

Medi-Cal Dental LA Stakeholder Meeting

Meeting Agenda

Date: Thursday, March 14, 2013

Time: 10:00 AM – 12:30 PM

Location: Maternal Child Health Access

1111 6th Street, 3rd Floor

Los Angeles, CA 90017

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

Participant Passcode 8035226

Welcome

Jon Chin, Acting Chief, Medi-Cal Dental Service Division

Introductions

All

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

Discussion

- Immediate Action Expectations
 - Plan/Stakeholder Feedback
 - Healthy Families Program
 - DHCS Update
 - Plan/Stakeholder Feedback
 - Medical/Dental Collaboration
 - Update
 - Increasing Provider Choice
 - Choice Form revisions
-

Conclusion

- Additional Items
 - Children and Pregnant Women
 - Utilization Reporting
 - Pediatric Oral Health Action Plan Development
 - Dental Managed Care Barriers
 - Recap
 - Next steps
 - Meeting Minutes
-

Next Meeting: Thursday, May 9, 2013 (10:00 AM – 12:30 PM)

Location: TBD

Medi-Cal All Plan Dental Meeting – Los Angeles County January 10, 2013 - Meeting Summary Notes

Topics	Discussion	Action Items
Immediate Action Expectations	<ul style="list-style-type: none"> - No comments or questions. 	Please email Alisha if there are any questions
Healthy Families Program	<ul style="list-style-type: none"> - Analysis on first eight (8) counties - 1b analysis shall be completed shortly - Provider bulletin on Denti-Cal internet website - Provider referral list updated and posted, added ~800 providers - Preferred Provisional Provider (PPP) has been released and posted online - Call center, warm transfer implemented mid December - Providers can be added to Provider list by phone, email, fax, mail - Beneficiary survey workgroup started please email to be added to the workgroup - Healthy Families Transition tab is available online with updated information on the Denti-Cal internet website 	Please email dentalhfptransition@dhcs.ca.gov to be added to the Beneficiary survey workgroup.
Medical/Dental Collaboration	<ul style="list-style-type: none"> - Planning phase engagement model to engage Primary Care Physicians to identify non-utilizing dental services by plan - Vision: Every child in Medi-Cal will have their dental record on file for their PCP to access. Their PCP will have the tools to make sure the child sees a dentist. Once engagement model is finalized, it will be brought to providers to discuss the potential challenges. 	
Increasing Provider Choice	<ul style="list-style-type: none"> - Choice Forms are subject to change. Next version of edited Choice Forms will be released once changes have been made. - If you have any comments/questions/suggestions on the Choice Forms please email Jenny Phun (jenny.phun@dhcs.ca.gov) 	Jenny from DHCS will send out the new version of edited Choice forms in addition to the order of the pages.
Additional Items	<p>Children and Pregnant Women</p> <ul style="list-style-type: none"> - Working on pulling aid codes - Will have to manually pull claims <p>Medical Bulletin</p> <ul style="list-style-type: none"> - Working on it with medical side <p>Pedo Oral Health Strategies</p> <ul style="list-style-type: none"> - Will let stakeholders know when the process begins <p>Care 1st</p> <ul style="list-style-type: none"> - Care 1st beneficiaries will be transitioned to LIBERTY as of February 1, 2013. LIBERTY purchased Care 1st <p>Recap</p> <ul style="list-style-type: none"> - Los Angeles Medi-Cal Dental Stakeholder Meetings will be every other month. February was agreed to be skipped. <p>NEXT MEETING: THURSDAY, MARCH 14, 2013 (10:00AM-12:30PM)</p>	

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

Table #	Report Title	Reporting Period
1	Outbound Call Campaign	January-13
2	Pay for Performance Summary	December-12
3	Provider and Specialist Enrollment	January-13
4	Provider Education	January-13
5	FQHC Enrollment Tracking	January-13
6	Timely Access Report Summary	December-12
7	Annual Utilization	2012

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

Please refer to report footnotes

Questions about reporting please email:

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

Outbound Call Campaign - January	Access		Care 1st		Health Net		LIBERTY		Safeguard		Western	
# of Eligible (0-20) for month reporting	95,679		10,594		31,725		12,291		9,656		26,332	
# of Calls Made	34,110		1,550		10,971		5,705		N/A		33,068	
Wrong # and/or Phone # Out of Service	1,271	4%	197	13%	1,799	16%	992	17%	N/A	N/A	1,927	6%
Appt Scheduled	2,465	7%	180	12%	871	8%	201	4%	N/A	N/A	1,200	4%
Left Message	8,312	24%	637	41%	4,512	41%	2,481	43%	N/A	N/A	23,540	71%
Member Declined	5,343	16%	213	14%	1,408	13%	902	16%	N/A	N/A	0	0%
Member Hung Up	8,470	25%	213	14%	1,291	12%	902	16%	N/A	N/A	0	0%
No Answer	2,178	6%	323	21%	2,115	19%	1,129	20%	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.

