

**Los Angeles Dental Stakeholder Meeting – August 16, 2018
Department of Health Care Services (DHCS) Follow-up Items**

Agenda Item/Topic			DHCS Response
Adult Dental: Utilization Comparison			<p>The data table provided in this matrix offers data thru June 2018.</p> <p>See online data on the DHCS dental page at: https://www.dhcs.ca.gov/services/Pages/Restoration_Adult_Dental.aspx</p>
Measurement Period	Jan 2017 to Dec 2017	July 2017 to June 2018	
	Adults 21+	Adults 21+	
Annual Dental Visit Preventive Services	21.63%	22.20%	
Dental Exams	12.78%	12.96%	
Diagnostic Services	16.76%	17.54%	
Dental Treatment	19.10%	19.63%	
	13.04%	13.72%	
Prop 56: How far will payments be retroactive?			<p>DHCS received approval from the Centers for Medicare and Medicaid Services (CMS) on September 11, 2018 to extend the Prop 56 supplemental payment program, an additional 12 months, for dental services provided on or after July 1, 2018 through and including June 30, 2019.</p> <p>To reduce administrative burden to providers, all retroactive payments for claims with DOS July 1, 2018 and after will be completed systematically through the Erroneous Payment Correction (EPC). No provider action is required. More information is available in the September 2018 provider bulletin, Volume 34, Number 21.</p> <p>Additional information about Prop 56 and the list of codes with supplemental payment amounts is available on the DHCS website.</p> <p>Approved SPA 18-0024: http://www.dhcs.ca.gov/formsandpubs/laws/Documents/CA18-0024ApvPkg.pdf</p>
Special Needs Codes For D0160, there is an expansion of criteria, but providers are not informed of the criteria. How can we retroactively find claims if we don't know the criteria?			<p>DHCS issued the criteria in the September 2018 provider bulletin, Volume 34, Number 21.</p> <p>Additionally, effective July 1, 2018 through June 30, 2019, code (D9920) for behavior management is added for the duration of the Prop 56 supplemental</p>

