists, and State/National dental associations;*
- *Education/outreach to pediatricians, family practitioners, and State/national medical associations*

- *Education/outreach to beneficiaries;*
- *Coordination with Federally Qualified Health Centers;*
- *Undertaking administrative simplifications;*
- *Using electronic health records and supporting Dental providers in their efforts to qualify for meaningful use incentive payments;*
- *If a CHIPRA quality demonstration grantee, describe how you are coordinating activities with those being undertaken under the CHIPRA demonstrations;*
- *Changing/increasing payment rates;*
- *Coordination with Maternal and Child Health (MCH) Title V programs (Title V is the Federal grant program focused solely on assuring the health of all mothers and children).*

## Additional Background

Provide additional information on your current oral health program for children under Medicaid and/or CHIP.

**Oral Health Improvement Initiatives:** Has your State undertaken any initiatives within the last 5 years to increase the number of children covered under the Medicaid and CHIP program who receive access to oral health services? If so, please describe those activities.

- What impact did those initiatives have? Do you consider those activities to have been successful? If so, please describe.
- If the activities did not achieve the results that you had expected, please describe the lessons learned. These lessons can be a learning opportunity for other States.

**Dental Data Measurement:** Does your State compute or report the National Committee for Quality Assurance's (NCQA) HEDIS dental measure or a modification of it? (Dental care: percentage of members 2 through 21 years of age who had at least one dental visit during the measurement year." Web site: <http://qualitymeasures.ahrq.gov/content.aspx?id=14998>) If yes, describe how that data compares with the data submitted on line 12.a of the CMS-416 and/or Section III, G.1.a. of the CHIP Annual Report (Total Enrollees Receiving Any Dental Services). If the HEDIS measure result differs from the result reported on CMS-416, line 12.a, or the CHIP Annual Report, Section III, G.1.a., please explain why you think there is a difference. If you use a modification of the HEDIS measure, please describe the modification. (NOTE: You are not required to report this data on the Template.)

**Reimbursement Strategies:** What are your current reimbursement rates for the following 10 procedures for services provided to children eligible for Medicaid and CHIP?

Diagnostic: D0120 Periodic Oral Exam  
D0140 Limited Oral Evaluation, problem focused  
D0150 Comprehensive Oral Exam  
D0210 Complete X-rays with Bitewings  
D0272 Bitewing X-rays – 2 films  
D0330 Panoramic X-ray film

Preventive: D1120 Prophylaxis (cleaning)  
D1203 Topical Fluoride (excluding cleaning)  
D1206 Topical Fluoride Varnish  
D1351 Dental Sealant

Please describe any increases or decreases in these reimbursement rates that have occurred in the last five years.

**Efforts Related to Dental Sealants:** Do you encourage or plan to encourage dental providers in your State to provide dental sealants? If so, how do you communicate that information? Have you seen an increase in the number of children receiving sealants? Does your State support active school-based or school-linked dental sealant programs? If yes, how many Medicaid- or CHIP-enrolled children were served by these programs in the past year? How many sealants were placed in these programs in the past year? Are you continuing to see increases in the number of children served by these programs? Has funding from the Centers for Disease Control and Prevention [for oral health infrastructure development] contributed to these efforts? Please describe.

**Collaboration with Dental Schools:** Do you have a dental school or dental hygiene school in your State? If yes, do you have any arrangement with the dental school or dental hygiene school to treat Medicaid beneficiaries, serve in rural areas, provide educational opportunities, etc.? Please describe.

**Electronic Dental Records:** Describe the use of electronic dental records in your State for your Medicaid and CHIP population. What is the take up rate by dental providers? Is the dental record integrated with the medical record? ? Will the State support dental provider efforts to qualify for meaningful use incentive payments?

## Technical Assistance

CMS would like to provide ongoing technical assistance to States to assist in them in meeting the national dental goals. If you have specific areas and/or topics requiring technical assistance, please identify them here.

If you would like to submit copies of materials or provide links to relevant websites for additional information, please do so.

According to the Paperwork Reduction Act of 1995, an agency may not conduct or sponsor, and a person is not required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0938-NEW. The time required to complete this information collection is estimated to average 65 hours per response. If you have any comments concerning the accuracy of time estimates or suggestions for improving this form, please contact: Cindy Ruff at [cynthia.ruff@cms.hhs.gov](mailto:cynthia.ruff@cms.hhs.gov).

