
Medi-Cal Dental LA Stakeholder Meeting

Meeting Agenda

Date: Thursday, May 9, 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
 - Pediatric Oral Health Action Plan
 - Beneficiary Portal
 - DHCS Update
 - Healthy Families Program
 - DHCS Update
 - Plan/Stakeholder Feedback
 - Medical/Dental Collaboration
 - Update
 - Increasing Provider Choice
 - Choice Form revisions
 - Dental Managed Care Report Card
 - Future Efforts
-

Conclusion

- Additional Items
- Recap
- Next steps
- Meeting Minutes

Next Meeting: Thursday, July 11, 2013 (10:00 AM – 12:30 PM)

Location: TBD

**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>

✓ CHECK LIST

Please check the boxes under the selection you have made.

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

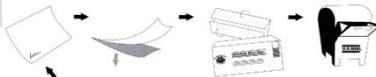
- ✓ Go to the Preferred Provider Directory and pick a dentist. Make sure you fill in the Dentist/Clinic Code on the Medi-Cal Dental Choice Form once you have made a selection.

SAMPLE JOHN DDS DENTIST CODE: 1ABC2DEF 123 Main Street Los Angeles, CA 90006 (123) 456-7890 LANGUAGES: Others ACCESSIBILITY: P, B, W DENTAL PLAN NAME DENTAL PLAN NAME	Dentist/Clinic Code <input type="text"/>
---	---

- ✓ Pick a Dental Plan your dentist belongs to and fill in the bubble next to your selection.

SAMPLE JOHN DDS DENTIST CODE: 1ABC2DEF 123 Main Street Los Angeles, CA 90006 (123) 456-7890 LANGUAGES: Others ACCESSIBILITY: P, B, W DENTAL PLAN NAME DENTAL PLAN NAME	<input type="radio"/> 000 Access Dental Plan <input type="radio"/> 000 Health/Med of California <input type="radio"/> 000 Liberty Dental Plan of CA <input type="radio"/> 000 Denti-Cal Fee-For-Service (FFS) Dentist/Clinic Code <input type="text"/>
---	---

- ✓ Send completed Medi-Cal Dental Choice Form in the Postage-Paid Envelope provided.

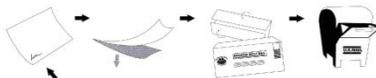


If you picked Denti-Cal please make sure you complete the following:

- ✓ Fill in the bubble next to “Denti-Cal Fee-For-Service (FFS).”

000 Denti-Cal Fee-For-Service (FFS)

- ✓ 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 2 Choices!

You have the choice to:

1. Pick a Denti-Cal dentist OR
2. Pick a Dental Plan that can help you choose a dentist and make an appointment.

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



Questions & Answers

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



You should pick a Denti-Cal 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?



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



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

Questions & Answers

4. What is the difference between picking a Denti-Cal 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)



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

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 call the Customer Service Line at 1-800-322-6384. Staff will be able to help you if you do not speak English.



Medi-Cal Dental Program in Los Angeles County

What is the Medi-Cal Dental Program?



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

In Los Angeles County, you have **TWO (2)** options



Denti-Cal



Select from any Denti-Cal provider



If you select Denti-Cal - you will need to call the Beneficiary Customer Service number line to find a Denti-Cal dentist.



Dental Plans



Select from participating dental plans



If you select a dental plan - you will select a dentist from the dental plan's network or let the plan assign a dentist for you.

****If you do not select Denti-Cal or a dental plan you will be automatically enrolled into Denti-Cal and will need to call the Beneficiary Customer Service line to find a Denti-Cal dentist.****

WHAT DENTAL BENEFITS ARE YOU ELIGIBLE FOR?

All benefits are exactly the same in a Dental Plan & in Denti-Cal.
Please check with your provider for additional services.

DENTAL BENEFITS	
<p>Adults (21 and over) 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 over) 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 for conditions that may complicate pregnancy - Other services are provided depending on Eligibility 	<p>People in an 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

Which Medi-Cal Dental Program is best for YOU?