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.

February data due to DHCS 4-1-13

JP Updated as of 2-5-13

Updated with 2-5-13 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 0-21 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.

Pay for Performance Summary - December	Access	Care 1st	HealthNet	LIBERTY	Safeguard*	Western
Total Provider Offices:	275	87	250	107	N/A	80
# of Provider Offices 4.0% or Above:	116	23	65	56	N/A	16
% of Total Provider Offices:	42.0%	26.4%	26.0%	52.3%	N/A	20.0%
# of Providers between 3.33% - 4.0%	18	1	0	0	N/A	8
% of Total Providers	6.5%	1.1%	0.0%	0.0%	N/A	10.0%
# of Provider Offices Below 3.33%:	141	63	185	51	N/A	56
% of Total Provider Offices:	51.0%	72.4%	74.0%	47.7%	N/A	70.0%
# of Provider Offices on Corrective Action Plan:	0	0	0	0	N/A	0
# of Provider Offices Under Review:	55	21	63	49	N/A	9
# of Provider Offices w/closed enrollment:	0	1	8	70	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.

January data is due to DHCS 3-20-13.

JP Updated as of 2-22-13

Updated with 2-20-13 plan data submissions.

% of Provider Offices at 4% Utilization or Above					
Month	PHP Dental Plans				
	Access	Care1st	Health Net	LIBERTY	Western
Jun	45	36	51	71	42
Jul	57	36	40	30	43
Aug	76	34	36	74	54
Sep	64	37	46	34	47
Oct	72	34	33	35	38
Nov	52	21	24	40	23
Dec	116	23	65	56	16

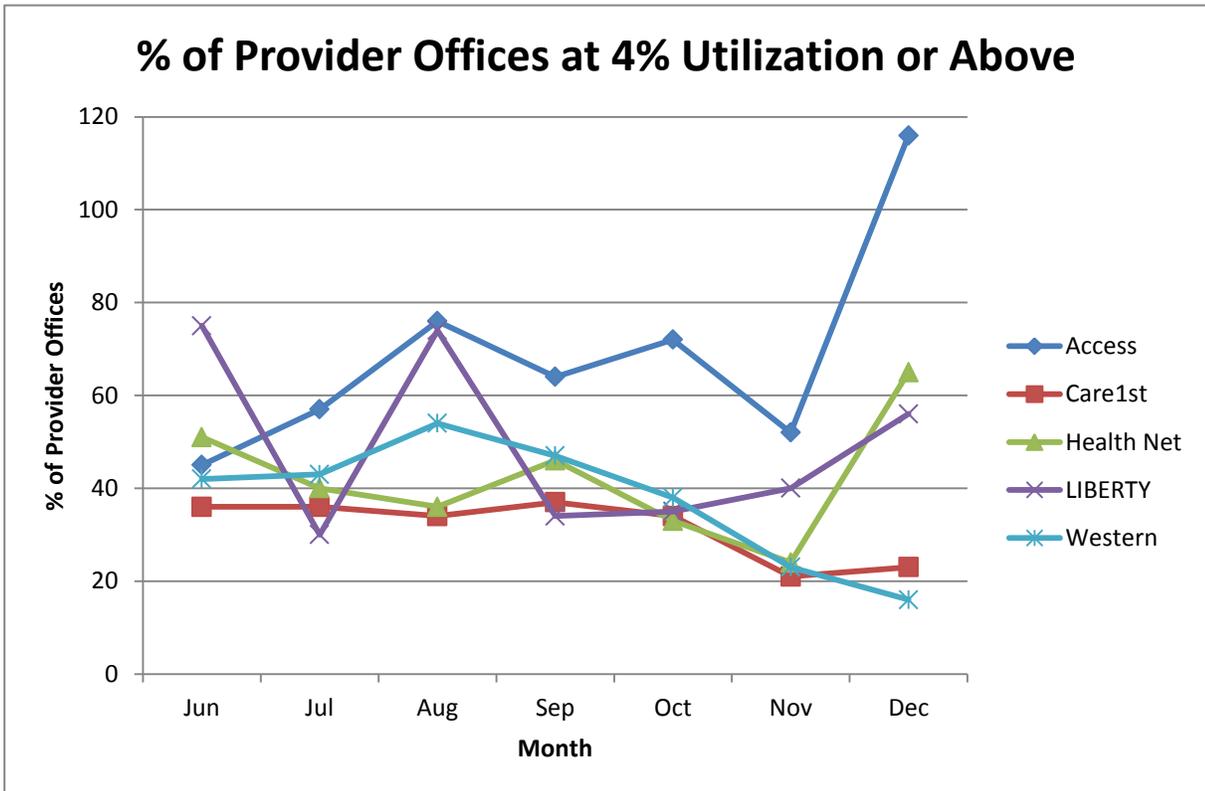


TABLE 3

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.

