

Immediate Action Expectation Reporting
Prepaid Dental Health Plan - Los Angeles
August 2012 Stakeholder Meeting Report

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Dental Plans Reporting

Access Dental Plan
Care 1st Dental Plan
Health Net Dental Plan
LIBERTY Dental Plan
Safeguard Dental Plan
Western Dental Plan

Next Reporting Due Date

August 2012 Immediate Action Reporting DUE Sept 5, 2012
August 2012 Utilization Reporting DUE Sept 20, 2012

Questions about reporting please email:

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TABLE 1

Plans are expected to develop and distribute a beneficiary letter that provides information on the benefits available, a short narrative on the importance of dental care for children, and information on their assigned primary care dentist, including office location and telephone number. The letter should also include the plan's contact information as well as contact information for Medi-Cal Dental Managed Care. It is expected that the plans send two separate letters for the 0-5 year old members and the 6-21 year old members. The 0-5 year old letter should be developed and worked on in coordination with First 5. This table reflects the results of the letters.

Beneficiary Letter Campaign	Access		Care 1st		HealthNet		LIBERTY		Safeguard		Western	
Total calls received referencing letter/flyer	0		N/A		N/A		N/A		N/A		0	
Appointments Set	0		N/A		N/A		N/A		N/A		0	
Other Info Given/Questions Answered	0		N/A		N/A		N/A		N/A		0	
Grievances/Complaints Received	0		N/A		N/A		N/A		N/A		0	
Total number of undeliverable mail	0	0%	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	0	0%
Total number mailed	89,127		N/A		N/A		N/A		N/A		27,821	

NOTES:

- Access - Mailing of Plan Brochure completed
- Care 1st - Mailing of Plan Brochure August 2012
- Health Net - Mailing of Plan Brochure August 2012
- LIBERTY - Mailing of Plan Brochure August 2012
- Safeguard - Mailing of Plan Brochure August 2012
- Western - Mailing of Plan Brochure completed

August data is due to DHCS 9-5-12.

Updated with 8-5-12 plan data submissions.

AS Updated 8-27-2012

TABLE 2

Plans are expected to conduct a phone call campaign that will involve making a phone call to beneficiaries who have not been seen by their primary care dentist in the last year. The purpose of the call will be to set up an appointment for the beneficiary with their primary care dentist. In addition, the beneficiary should be educated on their right to timely access to care and what to do in situations where the beneficiary is having trouble accessing services. This table reflects the results of the phone calls that were made in the reporting month. Once the initial campaign is over the total results will be reported.

Outbound Call Campaign	Access		Care 1st		Health Net		*LIBERTY		Safeguard		Western	
# of Eligible (0-20) for month reporting	35,274		N/A		30,431		N/A		N/A		26,881	
# of Calls Made	26,241		N/A		2,131		N/A		N/A		15,267	
Wrong # and/or Phone # Out of Service	141	1%	N/A	N/A	381	18%	N/A	N/A	N/A	N/A	581	4%
Appt Scheduled	1,436	5%	N/A	N/A	99	5%	N/A	N/A	N/A	N/A	573	4%
Left Msg	6,385	24%	N/A	N/A	1,032	48%	N/A	N/A	N/A	N/A	10,491	69%
Member Declined	4,336	17%	N/A	N/A	256	12%	N/A	N/A	N/A	N/A	N/A	N/A
Member Hung Up	8,223	31%	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
No Answer	1,535	6%	N/A	N/A	363	17%	N/A	N/A	N/A	N/A	N/A	N/A
# of Appt. kept from Scheduled	24		N/A		N/A		N/A		N/A		N/A	
# of Appts. Missed from Scheduled	0		N/A		N/A		N/A		N/A		0	

If a section is marked n/a it means the plans either were not responsible to submit this information at all or at this time.

NOTES:

- All calls made were to beneficiaries under 21 who had not had an appointment within the last 12 months.
- Care 1st and LIBERTY has not began their PHP Call Campaign.
- Safeguard is not performing a Call Campaign for their members.

BEST PRACTICES:

- The Customer Service Representative (CSR) was able to provide focused/ one-on-one assistance for members who had concerns and needed appointments.
- CSRs were able to educate the members with small children regarding 1st birthday/1st tooth and the importance of the
- Bilingual representatives to make the calls.
- Making calls during the day, rather than after hours, was helpful when conducting 3-way calls to schedule appointments with
- Developing scripts for the CSRs to follow when introducing the subject to the member.
- Following up with members, who were initially unavailable, helped to increase utilization.

August data is due to DHCS 9-5-12.

AS Updated as of 8-28-12

Updated with 8-5-12 plan data submissions.

