



# Overview of the Medi-Cal Dental Program Member Support Services

September 9, 2019  
September 18, 2019

Delta Dental of California  
Administrative Services Organization Contractor



# Overview of Member Support

- Complaint Process
- Care Coordination
- Case Management
- Language Assistance Services
- Personal Health Information (PHI) Requests
- Authorized Representatives



# Complaint Process

- The Telephone Service Center (TSC) is the primary gateway for members reporting complaints
- Most complaints can be resolved by the Administrative Services Organization (ASO), some complaints are referred to outside agencies
- All complaints and associated resolutions are documented and tracked



# Complaint Process (Continued) [Sample Complaint Form]



«CurrentDate»

«BeneFirstName» «BeneLastName»  
«HomeAddress1» «HomeAddress2»  
«HomeCity», «HomeState» «HomeZip»

Service Form ID: «SFID»

## MEDI-CAL DENTAL COMPLAINT FORM

Please fill in the form below and describe your questions or complaints completely. This information is important and necessary to research and resolve your questions or complaints.

STATE OF CALIFORNIA MEDI-CAL  
BENEFITS IDENTIFICATION CARD NUMBER: \_\_\_\_\_

TELEPHONE NUMBER: (\_\_\_\_\_) \_\_\_\_\_

MESSAGE TELEPHONE NUMBER: (\_\_\_\_\_) \_\_\_\_\_

YOUR REPRESENTATIVE (if not yourself):

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_, STATE: \_\_\_\_\_ ZIP CODE: \_\_\_\_\_

TELEPHONE NUMBER: (\_\_\_\_\_) \_\_\_\_\_

YOUR DENTAL PROVIDER'S NAME: \_\_\_\_\_

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_, STATE: \_\_\_\_\_ ZIP CODE: \_\_\_\_\_

TELEPHONE NUMBER: (\_\_\_\_\_) \_\_\_\_\_

## MEDI-CAL DENTAL COMPLAINT FORM (PAGE 2)

TYPE OF COMPLAINT:

\_\_\_ Dentist service was incomplete or unsatisfactory

\_\_\_ Clinical Screening process was unsatisfactory

\_\_\_ Other

\_\_\_ Comments (Please describe your questions or complaints/ grievances completely here. Use the reverse side of this form or additional pages if you need additional space.)

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PLEASE SIGN AND DATE THIS FORM:

It may be necessary to obtain your medical records from your dental care provider. Your signature below authorizes release of your dental records to Medi-Cal Dental.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

Return this form to: Medi-Cal Dental Program  
Member Services Group  
P.O. Box 15539  
Sacramento, CA 95852-1539

When we receive this information, we will research your questions or complaints/grievances and notify you of our findings. If it is necessary for you to appear for a clinical examination in order to resolve this matter, we will notify you in writing of the date, time, and location of this appointment.



# Complaint Process (Continued)

## [Complaint Protocol Matrix]

Complaint Type	Always required is Medi-Cal ID, first/last name, DOB Is any other member information needed?	What Departments and/or Agencies addresses the complaint?	First step, TSC agent tracks complaint What are the next steps for member?
<b>Provider Referral</b> Unsatisfied with provider referrals previously received	Previous provider name(s), if available	TSC	Agent offers three or more referrals, plus option of warm transfer to set up appointment
<b>Access to Care</b> Lack of availability to services including dental providers, specialists, language accessibility, facility access, referral delays	-	TSC Care Coordination Case Management	Agent connects member with Language Line if needed Care Coordination specialized agent takes over, if original agent unable to resolve, or Case Management handles, if member qualifies Resolution required within 3 business days
<b>Clinical Screening</b> Appointment time and/or location  Or, dispute regarding denial of treatment	Name of clinical screening provider	TSC Member Services Department of Social Services	Appointments: agent sends notification to Member Services which schedules new appointment and sends confirmation letter  Disputes: Member may file for a State Hearing Request via Department of Social Services. Instructions to do so are located on the TARNOT form.



