

Immediate Action Expectation Reporting  
Prepaid Dental Health Plan - Los Angeles  
October 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**

October 2012 Immediate Action Reporting DUE Nov 5, 2012  
September 2012 Utilization Reporting DUE Nov 20, 2012

**Questions about reporting please email:**

[dentalmanagedcare@dhcs.ca.gov](mailto:dentalmanagedcare@dhcs.ca.gov)

**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.

<b>Beneficiary Letter Campaign - September</b>	<b>Access</b>		<b>Care 1st</b>		<b>HealthNet</b>		<b>LIBERTY</b>		<b>Safeguard</b>		<b>Western</b>	
Total calls received referencing letter/flyer	116		5		12		5		N/A		0	
Appointments Set	2		1		1		0		N/A		0	
Other Info Given/Questions Answered	114		4		7		4		N/A		0	
Grievances/Complaints Received	0		0		0		1		N/A		0	
Total # of Undeliverable Mail	2,671	3%	154	1%	856	3%	932	14%	N/A	N/A	240	1%
Total number mailed	89,127		10,741		31,781		6,512		19,636		27,821	

**NOTES:**

Access - Mailing of Plan Brochure completed

Care 1st - 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

**Report is a roll-up of data since the beginning of the Beneficiary Letter Campaign.**

If a section is marked n/a it means the plans did not capture information during reporting period or information not available

*October data is due to DHCS 11-5-12.*

*Updated with 10-5-12 plan data submissions.*

**JP Updated 10-18-2012**

**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.

<b>Outbound Call Campaign - September</b>	<b>Access</b>		<b>Care 1st</b>		<b>Health Net</b>		<b>*LIBERTY</b>		<b>Safeguard</b>		<b>Western</b>	
# of Eligible (0-20) for month reporting	101,790		10,650		31,712		N/A		9,853		45,674	
# of Calls Made	34,110		606		5,488		0		N/A		29,302	
Wrong # and/or Phone # Out of Service	1,271	4%	28	5%	703	13%	0	N/A	N/A	N/A	1,162	4%
Appt Scheduled	2,354	7%	131	22%	629	11%	0	N/A	N/A	N/A	1,200	4%
Left Message	8,312	24%	260	43%	2,261	41%	0	N/A	N/A	N/A	20,982	72%
Member Declined	5,343	16%	83	14%	671	12%	0	N/A	N/A	N/A	0	0%
Member Hung Up	8,470	25%	83	14%	554	10%	0	N/A	N/A	N/A	0	0%
No Answer	2,178	6%	104	17%	958	17%	0	N/A	N/A	N/A	1,296	4%
# of Appt. kept from Scheduled	355		N/A		N/A		N/A		N/A		0	
# of Appts. Missed from Scheduled	147		N/A		N/A		N/A		N/A		0	

**NOTES:**

All calls made were to beneficiaries under 21 who had not had an appointment within the last 12 months.

LIBERTY will begin their PHP Call Campaign once they have completed Health Net and Care 1st's Call Campaigns.

Safeguard is not performing a Call Campaign for their members.

If a section is marked n/a it means the plans did not capture information during reporting period or information not available

**Report is a roll-up of data since the beginning of the Beneficiary Letter Campaign.**

**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 dental home.
- 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 dental offices.
- 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.

*October data is due to DHCS 11-5-12.*

***JP Updated as of 10-18-12***

*Updated with 10-5-12 plan data submissions.*

**TABLE 3**

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.

<b>Pay for Performance Summary - August</b>	<b>Access</b>	<b>Care 1st</b>	<b>HealthNet</b>	<b>LIBERTY</b>	<b>Safeguard*</b>	<b>Western</b>
Total Provider Offices:	223	104	297	189	N/A	104
# of Provider Offices 4.0% or Above:	170	35	107	140	N/A	56
% of Total Provider Offices:	76%	34%	36%	74%	N/A	54%
# of Providers between 3.33% - 4.0%	9	3	12	0	N/A	2
% of Total Providers	4%	3%	4%	0%	N/A	2%
# of Provider Offices Below 3.33%:	44	66	178	49	N/A	46
% of Total Provider Offices:	20%	63%	60%	26%	N/A	44%
# of Provider Offices on Corrective Action Plan:	0	1	1	1	N/A	42
# of Provider Offices Under Review:	0	0	4	3	N/A	4
# of Provider Offices w/closed enrollment:	0	9	1	5	N/A	0
# of Provider Offices w/ reinstated enrollment:	0	0	0	0	N/A	0

\*SafeGuard will not be participating in Pay for Performance reporting.