Provider & Specialist Enrollment - January	Access	Care 1st	HealthNet	LIBERTY*	Safeguard	Western
Total # of General Providers Enrolled:	643	200	659	713	469	452
New General Providers Enrolled:	4	1	65	142	2	0
Total General Providers Disenrolled:	13	0	1	19	5	0
Total # of Specialists Enrolled:	457	70	70	70	206	963
New Specialists Enrolled:	4	1	0	0	4	0
Total # of Specialist Disenrolled:	0	6	0	0	12	0

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

JP updated as of 2-14-2013

February submission due to DHCS 3-15-13

Updated with 2-5-13 plan data submissions.

TABLE 4

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 January	Access	Care 1st	Health Net	LIBERTY	Safeguard	Western
# Of Providers Educated	35	104	104	104	In Progress	65
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 show up for appointments.	Late eligibility received from Healthy Families. Concerns with the Healthy Families transition. Patient's phone numbers disconnected so unable to reach patient to schedule/verify appointments. Patients failing to show up for a previously scheduled appointment.	Late eligibility received from Healthy Families. Concerns with the Healthy Families transition. Patient's phone numbers disconnected so unable to reach patient to schedule/verify appointments. Patients failing to show up for a previously scheduled appointment.	Late eligibility received from Healthy Families. Concerns with the Healthy Families transition. Patient's phone numbers disconnected so unable to reach patient to schedule/verify appointments. Patients failing to show up for a previously scheduled appointment.	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 operator 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 up treatment as well. Reviewed LAPH benefits and utilization requirements.	Provider Relations does service calls either face to face or telephonically. Information is provided on standard materials such as fee schedules, LIBERTY Dental Plan provider manuals, etc. as well as verbal answers to questions.	Provider Relations does service calls either face to face or telephonically. Information is provided on standard materials such as fee schedules, LIBERTY Dental Plan provider manuals, etc. as well as verbal answers to questions.	Provider Relations does service calls either face to face or telephonically. Information is provided on standard materials such as fee schedules, LIBERTY Dental Plan provider manuals, etc. as well as verbal answers to questions.	In Progress	Healthy Families Program transition; Language Assistance Program; Utilization Expectations; Western Dental exiting GMC program as a dental plan.

1st Quarter submission due to DHCS 4-30-13
Updated with 2-5-13 plan data submissions.

JP Updated as of 2-14-13

TABLE 5

FQHC's and Dental Clinics in Los Angeles County	# FTE	Access	Health Net	LIBERTY	SafeGuard	Western
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 - Van Nuys	0					
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 3-12-13

TABLE 6

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 - December		Access	Care 1st	HealthNet	LIBERTY	Safeguard	Western
Month Total Enrollee Count:		116,446	16,919	60,454	20,531	18,196	45,192
Month Total Under 21 Enrollee Count:		98,380	10,646	31,726	12,314	9,656	26,332
Month Total Over 21 Enrollee Count:		18,066	6,273	28,728	8,217	8,540	18,860
Avg # of Days to Schedule	Initial Appt:	6	10	8	7	7	7 - 14
	Routine Appt:	6	10	8	7	7	7 - 14
	Preventive Appt:	6	10	8	8	7	7 - 14
	Emergency Appt:	1	0	1	1	1	1
% of No Show Appt:		40%	40%	40%	40%	N/A	60%
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 for under 21 ONLY:		74	52	37	16	21	83
Total # of Members who are assigned to a PCD who is more than 30 min. or more than 10 miles from their		596	199	160	82	137	350
# of Routine Authorizations Received (under 21)		95	74	268	130	N/A	16
% of Routine Authorizations Approved	Within 5 business days	98%	100%	99%	97%	N/A	100%
	Within 10 business days	98%	100%	100%	100%	91%	100%
	Outside of 10 business days	2%	0%	0%	0%	0%	0%
Total Claims Received (under 21)		5,411	481	1,758	553	72	75
% Claims Paid	Within 90 days	100%	100%	100%	100%	100%	64%
	Outside of 90 days	0%	0%	0%	0%	0%	0%
Specialist Referrals for the Month (under 21)	Received:	117	70	310	111	60	35
	Approved:	91	61	287	99	41	34
	Denied (clinical):	6	1	3	2	9	0
	Denied (administrative):	20	8	20	10	N/A	2
	Completed:	23	79	231	98	N/A	39
	Expired:	115	8	11	12	N/A	7

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 2-14-13

1st Quarter data is due to DHCS 5-1-13

Updated with 2-5-13 plan data submissions.