TABLE 3

Plan, and based on the percentage of your assigned members that actually receive services. Plans should include in the incentive program a specific measure for preventative services. The program should apply to all enrolled Medi-Cal children (ages 0-21 years) assigned to the plan. Plans are expected to review provider encounter data to identify beneficiaries that have not been seen in their dental office in a year. Plans are expected to halt all new enrollments for a provider who does not meet certain thresholds of utilization. This table reflects the summary results of the monthly provider utilization and the actions taken.

Pay for Performance Summary	Access	Care 1st	HealthNet	LIBERTY	Safeguard	Western
Total Providers:	220	104	267	189	N/A	126
# of Providers 4.0% or Above:	100	37	137	135	N/A	53
% of Total Providers:	45%	36%	51%	71%	N/A	42%
# of Provider Below 3.33%:	107	64	116	54	N/A	51
% of Total Providers:	49%	62%	43%	29%	N/A	40%
# of Providers on CAP:	0	0	0	0	N/A	0
# of Providers Under Review:	107	0	0	0	N/A	0
# of Providers w/closed enrollment:	0	0	0	0	N/A	0
# of Providers w/reinstated enrollment:	0	0	0	0	N/A	0

NOTES:

"Providers" reflects provider offices.

Percentages (%) are stand alone monthly utilization percentages.

August data is due to DHCS 9-5-12.

AS Updated as of 8-27-12

Updated with 8-5-12 plan data submissions.

TABLE 4

Plans should create an outreach campaign to increase provider and specialist enrollment into the DMC program. This table reflects the monthly results of that outreach campaign.

Provider & Specialist Enrollment	Access	Care 1st	HealthNet	LIBERTY	Safeguard	Western
Total # of GP's Enrolled:	2,166	166	511	416	460	389
New GP's Enrolled:	45	8	43	49	8	0
Total GP's Disenrolled:	10	7	4	3	1	0
Total # of Specialists Enrolled:	1,207	1,298	1,298	1,298	0	975
New Specialists Enrolled:	11	2	2	2	0	4
Total # of Specialist Disenrolled:	22	0	0	0	0	0

August data is due to DHCS 9-5-2012.

AS updated as of 8-27-2012

Updated with 8-5-12 plan data submissions.

TABLE 5

Plans are expected to conduct educational seminars for both providers and providers' staff. Plans are expected to educate their provider community because it has come to the attention of the department that some providers are not in line with all Medi-Cal Dental policies. In addition, because of the low utilization DHCS wants to ensure providers are aware of the requirements to treat assigned members. This table reflects the dental plans monthly summary of educated provider offices.

Provider Education	Access	Care 1st	Health Net	LIBERTY	Safeguard	Western
# Of Providers Educated	59	21	21	21	In Progress	0
Provider Concerns	N/A	N/A	N/A	N/A	In Progress	0
Educational Materials and Education Strategy	Appointment accessibility was reviewed. Overall GMC Appointments scheduled, Canceled and rescheduled. Wait time in the office and operator were reviewed. Call campaign and member follow up (reschedule/no shows). Reviewed and discussed importance of Encounter submission possibly on a weekly basis.	Provider education visits are tailored to meet the individual needs of the office. These visits include education on current campaigns such as 1st tooth – 1st Birthday, review of utilization expectations, accessibility standards and procedural changes. Also a review to insure linguistics, office hours and other practice information on file are current.	Provider education visits are tailored to meet the individual needs of the office. These visits include education on current campaigns such as 1st tooth – 1st Birthday, review of utilization expectations, accessibility standards and procedural changes. Also a review to insure linguistics, office hours and other practice information on file are current.	Provider education visits are tailored to meet the individual needs of the office. These visits include education on current campaigns such as 1st tooth – 1st Birthday, review of utilization expectations, accessibility standards and procedural changes. Also a review to insure linguistics, office hours and other practice information on file are current.	In Progress	0

LEGEND:

n/a - did not capture information during reported period

August data is due to DHCS 9-5-12

Updated with 8-5-12 plan data submissions.

AS Updated as of 8-27-12

TABLE 6

Plans should conduct concentrated outreach to Federally Qualified Health Centers (FQHC's) and work to enroll them as providers in order to partner together to ensure access to services for plan members. Plans should also ensure that enrollment capacities of the FQHC's are capitalized. This table reflects the summary data of the monthly changes in contacted and newly enrolled FQHC's.

FQHC Enrollment Tracking	Access	Care 1st	Health Net	Liberty	Safeguard	Western
# Currently Enrolled:	17	8	12	10	5	2
# Contacted:	6	2	2	2	5	1
Newly Enrolled:	6	0	0	0	0	0

A listing of the FQHC's in LA and the dental plans that they contract with is forthcoming.

August data is due to DHCS 9-5-12.

AS updated as of 8-27-2012

Updated with 8-6-12 plan data submissions.

TABLE 7

Plans are expected to submit monthly timely access reports to monitor the access and availability with each contracted dental office to ensure the provider network meets or exceeds the access standards. This table reflects plans summary data for the month reporting. Timely Access Reporting is typically annual however in order to monitor the dental plans monthly they report the information for the providers surveyed in that month.

