MEDI-CAL DENTAL LOS ANGELES STAKEHOLDER MEETING
APRIL 16, 2020
STAKEHOLDER FOLLOW-UP QUESTIONS AND DHCS RESPONSES

1. We recognize the COVID-19 pandemic places unique strains on our provider network but we continue to hear cases of beneficiaries being unable to access emergency dental care. I would like to support the recommendation of my colleague, Susan Flores of MCHA, to create and publish a DHCS list of providers who are accepting patients for emergency dental care.

   DHCS Response: Thank you for the feedback and example provided. DHCS worked with Delta Dental to develop a map to display providers confirmed to be open and offering emergency dental care. This map was published April 29 on the Medi-Cal Dental website, and will be updated on a weekly basis.

2. Will the Department consider asking providers to post a patient-facing notice outside their doors or guidance to provide information on their voicemails to direct consumers back to the TSC? It would definitely be beneficial to see that updated in the provider bulletin and as Alicia mentioned, could be associated with the drop in calls as consumers look for providers.

   DHCS Response: The *Request for Providers to Notify Medi-Cal Dental of Office Closures during COVID-19* article was updated to include the details requested by stakeholders and was reissued on April 17th.

3. Thank you for incorporating stakeholder feedback into the improper billing cover letter. Do you have a final version you can share with us?

   DHCS Response: Attached is the final version of the cover letter currently sent to members. It is in the process of being translated into threshold languages and once translated, the cover letter will be posted with beneficiary forms on the Medi-Cal Dental website.

4. When do beneficiaries currently receive NOAs? Per the Denti-Cal Manual, these are the possible places where they might receive NOAs:
   a. Deferral
   b. Denial
   c. Modification

   DHCS Response: Currently, a member receives a member TAR notification when a TAR is deferred, denied or modified and the procedure code on the denied/deferred/modified claim service line has a member notification indicator set to "Yes". All procedure codes within the system have a “Y” or “N” member notification indicator. Notifications are not issued for procedure codes with an “N” for member notification. Currently, NOAs are issued if at least one denied, deferred or modified service line has a procedure code with a “Y” member notification indicator and has a Reason for Action Code assigned to the Adjudication Reason Code or Policy Code associated with the service line. DHCS is currently working to change all procedure

codes to have member notification indicator "Y" so the system generates a NOA if any procedure is denied/deferred/modified.
For instances of when a notice is sent for a deferral, see Reason for Action Code 08 and 07 on the enclosed Reason for Action Code list attached.

5. How does it differ for services that require pre-authorization?

    a. Example 1: A client's dentist has submitted a TAR for a root canal and they have forgotten to include x-rays. Assuming this TAR is *deferred* to obtain the x-rays, would the beneficiary receive a NOA alerting them to the deferral?

    DHCS Response: A member will not receive a notification when an RTD is issued to the provider informing them to submit the missing x-ray. A member will receive a notification only after the provider fails to submit the x-rays and the TAR is denied.

    b. Example 3: A client's dentist believes the patient needs two crowns. One crown is approved, but the other is *modified* to a filling. Does the beneficiary receive a NOA alerting them to this modification?

    DHCS Response: Yes, the member will receive notification of the modification.

6. How is it any different for services that do not require pre-authorization?

    a. Example 4: A client requires a routine cleaning, but the dentist has told them they were denied. Will they receive a NOA or because prophylaxis does not require pre-authorization, they won't? If they won't, what can they do to confirm the doctor's denial and/or appeal the decision?

    DHCS Response: When a provider's claim is denied for a service that does not require pre-authorization, the member does not receive a NOA. If a member requires an additional cleaning beyond the frequency limitation, the provider must submit a TAR with the medical necessity documentation. If the TAR for the additional cleaning is denied, the member is currently not notified for this specific procedure. The member or provider may contact the Telephone Service Center to confirm eligibility for the service and discuss next steps or other treatment options.

    b. Example 5: A client has received a cleaning, but it turns out they had already received a cleaning in the last 12 months. The dentist did not get pre-auth because routine cleanings don't require it. What happens then?

    DHCS Response: The 12-month frequency applies to adults; so in this example, the dentist would not get paid. The claim for this service will be denied and the member will not be notified.

7. For changes starting Spring 2021

a. How will beneficiary notifications change when the system fix happens in Spring 2021?