TABLE 7

2012 Annual Utilization	Access	Care1st	HealthNet	LIBERTY	SafeGuard	Western
Under 21						
Continuously Enrolled:	76,206	6,805	17,970	2,576	6,559	18,904
Unique Users:	26,516	1,924	6,452	911	3,418	8,244
Percentage:	34.80%	28.30%	35.90%	35.40%	52.11%	43.60%
Ages 6-10						
Continuously Enrolled:	20,302	668	1,754	185	1,583	5,126
Unique Users:	8,909	65	220	21	1,120	2,663
Percentage:	43.90%	9.70%	12.50%	11.40%	70.70%	52.00%
Ages 5 and under						
Continuously Enrolled:	29,973	1,815	4,900	573	1,721	4,765
Unique Users:	9,941	300	1,066	127	772	1,626
Percentage:	33.20%	16.50%	21.80%	22.20%	44.90%	34.10%
Ages 3 and Under						
Continuously Enrolled:	17,390	2,839	7,134	976	1,030	2,036
Unique Users:	3,839	723	2,166	336	284	405
Percentage:	22.10%	25.50%	30.40%	34.40%	27.60%	19.90%
Age 1 (1-under 2)						
Continuously Enrolled:	3,760	1,529	3,944	692	314	766
Unique Users:	457	597	1,900	306	39	109
Percentage:	12.20%	39.00%	48.20%	44.20%	12.40%	14.20%

NOTES:

- 1.) Continuously Enrolled: Eligible who are enrolled in the plan in measurement for the 1stentire measurement period.
- 2.) Unique Users: Unduplicated children who received at least one or more dental procedures during the measurement year.
- 3.) Percentage: Unique Users/Continuously Enrolled 1stentire measurement period was chosen because in calculating the first, second and third quarter reports the 11/12 month standard would not be applicable.

2013 Quarter 1 Utilization due 5-20-13

Updated with 2-20-13 plan data submissions

JP updated as of 2-20-13

✓ CHECK LIST

Please check the boxes under the selection you have made.

If you picked Dental Plans please make sure you complete the following:

- ✓ Go to the Preferred Provider Directory and pick a dentist. Make sure you fill in the Dentist/Clinic Code on the Medi-Cal Dental Choice Form once you have made a selection.
- ✓ Pick a Dental Plan your dentist belongs to and fill in the bubble next to your selection.
- ✓ Send completed Medi-Cal Dental Choice Form in the Postage-Paid Envelope provided.

If you picked Denti-Cal please make sure you complete the following:

- ✓ Send completed Medi-Cal Dental Choice Form in the Postage-Paid Envelope provided.
- ✓ Find a Denti-Cal Dentist. If you don't already know one, call the Denti-Cal Beneficiary Customer line at 1-800-322-6384 to help you find one in your area.

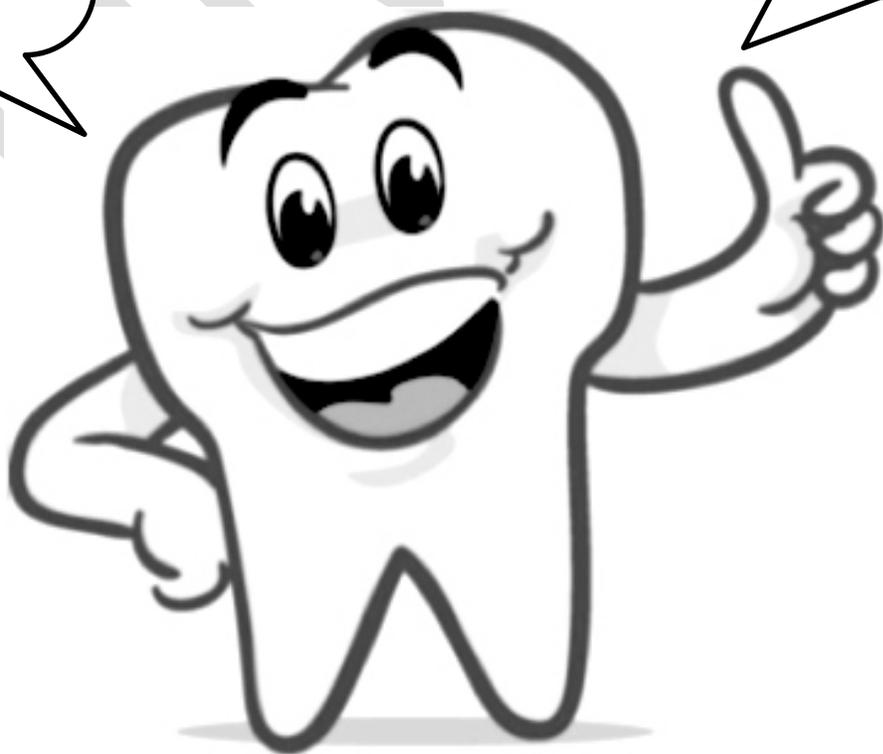
IMPORTANT NOTICE:

You Have Choices!

You have dental benefits as part of your Medi-Cal health insurance.

You also have the choice to pick a dentist on your own under Denti-Cal or you can pick a Dental Plan that will help you pick a dentist and make an appointment.

