



Western[®] Dental
BENEFITS DIVISION

March 20, 2012

Mr. Toby Douglas
Department of Health Care Services
Director's Office
1501 Capital Avenue
Sacramento, CA 95814

Dear Mr. Douglas,

In response to the recent correspondence from the Department of Health Care Services (DHCS) dated March 7, 2012, please find enclosed Western Dental's timeline and implementation plan. Furthermore, attached to Western Dental's implementation plan are several items Western Dental had previously put into action. Going forward, Western Dental looks forward to continuing our successful relationship with DHCS.

Sincerely,

Stuart Gray
Chief Operating Officer, Benefits Division

ID	Task Name	Duration	Start	Finish	Pred	Resource Names	March					April					Ma				
							2/26	3/4	3/11	3/18	3/25	4/1	4/8	4/15	4/22	2/9					
1	Plan Action Implementation	43 days	Thu 3/1/12	Mon 4/30/12																	
2	Beneficiary Letter	9 days	Wed 3/14/12	Mon 3/26/12																	
3	Create Letters	4 days	Wed 3/14/12	Mon 3/19/12		Dr. Amendola,K. Duniven,S. Gray															
4	Submit Letters to DHCS	2 days	Tue 3/20/12	Wed 3/21/12	3	K. Duniven															
5	Mailing Letters	3 days	Thu 3/22/12	Mon 3/26/12	4	K. Duniven															
6	Phone Call Campaign	19 days	Thu 3/1/12	Tue 3/27/12																	
7	Develop Call Campaign Plan	2 days	Thu 3/1/12	Fri 3/2/12		R. Montgomery,K. Duniven															
8	Calls to Non-utilizer ages 0-3	1 day	Tue 3/6/12	Tue 3/6/12		R. Montgomery															
9	Calls to Non-utilizer ages 4-5	8 days	Fri 3/16/12	Tue 3/27/12		R. Montgomery															
10	Calls to Non-utilizer ages 6-21	8 days	Fri 3/16/12	Tue 3/27/12		R. Montgomery															
11	Ongoing Evaluation of Success Rate	3 days	Fri 3/9/12	Tue 3/13/12		K. Duniven															
12	Enhance Ongoing Issue Resolution Reporting	4 days	Thu 3/15/12	Tue 3/20/12																	
13	Analyzing GMC IRU Data	4 days	Thu 3/15/12	Tue 3/20/12		S. Ritchie															
14	Provide Process Flow Chart	1 day	Tue 3/20/12	Tue 3/20/12	13	S. Ritchie															
15	Information Flyer	18 days	Mon 3/12/12	Wed 4/4/12																	
16	Coordinate with Plans	7 days	Mon 3/12/12	Tue 3/20/12		K. Duniven															
17	Draft Flyer to Plans	0 days	Wed 3/21/12	Wed 3/21/12	16	K. Duniven															
18	Distribute Flyer	3 days	Mon 4/2/12	Wed 4/4/12	17	Plans/DHCS															
19	Utilization Control with Enrollment	5 days	Tue 3/20/12	Mon 3/26/12																	
20	Generate Report	3 days	Thu 3/15/12	Mon 3/19/12		M. Gandhi															
21	Report Analysis	1 day	Fri 3/23/12	Fri 3/23/12	20	Dr. Amendola,S. Ritchie															
22	Follow Up Action Plan	1 day	Mon 3/26/12	Mon 3/26/12	21	K. Duniven,A. Gallardo															
23	Education Seminars																				
24	Research and Benchmark	21 days	Mon 4/2/12	Mon 4/30/12		Dr. Amendola															
25	Establish ES Model	11 days	Mon 4/16/12	Mon 4/30/12		Dr. Amendola,A. Gallardo															
26	Provider Reimbursement Plan	4 days	Mon 3/19/12	Thu 3/22/12																	
27	Pay to Perform	2 days	Mon 3/19/12	Tue 3/20/12		S.Gray,M. Gandhi															
28	Withholds on Provider Payments	2 days	Mon 3/19/12	Tue 3/20/12		S. Gray,M. Gandhi															
29	Risk Pool Analysis	4 days	Mon 3/19/12	Thu 3/22/12		S. Gray,M. Gandhi															
30	Federally Qualified Health Centers	17 days	Thu 3/15/12	Fri 4/6/12		K. Duniven,A. Gallardo															
31	Identify FQHCs in Sacramento County	1 day	Thu 3/15/12	Thu 3/15/12		A. Gallardo															
32	Initiate Contracting with FQHCs	15 days	Mon 3/19/12	Fri 4/6/12		A. Gallardo															
33	Timely Access Reports	9 days	Mon 3/19/12	Thu 3/29/12		K. Conner,K. Duniven															
34	Review Self Reporting Survey	2 days	Mon 3/19/12	Tue 3/20/12		A. Gallardo															
35	Redesign and Enhance Secret Shopper Program	5 days	Tue 3/20/12	Mon 3/26/12		A. Gallardo															
36	Enhance Ongoing Grievance on Access	3 days	Mon 3/19/12	Wed 3/21/12		S. Lotz															
37	Generate Ongoing Report Analysis	4 days	Mon 3/26/12	Thu 3/29/12		A. Gallardo															
38	Increase Provider and Specialist Enrollment	18 days	Mon 3/12/12	Wed 4/4/12		K. Duniven,A. Gallardo															
39	Recruitment Mailing	3 days	Mon 3/12/12	Wed 3/14/12		A. Gallardo															
40	Follow up with Provider	4 days	Thu 3/15/12	Tue 3/20/12	39	A. Gallardo															
41	Establish new credentialing criteria in conjunction with DHCS and other plans	11 days	Wed 3/21/12	Wed 4/4/12		K. Duniven															
42	Specialty Referral Processes	13 days	Mon 3/19/12	Wed 4/4/12		K. Duniven															
43	Provide Specialty Referral Process Flow	2 days	Mon 3/19/12	Tue 3/20/12		S. Ritchie															
44	Establish streamlined process	11 days	Wed 3/21/12	Wed 4/4/12		Dr. Amendola,K. Duniven															