Immediate Action Expectation Reporting  
Prepaid Dental Health Plan - Los Angeles  
October 2012 Stakeholder Meeting Report

Table #	Report Title	Reporting Period
1	Beneficiary Letter Campaign	September-12
2	Outbound Call Campaign	September-12
3	Pay for Performance Summary	August-12
4	Provider and Specialist Enrollment	September-12
5	Provider Education	September-12
6	FQHC Enrollment Tracking	September-12
7	Timely Access Report Summary	August-12

**Dental Plans Reporting**

Access Dental Plan  
Care 1st Dental Plan  
Health Net Dental Plan  
LIBERTY Dental Plan  
Safeguard Dental Plan  
Western Dental Plan

**Next Reporting Due Date**

October 2012 Immediate Action Reporting DUE Nov 5, 2012  
September 2012 Utilization Reporting DUE Nov 20, 2012

**Questions about reporting please email:**

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

**TABLE 1**

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. This table reflects the results of the letters.

<b>Beneficiary Letter Campaign - September</b>	<b>Access</b>		<b>Care 1st</b>		<b>HealthNet</b>		<b>LIBERTY</b>		<b>Safeguard</b>		<b>Western</b>	
Total calls received referencing letter/flyer	116		5		12		5		N/A		0	
Appointments Set	2		1		1		0		N/A		0	
Other Info Given/Questions Answered	114		4		7		4		N/A		0	
Grievances/Complaints Received	0		0		0		1		N/A		0	
Total # of Undeliverable Mail	2,671	3%	154	1%	856	3%	932	14%	N/A	N/A	240	1%
Total number mailed	89,127		10,741		31,781		6,512		19,636		27,821	

**NOTES:**

Access - Mailing of Plan Brochure completed

Care 1st - Mailing of Plan Brochure August 2012

LIBERTY - Mailing of Plan Brochure August 2012

Safeguard - Mailing of Plan Brochure August 2012

Western - Mailing of Plan Brochure completed

**Report is a roll-up of data since the beginning of the Beneficiary Letter Campaign.**

If a section is marked n/a it means the plans did not capture information during reporting period or information not available

*October data is due to DHCS 11-5-12.*

*Updated with 10-5-12 plan data submissions.*

**JP Updated 10-18-2012**

**TABLE 2**

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 in the reporting month. Once the initial campaign is over the total results will be reported.

<b>Outbound Call Campaign - September</b>	<b>Access</b>		<b>Care 1st</b>		<b>Health Net</b>		<b>*LIBERTY</b>		<b>Safeguard</b>		<b>Western</b>	
# of Eligible (0-20) for month reporting	101,790		10,650		31,712		N/A		9,853		45,674	
# of Calls Made	34,110		606		5,488		0		N/A		29,302	
Wrong # and/or Phone # Out of Service	1,271	4%	28	5%	703	13%	0	N/A	N/A	N/A	1,162	4%
Appt Scheduled	2,354	7%	131	22%	629	11%	0	N/A	N/A	N/A	1,200	4%
Left Message	8,312	24%	260	43%	2,261	41%	0	N/A	N/A	N/A	20,982	72%
Member Declined	5,343	16%	83	14%	671	12%	0	N/A	N/A	N/A	0	0%
Member Hung Up	8,470	25%	83	14%	554	10%	0	N/A	N/A	N/A	0	0%
No Answer	2,178	6%	104	17%	958	17%	0	N/A	N/A	N/A	1,296	4%
# of Appt. kept from Scheduled	355		N/A		N/A		N/A		N/A		0	
# of Appts. Missed from Scheduled	147		N/A		N/A		N/A		N/A		0	

**NOTES:**

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

LIBERTY will begin their PHP Call Campaign once they have completed Health Net and Care 1st's Call Campaigns.

Safeguard is not performing a Call Campaign for their members.

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 Beneficiary Letter 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.

*October data is due to DHCS 11-5-12.*

***JP Updated as of 10-18-12***

*Updated with 10-5-12 plan data submissions.*

**TABLE 3**

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. 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. This table reflects the summary results of the monthly provider utilization and the actions taken.