# Complaint Process (Continued)

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<p><b><u>Quality of Care</u></b> Quality of dental services rendered by dentist or other licensed professional (e.g., ill-fitting dentures)</p>	<p>Any attempts made by member for resolution</p> <p>Only complaint type that requires a completed complaint form</p>	<p>TSC</p> <p>Correspondence</p> <p>Department of Social Services</p>	<p>Agent notifies Correspondence, complaint form mailed or obtained on-line by member; Correspondence acknowledges receipt of completed claim form within 3 days</p> <p>Correspondence reviews complaint form and contacts member/provider if additional information is needed; may schedule clinical screening appointment for member; determination letter sent to member after review</p> <p>State hearing can be requested via Department of Social Services if member disagrees with the outcome of the complaint or the TAR denial</p>
<p><b><u>Quality of Service</u></b> Complaint regarding the quality of service at a dental office, e.g., office cleanliness, safety, hygiene measures, procedural and technical aspects of care</p>	<p>Provider name and office</p>	<p>TSC</p> <p>Dental Board of CA</p>	<p>TSC agent encourages member to seek treatment elsewhere</p> <p>Three or more referrals offered plus the option of warm transfer to set up appointment</p> <p>Agent refers member to Dental Board of CA</p>
<p><b><u>Provider Billed Member</u></b> Member billed for services considered a benefit</p>	<p>Provider name and office, completed procedures, amount billed to member</p>	<p>TSC</p> <p>Correspondence</p>	<p>Agent notifies Correspondence</p> <p>Correspondence prepares letter informing provider it is unlawful to bill members for eligible covered services, member receives a copy of the provider letter</p>



# Complaint Process (Continued)

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<u><b>Medical Necessity</b></u> Denied dental service Claim or Treatment Authorization Request	Agent asks if member received a TAR Notification (TARNOT)	TSC  Member Services  Department of Social Services	For claims, agent explains denial information; for TARs, agent explains TARNOT information and regenerates TARNOT if not received  If member disagrees with TAR conclusion, encouraged to contact provider to send a new TAR; if not resolved, Member can contact Department of Social Services to file a State Hearing
<u><b>Scope of Coverage</b></u> Medi-Cal Dental Program benefits relative to the Member's Aid Code(s)	Aid code(s) pertaining to the complaint	TSC  Department of Social Services	Agent conveys benefits relating to Aid Codes  If unresolved, agent advises member to contact Department of Social Services
<u><b>Office Conduct</b></u> Behavior of non-clinical staff (not a dentist or hygienist) at dental office	Provider name and office	TSC  Dental Board of California	Agent encourages member to seek treatment elsewhere  Three or more referrals offered plus the option of warm transfer to set up appointment  Member may contact Dental Board of California



# Care Coordination

- Certain TSC agents receive specialized training to provide care coordination services
- All members receive the same TSC assistance.
- Care Coordination support depends on the degree of complexity for coordinating appointment(s)
- Calls may be routed to the case management team
- For more information, please see the member article on care coordination and case management [here](#)





# Case Management

- Case Management Program is designed for members with mental, physical and/or behavioral disabilities
- Requires a Referral from the member's Medi-Cal Provider, case manager, social worker, or nurse
- Eligibility requires a current, comprehensive evaluation and treatment plan
- Case Management Referral Form is located on the Medi-Cal Dental website: [www.denti-cal.ca.gov](http://www.denti-cal.ca.gov)



# Language Assistance Services

- Available to all members, as noted in the Translation and Language Interpreter Services article [here](#)
- Real-time translation for phone calls and provider visits
- Verbal translation of forms/letters
- Sixteen language tag lines on all member facing documents but a subcontractor offers telephone translation for +250 languages
- Language Line Services is the subcontracted vendor for translation services



# PHI Requests

- Requests for PHI can be made by a member, authorized/personal representative, or those with Power of Attorney by completing the Request for Personal Health Information [form](#)
- Completed Forms should be submitted to:  
Privacy Contact  
c/o Delta Dental of California  
P.O. Box 15539  
Sacramento, CA 95852-1539



# Authorized Representatives

- A family member, guardian or an advocate can be an authorized representative.
- Authorized representatives can make decisions about member's healthcare and make the same requests as the member
- Registered requests are submitted by written correspondence (permanent) and processed within 30 days
- The term “Personal Representative” is synonymous with “Authorized Representative”



# Key Contact Numbers

- TSC for Providers: 800-423-0507
- TSC for Members: 800-322-6384
- ASL Interpreting: 800-735-2922
  - *(ask the operator to call the TSC member line listed above)*



Thank you for attending!

- A FAQ document will be developed and posted on the Medi-Cal Dental website [here](#).
- Additional questions related to this webinar can be sent to [dental@dhcs.ca.gov](mailto:dental@dhcs.ca.gov)