3 Create Letters

Letter templates were developed 3/14 describing each member's benefits through the GMC Program. The templates were approved by Legal on 3/20 and will be submitted to DHCS for approval. After DHCS approves the letter templates, WDS will mail the letters. WDS included contact phone numbers in bold large font on the letter.

Please see Attachment 1.

5 Mailing Letters

Awaiting DHCS approval prior to mailing.

7 Develop Call Campaign Plan

K. Duniven developed script and Legal approved it.

8 Calls to Non-utilizer ages 0-3

The Call Center placed 6,736 calls reaching out to households with members ages 0 to 3. Going forward, the Call Center will reach out to new members and non-utilizers on a quarterly basis.

9 Calls to Non-utilizer ages 4-5

The Call Center placed 5,014 calls reaching out to households with members ages 4 to 5. Going forward, the Call Center will reach out to new members and non-utilizers on a quarterly basis.

10 Calls to Non-utilizer ages 6-21

The Call Center placed 25,388 calls reaching out to households with members ages 6 to 21. Going forward, the Call Center will reach out to new members and non-utilizers on a quarterly basis.

11 Ongoing Evaluation of Success Rate

After each round of calls, the new appointment information gathered by the Call Center will be analyzed to ensure Western Dental is achieving the highest utilization possible.

13 Analyzing GMC IRU Data

Please see Attachment 2.

16 Coordinate with Plans

K. Duniven initiated contact with other plans the week of 3/12. She will work with the plans to develop an informational flyer describing how each member can best contact Western Dental.

17 Draft Flyer to Plans

Please see Attachment 3.

18 Distribute Flyer

This will be discussed during the conference call with the other plans.

20 Generate Report

K. Duniven and M. Gandhi meeting with IT to develop and produce Annual Utilization Reports.

24 Research and Benchmark

WDS will conduct educational seminars for both Providers and Provider's staff for its DMC enrollees.