If you do NOT have a dentist and do NOT call or pick a Dental Plan to help you, it will be up to YOU to call or find a dentist who accepts Denti-Cal when you need a dentist.



Questions & Answers

1. Why should you pick a Dentist or a Dental Plan?



You should pick a dentist or a Dental Plan so you can visit the dentist and avoid tooth pain and emergencies.

- Children under 21
- Pregnant women
- People in Intermediate Care and Skilled Nursing facilities
- Adults who need emergency services

See page # for available dental benefits.

2. Who may be eligible for dental benefits?



You will first have to find a dentist or pick a Dental Plan before you can make an appointment or get treated.

3. What happens if you do NOT choose a Dentist or a Dental Plan?



Questions & Answers

4. What is the difference between picking a dentist and picking a Dental Plan?

Dentist

Denti-Cal allows you to find a dentist on your own that accepts Medi-Cal.

Dental Plans

Plans will help you choose a dentist, schedule appointments, and help you with a specialist referral.



5. How to know which Dental Plan to choose?

You can choose one of three Dental Plans. Please see "About the Plans" on page # (INSERT PAGE)



If you choose a Dental Plan, you can call the Plan at any time. Dental Plans have staff to help you if you do not speak English (See page # "About the Plans").

For Denti-Cal if you need help or do not speak English you can call the Customer Service Line at 1-800-322-6384.

6. Who can you call for help and for questions?



Los Angeles County Medi-Cal Dental Program

What is the Medi-Cal Dental Program?



The Medi-Cal Dental program is the part of the Medi-Cal program that will provide you dental benefits.

You have **TWO (2)** options

Denti-Cal

Select from any
Denti-Cal provider

If you do nothing you will be automatically enrolled into Denti-Cal, contact the Beneficiary Customer Service number to find a dentist.

Dental Plans

Select from participating
dental plans

If you select a dental plan - your dental plan will mail you a Welcome Packet as well as a new identification card with your assigned dentist.

WHAT DENTAL BENEFITS ARE YOU ELIGIBLE FOR?

All benefits are exactly the same in Dental Managed Care (DMC) & Denti-Cal.
Please check with your provider for additional services.

DENTAL BENEFITS	
<p>Adults (21 and up) are Eligible for the following benefits:</p> <ul style="list-style-type: none"> - Emergency Services - Extractions - X-rays 	<p>Children (under 21) are Eligible for the following benefits:</p> <ul style="list-style-type: none"> - Emergency Services - Exams - X-rays - Fillings - Teeth Cleaning - Dental Sealants - Fluoride Treatment - Extractions - Crowns - Root Canals - Medically Necessary Orthodontics - Sedation/General Anesthesia
<p>Pregnant Women (21 and up) are Eligible for the following benefits:</p> <ul style="list-style-type: none"> - Emergency Services - Exams - X-rays - Teeth Cleaning - Fluoride Treatment - Deep Teeth Cleaning - Services that may complicate pregnancy - Other services are provided depending on Eligibility 	<p>Intermediate Care Facility (ICF)/Skilled Nursing Facility (SNF) are Eligible for the following benefits:</p> <ul style="list-style-type: none"> - Emergency Services - Exams - X-rays - Fillings - Teeth Cleaning - Deep Teeth Cleaning - Fluoride Treatment - Extractions - Crowns - Root Canals - Dentures - Sedation/General Anesthesia

DENTAL PLANS VS. DENTI-CAL

Unless you choose a dental plan, you will be automatically enrolled into Denti-Cal.

	Dental Plans	Denti-Cal
How do I get "my" dentist?	Choose a dentist or your dental plan will automatically assign you to a dentist in their network.	You can choose any Denti-Cal dentist. If you need help finding a dentist, call the Denti-Cal Beneficiary Customer Service Line at 1-800-322-6384.
How often can I change dentist?	Monthly.	Daily.
How do I change dentists?	Call your dental plan's Member Services Line to help you find a new assigned dentist.	You are free to make an appointment with any Denti-Cal provider. If you need help finding a dentist, call the Denti-Cal Beneficiary Customer Service Line at 1-800-322-6384.
How do I get a children's dentist (pedodontist) for my child?	Ask your primary care dentist for a referral to a pedodontist. The dentist must agree to refer you.	Find a pedodontist who accepts Denti-Cal or call the Denti-Cal Beneficiary Customer Service Line at 1-800-322-6384. You do not have to get permission.
What if I want to make a complaint?	Call your dental plan's Member Services Line and a member services worker may be able to help you with your complaint.	Call Denti-Cal's Beneficiary Customer Service Line at 1-800-322-6384 and a member services worker may be able to help you with your complaint.
Does my provider have to see me in a specific time?	Emergency - 24 hours Urgent - 72 hours(3 days) Routine - 4 weeks Specialist - 30 days from referral	There are no requirements for providers to see patients in a specific time, but you can call the Denti-Cal Beneficiary Customer Service Line at 1-800-322-6384 at any time for help.
Who can I call for help?	Call your dental plan's Member Services Line.	Call Denti-Cal's Beneficiary Customer Service Line at 1-800-322-6384.
Will someone remind me to go to the dentist?	Yes	Many dentist provide this service. Ask your dentist.
Will I get a referral to a dental specialist if needed?	Yes	Not guaranteed.
Is transportation provided?	Yes	No

