

Follow-up Items Matrix
Department of Health Care Services (DHCS) Responses to
Los Angeles Dental Stakeholder Meeting Follow-up Items
From April 20, 2018

Agenda Item/Topic	DHCS Response	DHCS Follow-up
<p>Budget Updates: How will DHCS address additional funds being put into Prop 56 once the Governor's budget is approved?</p>	<p>DHCS shared its 2018-19 Prop 56 supplemental payment proposal with the LA Stakeholder group. If DHCS receives budget approval, we will proceed with a State Plan Amendment to secure federal approval. This will allow for a public comment period for stakeholders to give their input on the DHCS proposal.</p>	
<p>Grievance Report: Please provide a link to grievance reports.</p>	<p>Links to the Grievance Reports: 2015-2016: http://www.dhcs.ca.gov/services/Pages/DentalReports.aspx</p> <p>2016-2017: http://www.dhcs.ca.gov/Documents/MDSD/2016-17_Dental-Complaints_Grievances_June2018_ADAC.pdf</p>	
<p>Grievance and Appeals: Provider Manual indicates you have to file grievances with the State, but that delays the process. I'm worried that appeals and grievances seem low. Do people know their rights? Are beneficiaries understanding costs beforehand?</p>	<p>Beneficiaries are informed of their appeal and hearing rights via the notice of action issued when a service is denied. In addition to notice of action, beneficiaries enrolled in dental managed care receive annual reminders from the dental plans. Standard practice is for a dental office to inform beneficiaries during their dental visit of any services that are not covered and if a beneficiary chooses to proceed, those services would be at their expense.</p>	

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<p>Grievance and Appeals: We're seeing most appeals for adults. There is a worry that when a notice goes out, the Plans/DHCS is not getting told the provider did not do things correctly on their side.</p> <p>What is DHCS' process for addressing systemic quality and access issues that are identified through the grievance and appeals process?</p>	<p>Beneficiaries receive the same notification the providers receive. The denial notice explains the reason for the denial and gives details on how to file for an appeal if enrolled in a DMC plan, or file for a state hearing under the fee-for-service delivery system.</p> <p>DHCS uses the corrective action plan process to address any systemic quality and access issues identified through the grievance and appeals process.</p>	

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<p>Provide an overview of the new case management services, outlined in the June Denti-Cal Provider Bulletin. https://www.denti-cal.ca.gov/DC_documents/providers/provider_bulletins/Volume_34_Number_11.pdf</p>	<p>Case Management Description via the Case Management Representative:</p> <p>Case Management services are targeted to begin July 1, 2018. This service is designed for beneficiaries with mental and/or physical disabilities who are unable to schedule and coordinate complex treatment plans involving one or more dental providers. Referrals for Case Management services are initiated by the beneficiaries' general dentist and based on a current, comprehensive evaluation and treatment plan. Referrals can be submitted by the dentists on the Denti-Cal website. Once a referral is accepted, Case Management Representatives will begin the case management process. Case Management Representatives will be available to provide assistance on a referral basis to manage complex treatment plans and oral health care needs.</p>	

<p>Barriers reported by partners: Patients are reporting that dental providers will not provide a metal crown. However, this is a Medi-Cal covered benefit.</p> <p>How do we help people with this issue?</p> <p>a. Provide an overview of the mechanisms the Dept. uses to educate patients and providers on this issue.</p>	<p>If this is related to laboratory crowns, dental providers must request preauthorization for laboratory crowns. For children that are 13 (and less than 21) laboratory crowns may be authorized but must meet medical necessity criteria (Provider Handbook gives details). For adults 21 and over, posterior (back) teeth crowns are only authorized if they meet criteria including that they are an abutment for (contact and support) a partial denture. A patient must meet program requirements. If a tooth needs treatment but does not meet criteria for a laboratory crown (Provider Handbook, Restorative General Policies (D2000-D2999)), there are alternatives for treatment that include fillings, pre-fabricated crowns, and extractions, depending on the tooth. Stainless steel (metal) crowns and other prefabricated crowns are a benefit only once in a 36-month period, if medically necessary.</p> <p>a. Providers are informed via Provider Handbook, as noted above, along with periodic reminders in provider bulletins. Newly enrolled beneficiaries receive information about their Medi-Cal benefits, including dental services. DMC Plans mail a Member Handbook-Evidence of Coverage, and send yearly reminders including how to contact their plan. Beneficiaries can call their dental plan with benefit questions, and resources are available on DMC and Denti-</p>	<p>DHCS would appreciate receiving specific case examples and an indication of the volume of this issue occurring, so that we may offer additional outreach and education to providers.</p>
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<p>b. How do beneficiaries report providers that deny covered benefits?</p> <p>Specifically:</p> <ol style="list-style-type: none"> 1. What and how is this information currently shared with beneficiaries (describe the process from the consumer's perspective)? 2. What provider bulletin(s) contain this information? 	<p>Cal websites. For FFS: Denti-Cal Beneficiary Handbook provides information on current dental benefits and services.</p> <p>b. Beneficiaries in DMC plans may contact their plan (Access, Health Net, Liberty) for assistance to understand and obtain dental services, or to file a complaint about a provider. For FFS, beneficiaries may contact Denti-Cal Customer Service at 1-800-322-6384, Monday through Friday, from 8 a.m. and 5 p.m. The beneficiary can receive information about next steps, or be referred to a different provider.</p> <ol style="list-style-type: none"> 1. Newly enrolled beneficiaries are given information about their services and their plan in a Member Handbook- Evidence of Coverage, which is also posted on their plan website, and are sent yearly reminders including how to contact their plan. The beneficiary handbook is available online at www.denti-cal.ca.gov. The handbook is currently available in English but will be available in all threshold languages by July 15. 2. Beneficiary complaint/grievance procedures are detailed in the Denti-Cal Beneficiary Handbook (page 4-22 – 4-27) <ul style="list-style-type: none"> - Initial appeals - Notification to Denti-Cal 	
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	<ul style="list-style-type: none"> - Notices to beneficiaries and providers - Beneficiary Complaint Form - State Hearing process <p>June 2018 PB (Vol 34.11) – Topic on June celebrated as Oral Health Month – encourages providers to share with beneficiaries the helpful tools and resources available on the Denti-Cal website:</p> <ul style="list-style-type: none"> - 2018 Beneficiary Handbook - Flyers and brochures 	