25 Establish ES Model

WDS will present information regarding coverage under the Denti-Cal Manual of Criteria in lunch-time or evening seminars, so that it is convenient for the offices. Materials will be developed and schedules will be set within the next 60 days. WDS estimates that the first seminar will occur in the third quarter 2012. Additionally, WDS aims to issue CE units to attendees provided the material is appropriate.

26 Provider Reimbursement Plan

Please see Attachment 4.

31 Identify FQHCs in Sacramento County

A. Gallardo located 5 FQHCs in Sacramento. WDS currently contracts with two, The Effort Oak Park and the Sacramento County Clinic.

32 Initiate Contracting with FQHCs

WDS is currently in the works of contracting with The Effort North Highlands. A. Gallardo is reaching out to the other two FQHCs.

34 Review Self Reporting Survey

WDS currently mails a self reporting survey to each Provider on a monthly basis. Each Provider then faxes the survey back to WDS. If a Provider does not respond, then a follow-up phone call is made. The results from the surveys are reported quarterly to the Quality Improvement Committee.

35 Redesign and Enhance Secret Shopper Program

Currently, Western Dental has a secret shopper program to validate Access and Availability, as well as Cultural and Linguistic capability. Western Dental will be expanding frequency of calls.

36 Enhance Ongoing Grievance on Access

Survey responses which yield grievances related to access issues are reviewed at the Quality Improvement Committee. Results are trended and potential outliers or sentinel events are identified for corrective action.

37 Generate Ongoing Report Analysis

Provide reports of self reporting survey and secret shopper data to S. Gray and K. Duniven.

39 Recruitment Mailing

In an effort to expand our Provider enrollment, A. Gallardo mailed out a dozen recruitment packages.

40 Follow up with Provider

A. Gallardo will follow up with each Provider who received a recruitment package. SmileWest agreed to come on board as a General Dentist.

41 Establish new credentialing criteria in conjunction with DHCS and other plans

WDS will work with DHCS and other GMC dental plans to establish expedited criteria for potential providers.

43 Provide Specialty Referral Process Flow

Please see Attachment 5.

44 Establish streamlined process

K. Duniven and Dr. Amendola will be collaborating with other plans and DHCS to establish a streamlined process.

Western Dental's Implementation Plan Attachments

- I. Attachment 1 –Beneficiary Letters
- II. Attachment 2 –Analyzing GMC IRU Data
- III. Attachment 3 –Information Flyer
- IV. Attachment 4 –Pay to Perform/Withholds on Provider
Payments Model
- V. Attachment 5 –Specialty Referral Process

ATTACHMENT 1

Age 0-5 Beneficiaries

March 2012

Name

Address

City, State, Zip

Western Dental would like to remind you that your child has great dental benefits with the Sacramento GMC and Western Dental Medi-Cal dental program in Sacramento County. Dental benefits include exams, x-rays, and teeth cleanings. Good physical health begins with good dental health. Young children should be seen by a Western Dental provider at least once a year starting when the first tooth appears or at age 1. An exam and x-rays can reveal cavities or other problems in your child's mouth. Your child's dentist may also recommend preventive measures such as *oral hygiene instructions* and *fluoride treatments*.

Children should be encouraged to brush twice a day, very young children with just a smear of toothpaste, and limit in between meal snacks. Healthy snacks include fresh fruits and vegetables and plenty of water.

Fluoride treatments prevent and reverse the early signs of tooth decay. Fluoride makes the tooth surface stronger, so teeth are more resistant to acid attacks. Acid occurs in the mouth when a child eats foods high in sugar or starch – such as candy, juice, and chips. Fluoride varnish is very effective in preventing tooth decay in young children. It is easy to apply and is also a painless process. Fluoride can also be found in most tap water

Establishing a 'dental home' is as important as keeping an ongoing relationship with a pediatrician or doctor. The dentist will get to know your child and together you can keep your child healthy. We encourage you to contact your child's dentist to schedule an appointment for your child. The dentist's name and telephone number can be found on the ID card mailed to you when your child was enrolled in the Sacramento GMC Western Dental Medi-Cal dental program and we have listed the information below for your convenience:

Provider Name

Address

City, State, Zip

Telephone Number

If you would like to see a different dentist or need assistance making an appointment, please contact Western Dental's Customer Service Department at 1-800-805-8000.