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	<p>payment program, exclusively for extended time needed for rendering dental services to special needs patients. The D9920 criteria and code is scheduled to be implemented by approximately October 15, 2018. Retroactive payment for procedure D9920 at \$140 (SMA + 40% increase) will be systematically applied to claims with the dates of service (DOS) beginning July 1, 2018, and after.</p>																																																																								
<p>Language Access:</p> <p>2017 Language Assistance:</p> <table border="1" data-bbox="186 630 690 1123"> <thead> <tr> <th><u>Language</u></th> <th><u>Calls</u></th> <th><u>% of Total</u></th> </tr> </thead> <tbody> <tr><td>MANDARIN</td><td>1051</td><td>21.83%</td></tr> <tr><td>VIETNAMESE</td><td>750</td><td>15.58%</td></tr> <tr><td>KOREAN</td><td>565</td><td>11.74%</td></tr> <tr><td>FARSI</td><td>445</td><td>9.24%</td></tr> <tr><td>RUSSIAN</td><td>447</td><td>9.29%</td></tr> <tr><td>CANTONESE</td><td>393</td><td>8.16%</td></tr> <tr><td>ARABIC</td><td>358</td><td>7.44%</td></tr> <tr><td>TAGALOG</td><td>184</td><td>3.82%</td></tr> <tr><td>ARMENIAN</td><td>173</td><td>3.59%</td></tr> <tr><td>SPANISH</td><td>96</td><td>1.99%</td></tr> <tr><td>PUNJABI</td><td>82</td><td>1.70%</td></tr> </tbody> </table> <p>Jan – July 2018 Language Assistance:</p> <table border="1" data-bbox="186 1228 690 1753"> <thead> <tr> <th><u>Language</u></th> <th><u>Calls</u></th> <th><u>% of Total</u></th> </tr> </thead> <tbody> <tr><td>MANDARIN</td><td>675</td><td>19.34%</td></tr> <tr><td>VIETNAMESE</td><td>469</td><td>13.43%</td></tr> <tr><td>RUSSIAN</td><td>351</td><td>10.05%</td></tr> <tr><td>FARSI</td><td>341</td><td>9.77%</td></tr> <tr><td>KOREAN</td><td>386</td><td>11.06%</td></tr> <tr><td>CANTONESE</td><td>279</td><td>7.99%</td></tr> <tr><td>ARABIC</td><td>256</td><td>7.33%</td></tr> <tr><td>ARMENIAN</td><td>224</td><td>6.42%</td></tr> <tr><td>TAGALOG</td><td>159</td><td>4.55%</td></tr> <tr><td>SPANISH</td><td>85</td><td>2.43%</td></tr> <tr><td>PUNJABI</td><td>50</td><td>1.43%</td></tr> </tbody> </table>	<u>Language</u>	<u>Calls</u>	<u>% of Total</u>	MANDARIN	1051	21.83%	VIETNAMESE	750	15.58%	KOREAN	565	11.74%	FARSI	445	9.24%	RUSSIAN	447	9.29%	CANTONESE	393	8.16%	ARABIC	358	7.44%	TAGALOG	184	3.82%	ARMENIAN	173	3.59%	SPANISH	96	1.99%	PUNJABI	82	1.70%	<u>Language</u>	<u>Calls</u>	<u>% of Total</u>	MANDARIN	675	19.34%	VIETNAMESE	469	13.43%	RUSSIAN	351	10.05%	FARSI	341	9.77%	KOREAN	386	11.06%	CANTONESE	279	7.99%	ARABIC	256	7.33%	ARMENIAN	224	6.42%	TAGALOG	159	4.55%	SPANISH	85	2.43%	PUNJABI	50	1.43%	<ul style="list-style-type: none"> • 53 languages in total were requested (4814 calls) • 10% increase over 2016 (47 languages in 2016) • About 94% are comprised of 11 languages, 5 of which are of various Asian dialects. • Spanish translation is offered by Delta Dental (not Language Line Services), but for reporting purposes, we included those statistics. <ul style="list-style-type: none"> • 3491 total calls • 52 languages in total have been requested • Based on trend, expect 6,000 calls (~25% increase to 2017) • 94% are comprised of 11 languages, 5 of which are of various Asian dialects • Spanish translation is offered by Delta Dental (not LLS), but for reporting purposes, we included those statistics.
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<p>a. Can we see data by region/county for requested languages used for translations?</p> <p>b. Are providers compensated for the extra time they spend with ESL members? (translations, interpreters, etc.)</p> <p>c. Do you have data on the number of providers that speak LEP languages?</p> <p>d. Can the department expand the IVR options to other languages when you call to the TSC?</p> <p>e. Denti-Cal bulletin (Volume 33, Number 9, Page 21) DHCS issued to contracted providers regarding the language access requirements. Has DHCS issued guidance on the procedures providers and TSC representatives should follow to arrange an interpreter for patients who require one?</p>	<p>a. This data is unavailable at this level of detail.</p> <p>b. Providers are not compensated for additional time needed for interpretation services.</p> <p>Language assistance services required under Title 45 Code of Federal Regulations Part 92.201 must be timely and provided free of charge, and protect the privacy and independence of the individual with limited English proficiency. More information can be found in the provider handbook.</p> <p>c. DMC plans – Yes, provider surveys capture that information. It’s used for assigning LEP members to dental offices. Providers are linked to members by the language(s) they speak.</p> <p>FFS- No, the number of providers that speak LEP languages are not tracked. A provider is not required to indicate if they speak an additional language on the provider application. Providers have an option to disclose if they speak an additional language on the referral form. If a provider discloses another spoken language, it is indicated on the referral list that TSC operators use for assistance and members can view it on the new Denti-Cal Provider Directory.</p> <p>d. At this time, TSC operators offer English and Spanish because they are the most commonly spoken languages by Medi-Cal members. TSC will use an outside vendor, Language Line Services (LLS), to assist a caller in need of another language.</p> <p>e. Guidance to providers is published via provider bulletins and the provider handbook. Providers can supply the interpreter in the office, or they can call the TSC representatives who are trained to use LLS for members who require interpreter services. LLS offers interpretation of 200+ languages.</p>

