



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



EDMUND G. BROWN JR.
GOVERNOR

DATE: January 9, 2018

TO: ALL MEDI-CAL DENTAL MANAGED CARE PLANS

SUBJECT: **APL 18-003: NETWORK ADEQUACY STANDARDS FOR TIMELY ACCESS TO CARE FOR ROUTINE AND SPECIALIST APPOINTMENTS**
Clarification on Exhibit A, Attachment 8 – Timely Access and Exhibit A, Attachment 11, Provision B Subprovision 5 – Specialty Referrals Report

SUPERSEDES DENTAL ALL PLAN LETTER 17-005

SUPERSEDES PORTIONS OF DENTAL ALL PLAN LETTER 13-009

PURPOSE:

This purpose of this Dental All Plan Letter (APL) is for the Department of Health Care Services (DHCS) to provide Medi-Cal Dental Managed Care (DMC) plans with clarification regarding compliance with provider network adequacy standards for timely access to care for routine appointments and specialist appointments, and provider to member ratios. This APL supersedes a portion of [APL 13-009](#) and instructs DMC plans to use a new deliverable template that combines both Timely Access and Specialty Referral reporting. The Linguistic Services Deliverable referenced in APL 13-009 should still continue to be submitted as directed in APL 13-009. Finally, this APL provides instructions to the DMC plans regarding the updated and combined Timely Access and Specialty Referrals Report. This report will be due no later than January 30, 2018 for the quarter ending September 30, 2017, and quarterly on an ongoing basis.

BACKGROUND:

Federal and state laws establish state-specified network adequacy standards, which DMC plans are required to meet as set forth under the DMC contracts. These standards are classified into two categories: 1) time and distance, and 2) timely access. The November 7, 2017, Dental [APL 17-008](#): Network Adequacy Standards for Time and Distance addressed the first category.

The current Dental APL addresses DMC plan compliance with regard to the second category—network adequacy standards for timely access to care for routine and specialist appointments. Specifically, Title 42 Code of Federal Regulations (CFR) §§438.68, 438.206, and 438.207 have been incorporated into Assembly Bill (AB) 205 (Chapter 738, Statutes of 2017) and codified in Welfare and Institutions Code (WIC) §14197, effective January 1, 2018. WIC §14197 (d)(4) and (f) have been memorialized in the current DMC plan contract in Exhibit A, Attachment 1 (Implementation Plan),

January 9, 2018

Exhibit A, Attachment 8 (Provider Network) and Exhibit A, Attachment 11 (Access and Availability) that identify the timely access standards and specialist appointment wait times that DMC plans are required to meet. Additionally, DHCS requires modifications to the Timely Access Report to comply with AB 205 and AB 2207 (Chapter 613, Statutes of 2016). DHCS must ensure that DMC plans comply with state and federal standards for adequate capacity and services of network providers.

Timely access standards refer to how long (i.e. how many days) a member has to wait to be seen for a routine appointment or a specialty appointment. In accordance with current DMC contract provisions set forth under Exhibit A, Attachment 11, DMC plans are required to provide appointment times for adults within 4 weeks for routine appointments and within 30 **business** days from the authorized request for specialist - appointments.

Pursuant to AB 205, which codified the timely access standards for specified services consistent with federal regulation, DMC plans are required to provide an appointment within four weeks of a request for routine pediatric dental services and within 30 **calendar** days of a request for specialist pediatric dental services. Please note that actual appointment dates may vary from these standards since the member may not accept the earliest appointment offered.

REQUIREMENTS:

TIMELY ACCESS

In accordance with the state and federal provisions cited above, DMC Plans must demonstrate to DHCS compliance with network adequacy standards for timely access by submitting state-specified documentation based on the deliverable schedule provided each year, most recently in APL 17-012. The DMC contract and state statute require plans to develop, implement, and maintain a procedure to monitor waiting times in provider offices for scheduled appointments, telephone calls (to answer and return), and time to obtain the appointment types below:

- Initial Appointment – within 4weeks
- Routine Appointment (non-emergency) – within 4 weeks
- Preventive Dental Care Appointment – within 4weeks
- Specialist Appointment – within 30 **business** days from authorized request for adults
- Specialist Appointment – within 30 **calendar** days from authorized request for children
- Emergency Appointment – within 24 hours from the request for appointment

State law and federal regulations have clarified the DMC Plans' timely access responsibility. DMC Plans must ensure compliance by network providers, monitor

January 9, 2018

network providers regularly to determine compliance, and take corrective action in the event that there is a failure to comply by a network provider.