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

The basic difference between choosing a dental plan and choosing Denti-Cal:

- Once enrolled with a dental plan, the plan has some responsibility to help you get dental care, which includes assigning you to a dentist in their network and offering you services to help you.
- In Denti-Cal, you are free to go to any dentist who accepts Denti-Cal. If you need help finding a dentist and getting care, you call the Denti-Cal Beneficiary Customer Service "help line" at 1-800-322-6384.

	Dental Plans	Denti-Cal
Choosing a dentist	You can choose a dentist within the network or your dental plan can automatically assign you to a dentist.	You can choose any Denti-Cal dentist. If you need help finding a dentist, call the Denti-Cal Help Line listed above.
Changing dentist	Can be changed monthly.	Can be changed daily.
Finding a new dentist	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 dentist. If you need help finding a dentist, call the Denti-Cal Help Line listed above.
Getting a pediatric dentist (dentists specialized in treating children) for your child	Ask your primary care dentist for a referral to a pediatric dentist. The dentist must agree to refer you.	Make an appointment with a pediatric dentist who accepts Denti-Cal or call the Denti-Cal Help Line to get help finding one. You do not have to get permission.

Filing 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 Help Line and a member services worker may be able to help you with your complaint.
Appointment timeframes a dentist must see you by	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 Help Line at any time for help.
If you need help	Call your dental plan's Member Services Line.	Call Denti-Cal's Help Line.
Reminders for upcoming dental appointments	Yes	Many dentists provide this service. Ask your dentist.
Referrals to a specialist	Yes, if your assigned dentist makes the referral, the plan will see to it that you receive the appointment.	Referrals will be provided. Appointment availability will depend on the referred specialist. Call the Help Line listed above.
Provide transportation	Yes. You will need to contact your dental plan's member services line to set up arrangements.	Call the Help Line to find out about Denti-Cal transportation.

How to Fill Out the Medi-Cal Dental Choice Form

Use the MEDI-CAL DENTAL CHOICE FORM(S) in this packet to join or change a dental plan or return to Denti-Cal Fee-For-Service (FFS). You can use each form for up to three family members. You can get more forms by calling Health Care Options at 1-800-430-4263.

Please print clearly, using blue or black ink only. Write in block letters, and completely fill in all areas to indicate your choice. See the backside of the choice form for an example.

Head of Household Name

This section is to be completed by the Medi-Cal head of household.

1. HEAD OF HOUSEHOLD NAME Print your full name (First and Last Name).	2. SEX Fill in oval M for male or F for female.
--	--



MEDI-CAL DENTAL CHOICE FORM

Use this form to join or change a dental plan or return to Regular Medi-Cal. If you need help filling out this form, call 1-800-430-4263.
Mail Completed form to: California Department of Health Care Services • Health Care Options • Box 989009, W. Sacramento, CA 95798-9850.

PLEASE PRINT CLEARLY USING BLUE OR BLACK INK ONLY. COMPLETELY FILL IN THE OVALS ● TO INDICATE YOUR CHOICE. SEE BACK FOR EXAMPLE.

<input type="text"/>	○ M	←	<input type="text"/>
1) Head of Household Name (First Name, Last Name)	○ F		2) Sex 3) Telephone Number
<input type="text"/>			
4) Home Address (House Number, Street, Apartment Number, City, and Zip Code)			

4. HOME ADDRESS Print your home address including the House Number, Street, Apartment Number, City and Zip Code.	3. TELEPHONE NUMBER Write your home area code and telephone number.
--	--

Choosing a Dental Plan OR Denti-Cal Fee-For-Service (FFS)

Please complete sections for all members who want to:

A.) join a dental plan or B.) change a dental plan or C.) choose Denti-Cal Fee-For-Service (FFS) or D.) make no plan change

Parts of this section may already be filled out for you.

5. APPLICANT'S NAME

Print the full name (First and Last Name) of an individual member of your family.