We look forward to serving your child's dental needs!

WESTERN DENTAL SERVICES, INC.

Age 6-21 Beneficiaries

March 2012

Name

Address

City, State, Zip

Western Dental would like to remind you that your child/teenager has great dental benefits with the Sacramento GMC and Western Dental Medi-Cal dental program in Sacramento County. Dental benefits include exams, x-rays, and teeth cleanings. Your child may also qualify for orthodontic treatment (braces). Good physical health begins with good dental health. All children/teenagers should be seen by a Western Dental provider at least once a year. An exam and x-rays can reveal cavities or other problems in your child's/teenager's mouth. Your child's/teenager's dentist may also recommend preventive measures such as *dental sealants*.

A *dental sealant* is a thin coating that covers the chewing surfaces of back teeth to prevent decay. Sealants do not require numbing or drilling. They are simply painted onto the chewing surface of teeth and allowed to dry – a simple and painless process!

Children and teenagers should be encouraged to limit between meal snacks. When snacks are needed, healthy snacks such as fresh fruits and vegetables and water should be offered.

It is important to establish a relationship with a dentist and to make and keep regular check-up appointments. The dentist will get to know your child/teenager and together you can keep your child/teenager healthy. We encourage you to contact your child's/teenager's dentist to schedule an appointment. The dentist's name and telephone number can be found on the ID card mailed to you when your child/teenager was enrolled in the Western Dental Medi-Cal dental program and we have listed the information below for your convenience:

Provider Name

Address

City, State, Zip

Telephone Number

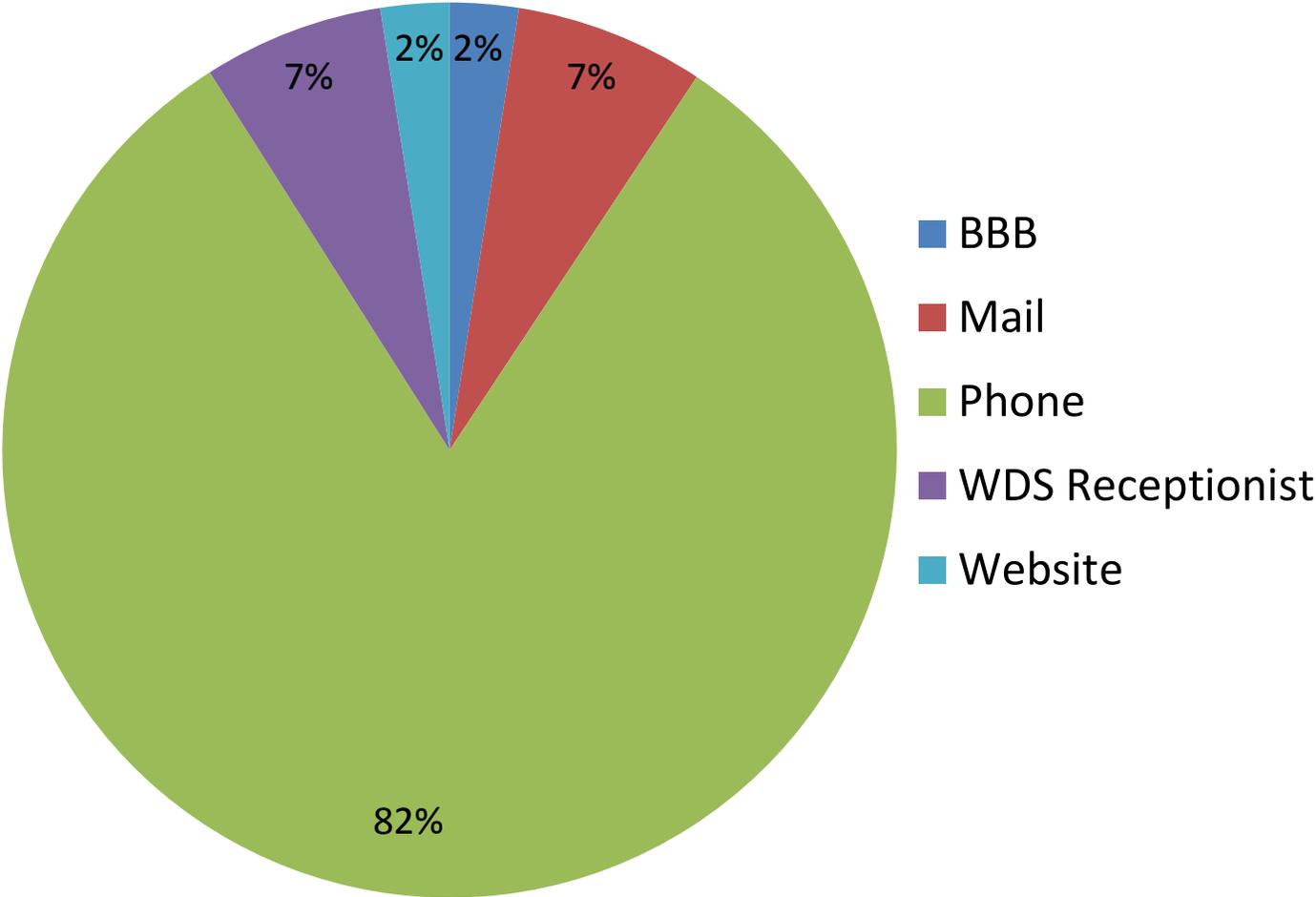
If you would like to see a different dentist or need assistance making an appointment, please contact Western Dental's Customer Service Department at 1-800-805-8000.

