

**Los Angeles Dental Stakeholder Meeting – October 18, 2018  
Department of Health Care Services (DHCS) Follow-up Items**

Agenda Item/Topic	DHCS Response
<p><b>Provider Outreach:</b></p> <p><b>a. What % of FFS providers are on the referral list?</b></p> <p><b>b. What is the current specialty provider ratio and is there one DHCS is working to meet? Is it the same as DMC? Are the Department’s efforts to recruit more providers targeted at recruiting more specialists? If so, where and how much of an increase have you seen in enrollment by specialists?</b></p>	<p>a. In November 2018, there were 5,653 Service Offices; of these 3,061 offices accept referrals. Therefore, 54% of providers are on the referral list.</p> <p>a. DHCS strives to meet the dental needs of Medi-Cal members and our current recruitment efforts do include targeting specialists. There is currently no specialty ratio requirement in FFS or DMC. As part of network adequacy requirements, DMC plans are required to have a provider within a 10 minute or 30 mile radius of their members and are responsible to recruit providers. We will provide the specialist enrollment information when it becomes available.</p>
<p><b>Complaint Process:</b></p> <p><b>What is the procedure for having a grievance submitted on a beneficiary’s behalf? Can an advocate receive and submit a grievance form without an authorized representative form? If the authorized rep. form is needed, is it solely the MC 306 or is there another procedure? Can a client give verbal authorization?</b></p>	<p>The MC 306 is not used by Medi-Cal Dental, it is specifically for DHCS. MC 306 is a form included with the Medi-Cal application packet. When contacting Medi-Cal Dental, the member can give verbal authorization to discuss the complaint with the TSC representative. However, to submit a written complaint form on behalf of the member, the authorized representative must complete a <a href="#">Request Personal Health Information</a> and submit it with the written complaint or have an approved form on file as an Authorized Representative for the member. The FFS dental complaint procedures are described in the Medi-Cal Dental <a href="#">Beneficiary Handbook</a> (page 15-22) and in the <a href="#">Provider Handbook</a> (page 4-22). On the Dental Managed Care (DMC) side, plans have the discretion to implement their own policies and procedures. Plans are not required to use the MC 306 specifically. While some plans may require the member’s written consent for an authorized representative to file a grievance on his/her behalf, other plans may process the grievance with just the verbal consent.</p>

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<p><b>Prop 56:</b></p> <p><b>Request to share the table of ARCs now funded through Prop. 56. The table was not included in the Nov. Provider Bulletin with information on the supplemental funding.</b></p>	<p>The ARC table is in the Medi-Cal Dental <a href="#">Provider Handbook</a>, page 4-11 and 7-2. If you have questions regarding Prop 56 or the updated ARCs, you can contact the Telephone Service Center (TSC) at (800) 423-0507. In addition, the supplemental funding table was included in the November Provider Bulletin <a href="#">Volume 34 Number 27</a>. More information can be found on the <a href="#">DHCS Prop 56</a> webpage.</p>
<p><b>Transportation:</b></p> <p><b>Update on when the NMT list of providers will be made available to consumers/beneficiaries.</b></p>	<p>We do not have an update on when the NMT list of providers will be available. Until the list of transportation providers is posted, DHCS has developed a process to assist FFS Medi-Cal members with their transportation needs. Members or authorized representatives may send an email to: <a href="mailto:DHCS-Benefits@dhcs.ca.gov">DHCS-Benefits@dhcs.ca.gov</a> and request assistance if a provider is not able to arrange NMT. Here is a link to NMT frequently asked questions: <a href="https://www.dhcs.ca.gov/services/medi-cal/Pages/Transportation.aspx">https://www.dhcs.ca.gov/services/medi-cal/Pages/Transportation.aspx</a></p>
<p><b>When will 2017 utilization data be posted on the open data portal? Per AB 2207, the following data are to be reported on a quarterly basis but they do not appear on the portal for 2017 or 2018:</b></p> <ul style="list-style-type: none"> <li>a. Overall utilization of dental services over an extended period of time</li> <li>b. Annual dental visits</li> <li>c. Use of preventive services</li> <li>d. Use of dental treatment services</li> <li>e. Use of examinations and oral health evaluations</li> <li>f. Use of diagnostic services</li> <li>g. Use of dental sealants</li> <li>h. Number of applications of dental sealants and fluoride varnishes</li> <li>i. Sealant to Restoration ratio</li> <li>j. Filling to preventive services ratio</li> <li>k. Treatment to caries prevention ratio</li> <li>l. Continuity of care</li> </ul>	<p>The 2017 utilization data is published quarterly on our dental data page at: <a href="https://www.dhcs.ca.gov/services/Pages/DentalReports.aspx">https://www.dhcs.ca.gov/services/Pages/DentalReports.aspx</a></p> <p>Our goal is to include items b-f on the CHHSA open data portal by end of January 2019. <a href="https://data.chhs.ca.gov/">https://data.chhs.ca.gov/</a></p>