<b>Pay for Performance Summary - August</b>	<b>Access</b>	<b>Care 1st</b>	<b>HealthNet</b>	<b>LIBERTY</b>	<b>Safeguard*</b>	<b>Western</b>
Total Provider Offices:	223	104	297	189	N/A	104
# of Provider Offices 4.0% or Above:	170	35	107	140	N/A	56
% of Total Provider Offices:	76%	34%	36%	74%	N/A	54%
# of Providers between 3.33% - 4.0%	9	3	12	0	N/A	2
% of Total Providers	4%	3%	4%	0%	N/A	2%
# of Provider Offices Below 3.33%:	44	66	178	49	N/A	46
% of Total Provider Offices:	20%	63%	60%	26%	N/A	44%
# of Provider Offices on Corrective Action Plan:	0	1	1	1	N/A	42
# of Provider Offices Under Review:	0	0	4	3	N/A	4
# of Provider Offices w/closed enrollment:	0	9	1	5	N/A	0
# of Provider Offices w/ reinstated enrollment:	0	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.

*September data is due to DHCS 11-5-12.*

***JP Updated as of 10-18-12***

*Updated with 10-5-12 plan data submissions.*

**TABLE 4**

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 - September</b>	<b>Access</b>	<b>Care 1st</b>	<b>HealthNet</b>	<b>LIBERTY</b>	<b>Safeguard</b>	<b>Western</b>
Total # of General Providers Enrolled:	1,223	218	616	661	467	424
New General Providers Enrolled:	9	4	9	75	6	2
Total General Providers Disenrolled:	8	2	3	4	2	0
Total # of Specialists Enrolled:	1,219	65	65	65	209	948
New Specialists Enrolled:	10	1	1	1	7	19
Total # of Specialist Disenrolled:	1	0	0	0	2	1

*October data is due to DHCS 11-5-2012.  
Updated with 10-5-12 plan data submissions.*

***JP updated as of 10-18-2012***

**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 September	Access	Care 1st	Health Net	LIBERTY	Safeguard	Western
# Of Providers Educated	71	126	126	126	In Progress	140
Provider Concerns	<p>The provider feedback centered around providers being angry that the 48% utilization threshold is difficult to achieve due to the fact that parents just won't make appts for the kids. They feel it is asking too much and costs too much for them to assign a staff mbr to call and schedule pts. Others are reporting that they are calling, but the parents are saying they don't want appts, or they schedule an appt and no show. The no show rate for this program is very high. It's difficult to offer these members appts since they don't have any responsibility in whether they show or not.</p> <p>No show rates can reach over 50% in some offices for exams and preventative appts, and its much lower for ER exams and visits. These no show have an overall negative impact on the offices appointment scheduling.</p>	<p>Care1st schedules an orientation with new offices and performs service calls to ensure that providers and front office staff have a thorough understanding how to administer our plans as well as our policies and procedures. In most cases, providers don't have any major issues at all.</p>	<p>Health Net schedules an orientation with new offices and performs service calls to ensure that providers and front office staff have a thorough understanding how to administer our plans as well as our policies and procedures. In most cases, providers don't have any major issues at all.</p>	<p>LIBERTY schedules an orientation with new offices and performs service calls to ensure that providers and front office staff have a thorough understanding how to administer our plans as well as our policies and procedures. In most cases, providers don't have any major issues at all.</p>	In Progress	<p>High number of no shows, compensation, changing of eligibility (on one month off the next), change in adult benefits.</p>
Educational Materials and Education Strategy	<p>Appointment accessibility was reviewed, overall LAPHF appts scheduled, canceled and rescheduled, wait time in the office and operatory were reviewed, call campaign and member follow up (reschedule/noshows), reviewed and discussed importance of encounter submission possibly on a weekly basis, discussed utilization requirements and the importance of follow up on brokened/missed appts.</p>	<p>When there are updates that apply to all offices, Care1st keeps providers well informed by including specific articles in newsletters, fax blasts or regular mailing. In addition, Care1st's Network Managers schedule on-site visits (or sweeps) when there are specific topics that we need to emphasize such as increase in utilization, access, etc. If an office has a specific issue or concern, our Network Managers will reach out to the office to futher educate or counsel office if applicable.</p>	<p>When there are updates that apply to all offices, Health Net keeps providers well informed by including specific articles in newsletters, fax blasts or regular mailing. In addition, Health Net's Network Managers schedule on-site visits (or sweeps) when there are specific topics that we need to emphasize such as increase in utilization, access, etc. If an office has a specific issue or concern, our Network Managers will reach out to the office to futher educate or counsel office if applicable.</p>	<p>When there are updates that apply to all offices, LIBERTY keeps providers well informed by including specific articles in newsletters, fax blasts or regular mailing. In addition, LIBERTY's Network Managers schedule on-site visits (or sweeps) when there are specific topics that we need to emphasize such as increase in utilization, access, etc. If an office has a specific issue or concern, our Network Managers will reach out to the office to futher educate or counsel office if applicable.</p>	In Progress	<p>Agreements between DHCS, WDS, and providers, goal of Managed Care Medi-Cal Dental Program, benefits for enrollees (including pregnant women), language assistance program, utilization expectations, and supplemental payments to providers.</p>

