



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



EDMUND G. BROWN JR.
GOVERNOR

DATE: February 14, 2013

TO: ALL MEDI-CAL DENTAL MANAGED CARE PLANS

SUBJECT: APL 13-012: Healthy Families Reporting Aid Codes and Due Date

The purpose of this All Plan Letter (APL) is to inform Medi-Cal GMC and PHP Plans that as of February 1, 2013, all plans should be tracking the Healthy Families Program (HFP) enrollees with aid codes 5C, 5D, H1, H2, H3, H4 and H5. Aid codes 5C and 5D are pre-existing HFP beneficiaries transferred to Medi-Cal. Aid codes H1 through H5 are newly eligible beneficiaries.

The Medi-Cal Dental Services Division (MDSD) is requesting that all reporting criteria be received by MDSD no later than the 2nd business day of the following month beginning March 4, 2013. Please use the attached reporting template which was also previously forwarded by email and submit the template to dentalmanagedcare@dhcs.ca.gov, SUBJECT: HFP REPORTING (month and year).

If you have any questions, please contact Latoya Brown at 916-464-2120 or by email latoya.brown@dhcs.ca.gov.

Sincerely,

ORIGINAL SIGNED

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

CMS REPORTING (Month)

Objective 5: Transitioned children will maintain access to dental care through Medi-Cal Dental Managed Care Plans

Dental Managed Care Plans	Access	Health Net	LIBERTY	Safeguard	Western
Criteria: Provider capacity of dental plans					
Metric: Additions/deletions of participating providers by plan					
# of New Enrolled Providers					
# of Inactivated Providers					
Total # of Current Active Providers					
Criteria: Continuity of Care					
Metric: Number of continuity of care requests and outcomes for Phase 1B, 2, and 3 children, by plan. The number of prior authorizations for treatments and services that transfer from HFP dental providers to dental managed care providers.					
Total # of Continuity of Care Requests					
Total # of Resolved Requests (Continued with same Provider)					
Total # of Unresolved Requests (Transferred to Provider in Network)					
Total # of HFP Prior Authorizations submitted to Plans (Report only the prior authorizations for HFP transitioned children)					
Criteria: Continuity of Care					
Metric: Grievance reports on access to care					
Total # of Grievances (Access to Care only)					