In light of recent state law and federal regulations regarding timely access standards, DHCS directs the DMC plans to prepare and submit an updated Timely Access and Specialty Referrals Report to the Department to demonstrate their compliance with the updated requirements for network adequacy. Pursuant to Exhibit A, Attachment 1, Provision F of the DMC Contract, DMC plans have a continuing obligation to update deliverables, including network adequacy reports, whenever the information in the deliverables changes in any material respect, or upon revision requested by DHCS.

NETWORK CAPACITY AND PROVIDER TO MEMBER RATIOS

Consistent with contract provisions in Exhibit A, Attachment 8 (Provider Network), all DMC plans must demonstrate current full-time equivalent provider to beneficiary ratios for Primary Care Dentists (PCDs) of 1 PCD to every 2,000 beneficiaries and total network dentists of 1 dentist to every 1,200 beneficiaries. DMC plans must maintain a provider network adequate to serve their beneficiary capacity within their service area. DMC plans must meet or exceed network capacity requirements and proportionately adjust the number of network providers to support any anticipated changes in enrollment.

TIMELY ACCESS AND SPECIALTY REFERRALS REPORT

Existing requirements have been in place for DMC plans to survey, within a year's time, all Primary Care Dentists (PCDs) on the average amount of time it takes for members to obtain scheduling for initial appointments, routine appointments, preventive dental care appointments, dental specialist appointments, and emergency appointments. DMC plans must also survey for the number of "no show" appointments, the availability of interpreter services and an answering service, the ratio of members to PCDs, the total number of members assigned to a PCD who reside more than 30 minutes or 10 miles from the office, and data on routine authorizations.

DHCS has updated the Timely Access and Specialty Referrals Report template to reflect changes in state law and federal regulation, and better assess DMC compliance with timely access standards. This updated template now includes the previous Specialty Referrals Report (Attachment #1). DMC plans must submit the Report on a quarterly basis, no later than one hundred and twenty (120) calendar days after the end of the reporting quarter.

The new template requires separate summary submissions for Children (aged 0-20) and Adults (aged 21+) for some categories, as well as combined totals. As there are different timely access standards for adult dental services and pediatric dental services, some data points will be marked as N/A for either children or adults. Changes to the summary page of the report include total monthly enrollee counts, and percentages for initial, preventive, emergency, routine, and specialist appointments that were offered

January 9, 2018

within contractual and statutorily mandated timeframes. Specialty referral data requested includes number of referral requests received, number of members referred to a specialist, number of members seen by a specialist within 30 and 60 calendar days, and number of referrals expired without the member being seen.

In addition to summary data, the template requires “per provider” data. Per provider data includes:

- number of each type of appointment that is offered within timeframe requirements;
- total number of each type of appointment offered;
- percentage of “no show” appointments;
- availability of interpreter and answering services;
- ratio of members to PCDs;
- number of child and adult beneficiaries assigned to the office; and
- number of child and adult beneficiaries assigned to the office who reside outside 30 minutes or 10 miles away from the office.

SUBMISSION OF REPORTS

The report templates specified in this letter shall be adopted immediately. Please submit Timely Access and Specialty Referrals Reports to the DMC Deliverables email (dmcdeliverables@dhcs.ca.gov), according to the schedule below.

Deliverable Reporting Schedule for State Fiscal Year 2017 - 2018				
Quarters	Quarter 1	Quarter 2	Quarter 3	Quarter 4
Reporting Dates	July 1, 2017 - September 30, 2017	October 1, 2017 - December 31, 2017	January 1, 2018 - March 31, 2018	April 1, 2018 - June 30, 2018
Due Dates	January 30, 2018	April 30, 2018	July 30, 2018	October 30, 2018

Deliverable Reporting Schedule for State Fiscal Year 2018 - 2019				
Quarters	Quarter 1	Quarter 2	Quarter 3	Quarter 4
Reporting Dates	July 1, 2018 - September 30, 2018	October 1, 2018 - December 31, 2018	January 1, 2019 - March 31, 2019	April 1, 2019 - June 30, 2019
Due Dates	January 30, 2019	April 30, 2019	July 30, 2019	October 30, 2019

DENTAL ALL PLAN LETTER 18-003

PAGE 5

January 9, 2018

DMC Plans who submit insufficient or inaccurate data will receive written notification from DHCS. DMC Plans shall ensure that corrected data is resubmitted within fifteen (15) calendar days of receipt of DHCS' notice.

Sincerely,

Original signed by Alani C. Jackson

Alani C. Jackson, MPA
Chief, Medi-Cal Dental Services Division
Department of Health Care Services

Enclosure