Timely Access Report Summary		Access	Care 1st	HealthNet	LIBERTY	Safeguard	Western
Month Total Enrollee Count:		131,589	16,750	58,856	12,347	18,549	45,701
Month Total Under 21 Enrollee Count:		113,201	10,608	31,534	6,416	10,125	26,881
Month Total Over 21 Enrollee Count:		18,388	6,142	27,322	5,931	8,424	18,820
Avg # of Days to Schedule	Initial Appt:	5	10	10	8	5	7-14
	Routine Appt:	5	10	8	8	5	7-14
	Preventive Appt:	5	10	10	9	6	7-14
	Emergency Appt:	1	1	1	1	1	1
# of	No Show Appt:	N/A	N/A	N/A	N/A	N/A	N/A
	Rescheduled Appt:	N/A	N/A	N/A	N/A	N/A	N/A
Are Interpreter Services Available:		YES	YES	YES	YES	YES	YES
Answering Services Available:		YES	YES	YES	YES	YES	YES
Avg. Ratio of Member to Primary Care Dentist:		1/134	64	61	14	13	40
Total # of Members who are assigned to a PCD who is more than 30 min. or more than 10 miles from their		790	217	54	170	142	430
# of Routine Authorizations Received		76	68	222	77	N/A	35
% of Routine Authorizations Approved	Within 5 business days	100%	100%	99%	99%	100%	100%
	Within 10 business days	100%	100%	100%	100%	100%	100%
	Outside of 10 business days	0%	0%	0%	0%	0%	0%
Total Claims Received		5,612	3,484	13,208	2,131	N/A	83
% Claims Paid	Within 90 days	100%	100%	100%	100%	100%	100%
	Outside of 90 days	0%	0%	0%	0%	0%	0%
Specialist Referrals for the Month (under 21)	Received:	205	73	220	67	243	53
	Approved:	140	64	194	62	72	46
	Denied (clinical):	1	2	3	0	165	5
	Denied (administrative):	64	7	23	5	N/A	2
	Completed:	2	52	177	35	N/A	53
	Expired:	102	6	23	8	N/A	N/A

LEGEND:

n/a means the plan did not capture this information during the reporting period

NOTES:

▪Specialist Referrals expire after 90 days from date of issue with the exception of Western (45 days). There are always exceptions for extensions.

AS Updated as of 8-27-12

August data is due to DHCS 9-5-12

Updated with 8-5-12 plan data submissions.

TABLE 8

Plans are expected to report their utilization on a quarterly basis. The reports do not reflect each quarter individually. Each new quarter that is reported reflects all data from the previous quarters. The table below is the Semi-Annual Utilization data reported by each plan which is for the measurement period January 2012-June 2012.

Semi-Annual Utilization	Access	Care 1st	HealthNet	LIBERTY	Safeguard	Western
Under 21						
Continuously Enrolled:	96,728	8,837	23,884	3,464	10,400	27,327
Unique Users:	17,493	1,351	4,646	682	1,118	3,846
Percentage:	18.1%	15.0%	19.0%	20.0%	10.8%	14.1%
Annualized	36.2%	30.0%	38.0%	40.0%	21.5%	28.1%
Ages 6-10						
Continuously Enrolled:	21,250	1,880	5,092	904	2,139	6,507
Unique Users:	5,292	432	1,437	239	352	1,127
Percentage:	24.9%	23.0%	28.0%	26.0%	16.5%	17.3%
Ages 5 and under						
Continuously Enrolled:	31,204	3,776	9,520	1,284	3,513	8,301
Unique Users:	3,742	474	1,420	219	301	931
Percentage:	12.0%	13.0%	15.0%	17.0%	8.6%	11.2%
Ages 3 and Under						
Continuously Enrolled:	13,798	2,454	6,579	775	2,492	4,545
Unique Users:	690	147	541	60	106	240
Percentage:	5.0%	6.0%	8.0%	8.0%	4.3%	5.3%
Age 1 (1-under 2)						
Continuously Enrolled:	5,123	891	2,400	249	829	1,656
Unique Users:	114	8	46	3	15	56
Percentage:	2.2%	1.0%	2.0%	1.0%	1.8%	3.4%

NOTES:

1) Continuously Enrolled: Eligible who are enrolled in the plan in measurement period for the¹entire measurement period.

2) Unique Users: Unduplicated children who received at least one or more dental procedures during the measurement year.

3) Percentage: Unique Users/Continuously Enrolled

¹Entire measurement period was chosen because in calculating the first and second quarter reports the 11/12 month standard would not be applicable.

August data is due to DHCS 9-5-12

Updated with 8-6-12 plan data submissions.

AS Updated as of 8-27-12