October data is due to DHCS 11-5-12  
Updated with 10-5-12 plan data submissions.

JP Updated as of 10-18-12

FQHC's and Dental Clinics in Los Angeles County	# FTP*	Access	Care 1st	Health Net	LIBERTY	SafeGuard	Western
Alta Med Medical and Dental Group - Bell							
Alta Med Medical and Dental Group - Boyle Heights							
Alta Med Medical and Dental Group - El Monte							
Antelope Valley Community Clinic Health and Wellness Center							
Arroyo Vista Family Health Center - Highland Park							
Arroyo Vista Family Health Center - Lincoln Heights							
Chinatown Service Center Family Health Clinic							
Clinica Monsenor Oscar A. Romero - Boyle Heights/East LA							
Clinica Monsenor Oscar A. Romero - Pico-Union/Westlake							
Community Health Alliance of Pasadena							
Comprehensive Community Health Centers, Inc. - Glendale							
Comprehensive Community Health Centers, Inc. - Eagle Rock							
East Valley Community Health Center							
Eisner Pediatric and Family Medical Center							
El Proyecto Del Barrio, Inc. - Canoga Park							
Herald Christian Health Center							
JWCH Institute, Inc. - Medical Clinic/Weingart Center							
Los Angeles Christian Health Centers							
Pico Aliso Community Clinic							
M.E.N.D							
Mission City Community Network, Inc.							
Northeast Valley Health Corporation - Van Nuys							
Northeast Valley Health Corporation - Sun Valley							
Northeast Valley Health Corporation - San Fernando							
Planned Parenthood Los Angeles - South Bay Center							
Planned Parenthood Los Angeles - Bixby Center							
Planned Parenthood Los Angeles- Whittier Center							
QueensCare Family Clinic - East LA							
QueensCare Family Clinic - Eastside							
QueensCare Family Clinic - Eagle Rock							
QueensCare Family Clinic - Echo Park							
QueensCare Family Clinic - Hollywood							
Queens Dental Group - West Covina							
South Bay Family Health Care Center - Redondo Beach							
South Bay Family Health Care Center - Gardena/Harbor Gateway							
St. Anthony Medical Centers - Hollywood							
St. Anthony Medical Centers - Pico							
St. John's Well Child & Family Center - Lincoln High							
St. John's Well Child & Family Center - Compton							
St. John's Well Child & Family Center - East Compton							
St. John's Well Child & Family Center - Hyde Park Elementary							
St. John's Well Child & Family Center - Magnolia							
St. John's Well Child & Family Center - Dr. Louis							
The Saban Free Clinic - Hollywood Wilshire Health Center							
The Saban Free Clinic - Beverly Health Center							
Valley Community Clinic							
Venice Family Clinic - Colen Family Health Center							
Venice Family Clinic - Simms/Mann Health and Wellness							
Venice Family Clinic							
Watts HealthCare - Dental							

**Notes:**

All plan information is up to date as of 10-01-12

\*# FTP = Number of Equivalent Full Time Providers - in process of collecting information

Legend:
Reached Out
Contracted

**TABLE 7**

Plans are expected to submit monthly 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 month reporting. Timely Access Reporting is typically annual however in order to monitor the dental plans monthly they report the information for the providers surveyed in that month.