6. SEX

Fill in oval M for male or F for female.

6b. SOCIAL SECURITY NUMBER

Do nothing if there is a barcode in this space. Otherwise, enter your Social Security Number.

The form includes the following fields and options:

- 5) Applicant's Name (First Name, Last Name): A long text input field.
- 6) Sex: Radio buttons for M (Male) and F (Female).
- 6b) Social Security Number: A barcode area with the number V-V-9999999A-3.
- DENTAL PLANS section:
 - I wish to JOIN or change my plan to:
 - NO plan change
 - 000 Access Dental Plan
 - 000 Denti-Cal Fee-For-Service (FFS)
 - 000 HealthNet of California
 - 000 Liberty Dental Plan of CA
- Dentist/Clinic Code: A text input field.
- Enter plan change reason code*: A checkbox.

Before going on with the form, choose a dentist and a dental plan from the "Provider Directory" for each family member. You can choose different plans for each family member. You can also choose different dentist in the same dental plan for each family member. After you have made your dental plan and dentist choice, you can complete the Medi-Cal Dental Choice Form.

This is a duplicate of the form above, but with a black arrow pointing from the 'SAMPLE, JOHN DDS' box below to the 'Dentist/Clinic Code' input field.

SAMPLE, JOHN DDS
 DENTIST CODE: 1ABC2DEF
 123 Main Street
 Los Angeles, CA 90006
 (123) 456-7890
 LANGUAGES: Others
 ACCESSIBILITY: P, B, W
 DENTAL PLAN NAME
 DENTAL PLAN NAME

A.) Join a Dental Plan

Fill in the oval next to "I wish to JOIN or change my plan to:". Then, fill in the oval for your dental plan choice.

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

DENTAL PLANS

I wish to JOIN or change my plan to: NO plan change

000 Access Dental Plan 000 Denti-Cal Fee-For-Service (FFS)

000 HealthNet of California

000 Liberty Dental Plan of CA

Dentist/Clinic Code _____

Enter plan change reason code*

B.) Change a Dental Plan

Choose a reason for leaving the dental plan from the shaded box called "*PLAN CHANGE REASON CODES*" located at the bottom of the form. Write this code number in the box next to "Enter plan change reason code*".

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

DENTAL PLANS

I wish to JOIN or change my plan to: NO plan change

000 Access Dental Plan 000 Denti-Cal Fee-For-Service (FFS)

000 HealthNet of California

000 Liberty Dental Plan of CA

Dentist/Clinic Code _____

Enter plan change reason code*

***PLAN CHANGE REASON CODES:**

- Code 1: I could not choose the doctor or dentist I wanted
- Code 2: The health/dental plan did not meet my needs
- Code 3: My doctor/dentist did not meet my needs

- Code 4: Too far to go
- Code 5: I did not choose this plan
- Code 6: Moving out of the county

- Code 7: DO NOT USE
- Code 8: DO NOT USE
- Code 9: Other

C.) Choose Denti-Cal Fee-For-Service (FFS)

If you would like to choose Denti-Cal Fee-For-Service (FFS) instead of a dental plan, fill in the oval for "Denti-Cal Fee-For-Service (FFS)".

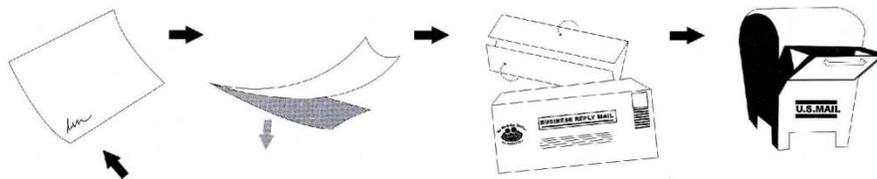
The image shows a form titled "DENTAL PLANS" with a vertical label on the left. At the top, there are fields for "5) Applicant's Name (First Name, Last Name)" and "6) Sex" with radio buttons for "M" and "F". A barcode is on the right with the number "V-V-9999999A-31". The main section is "I wish to JOIN or change my plan to:" with radio buttons for "NO plan change" (circled in red), "000 Access Dental Plan", "000 HealthNet of California", and "000 Liberty Dental Plan of CA". Below this is a "Dentist/Clinic Code" field. At the bottom, there is a checkbox for "Enter plan change reason code:".