We look forward to serving your child's/teenager's dental needs!

WESTERN DENTAL SERVICES, INC.

ATTACHMENT 2

Source of Inquiries



ATTACHMENT 3

Why Visit the Dentist?

- Every child deserves a healthy start in life!
- Oral health is an important part of overall health!
- Dental problems can begin early in life – as soon as the first tooth comes in. It is much easier to prevent oral disease than to treat it!



Establish a “dental home” as soon as your child gets his or her first tooth – but no later than his or her first birthday. To make an appointment, call your dentist or your dental plan (see phone numbers below):

 **ACCESS DENTAL**
1-888-849-8440



 **Health Net®**
DENTAL
1-800-977-7307

 **Western Dental®**
BENEFITS
1-800-805-8000



**Dental Health
Begins
with Your Child's
First Tooth**

Sacramento County
GMC Dental Program

When Should Your Child See the Dentist?

Age 0-1 year

When?

Your child should see a dentist when his/her first tooth comes in or at his/her first birthday, whichever comes first.

Why?

The first visit will include an exam, a demonstration of how to brush your child's teeth, and the application of fluoride varnish to prevent cavities. This is also the time to establish a "dental home" for your child and allow you to talk with the dentist about simple things that you can do to prevent your child from getting cavities.

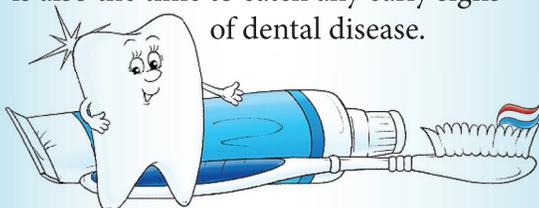
Age 2+ years

When?

Every six months or as recommended by your dentist.

Why?

To maintain the "dental home" and to reinforce good oral hygiene habits. This is also the time to catch any early signs of dental disease.



How Can You Help?

Age 0-1 year

How can you help?

If you give your baby a bottle at bedtime, only give water in the bottle, no milk, formula, juice, or sweetened drinks. Gently wipe your baby's gums with a washcloth until the first tooth arrives – then switch to a soft toothbrush.



Age 1-2 years

How can you help?

Brush your child's teeth two times a day with a small "smear" of fluoride toothpaste. Do not allow your child to swallow the toothpaste. Encourage your child to practice brushing once you have done your part. Your child should now be drinking from a cup, not a bottle. Give your child milk or juice only at mealtimes.

Age 2-6 years

How can you help?