Timely Access Report Summary - August		Access	Care 1st	HealthNet	LIBERTY	Safeguard	Western
Month Total Enrollee Count:		126,068	16,735	59,678	21,057	18,586	45,674
Month Total Under 21 Enrollee Count:		107,790	10,580	31,610	12,845	10,000	26,749
Month Total Over 21 Enrollee Count:		18,278	6,155	28,068	8,212	8,586	18,925
Avg # of Days to Schedule	Initial Appt:	11	8	11	8	N/A	7 -14
	Routine Appt:	11	9	11	8	N/A	7 -14
	Preventive Appt:	11	9	11	9	N/A	7 -14
	Emergency Appt:	1	1	1	1	1	1
% of No Show Appt:		40%	40%	40%	40%	40%	40%
Are Interpreter Services Available:		Yes	Yes	Yes	Yes	Yes	Yes
Answering Services Available:		Yes	Yes	Yes	Yes	Yes	Yes
Avg. Ratio of Member to Primary Care Dentist:		103	68	64	22	20	35
Total # of Members who are assigned to a PCD who is more than 30 min. or more than 10 miles from their		789	166	225	107	173	443
# of Routine Authorizations Received (under 21)		114	105	327	96	N/A	25
% of Routine Authorizations Approved	Within 5 business days	100%	99%	100%	99%	N/A	100%
	Within 10 business days	100%	99%	100%	100%	100%	100%
	Outside of 10 business days	0%	1%	0%	0%	0%	0%
Total Claims Received (under 21)		9,384	526	2,195	397	729	134
% Claims Paid	Within 90 days	100%	100%	100%	100%	100%	100%
	Outside of 90 days	0%	0%	0%	0%	0%	0%
Specialist Referrals for the Month (under 21)	Received:	267	87	273	78	72	63
	Approved:	208	76	258	68	48	58
	Denied (clinical):	4	1	3	1	0	4
	Denied (administrative):	55	10	12	9	24	0
	Completed:	12	58	200	35	N/A	59
	Expired:	106	8	26	1	N/A	N/A

**LEGEND:**

n/a means the plan did not capture this information during the reporting period

**NOTES:**

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

**JP Updated as of 10-18-12**

September data is due to DHCS 11-5-12

Updated with 10-5-12 plan data submissions.

## Los Angeles Utilization

UTILIZATION %		2011	2012 Q1-Q3
<b>Under 21</b>			
<b>Dental Managed Care</b>	Access	22.4%	28.1%
	Care 1st	24.0%	22.7%
	Health Net	30.7%	28.9%
	LIBERTY	31.8%	28.2%
	SafeGuard	18.9%	n/a
	Western	30.5%	37.0%*
<b>Denti-Cal Fee-For-Service</b>		57.1%	45.0%

**Legend:**

n/a - SafeGuard was unable to provide information due to limited resources for reporting.

\*Western was unable to submit data using eligibles with 1 month gap of coverage. Their 2012 Q1-Q3 utilization is continuously eligible.

**Notes:**

Fee-For-Service 2012 - Percentage is based on eligibles who were continuously eligible and received services between 1/1/12 and 9/30/12. Data is incomplete due to delays in retrieving

Calculating Utilization Percentage:

- 1.) Continuously Enrolled: Eligible who are enrolled in the plan in measurement period with no more than 1 month gap in coverage.
- 2.) Unique Users: Unduplicated children who received at least one or more dental procedures during the measurement year.
- 3.) Percentage: Unique Users/Continuously Enrolled for the measurement period with no more than 1 month gap in coverage.