**NOTES:**

"Providers" reflects provider offices.

Percentages (%) are stand alone monthly utilization percentages.

*September data is due to DHCS 11-5-12.*

***JP Updated as of 10-18-12***

*Updated with 10-5-12 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.

<b>Provider &amp; Specialist Enrollment - September</b>	<b>Access</b>	<b>Care 1st</b>	<b>HealthNet</b>	<b>LIBERTY</b>	<b>Safeguard</b>	<b>Western</b>
Total # of General Providers Enrolled:	1,223	218	616	661	467	424
New General Providers Enrolled:	9	4	9	75	6	2
Total General Providers Disenrolled:	8	2	3	4	2	0
Total # of Specialists Enrolled:	1,219	65	65	65	209	948
New Specialists Enrolled:	10	1	1	1	7	19
Total # of Specialist Disenrolled:	1	0	0	0	2	1

*October data is due to DHCS 11-5-2012.  
Updated with 10-5-12 plan data submissions.*

***JP updated as of 10-18-2012***

**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 September	Access	Care 1st	Health Net	LIBERTY	Safeguard	Western
# Of Providers Educated	71	126	126	126	In Progress	140
Provider Concerns	<p>The provider feedback centered around providers being angry that the 48% utilization threshold is difficult to achieve due to the fact that parents just won't make appts for the kids. They feel it is asking too much and costs too much for them to assign a staff mbr to call and schedule pts. Others are reporting that they are calling, but the parents are saying they don't want appts, or they schedule an appt and no show. The no show rate for this program is very high. It's difficult to offer these members appts since they don't have any responsibility in whether they show or not.</p> <p>No show rates can reach over 50% in some offices for exams and preventative appts, and its much lower for ER exams and visits. These no show have an overall negative impact on the offices appointment scheduling.</p>	<p>Care1st schedules an orientation with new offices and performs service calls to ensure that providers and front office staff have a thorough understanding how to administer our plans as well as our policies and procedures. In most cases, providers don't have any major issues at all.</p>	<p>Health Net schedules an orientation with new offices and performs service calls to ensure that providers and front office staff have a thorough understanding how to administer our plans as well as our policies and procedures. In most cases, providers don't have any major issues at all.</p>	<p>LIBERTY schedules an orientation with new offices and performs service calls to ensure that providers and front office staff have a thorough understanding how to administer our plans as well as our policies and procedures. In most cases, providers don't have any major issues at all.</p>	In Progress	<p>High number of no shows, compensation, changing of eligibility (on one month off the next), change in adult benefits.</p>
Educational Materials and Education Strategy	<p>Appointment accessibility was reviewed, overall LAPHF appts scheduled, canceled and rescheduled, wait time in the office and operatory were reviewed, call campaign and member follow up (reschedule/noshows), reviewed and discussed importance of encounter submission possibly on a weekly basis, discussed utilization requirements and the importance of follow up on brokened/missed appts.</p>	<p>When there are updates that apply to all offices, Care1st keeps providers well informed by including specific articles in newsletters, fax blasts or regular mailing. In addition, Care1st's Network Managers schedule on-site visits (or sweeps) when there are specific topics that we need to emphasize such as increase in utilization, access, etc. If an office has a specific issue or concern, our Network Managers will reach out to the office to futher educate or counsel office if applicable.</p>	<p>When there are updates that apply to all offices, Health Net keeps providers well informed by including specific articles in newsletters, fax blasts or regular mailing. In addition, Health Net's Network Managers schedule on-site visits (or sweeps) when there are specific topics that we need to emphasize such as increase in utilization, access, etc. If an office has a specific issue or concern, our Network Managers will reach out to the office to futher educate or counsel office if applicable.</p>	<p>When there are updates that apply to all offices, LIBERTY keeps providers well informed by including specific articles in newsletters, fax blasts or regular mailing. In addition, LIBERTY's Network Managers schedule on-site visits (or sweeps) when there are specific topics that we need to emphasize such as increase in utilization, access, etc. If an office has a specific issue or concern, our Network Managers will reach out to the office to futher educate or counsel office if applicable.</p>	In Progress	<p>Agreements between DHCS, WDS, and providers, goal of Managed Care Medi-Cal Dental Program, benefits for enrollees (including pregnant women), language assistance program, utilization expectations, and supplemental payments to providers.</p>

October data is due to DHCS 11-5-12  
Updated with 10-5-12 plan data submissions.