Have your child brush his/her teeth with a pea-sized amount of fluoride toothpaste. Assist with your child's brushing, and begin flossing your child's teeth. Limit the number of sugary drinks and foods consumed each day.

Age 6+ years

How can you help?

Help your child to brush and floss well. Talk to your child's dentist about dental sealants to prevent cavities in the permanent teeth.

Age 12+ years

How can you help?

Continue to monitor your child's brushing habits. Limit sports drinks and sodas, and avoid energy drinks altogether.

ATTACHMENT 4

Western Dental –Pay to Perform / Withholds on Provider Payments

Pay To Perform/Withholds on Provider Payments:

Western Dental is implementing an incentive program for all of its current providers that service Medical children. Please see the incentive structure below:

1. WD will reduce capitation payments¹ paid to providers by 20%:
 GMC- rates will reduce from \$3.45 to \$2.75
 LAPHP – rates will reduce from \$4.29 to \$3.45
2. WD will eliminate \$1 encounter payments to GMC and \$3 encounter payments to LAPHP and increase supplemental payments to GMC providers for preventative services (Please note that LAPHP does not receive supplemental payments). See chart below:

CDT Code	Description	Current Supp Payment	New Supp Payment
120	Periodic Oral eval	\$0	\$20
145	Pediatric* Oral eval	\$0	\$30
150	Comp Oral eval	\$0	\$30
1110**	Prophy	\$7	\$30
1120**	Prophy	\$7	\$30
1201**	Prophy/Flouride	\$7	\$30
1202**	Prophy/Flouride	\$7	\$30
1351	Sealant	\$4	\$15
3310	Anterior Root Canal	\$50	\$50
3320	Bicuspid Root Canal	\$70	\$70
3330	Molar Root Canal	\$90	\$90
5110	Complete Upper Denture	\$100	\$100
5120	Complete Lower Denture	\$100	\$100
5213	Partial Upper Denture	\$100	\$100
5214	Partial Lower Denture	\$100	\$100
5820	Upper Stayplate	\$100	\$100
5821	Lower Stayplate	\$100	\$100
2799	Crowns	\$60	\$60
2930	Stainless Steel Crown-Primary	\$10	\$25
2931	Stainless Steel Crown-Permanent	\$10	\$25

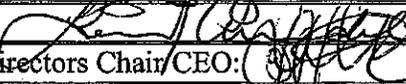
* 3 years and under

** \$25 supplemental fee for 2nd prophy. 2nd prophy must occur 6-12 months after the 1st prophy.

3. WD will implement a 9% withhold (\$0.25 pmpm) on capitation payments to providers. If providers achieve a 45% annual utilization rate, 9% withhold will be reimbursed to providers 45 days subsequent to year end.

¹ Capitation Rate applies to children 0 to 20 years of age.

ATTACHMENT 5

WESTERN DENTAL SERVICES, INC.	
QUALITY MANAGEMENT POLICIES AND PROCEDURES	
SECTION IV – UTILIZATION MANAGEMENT	
IV.D-UM Decision Timeframes	
UMC Chair: 	Approved on: 9/29/06
QIC Chair: 	Approved on: 9/29/06
Board of Directors Chair/CEO: 	Approved on: 9/29/06

IV.D1 – UM DECISION TIMEFRAMES POLICY

It is the policy of Western Dental Services, Inc. (“WDS”) to render utilization decisions and send notification of the decision within the timeframes set out under law. Providers may request authorizations for dental health care services by mail, by facsimile and telephonically.

In cases where the review is retrospective, the decision shall be communicated to the enrollee who received services, or to the enrollee’s designee, within 30 days of the receipt of information that is reasonably necessary to make this determination. In addition it shall be communicated to the provider in a manner that is consistent with current law.

For an enrollee who faces an imminent and serious threat to his or her health, including, but not limited to, the potential loss of life, limb, or other major bodily function, it is WDS policy to provide the decision in a timely fashion, not to exceed 72 hours after receipt of the information reasonably necessary and requested by WDS to make the determination. This also includes situations for which the timeframe for the decision-making process for a routine referral would be detrimental to the enrollee’s life or health or could jeopardize the enrollee’s ability to regain maximum function.