## Medi-Cal All Plan Dental Meeting – Los Angeles County November 8, 2012 - Meeting Summary Notes

Topics	Discussion	Action Items
<b>Immediate Action Expectations</b>	<p>Changes</p> <ul style="list-style-type: none"> <li>- Table 1 and 2 are roll ups</li> <li>- Table 7, % of no show instead of actual numbers</li> </ul>	Please email Alisha if there are any questions
<b>Healthy Families Program</b>	<p>Update</p> <ul style="list-style-type: none"> <li>- LA transition will begin March 1, 2013. Beneficiaries in LA have received general notice. 60 and 30 day notices have not gone out yet. Will be Medi-Cal transition</li> <li>- Provider bulletin to pull up letters the families will be receiving</li> </ul> <p>Certified Application Assistants</p> <ul style="list-style-type: none"> <li>- Educational documents and develop workgroup</li> </ul> <p>Los Angeles Department of Public Social Services</p>	Alisha will send out bulletin with 30 and 60 day notice to everyone
<b>Children and Pregnant Women</b>	<p>Utilization Reporting</p> <ul style="list-style-type: none"> <li>- LA utilization data for under 21, pregnant women difficult due to aid codes</li> <li>- Data may have a lag in utilization because providers do not submit right away</li> </ul> <p>Increasing Access</p> <ul style="list-style-type: none"> <li>- Look into starting a workgroup for pediatric oral health</li> <li>- Start a baseline assessment and where to make changes by looking at geographic pockets</li> <li>- Beneficiaries are unaware of their dental benefits.</li> <li>- What are some educational issues that lead to access?</li> </ul>	DHCS will try to have pregnant women utilization data by next meeting
<b>Medical/Dental Collaboration</b>	<p>Planning advisory committee looking to add dental and medical representatives. Provide feedback with MRMIB. Children Now are looking for providers' feedback on implementation strategies developed last year. Create medical bulletin for providers to provide information on pregnant women and that they have benefits, this was done previous. More information on prenatal bulletin and how often it will be updated with be provided.</p>	Please email questions to Eileen Espejo at <a href="mailto:eespejo@childrennow.org">eespejo@childrennow.org</a>
<b>Informing Materials</b>	<p>Informing materials located on Denti-Cal website.</p>	<p>Alisha will send out Educational Brochure</p> <p>Alisha will send out Informational Brochure for feedback and finalization</p>
<b>Increasing Provider Choice</b>	<p>Insert is added in a different color if there are changes in the booklet that could not be made on time.</p> <p>LA County provides personal providers list</p> <p>MAXIMUS is not authorized to make any changes to submitted information</p> <p>Online options</p> <p>Changing the actual form is not likely to happen</p> <p>Directions on the back to better fill out the medical choice forms</p> <p>Cambodian language is Khmer</p> <p>Educational brochure was sent to all members along with the letters from the dental plans</p> <p>Information Brochure is directed towards providers, stakeholders, community members</p> <p>Something that should be highlighted out throughout the packet</p> <p>Have people select their dental plan and dentist</p> <p>More information about what families were getting</p> <p>Welcome packet went out to stakeholders for review</p> <p>One form of selecting provider is through the choice packet</p> <p>Packet not county specific, goes out to all enrollees</p>	
<b>Additional Items</b>	<p>Pediatric Oral Health Access Strategy</p> <ul style="list-style-type: none"> <li>- The department is moving ahead to satisfy CMS directives. CMS taking steps to improve access to dental services. Goal is to increase proportion children from age 1-20 by 10% point over a 5 year period. All states are required to submit annual treatment of utilization. CMS is focusing on 1-20 year olds continuously enrolled for 90 days. CA reported 40.3%. CMS wants CA to increase goal to 50.3% points over a 5 year period. Increase proportion age 6-9 who received sealants to 26.1%. Template provides background info. CMS hopes to make this mandatory requirement for states but due to Affordable Care Act has made it voluntary. CMS interested in CA because it has been one of the poor performing states.</li> </ul> <p>Provider Referral list online</p> <ul style="list-style-type: none"> <li>- Changes to Denti-Cal website</li> <li>- Interface where information is entered in and will bring you to the website</li> <li>- Website will allow you to search all Denti-cal providers</li> </ul> <p>Beneficiary Provider Customer Service Line</p>	<p>State and Stakeholders work to come up with ideas to help encourage access to dental care and receiving sealants. Please send ideas to Dr. Isman <a href="mailto:Robert.Isman@dhcs.ca.gov">Robert.Isman@dhcs.ca.gov</a></p>

	<p>HFP Webinar is next week</p> <p>November 9 – Hearing in Culver City from 2-5pm on Children's Oral Issues in Los Angeles County 9770 Culver Boulevard Culver City, CA</p> <p>NEXT MEETING DECEMBER 13, 2012 (10:00AM-12:30PM)</p>	
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