How to Choose Your Dentist

- ✓ **STEP 1: Pick a Medi-Cal Dental Program for your dental services.**

Dental Plans or Denti-Cal

5) Applicant's Name (First Name, Last Name) M F
6) Sex

DENTAL PLANS

I wish to JOIN or change my plan to:

000 HealthNet of California 000 Regular Medi-Cal (FFS)

000 Liberty Dental Plan of CA

000 Access Dental Plan

Dentist/Clinic Code

Enter plan change reason code*.

See page (ADD PAGE) for comparison chart for these two dental programs.

If you pick Dental Plan go to **STEP 2**. If you pick Denti-Cal go to **STEP 5**.

- ✓ **STEP 2: Please fill in the bubble if you picked Dental Plans. Next, go to STEP 3.**

5) Applicant's Name (First Name, Last Name) M F
6) Sex

DENTAL PLANS

I wish to JOIN or change my plan to:

000 HealthNet of California 000 Regular Medi-Cal (FFS)

000 Liberty Dental Plan of CA

000 Access Dental Plan

Dentist/Clinic Code

Enter plan change reason code*.

- ✓ **STEP 3:** Go to the Preferred Provider Directory on page (ADD PAGE) and pick a dentist. Next, go to STEP 4.



Primary Care Dentists

You can pick one of the dentists listed below. If you pick a dentist, enter the 7-digit "dentist code" in the code box on your Medi-Cal Choice Form.

SABOUNJIAN, JACK DDS
DENTIST CODE: P3RCPMH
1155 N Vermont Ave # 100
Los Angeles, CA 90029
(323)660-8111
LANGUAGES: Spanish
ACCESSIBILITY: P, B, W, E, R
ACCESS DENTAL PLAN

SADIGHIM, KAMYAR DDS
DENTIST CODE: 9333AMH
1107 S Alvarado St Ste 102
Los Angeles, CA 90006
(213)380-9999
LANGUAGES: Armenian, Farsi, Spanish
ACCESSIBILITY: P, B, W, E, R
ACCESS DENTAL PLAN

LIBERTY DENTAL PLAN OF CA

TOUR, RAMIN DDS
DENTIST CODE: 66MF9MH

907 N Virgil Ave
Los Angeles, CA 90029
(323)661-8384
LANGUAGES: Farsi, Spanish, Tagalog, Other
ACCESSIBILITY: P, B, W, E, R
LIBERTY DENTAL PLAN OF CA
ACCESS DENTAL PLAN
HEALTH NET

VO, HAN/INGOC DDS
DENTIST CODE: DX266MH
1111 W 6th St Ste 120
Los Angeles, CA 90017

5) Applicant's Name (First Name, Last Name) _____

6) Sex M F

I wish to JOIN or change my plan to:

000 HealthNet of California 000 Regular Medi-Cal (FFS)

000 Liberty Dental Plan of CA

000 Access Dental Plan

DENTIST PLANS

Dentist/Clinic Code

Enter plan change reason code*

V-V-9999999A-31

✓ **STEP 4: Pick a Dental Plan. Next, go to STEP 6.**

Certain dentist may not contract with all the Plans. Right below the provider's address in bold is the name of the available dental plans. See the Medi-Cal Dental Plan Comparison Chart on page (ADD PAGE) to figure out which dental plan fits your needs best.

SABOUNJIAN, JACK DDS
DENTIST CODE: P3RCPMH
1155 N Vermont Ave # 100
Los Angeles, CA 90029
(323)660-8111
LANGUAGES: Spanish
& ACCESSIBILITY: P, B, W, E, R
ACCESS DENTAL PLAN

SADIGHIM, KAMYAR DDS
DENTIST CODE: 9333AMH
1107 S Alvarado St Ste 102
Los Angeles, CA 90006
(213)380-9999
LANGUAGES: Armenian, Farsi,
Spanish
& ACCESSIBILITY: P, B, W, E, R
ACCESS DENTAL PLAN

LIBERTY DENTAL PLAN OF CA

TOUR, RAMIN DDS
DENTIST CODE: 66MF9MH
907 N Virgil Ave
Los Angeles, CA 90029
(323)661-8384
LANGUAGES: Farsi, Spanish,
Tagalog, Other
& ACCESSIBILITY: P, B, W, E, R
LIBERTY DENTAL PLAN OF CA
ACCESS DENTAL PLAN
HEALTH NET

VO, HANHNGOC DDS
DENTIST CODE: DX266MH
1111 W 6th St Ste 120
Los Angeles, CA 90017
(213)380-9999

5) Applicant's Name (First Name, Last Name) _____

6) Sex M F

I wish to JOIN or change my plan to:

000 HealthNet of California

000 Liberty Dental Plan of CA

000 Access Dental Plan

000 Regular Medi-Cal (FFS)

DENTAL PLANS

Dentist/Clinic Code _____

Enter plan change reason code*.