IV.D2 – UM DECISION TIMEFRAMES PROCEDURES

I. Routine Referrals

- For routine referrals, the decision to approve, modify, or deny requests by providers prior to, or concurrent with, the provision of dental health care services to enrollees, shall be made in a timely fashion appropriate for the nature of the enrollee’s condition, not to exceed five business days, from the receipt of the information reasonably necessary and requested by WDS to make the determination.
- Decisions to modify, delay or deny requests by providers for authorization prior to, or concurrent with, the provision of dental health care services to enrollees shall be communicated to the requesting provider within 24 hours of the decision by email, facsimile or telephone, and all decisions will be communicated in writing within two business days.
- Decisions to approve, modify, delay or deny all or part of the requested dental health care services prior to the provision of services shall be communicated to the enrollee and/or the enrollee’s authorized representative in writing within two business days of the decision.
- Communications regarding decisions to approve requests by providers prior to, retrospectively, or concurrent with the provision of dental health care services to enrollees shall specify the specific dental health care services approved.

II. Urgent Referrals

- For urgent referrals, the decision to approve, modify, or deny requests by providers prior to, or concurrent with, the provision of dental health care services to enrollees, shall not exceed 72 hours following receipt of the information reasonably necessary and requested by WDS to make the determination.
- Decisions to approve, modify, or deny requests by providers for authorization prior to, or concurrent with, the provision of dental health care services to enrollees shall be communicated to the requesting provider within 24 hours of the decision.
- Decisions resulting in denial, delay, or modification of all or part of the requested dental health care services shall be communicated to the enrollee and/or the enrollee's authorized representative in writing within two business days of the decision.
- Communications regarding decisions to approve requests by providers prior to, retrospectively, or concurrent with the provision of dental health care services to enrollees shall specify the specific dental health care services approved.

III. Retrospective Review

- For retrospective review, the decision to approve or deny the previous provision of dental health care services to enrollees, shall be communicated within 30 days after receipt of the information reasonably necessary and requested by WDS to make the determination.

IV. Incomplete Submissions or Requests

There may be situations where WDS is not in receipt of the information reasonably necessary to make a decision to approve, modify, or deny the request for authorization because of the following:

- A. WDS is not in receipt of all of the information reasonably necessary and requested, or;
- B. WDS requires consultation by an expert reviewer, or;
- C. WDS asked that an additional examination or test be performed upon the enrollee, (provided the examination or test is reasonable and consistent with good medical practice).

In such situations,

- WDS shall immediately upon the expiration of the timeframe specified for routine and urgent requests, or as soon as the Plan becomes aware that it will not meet the timeframe, whichever comes first, notify the provider and enrollee (and/or the enrollee's authorized representative), in writing. The written notification shall state that WDS cannot make a utilization review decision within the required timeframe, and specify the information requested but not received, or the expert reviewers to be consulted, or the additional examinations or tests required.
- WDS shall also notify the provider and enrollee (and/or the enrollee's authorized representative) of the anticipated date on which a decision may be rendered.
- Upon receipt of all information reasonably necessary and requested by WDS, WDS shall approve, modify, or deny the request for authorization within the time frames specified for routine and urgent requests.

V. Special Instructions for GMC and LA-PHP Programs

- Enrollees or their authorized representatives must be notified of all review decisions no later than 14 days after receipt of the initial request. An extension of up to 14 days is possible where the enrollee or the provider requests an extension or WDS can justify a need for additional information and how the extension is in the Enrollee's best interest.

- The enrollee and/or the enrollee's authorized representative must be notified in writing of any decision to extend the timeframe to review a request for prior authorization within 14 days from the receipt of the initial request.
- A decision must be communicated to the enrollee or the enrollee's authorized representative within 28 days from the receipt of the initial request.
- Copies of all notifications are to be kept for 5 years.

IV.D3 - SCOPE

This policy applies to all WDS enrollees, WDS Staff Model Offices and individual Primary Care Dentists (PCD) and Specialists.