DHCS Response: The project will be implemented in two phases. The first phase will be implemented prior to Spring 2021 and an estimated date will be established by end of May 2020. As part of phase 1, members will receive notification for all TAR denials, deferrals, and modifications. For phase 2, members will receive notification for TAR RTD's as well as notification for any claim that is denied, deferred, or modified. Two member notifications will be sent to the member:

1. Existing TAR notifications reporting all deferred (denied CSL when the provider failed to respond timely), denied and modified service requests.

2. New notifications reporting claims that are denied, deferred, and modified. This notice will also have information about documents (claims and TARs) which have been issued an RTD for provider's action.

b. What stays the same?

DHCS Response: Please see responses for 4 and 7a.

c. What additional notices will beneficiaries receive that they currently do not get?

DHCS Response: Beneficiaries will receive a new notification for claims that are denied and modified. This notice will also have information about documents (claims and TARs) which have been issued an RTD for provider's action so that the member is aware of the pending provider actions, and can follow up with the provider within the required timeframe of 45 days if needed.

d. If you use examples 1-5 above, could you explain how those hypothetical situations would change for the following processes?

i. Deferral
ii. Denial
iii. Modification

DHCS Response:
Example 1: A member will receive a notification when an RTD is issued to the provider, which will alert the member that an action is requested from the provider. If the provider fails to address the RTD then the TAR will be denied and the member will receive another notification. The denied claim service line will be reported as "Deferred" on the notification sent to the member.

Example 2: A member will receive a notification when an RTD is issued to the provider, which will alert the member that an action is requested from the provider. When the provider addresses the RTD and the TAR is denied then the

member will receive another notification on which the claim service line will be reported as "Denied."

Example 3: Current functionality will be continued in the future.

Example 4: All deferred, denied and/or modified procedures will result in a notification.

Example 5: The member will receive notification of the denial.

8. What specifically is DHCS and its subcontractor going to do to make sure the remaining 15% of current DMC providers in LA County contract with FFS by January 1, 2021? Has the targeted outreach and enrollment already started?

   DHCS Response: This targeted outreach and enrollment has not started yet. Its phase will be approximately starting the third quarter of 2020. At this time, DHCS is working with its vendor to prepare the components for this outreach; however, it is still in the preliminary phase. An emphasis will be placed on training prospective providers in the FFS billing system due to the differing mechanisms between the two delivery systems.

9. Re: making a list of available providers public: per DHCS's Q and A document, there is 85% overlap between DMC providers who are also enrolled in the FFS system. Noting that MDSD and the DMC plans are all engaging in ongoing outreach to providers about their office capacity, could MDSD and DMC plans work together to make information public about available providers in LA County? It seems such a collaboration could cut down on duplication of efforts and perhaps free up time to work on making the information public.

   DHCS Response: Dental Managed Care Plans publish their provider network information. However, DHCS will explore a way to make the overlapping information public.

10. Thank you for completing the survey of LA providers to determine what percentage of providers are also enrolled in FFS. Given that Los Angeles County is a large county, do we know if the 85% of dental managed care providers who are also FFS are equally distributed throughout the county?

    DHCS Response: DMC providers who are FFS are equally distributed throughout the county.

11. How many dental offices are currently listed as open to emergency dental treatments statewide and by county? We are asking about the dynamic list that Delta is creating and using at the TSC, and understand that it changes daily as they get in touch with more dentists.

DHCS Response: Currently there are 2,640 offices open statewide. Attached is a list of dental offices offering emergency services during this time. Additionally, the number of offices closed or unknown by county is also included.

12. Can DHCS start tracking and reporting information the dental office locations that are providing Teledentistry services?

    DHCS Response: DHCS currently tracks teledentistry services per quarter:

    - In Quarter 4 of 2019, 16 dental offices billed for teledentistry, totaling about 29,000 claims. Orange County submitted the most claims, averaging about 21,000.
    - In Quarter 1 of 2020, 27 dental offices billed for teledentistry, totaling an average of 31,000 claims. Orange County submitted the most claims averaging about 26,000.

    DHCS anticipates the amount of dentists billing for teledentistry will increase in Quarter 2 of 2020. If a member is interested in receiving teledentistry services, they should contact their regular dentist. If their regular dentist is closed, the member can refer to the new COVID map to find a dentist, or call TSC for assistance in locating an office that is open.