V-V-9999999A-3

- ✓ **STEP 5:** Please fill in the bubble if you picked Denti-Cal. Next, go to STEP 6.

5) Applicant's Name (First Name, Last Name) _____ 6) Sex M F

DENTAL PLANS

I wish to JOIN or change my plan to:

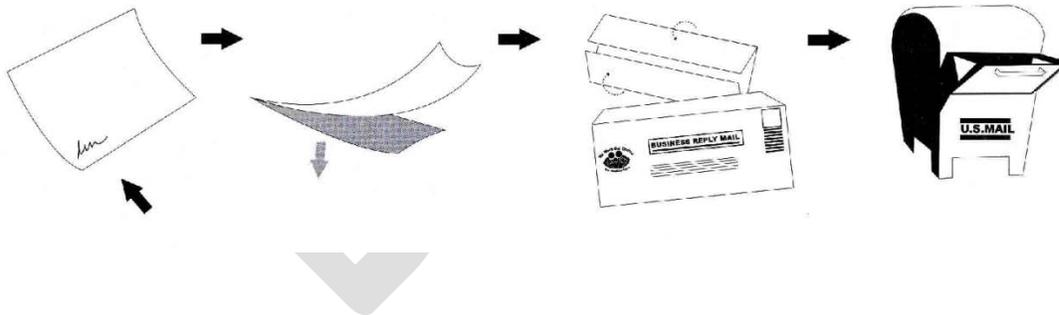
- 000 HealthNet of California
- 000 Regular Medi-Cal (FFS)
- 000 Liberty Dental Plan of CA
- 000 Access Dental Plan

Dentist/Clinic Code _____

Enter plan change reason code*

If you do not already know a Denti-Cal dentist, please call the Denti-Cal Customer Service Line at 1-800-322-6384 to help you find one in your area.

- ✓ **STEP 6:** Fill out and completed the Medi-Cal Dental Choice form and send it in the Postage-Paid Envelope provided. If mailed in the United States no postage is necessary.



ALL DONE!

Use of Medical and Dental Services by Pregnant LA County Women Ages 21-49, CY 2011
Aid Codes C1,C3,C5,C7,C9,D2,D4,D6,D8,E1,1U,3T,3V,44,48,5F,5J,5T,5W,55,58, 6U,7C, 7F,7K,8T

Aid Code	Medical Users	Medical Paid	Eligibles	% of Eligibles Rcvg Preg Svcs	Dental Users	% of Medical Users w/ Dental Svcs	Dental Paid	% of Medical Paid
3T	897	1,900,375	1,142	78.5	66	7.4	6,296	0.3
3V	60,737	228,912,052	75,074	80.9	8,593	14.1	1,205,685	0.5
44	14,507	63,583,060	16,127	90.0	709	4.9	119,279	0.2
48	7,631	33,860,349	8,272	92.3	837	11.0	146,634	0.4
55	1	6,337	16	6.3		-		-
58	505	1,322,645	1,849	27.3	17	3.4	1,975	0.1
5F	4,632	11,850,784	5,046	91.8	607	13.1	96,342	0.8
5J			1	-				
5T	353	546,329	433	81.5	32	9.1	2,573	0.5
5W	1	4,544	2	50.0	1	100.0	54	1.2
6U	12	161,339	37	32.4		-		-
C3			1	-				
C5	82	52,641	93	88.2	5	6.1	886	1.7
C7	1	29	15	6.7		-		-
D6			2	-				
D8	26	40,051	26	100.0	1	3.8	137	0.3
Total	89,385	342,240,536	108,136	82.7	10,868	12.2	1,579,860	0.5

Women age 21-49 who lived in LA County when they enrolled. Medical and dental services could have been provided anywhere. Dates of service in CY 2011.

Any length of eligibility in any DMC or FFS dental plan.

Medical users are those women who received any pregnancy-related medical procedure during CY 2011.

Dental users are those women who received any pregnancy-related medical procedure who also received any dental procedure during CY 2011.