JP Updated as of 10-18-12

FQHC's and Dental Clinics in Los Angeles County	# FTP*	Access	Care 1st	Health Net	LIBERTY	SafeGuard	Western
Alta Med Medical and Dental Group - Bell							
Alta Med Medical and Dental Group - Boyle Heights							
Alta Med Medical and Dental Group - El Monte							
Antelope Valley Community Clinic Health and Wellness Center							
Arroyo Vista Family Health Center - Highland Park							
Arroyo Vista Family Health Center - Lincoln Heights							
Chinatown Service Center Family Health Clinic							
Clinica Monsenor Oscar A. Romero - Boyle Heights/East LA							
Clinica Monsenor Oscar A. Romero - Pico-Union/Westlake							
Community Health Alliance of Pasadena							
Comprehensive Community Health Centers, Inc. - Glendale							
Comprehensive Community Health Centers, Inc. - Eagle Rock							
East Valley Community Health Center							
Eisner Pediatric and Family Medical Center							
El Proyecto Del Barrio, Inc. - Canoga Park							
Herald Christian Health Center							
JWCH Institute, Inc. - Medical Clinic/Weingart Center							
Los Angeles Christian Health Centers							
Pico Aliso Community Clinic							
M.E.N.D							
Mission City Community Network, Inc.							
Northeast Valley Health Corporation - Van Nuys							
Northeast Valley Health Corporation - Sun Valley							
Northeast Valley Health Corporation - San Fernando							
Planned Parenthood Los Angeles - South Bay Center							
Planned Parenthood Los Angeles - Bixby Center							
Planned Parenthood Los Angeles- Whittier Center							
QueensCare Family Clinic - East LA							
QueensCare Family Clinic - Eastside							
QueensCare Family Clinic - Eagle Rock							
QueensCare Family Clinic - Echo Park							
QueensCare Family Clinic - Hollywood							
Queens Dental Group - West Covina							
South Bay Family Health Care Center - Redondo Beach							
South Bay Family Health Care Center - Gardena/Harbor Gateway							
St. Anthony Medical Centers - Hollywood							
St. Anthony Medical Centers - Pico							
St. John's Well Child & Family Center - Lincoln High							
St. John's Well Child & Family Center - Compton							
St. John's Well Child & Family Center - East Compton							
St. John's Well Child & Family Center - Hyde Park Elementary							
St. John's Well Child & Family Center - Magnolia							
St. John's Well Child & Family Center - Dr. Louis							
The Saban Free Clinic - Hollywood Wilshire Health Center							
The Saban Free Clinic - Beverly Health Center							
Valley Community Clinic							
Venice Family Clinic - Colen Family Health Center							
Venice Family Clinic - Simms/Mann Health and Wellness							
Venice Family Clinic							
Watts HealthCare - Dental							

**Notes:**

All plan information is up to date as of 10-01-12

\*# FTP = Number of Equivalent Full Time Providers - in process of collecting information

Legend:
Reached Out
Contracted

**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 - August		Access	Care 1st	HealthNet	LIBERTY	Safeguard	Western
Month Total Enrollee Count:		126,068	16,735	59,678	21,057	18,586	45,674
Month Total Under 21 Enrollee Count:		107,790	10,580	31,610	12,845	10,000	26,749
Month Total Over 21 Enrollee Count:		18,278	6,155	28,068	8,212	8,586	18,925
Avg # of Days to Schedule	Initial Appt:	11	8	11	8	N/A	7 -14
	Routine Appt:	11	9	11	8	N/A	7 -14
	Preventive Appt:	11	9	11	9	N/A	7 -14
	Emergency Appt:	1	1	1	1	1	1
% of No Show Appt:		40%	40%	40%	40%	40%	40%
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:		103	68	64	22	20	35
Total # of Members who are assigned to a PCD who is more than 30 min. or more than 10 miles from their		789	166	225	107	173	443
# of Routine Authorizations Received (under 21)		114	105	327	96	N/A	25
% of Routine Authorizations Approved	Within 5 business days	100%	99%	100%	99%	N/A	100%
	Within 10 business days	100%	99%	100%	100%	100%	100%
	Outside of 10 business days	0%	1%	0%	0%	0%	0%
Total Claims Received (under 21)		9,384	526	2,195	397	729	134
% 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:	267	87	273	78	72	63
	Approved:	208	76	258	68	48	58
	Denied (clinical):	4	1	3	1	0	4
	Denied (administrative):	55	10	12	9	24	0
	Completed:	12	58	200	35	N/A	59
	Expired:	106	8	26	1	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.

**JP Updated as of 10-18-12**

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