13. Can DHCS share county specific data on the number and percentage of dental providers that are still open and providing emergency and urgent care as well as the percentage and number of dental providers that have closed and are NOT providing dental care?

    DHCS Response: Please see response for question 11.

14. For the ASO procurement process, community stakeholders are interested in contributing the beneficiary/member perspective. We have experience in commenting on procurements, requirements, and contract drafts. When can we discuss how to include the beneficiary/member perspective in this important procurement?

    DHCS Response: The procurement is a highly competitive and confidential process, which ensures selection of the most qualified vendor at the best value to the state. While DHCS cannot guarantee the inclusion of stakeholder suggestions in the next ASO contract, all suggestions regarding the Medi-Cal Dental program are welcome at any time and routinely evaluated by DHCS for possible action as well as inclusion. Please provide comments directly to dental@dhcs.ca.gov.

15. Thank you for the report on AB 2207 from the Medi-Cal managed care plans. Does DHCS Dental have any plans to request that managed care plans report data on referrals and dental screenings? If DHCS Dental does not plan to request it, do you recommend we direct our request to another DHCS division?

DHCS Response: No, DHCS Dental does not plan to request any data related to dental screenings and referrals from the managed care health plans. If this is of interest to stakeholders, they can participate in the next Managed Care Advisory Group (MCAG) meeting on June 4 and make the request through that venue. The purpose of the MCAG is to facilitate active communication between the Managed Care program and all interested parties and stakeholders. The MCAG is open to all. Stakeholders are able to express concerns and ask questions about issues that affect managed care beneficiaries.

16. Can MDSD share a copy of the questions that were used to gather information from medical plans about their efforts to track and monitor oral health assessments and referrals to dental care?

    DHCS Response: The DHCS Managed Care Operations Division posed this question to the Medi-Cal managed care health plans: "Once a referral is made to Medi-Cal dental providers, is there any follow-up or tracking for oral evaluations, referrals, and/or screenings?"

17. Can MDSD create a communication for Medi-Cal members that gives an overview of what Teledentistry is and why members should utilize the services? It was raised on the call that members are wary of using Teledentistry because it is new and unknown and the Dept. through its Smile, CA campaign could help educate and inform members of this new service and the role it plays in this time.

    DHCS Response: Teledentistry is not a new service. Medi-Cal dental providers have been able to use this as an alternate modality to render services since July 1, 2015. However, since the COVID-19 restrictions, DHCS just added an additional CDT code as a teledentistry flexibility (see Volume 36, Number 10) to allow audio/video with members and avoid in-person contact. A member bulletin about the use of teledentistry during COVID-19 restrictions will be released in May. We are also working on educational materials to be included with existing outreach information.

18. When will Medi-Cal Dental have updates as to whether or not the elimination of dental managed care is moving forward as of Jan. 1, 2021?

    DHCS Response: With the ongoing COVID-19 pandemic, legislative hearings have been delayed. DHCS will share an update once we have new information.

19. What information could advocates gather from LDPPs or DTI counties/providers to make the case for extending the waiver? Would it help Medi-Cal Dental make the case to the state if advocates surveyed the DTI counties on their needs right now, and what an extension of funds could do for them?

    DHCS Response: As noted in the DHCS stakeholder announcement released on April 15, discussions about the 1115 Waiver extension (including DTI) are forthcoming. Once CMS approval is secured, DHCS will release more details about the 1115 Waiver

extension including stakeholder engagement opportunities. DHCS welcomes letters from stakeholders. DHCS has already received letters from other stakeholders advocating for a waiver extension.

20. Could DHCS begin to monitor provider enrollment by language and share those reports in a timely fashion, like a pre and post report?

    DHCS Response: The Medi-Cal provider enrollment application includes federal and statutory requirements for enrollment into the Medi-Cal program which does not require providers to disclose language(s) spoken. Language spoken in office will not be added to the enrollment application; however, the information can be voluntarily reported on the Medi-Cal Dental Patient Referral Service form. DHCS is assessing the ability to add spoken language to an existing data file on the Open Data Portal entitled FFS Provider Profile including SNCs. Please note, as providers are not required to identify their spoken language, the data will be limited.