You will choose your Denti-Cal dentist once the choice form has been processed. 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 once you've been enrolled.

D.) If the "No Plan Change" oval is available:

Fill in the oval for "No Plan Change" if any member of the family listed on the choice form does not want to change dental plans.

This is a duplicate of the form above, but with the "NO plan change" radio button circled in red.



ALL DONE!

Future Efforts

The following are efforts that DHCS will employ to continue to strengthen DMC and achieve further increase in utilization rates in 2013:

- Maintain close oversight of DMC plans by reviewing and analyzing reports required by the contracts to ensure the provisions of the contracts and performance standards are being met.
- Maintain transparency and continued public reporting of DMC service delivery.
- Continue to engage DMC plans and stakeholders to provide information to beneficiaries regarding benefits they are eligible to receive, and their rights as members of the dental plans.
- Improve how DHCS provides information about DMC through enhancements of the HCO Choice Packets for Sacramento and Los Angeles Counties.
- Build relationships within each county's school board and continuously develop strategies to improve oral health care among children through education.
- Evaluate DMC plan successes and failures while holding them accountable to contractual and performance requirements.

**Medi-Cal Dental All Plan Stakeholder Meeting – Los Angeles County
May 9, 2013 - Meeting Summary Notes**

Topics	Discussion	Action Items
Immediate Action Expectations	<ul style="list-style-type: none"> - DHCS is currently reviewing IAR for the month of May and will be sending out after revision is complete. 	Please email Jenny if there are any questions.
Pediatric Oral Health Action Plan	<ul style="list-style-type: none"> - Solicited comments. - Center for Health Care Strategy selected 7 states to participate. - California is one of the states selected. - Have states learn from each other for each CMS goals. - Oral health leadership team meeting in Baltimore, MD to learn about improvements. 	
Beneficiary Portal	<ul style="list-style-type: none"> - Beneficiary portal is not within state budget. - Proposal targeted towards counties and to gather information for counties to update. - Security issues. - Discussion to have post cards made readily available everywhere for beneficiaries to update information and to have the county to process it. 	DHCS will explore other additional methods for beneficiaries to update information.
Healthy Families Program	<ul style="list-style-type: none"> - Provider outreach for counties with low billing and rendering providers. - April data submitted. - HFP transition for dental is going smoothly - Forward grievances to DHCS. - Request for LA specific data. 	<p>Please email dentalhfptransition@dhcs.ca.gov to be added to the Beneficiary survey workgroup.</p> <p>Jenny will send out email of when the next HFP stakeholder meeting is.</p>
Medical/Dental Collaboration	<ul style="list-style-type: none"> - Continue to finalize the model. - Goal is to identify 5 top practices that have children who have not been to the dentist in the past 12 months. 	Contact Eileen for questions. eespejo@childrennow.org
Increasing Provider Choice	<ul style="list-style-type: none"> - Increasing provider choice by reaching out to community groups. - Smaller focus group to finalize choice packets. 	
Dental Managed Care Report Card	<ul style="list-style-type: none"> - Request to include pregnancy preventive services. - Request for separate report for Sacramento and Los Angeles. 	Dental Managed Care Report available on the department's internet website. www.dhcs.ca.gov
Additional Items	<p>Children and Pregnant Women</p> <ul style="list-style-type: none"> - Request to change form and system change to read pregnancy related information. - Data is only as good as information provided by provider. - Takes 6-9 months for data to be submitted. <p>NEXT MEETING: THURSDAY, JULY 11, 2013 (10:00AM-12:30PM)</p>	DHCS will explore with CA-MMIS for new BIC card.