



TOBY DOUGLAS
DIRECTOR

State of California—Health and Human Services Agency
Department of Health Care Services



EDMUND G. BROWN JR.
GOVERNOR

DATE: January 1, 2013

TO: ALL MEDI-CAL DENTAL MANAGED CARE PLANS

SUBJECT: **APL 13-009: Clarification on Exhibit A, Attachment 11; Provision B and H – Sub-provision 3 & 5, – Timely Access, and Linguistic Services**

This All Plan Letter (APL) is effective January 1, 2013 for the Geographic Managed Care Contract and July 1, 2013 for the Prepaid Health Plan Contract. This APL is to clarify to all contracted Medi-Cal Dental Managed Care (DMC) Plans of their contractual responsibilities regarding Timely Access and Linguistic Services in Exhibit A, Attachment 11.

DMC Plans will survey and complete a Timely Access Report by Providers and Timely Access Summary attached to this document (Attachment #1 and # 2). These surveys are expected to be reported on a quarterly basis and shall be received by DHCS staff no later than 30 days after the reporting quarter.

DMC Plans will also survey and submit a Specialist Report and Linguistic Report revised and formatted by DHCS using the attachment (Attachment #3 and #4) in this document. These surveys are expected to be reported on a biannual basis no later than January 31st and July 31st.

Please refer to APL 13-001 Attachment for submission due dates. In addition, disregard Authorization and Claims and Distance Standard templates (see Exhibit A, Attachment 19, and Deliverable Templates).

If you have questions, comments, or issues concerning this letter please contact the DHCS staff listed for this section in the DHCS Contact Spreadsheet located in APL 13-011.

Sincerely,



Alisha Sipin, Chief
Dental Managed Care Contracts & Analysis Unit
Medi-Cal Dental Services Division

Attachment #2

Timely Access Report Summary (By Provider Report Attached)	Reporting Month:	Dental Plan
	Month Total Enrollee Count:	XX
	Month Total Under 21 Enrollee Count:	XX
	Month Total Over 21 Enrollee Count:	XX
	Avg # of Days to schedule Initial Appt:	XX
	Avg # of Days to schedule Routine Appt:	XX
	Avg # of Days to schedule Preventive Appt:	XX
	Avg # of Days to schedule Emergency Appt:	XX
	% of No Show Appt:	XX
	Are Interpreter Services Available:	XX
	Answering Services Available:	XX
	Avg. Ratio of Member to Primary Care Dentist (under 21 only):	XX
	Total # of Members who are assigned to a PCD who is more than 30 min. or more than 10 miles from their residence:	XX
	# of Routine Authorizations Received (under 21)	XX
	% of Routine Authorizations Approved within 5 business days	XX
	% of Routine Authorizations Approved within 10 business days	XX
% of Routine Authorizations Approved outside of 10 business days	XX	

Attachment #3

Reporting Month:	Dental Plan
Total Claims Received (under 21):	XX
% Claims Paid within 90 Days:	XX
% Claims Paid outside of 90 Days:	XX
Specialist Referrals for the Month (under 21) Received:	XX
Specialist Referrals for the Month (under 21) Approved:	XX
Specialist Referrals for the Month (under 21) Denied (clinical):	XX
Specialist Referrals for the Month (under 21) Denied (administrative):	XX
Specialist Referrals for the Month (under 21) Completed:	XX
Specialist Referrals for the Month (under 21) Expired:	XX

Attachment #4

Dental Plan:	Reporting Month:	By Phone:	In Person:
Language Assistance Requested in the Month:		XX	XX
Language Assistance Provided in the Month:		XX	XX
Language Assistance in Each Language in the Month:		XX	XX
English:		XX	XX
Spanish:		XX	XX
Hmong:		XX	XX
Chinese:		XX	XX
Vietnamese:		XX	XX
Tagalog:		XX	XX
Russian:		XX	XX
Farci:		XX	XX
Korean:		XX	XX
Cambodian:		XX	XX
Cantonese:		XX	XX
Arabic:		XX	XX
Armenian:		XX	XX
Other:		XX	XX