<p>Provider Directory: How often is the provider directory on the Denti-Cal beneficiary website updated? Would DHCS consider posting the provider directory in alternative file formats (other than PDF) like Excel, searchable map, etc.? This would make searching for providers easier for various audiences.</p>	<p>The current provider directory is updated daily. A new Denti-Cal Provider Directory is under development to replace the existing PDF version. The new directory will offer a search engine that allows users to find a dentist by zip code and mile radius. It will allow users to filter and only show providers that are accepting new patients. Users will also be able to get directions to the dental office location, and see the provider's specialty and languages spoken. DHCS expects the new directory to be available by July 30, 2018.</p>	
<p>Request for additional details regarding beneficiary outreach:</p> <p>What are the performance targets for the managed care plans?</p> <p>a. Are the Ex. A, Atch 6 benchmarks part of the current dental managed care contracts (in Sac and LA)?</p>	<p>a) While Exhibit A, Attachment 6 of the original boilerplate contracts does delineate performance measures and benchmarks, Exhibit E, Provision 5.d also allows DHCS to issue All Plan Letters (APLs) to provide subsequent clarification on contract provisions. DHCS issued APLs 16-009, 16-017, and 18-006 to inform DMC plans that the performance measures and benchmarks indicated in Attachment 6 do not impact capitation withholds. APL 18-006, most recently issued on</p>	

<p>b. Do the benchmarks apply to the FFS system also? If so, how (enrollment is largely FFS in LA County)?</p> <p>c. Have the benchmarks been applied (e.g. financial withholds/bonuses), and if so which measures?</p> <p>d. When are the next RFPs for dental managed care contracts going out?</p> <p>How does DHCS measure the success of beneficiary outreach for FFS and dental managed care populations?</p>	<p>3/30/18, additionally provides plans with an updated template to use when reporting out on 12 specific performance measures. DHCS has only established baseline utilization benchmarks for preventive services for children (ages 1-20) as it relates to the Statewide Collaborative Quality Improvement Project (QIP).</p> <p>b) No. FFS has distinct performance measures and benchmarks (3 member-specific; 2 provider-specific) that are separate from those of the DMC plans. These performance measures are delineated in the DHCS Contract with Delta Dental. These metrics are available in the 2018 Medi-Cal Dental Outreach Plan, which will be available on the DHCS website by June 25, 2018.</p> <p>c. For DMC performance measure and benchmark withholds, please see APL 16-009; no bonuses have been earned.</p> <p>d. DHCS will inform all stakeholders once we have something to share.</p> <p>DHCS requires the FFS vendor (Delta Dental) to increase 10 percentage points of the three</p>	
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<p>What are the performance targets related to utilization of services?</p>	<p>performance measures: Annual Dental Visits (children and adults), Preventive Dental Services (children ages 1-20) and Use of Sealants (children ages 6-9) as part of its beneficiary outreach plan during Calendar Years 2018 to 2020. DHCS measures the success by requiring the vendor to increase 3.3 percentage points of the measures each Calendar Year.</p> <p>DHCS requires the Dental Managed Care plans to increase 10 percentage points of the Preventive Dental Services (children ages 1-20) as part of their Quality Improvement Plan during State Fiscal Years 2017-18 to 2021-22. DHCS measures the success by requiring the plans to increase 2 percentage points of the measure each State Fiscal Year.</p> <p>The targets are 10 percentage points increase of Annual Dental Visits (children and adults), Preventive Dental Services (children ages 1-20) and Use of Sealants (children ages 6-9).</p>	

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<p>Open Data Portal:</p> <p>a. What is the Dept.'s progress/process to disaggregate data in the open data portal by race/ethnicity to include the breakdown of AANHPIs?</p> <p>b. Is the Dept. considering adding data for pregnancy-related ER Medi-Cal beneficiaries to its data reporting efforts or is it possible to create an additional data set in the data portal for this population?</p> <p>c. Request for an update on the specific feedback given on data shared on the Dept.'s data presentation, and stakeholder requests for additional populations to be considered.</p>	<p>a. DHCS currently disaggregates data by race/ethnicity in the following Ethnic groups: Alaskan Native or American Indian, Asian, Black, Hispanic, Invalid/Unknown, Native Hawaiian or Pacific Islander, White, and Other. Asian American, Native Hawaiian, and Pacific Islander (AANHPIs) is broken-down to be two groups: 1) Asian and 2) Native Hawaiian or Pacific Islander.</p> <p>b. This sounds like a medical pregnancy-related ER data request. You can submit this specific data request through the DHCS public records act (PRA) process. Due to limitations of identifying pregnancy status of women with pregnancy-related aid codes, DHCS is unable to create a data set for this population.</p> <p>c. Update to stakeholder feedback received regarding pregnant women not included in the 21+ utilization data.</p> <p>i. The Medi-Cal Dental Program's dental data webpage and the Health and Human Services Agency open data portal both offer data on full-scope Medi-Cal beneficiaries, which includes pregnant women with full-scope Medi-Cal benefits.</p>	