Use of Medical and Dental Services by Pregnant LA County Women Ages 21-49, CY 2012
Aid Codes C1,C3,C5,C7,C9,D2,D4,D6,D8,E1,1U,3T,3V,44,48,5F,5J,5T,5W,55,58, 6U,7C, 7F,7K,8T

Aid Code	Medical Users	Medical Paid	Eligibles	% of Eligibles Rcvg Preg Svcs	Dental Users	% of Medical Users w/ Dental Svcs	Dental Paid	% of Medical Paid
3T	965	1,713,384	5,582	17.3	72	7.5	7,125	0.4
3V	58,293	196,116,056	171,503	34.0	7,623	13.1	1,045,465	0.5
44	13,690	62,124,341	21,125	64.8	704	5.1	131,557	0.2
48	6,417	29,265,534	9,327	68.8	691	10.8	132,442	0.5
55			11	-				
58	269	862,980	4,098	6.6	10	3.7	549	0.1
5F	2,097	4,802,970	2,779	75.5	220	10.5	34,407	0.7
5J			2	-				
5T	299	267,853	2,083	14.4	17	5.7	1,816	0.7
5W	1	333	16	6.3		-		-
6U	5	178,627	46	10.9		-		-
C3			11	-				
C5	1,532	2,692,236	5,402	28.4	131	8.6	21,647	0.8
C7	12	75,800	357	3.4	1	8.3	-	-
C9			4	-				
D6	1	613	5	20.0		-		-
D8	481	1,874,947	645	74.6	50	10.4	7,610	0.4
Total	84,062	299,975,675	222,996	37.7	9,519	11.3	1,382,618	0.5

Women age 21-49 who lived in LA County when they enrolled. Medical and dental services could have been provided anywhere. Dates of service in CY 2012.

Any length of eligibility in any DMC or FFS dental plan.

Medical users are those women who received any pregnancy-related medical procedure during CY 2011.

Dental users are those women who received any pregnancy-related medical procedure who also received any dental procedure during CY 2011.

Data represent an undercount because dentists have up to 1 year in which to submit claims and there may be several months' delay getting data to data warehouse.

**Medi-Cal All Plan Dental Meeting – Los Angeles County
March 14, 2013 - Meeting Summary Notes**

Topics	Discussion	Action Items
Immediate Action Expectations	<ul style="list-style-type: none"> - No comments or questions. - New reporting <ul style="list-style-type: none"> • Outbound Call Campaign --> Monthly • Pay for Performance Summary --> Monthly • Provider and Specialist Enrollment --> Monthly • Provider Education --> Quarterly • FQHC Enrollment Tracking --> Monthly • Timely Access Report Summary --> Quarterly • Utilization by Age Group --> Quarterly - Missed appointments – have beneficiaries call and fit them in, when they're able to come in, identify people with high risk of no shows. 	Please email Jenny if there are any questions.
Healthy Families Program	<ul style="list-style-type: none"> - Transition 1st phase 77,000 beneficiaries - 1B phase 107,000 beneficiaries - 1C/2 phase 270,000 beneficiaries - Moving forward with certification for CMS - Monthly reporting will be available once approved 	Please email dentalhfptransition@dhcs.ca.gov to be added to the Beneficiary survey workgroup.
Medical/Dental Collaboration	<ul style="list-style-type: none"> - Planning phase engagement model to engage Primary Care Physicians to identify non-utilizing dental services by plan - Vision: Every child in Medi-Cal will have their dental record on file for their PCP to access. Their PCP will have the tools to make sure the child sees a dentist. Once engagement model is finalized, it will be brought to providers to discuss the potential challenges. - Increase 0-6 utilization for children 	

	<p>who haven't seen dentist in past 12 months</p> <ul style="list-style-type: none"> - Finalizing data collection on children identified - Highlight 3-5 providers with major beneficiaries - Pilot program hopefully up and running in the fall 	
Increasing Provider Choice	<ul style="list-style-type: none"> - Choice Forms are subject to change. Next version of edited Choice Forms will be released once changes have been made. - If you have any comments/questions/suggestions on the Choice Forms please email Jenny Phun (jenny.phun@dhcs.ca.gov) 	<p>Jenny from DHCS will send out the Choice Forms for edits. Edits due back to Jenny on Friday, March 22, 2013.</p>
Additional Items	<p>Children and Pregnant Women</p> <ul style="list-style-type: none"> - Dr. Isman made adjustments to run utilization for pregnant women. - 2 aid codes limited to pregnant women - Limited scope, does not include full scope - 21-49 age cut off because 15-49 is child bearing age - Data is very limiting, missing data and lag time causes incomplete data - Utilization did not change a lot from 2011 <p>Pediatric Oral Health Action Plan Development</p> <ul style="list-style-type: none"> - 2 national goals: improve preventive & increase sealants - Goal of improving access over the next 5 years - Inviting comments due March 22nd - Examples of existing programs that addresses CMS' goals <p>Dental Managed Care Barriers</p> <ul style="list-style-type: none"> - Unable to contact beneficiaries to remind about appointments - Create a beneficiary portal to update the file, website for beneficiaries to update file. - Process to lead people to update their files, multiple phone numbers of relatives that live near <p>NEXT MEETING: THURSDAY, MAY 9, 2013 (10:00AM-12:30PM)</p>	<p>Jenny will send out 2011 pregnancy related utilization.</p> <p>DHCS will look into portal for beneficiaries to update info</p>