Los Angeles Dental Stakeholder Meeting – April 18, 2019 Department of Health Care Services (DHCS) Follow-up Items

Laboratory Processed Crowns:	
a. Can a provider bulletin be issued with the current policy change/update?	a. The Provider Bulletin is now posted on the Medi-Cal Dental website (<u>Volume 35, Number 18</u>).
b. Could laboratory processed crowns be expanded as a benefit to ALL children in Medi-Cal?	 b. Currently laboratory processed crowns are a benefit to children ages 13-20 as long as the procedure meets the tooth specific criteria for authorization as listed in the Manual of Criteria under Laboratory Processed Crowns. For children under the age of 13 a lab-processed crown is not a benefit. However, this procedure may be allowed under EPSDT.
c. Can DHCS please identify what the alternative crowns for under age 13 are, due to the tooth changing?	c. Members under age 13 who do not qualify for laboratory processed crowns can be evaluated for the prefabricated crowns on permanent teeth (codes: D2931, D2932 and D2933). Please refer to the Medi-Cal Dental Provider Handbook, Section 5, page 5-20, <u>Manual of Criteria</u> .
Language Assistance:	
Is there the availability to provide additional language messages to the IVR (Interactive Voice Response)?	 DHCS was able to research other Departments' and Divisions IVR systems. CAMMIS: English press 1, Spanish press 2 Health Care Options: No languages up front DHCS Help Line: English press 1 or Spanish press 2 Covered California: English + top 3 languages Managed Care program: message in English, no IVR. Ombudsman: English Press 1, Spanish Press 2, All other Press 3
	Per the April LA Stakeholder meeting, DHCS is currently working with its contractor on costing and capability to add top 3 languages like Covered CA. DHCS is also exploring the option similar to Ombudsman.

Provider Directory Update: Is it possible to add the ability to by language?	bHCS is working to add the ability to search the Provider Directory by language and is expected to be available in approximately 90 days. Please note, the system currently captures eight languages that will be made available in the directory. The eight languages are: Spanish, Chinese, Japanese, Korean, Taiwanese, Vietnamese, Tagalog, and Mongolian.
Surveys: a. What provider surveys will be released in April 2019 and wh purpose of each survey? Can share survey results?	
b. Can stakeholders provide suggestions and feedback for surveys?	b. As all three 2019 surveys have been released, input cannot be accepted at this time. The survey questions and results will be shared in the Fall. Feedback for future surveys can be submitted at any time to <u>Dental@dhcs.ca.gov</u> .
c. How many providers/member received the survey and how the members chosen?	-
	 Provider Customer Service Survey: Surveys were sent to 315 providers currently enrolled in the Medi-Cal Dental Program.
	 Access to Care Survey: Surveys were sent to 500 providers currently not enrolled in the Medi-Cal Dental Program.
	 Member Customer Service Survey: Surveys were sent to 800 members who contacted the Telephone Service Center (TSC) in the previous 90 days.

Provider Oversight:	
a. Is there a process in which dental providers are audited and what does that look like? Frequency/what, is reviewed/etc.?	a. Yes, there is a process specific to monitoring dental providers. Refer to the Medi-Cal Dental Provider Handbook, <u>Section 8, page 8-1</u> , Fraud, Abuse and Quality of Care. In collaboration with DHCS, Delta Dental operates a surveillance and utilization review system (S/URS) team. DHCS meets biweekly with the S/URS team to review reports about providers with poor quality of care, abuse, excessive or questionable billing patterns, over utilization or suspicion of fraud. The S/URS team, at DHCS's direction and in partnership with DHCS Audits and Investigations staff, may conduct an audit of patient records, including radiographs, obtained from the provider's office to gather additional information about the provider's activity.
 b. Department Capacity to offer provider education re: Medi-Cal dental policies and procedures. 	b. DHCS offers provider education materials during onsite visits, seminars and trainings. DHCS includes similar educational information in its oral health presentations and the outreach team offers similar resources at community events. Providers can access these resources on the Medi-Cal Dental website, SmileCalifornia.org, at onsite visits, and during individual training, basic and advanced provider webinars and seminars. For more information or questions regarding educational materials, please contact the TSC.
c. Provider trainings- Who can attend trainings?	c. Anyone can attend DHCS' free provider trainings. They are not limited to enrolled providers; all interested are encouraged to attend. You may <u>sign</u> <u>up</u> for a webinar or seminar on the website, for more information refer to the Medi-Cal Dental Provider Handbook (<u>page 2-7</u>).
Treatment Authorization Requests (TARs):	There is no expedited TAR process, however, DHCS contractors are contractually (and statutorily) required to
Treatment authorization request process – Is there a way to expedite the TAR process? How does DHCS determine procedures that require a TAR vs. those that do not? Is there a process for recommending that specific procedures	process TARs within 7 days. Currently, the average TAR process ranges between 5-7 days. Providers can ensure a TAR is processed timely by including all required documentation and x-rays with the TAR submission. A Notice of Authorization (NOA) is required for all procedures needing prior approval.
not require a TAR? Re: notices of dental action, how and when are these issued to beneficiaries? What information is	Historically TARs are required for invasive procedures such as root canals, laboratory processed crowns, dentures, periodontal procedures, anesthesia

included in the notice and who sends the notice (e.g. specific MDSD division/staff)?	procedures and orthodontia to determine a medical necessity before treatment is completed. In addition, there is a utilization control aspect; DHCS has a duty to protect our patients from procedures that may do harm (and are irreversible) if they are not needed, thus the TAR process enables clinical reviewers to deny medically unnecessary procedures before a patient is treated.
	We encourage providers/stakeholders sign up for the webinars or basic and advance seminars for training. The basic training provides instruction on how to submit billing forms, including how to submit TARs. The Advanced seminar is more focused on criteria. In addition, if providers are in need of onsite training, they can request it through the TSC and a representative will contact the office to follow up.
	TARNOTs (Notice of Denti-Cal Action) are system- generated notices mailed by the dental fiscal intermediary directly to the member when a procedure has been denied or deferred on a TAR. They are generated when one or more services on a TAR or a NOA require prior authorization as a condition for payment, or when such service(s) have been modified or denied. TARNOTs contain taglines in the top 16languages spoken. The Department will be working with its contractor to provide member correspondence in the 16 threshold languages. More updates to come during the August Stakeholder meeting. Please refer to pages 6-19 through 6-21 of the Medi-Cal Dental Provider Handbook.