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<p>f. At the last stakeholder meeting, there was discussion on utilizing language access poster visibly displayed in provider offices to notify beneficiaries of their language access rights, in compliance with the non-discrimination and language access requirements found in Section 1557 of the Affordable Care Act. The Dental Managed Care plans have shared that this requirement is already in place for their contracted providers. How is DHCS implementing these language access requirements among FFS Denti-Cal providers?</p>	<p>f. DHCS does not require FFS providers to display posters regarding language access, but providers are informed of the federal language access requirements via provider bulletins and when attending seminars or enrollment workshops. DHCS notifies members about their rights to language access via the beneficiary handbook, the new microsite, Denti-Cal website and notices sent to Medi-Cal members. DHCS is also in the process of updating the microsite and Denti-Cal website with additional information.</p>
<p>Network adequacy standards and data – overview of dental managed care report and FFS standards.</p>	<p>DMC report information was shared in previous LA Stakeholder meeting.</p> <p><u>Overview of FFS time and distance standards:</u> Provider must be in driving distance from the member’s address of no more than 25 miles/no more than 30 minutes in urban areas and no more than 90 minutes in rural areas.</p> <p><u>FFS Contractual requirements:</u> Delta is contractually required to schedule appointments and assist members in acquiring transportation, if necessary.</p> <p>If a Medi-Cal member is having difficulty finding a provider, the member can call the TSC, and a TSC operator will assist the member with locating a provider or a clinic that offers dental services.</p> <p>The DMC Plans member handbook and the FFS dental handbook serve as resources to members with questions about transportation or locating providers.</p>
<p>Care coordination and dental case management services overview, and data collected since implementation.</p>	<p>Please see the prior matrix that explained these services, and referred to the September provider bulletin Volume 34, Number 20.</p>

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	DHCS does not collect care coordination data. Dental case management data is not available at this time.																																				
Grievances and Appeals Data (# of requests, approvals, denials, by age, by language, etc. by LA members)	DHCS does not collect data at the granular level. Please refer to the Annual Complaints and Grievances Report posted on the DHCS website at: https://www.dhcs.ca.gov/services/Pages/DentalReports.aspx																																				
Information/update on the implementation timeline for the pregnancy-specific filter on the open data portal to allow for data stratification.	DHCS does not plan to implement a pregnancy-specific filter on the open data portal.																																				
Monthly or quarterly data on the number of dentists enrolled and disenrolled in the program.	<p>*Fee-for-Service Only</p> <p>Active Billing Dental Offices:</p> <table data-bbox="797 835 1105 1052"> <thead> <tr> <th>Month</th> <th>Total</th> </tr> </thead> <tbody> <tr> <td>May</td> <td>5,697</td> </tr> <tr> <td>June</td> <td>5,730</td> </tr> <tr> <td>July</td> <td>5,743</td> </tr> <tr> <td>August</td> <td>5,736</td> </tr> <tr> <td>September</td> <td>5,755</td> </tr> </tbody> </table> <p>Active Rendering Providers:</p> <table data-bbox="797 1163 1138 1379"> <thead> <tr> <th>Month</th> <th>Total</th> </tr> </thead> <tbody> <tr> <td>May</td> <td>10,129</td> </tr> <tr> <td>June</td> <td>10,209</td> </tr> <tr> <td>July</td> <td>10,270</td> </tr> <tr> <td>August</td> <td>10,347</td> </tr> <tr> <td>September</td> <td>10,439</td> </tr> </tbody> </table> <p>Disenrolled:</p> <table data-bbox="797 1491 1105 1707"> <thead> <tr> <th>Month</th> <th>Total</th> </tr> </thead> <tbody> <tr> <td>May</td> <td>8</td> </tr> <tr> <td>June</td> <td>7</td> </tr> <tr> <td>July</td> <td>1</td> </tr> <tr> <td>August</td> <td>22</td> </tr> <tr> <td>September</td> <td>17</td> </tr> </tbody> </table>	Month	Total	May	5,697	June	5,730	July	5,743	August	5,736	September	5,755	Month	Total	May	10,129	June	10,209	July	10,270	August	10,347	September	10,439	Month	Total	May	8	June	7	July	1	August	22	September	17
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